Consultation Feedback:

Nursing Council of New Zealand Consultation on Enrolled Nurse Education Standards

From: Rohe 4 Te Pūkenga

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Others consulted: PEAC at meeting 17 November 2023.

Thank you for the opportunity to provide feedback on the Enrolled Nursing Standards. This feedback is the combined view of Rohe 4, Te Pūkenga and for ease has been structured around each of the Standards.

Standard One: Te Tiriti o Waitangi Obligations

The inclusion of Te Tiriti of Te Waitangi partnership obligations within the Educational Standards for Enrolled Nursing (EN) and Registered Nursing (RN), and the clear inclusion of cultural safety and capability at the forefront of the document is excellent. The prominence given to these aspects demonstrates a visible and robust commitment to, and acknowledgement of, the responsibilities of nurse educators and nurses more generally, to work to support equitable health outcomes for māori. This focus also

i. supports the drive to encourage and support the growth of māori in both the nursing and health education workforces by acknowledging Matauranga Māori, and
ii. dovetails well with the proposed changes to the unified Bachelor of Nursing programmes, allowing graduates of the DEN to seamlessly staircase into a Bachelor programme should they wish.

Overall, we are pleased to see the importance placed on active partnerships with iwi, hapu and whanau, and the requirement to evidence this partnership and knowledge in our teaching. We consider that this focus will allow education providers to meet their obligations under the Treaty.

Standard Two: Safe care of the public

Overall, we consider that this standard covers the central tenets expected in this standard. We note that the standard covers the essential aspects including:

- Te Tiriti o Waitangi, Te Ao Māori, kawa whakaruruhau,
- HPCA Act, and
- requirements for professionalism, knowledge, behaviour, attitudes, and values that align with delivering health care to the diverse needs of the Aotearoa population.

We consider that this criterion emphasises the importance nursing education places on its

commitment to creating a culturally safe and inclusive workforce and that these will assist us to ensure ākonga are not only culturally safe, but able to meet the needs of the public in a safe and skilled manner.

An aspect that we consider particularly important is the embedded aim that ensures nursing education providers develop strategies to increase the Māori and Pacific nursing workforces and enabling the healthcare workforce to be responsive to the needs of these communities. It is also important to note that this is an issue for the entire sector and strategies also need to be led by nursing at a national level.

We also provide the following specific feedback on this standard:

1) We note that the skill of using research informed practice is missing from (2.3). Although this is a diploma level qualification, we consider it critical that there is the ability to develop an awareness about best practice stemming from research, and how this assists nurses to advocate for patients.
2) While we accept the need to support alternative admission into the DEN as outlined in 2.9, it is our view that it remains essential that a minimum academic entry criterion is set. We consider this essential so that ākonga have the best opportunity to succeed. It is our collective experience that those who are not well prepared often struggle with tertiary study, with some withdrawing from the programme. This point is especially critical given that draft standard 4 (4.1), includes a level 6 course. We consider that setting a standard for academic entry will assist in supporting learner success and enabling them to be prepared for the demands of the programme.

Standard Three: Academic Governance, Leadership, and Partnership

Overall, we agree with the proposed changes to this standard. It is our view that the previous standard did not prioritise academic leadership, governance, and partnerships with stakeholders such as iwi, hapu and whānau robustly enough. Criterion 3.2, which will require clinical teaching teams to undertake professional development for Kaupapa Māori, Mātauranga Māori, te reo, tikanga and Te Tiriti o Waitangi is positive. We would suggest that this is also a requirement for academic staff.

Collectively we consider that the proposed changes will provide a strong framework that will assist education providers to create and deliver high quality nursing programmes with strong and professional leadership.

Standard Four: Programme of Study – Enrolled Nurse Schedule.

The draft Standard four includes two (2) schedules specific to nursing education programmes. The following comments relate to the Enrolled Nursing schedule ***only***.

Note – we cannot yet comment on Criterion 4.2 and 4.3 as we have yet to receive the proposed new EN Competencies for consultation. We look forward to providing feedback on these when available.

The following is our specific feedback on Standard 4:

1) 4.4 states that 50% of the theory curriculum hours should have a defined nursing focus. Collectively we consider that.

    a. 50% is low and are concerned that this may not allow ākonga sufficient time to learn and integrate knowledge regarding the context of nursing practice given the complexities of the learning and practice environments, and demographics of ākonga.
    b. The proposal to focus 50% of the curriculum hours on a nursing focus appears to contradict both Standard 2 and Standard 3. The former emphasises the importance of professionalism and skills to ensure public safety, while the latter speaks to the

important role nursing education providers have in ensuring high quality nursing education.

practice. It is our recommendation that this be reconsidered with 70 – 75% weighting to enable the development of independent practitioners.

2) Criterion 4.6 is to be commended. 4.6 provides a broader overview of the content and learning outcomes without being overly prescriptive. This flexibility of learning outcomes is considered a positive step.

3) The inclusion of a 240 hour (6 week) continuous transition to practice course is supported. This enables:

    a. ākonga the opportunity to consolidate their learning and be well prepared for practice, and for State Finals.
    b. a better alignment with the BN programme, and
    c. the demonstration of a strong commitment toward investing in the future of healthcare and ensuring that graduates are well prepared to make a positive impact in the field.

4) We agree with the reduction in minimum clinical hours to 700 with the option of 900 hours for those who may require these additional hours (200) to meet competency requirements. This proposal acknowledges that some ākonga may require additional clinical hours to develop and demonstrate competencies to the required level.

5) The proposal in respect of 4.10 – acknowledging a formal and structured education programme for preceptors is applauded. This change recognises the vital role preceptors play in supporting ākonga in the clinical learning environment and emphasises the importance of ensuring that preceptors are well equipped and prepared to guide and mentor ākonga during their clinical placements. We consider that this will lead to better learning outcomes for ākonga and will contribute to the overall success of the Enrolled Nursing programme and the outcomes for patients.

    We do raise a challenge we see in meeting this objective. Our experience is that the intense pressure experienced in clinical areas may mean that it is challenging for staff to be released for this professional development.

6) We seek some clarification on the final Transition to the Practice course which is at level 6. There is a question as to whether this means that the EN programme is then a Level 6 Diploma.

Standard Five: Ākonga experience

This standard seeks to ensure that nursing education programmes offer culturally supportive and positive learning experiences for all ākonga. We are confident that the current programme already delivers this outcome. The current policies and procedures, and those being developed by Te Pūkenga will, in our view, ensure that the criteria in this standard are met.

We note that points 5.2 and 5.3 are aspirational. It is also noted that we strive to deliver a culturally safe and appropriate environment for all ākonga and are always looking for opportunities to enhance this experience.

Standard Six: Ākonga assessment

Draft standard six outlines that nursing education programmes must ensure assessments are valid, reliable,

and aligned to individual learning outcomes of each course. Overall, we consider that this is critical and that the current assessment processes are robust. Post moderation is undertaken nationally with all providers. It would be useful to ensure that all programmes utilise both formative and summative assessment processes.

We do note that Criterion 6.4, which reinforces draft Standard 1 (5), may pose a challenge in practice. We have an identified gap in the provisions of preceptorship by Māori and/or Pacific nurses in practice, and in the number of nurse educators who are fluent in te reo Māori. This poses challenges in support of ākonga assessment. While academic institutions may have Māori kaimahi, these individuals may not possess the necessary qualifications to assist with nursing assessments.

Additional comments in respect of the Bachelor of Nursing Clinical Hours - Proposed Change (NOTE: these comments reflect the consultation processes that occurred at Otago | Te Pūkenga)

1. A reduction of clinical hours for the Bachelor of Nursing degree from 1100 (max 1500) down to 1000 clinical hours, is not supported. There has been no evidence provided on the benefits of keeping the 1100 OR in reducing to 1000. Until this evidence is available it is our position that it would be in the interest of public safety to remain at the current level. We suggest that the view that competence has been met in 1100 hours by many ākonga would need further exploring and discussion given that most programmes currently offer more than the minimum 1100 hours.
2. A reduction in hours appears contrary to ākonga feedback which consistently expresses interest in more clinical hours.