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Tēnā koe

Nursing education standards for programmes leading to registration as a registered nurse consultation

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the above nursing education standards.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces Te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes of all people of Aotearoa New Zealand through influencing health, employment, and social policy development.

Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

The NZNO is providing two responses, the first from Te Rūnanga o Aotearoa, and the second from our consultation.

Breach of Te Tiriti o Waitangi and consultation

Te Rūnanga o Aotearoa, NZNO (Te Rūnanga) wish to formally put Nursing Council on notice and our intention to not participate in and Nursing Councils attempt to undermine Māori in the educational standards review.

As the largest Māori nursing workforce, Te Rūnanga are aware of the urgent need for long-term workforce planning to radically improve our Māori nursing workforce. Nursing Council has failed to recognise and address structural barriers to care and issues of public safety for Māori and Māori nurses.

Our concerns were raised in the Waitangi Tribunal 2575 stage and still, remain unaddressed. Nursing Councils approach to further marginalise the Māori voice and presence is a perpetuation of the situation. We have raised our concerns directly with Associate Minister of Health Peeni Henare and continually through the Waitangi Tribunal hearings.

Feedback

Consultation has delivered feedback specific to the proposed nursing education standards and criteria that follows.

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Nursing education standards for programmes leading to registration as a registered nurse

Standard One

Within the preamble to Standard 1 there is a reference to preparation of students *to work effectively with Māori*. Would it be helpful to elaborate on the strategies / actions ways that this collaboration may be demonstrated? For example: Working with consumers and their whānau that identify as Māori; working alongside Māori and Iwi provider services to address health needs of Māori more widely; etc.

Has there been any consideration in moving this reference to Standard five. It is aimed at supporting a positive student learning experience(s) and contributing to ensure policies and support are available for diverse students?

Criteria 4

This criterion delivered a divergence of opinion. For many years' students have requested attendance at the student hui be counted as clinical hours. Is this an opportunity to make that possible? Experience has shown students would opt out of attendance at a hui if it means they would miss clinical time. A second approach may be that attendance at a Hui be recognised in Standard 2.1.

Question 8

Expectations of education providers in meeting the Tiriti obligations are clearly established by New Zealand Qualification Authority (NZQA), Tertiary Education Commission (TEC), University governing bodies, and Councils etc. The ability of a nursing programme to meet obligations is far more dependent on those and less on this Standard, but it will reinforce the Tiriti obligations.

Standard Two

Within the preamble it looks at being extended to include - *prepare nurses to meet the (health and wellness) needs of society and communities*.

Criteria 2

This and other standards refer to *cultural safety*. In recent years, the concept of *cultural competence* has also become better understood and expected of nurses. Should the wording of the standards reflect this newer understanding and usage?

Criteria 2.2

The list of elements that the programme seeks to integrate may benefit from the inclusion of a verb into each dot point. For example: instead of *Te Tiriti o Waitangi*, it could say *meeting Te Tiriti o Waitangi obligations*.

Criteria 2.3

Ethical practice needs to be reference against the NZNO Code of Ethics (2019) or an alternative code to be consistent with Standard 6.10 from the Nursing Council of New Zealand Code of Ethics.

Criteria 2.5

There is no definition of *priority learners* in the glossary.

Criteria 2.6

At the discretion of the head of nursing or programme leaders is very broad when discussing varying the entry criteria, any known examples of variation should be included to provide additional clarity. Perhaps consideration for a clear / consistent process when approving a variation to entry criteria that includes Nursing Council of New Zealand involvement?

This criterion may also look to reconsider enrolment being extended beyond the five-year maximum.

Criteria 2.9

When is the most appropriate time for safety checks to be undertaken? Students should be fully informed of the implications if the safety check delivers unintended consequences. Are safety checks better placed to be part of Standard Five?

Criteria 2.15

The discontinuation of the state exam has been debated for many years and the feedback provided as part of the NZNO consultation is divided. Reference was made to evidence supporting competence being able to be achieved with 1000 hours of clinical experience rather than an exam. NZNO's advocacy for newly graduate

nurses has revealed increasing numbers of students who have passed the state exam but struggle to meet performance expectations in the workplace.

Criteria 2.16

Consideration needs to be given for an additional sentence being added – *and the written notification will occur immediately that concern is apparent*. Regardless of whether the student is in year 1 or in transition.

Standard Three

Within the preamble for Standard three, and in criteria 3.6 should a reference to nursing student groups be included as a partner?

Criteria 3.8

Perhaps an example of what type of support was needed would be useful in this setting?

Criteria 3.10

It is beneficial if clinical teaching staff have completed a programme in adult teaching and learning (not just academic staff). It is also a value add if all academic and clinical teaching have the appropriate qualifications and staff are also registered with their health practitioner regulator.

Should there be some mention of the knowledge and use of appropriate tools for assessing / measuring clinical placement activities? This could be accommodated as an extension to the last bullet point.

Question 19

The implementation of the Review of Vocational Education (RoVE) presents both risks and opportunities for nursing education in the Institutes of Technology & Polytechnics (ITP) sector.

Furthermore, there is no consensus on the proposed reduction in clinical placement hours. While the rationale for the proposed reduction in clinical hours is based in part on the availability of high-quality simulation experiences in specialist facilities.

A set of simulation standards and a *watching brief* from the Nursing Council of New Zealand is needed to ensure that this significant resource is maintained by the new entity Te Pūkenga New Zealand Institute for Skills and Technology (NZIST) for the continued benefit of nursing students in supporting their development and competencies.

Standard Four

Within the preamble, the final paragraph provides the rationale for decreasing the minimum clinical placement hours from the current 1100 hours to 1000 hours, as being for capacity reasons (to facilitate an increase in students accessing placements) as well as *flexibility* reasons. There is also a question about the quality of some clinical placements?

Criteria 4.4

Do the words *defined nursing focus* have a direct correlation to nursing competencies?

Criteria 4.6

Bullet point 6 requires there be *equivalence in all delivery modes in which the programme is offered and all sites where it is delivered*. Concerns have been identified that this point may potentially risk diluting the minimum clinical learning hours referred to in criteria 4.11 whether clinical learning can be substituted for another delivery mode.

Criteria 4.11

Outlines the proposed minimum would be but does not elaborate on any strategies to ensure consistent and acceptable quality placements. In addition it does not specify what circumstances would apply to the *If required, 1400 hours of clinical learning must be provided* scenario.

The proposal to reduce the minimum number of clinical hours to 1000 is at odds with what the new Bachelor of Nursing programme at Waikato University is advertising (and starting in 2021 with 1704 clinical hours). The detail does state that this is subject to the Nursing Council of New Zealand approval. The challenge for programmes to find quality clinical learning experiences continues and requires full commitment from both the health and education sectors

We acknowledge the presence of preceptors, but clarification is required as to how preceptors deliver their services. Further guidance on accessing clinical tutors whilst students are on placement would also be well received.

Students being in a preceptor relationship with a registered nurse for all clinical learning experiences we recommend similar requirements of preceptors to support the New Entry to Practice (NETP) nurses (including completion of preceptor training, identification of a primary preceptor, working alongside on at all times etc.)

Question 27

The delivery of the Diploma in Enrolled Nursing has demonstrated that where a curriculum is shared across providers it clearly returns significant benefits for moderation, student completion and employment.

Question 42

The disruptions experienced by students in nursing programmes because of COVID-19 and elimination strategies have been significant. The flexibility and consideration demonstrated by the New Zealand Nursing Council to facilitate students completing the year / programme is noteworthy and consideration on how to make this *business as usual* is timely.

In the questions following Standard four, reference is made to *nursing education providers working together to develop a new curriculum or specific parts of a curriculum*. There are recommendations supporting consistency of curriculum across providers, and the notion of a shared and an *agreed graduate profile*.

Face to face / kanohi ki te kanohi learning is preferred over online learning. Nursing is a relational profession, with (currently) a full domain (three) in the Registered Nurse Competencies devoted to describing how nurses are expected to achieve this. Online learning cannot deliver an equivalent level of observation and feedback about the required knowledge, skills, behaviours, and attitudes expected from registered nurses.

Standard Five

Within the preamble reference is made to recognition of prior learning (RPL). It is important that this is consistent between providers of nursing education when considering requests for RPL.

Student cohorts should go further than *be representative of the New Zealand population*. They should seek to achieve a balance so that the entire pool of registered nurses is representative of the New Zealand population. This may require increasing the active recruitment of students who are proportionally underrepresented and flexibility in the entry criteria to nursing.

Criteria 5.8

There are inadequacies in the current Registered Nurse (RN) competencies. Therefore, it seems premature for this review of education standards to occur before the 13-year-old competencies are themselves reviewed. Reference to mapping of assessment outcomes to the RN competencies occurs in criteria 4.6, 6.2 and 6.4.

Is there an assumption that the reference to an assessment of competence in pharmacotherapeutics and safe use of medicines in criteria 6.5 is a first step to increasing the content of pharmacology learning that may lead in future to RN graduates being designated prescribers. This outcome has interesting possibilities, however, of greater concern is the students' ability to acquire the knowledge and skills specified in criteria 4.6 specifically bullet points 2-5 and bullet points 7.

Thank you for the opportunity to submit our feedback.

Nāku noa nā



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