

Consultation Questions

for the consultation on Simplifying New Zealand Qualifications and Other Credentials



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Proposal 1: Consultation questions

Consultation question 1.1:

Under proposal 1, do you support Option A (implementing the current legislative settings) or Option B (further simplification) or another option? Please tell us the reasons for your response.

The New Zealand Nurses Organisation (NZNO) supports Option B.

Option B more closely reflects the way Enrolled Nurses (EN) are educated. A Diploma in Enrolled Nursing (DipEN) is delivered by a number of providers using a ‘national curriculum’ accredited by the regulatory authority, the Nursing Council of New Zealand (NCNZ).

Consultation question 1.2:

For Option A, are there improvements that could be made, or issues that need to be addressed?

N/A

Consultation question 1.3:

For Option B, do you have any comments about how the WDCs and providers could collaborate on a ‘national curriculum’ (or core content) for specification in the qualification?

The DipEN is already delivered by accredited providers using this model. The EN workforce who have achieved their qualification and registration would benefit from the influence the CHESS WDC should have with employers. The EN workforce is currently underutilized.

Consultation question 1.4:

For Option B, do you have any comment on how this option may work for non-WDC developed New Zealand qualifications at levels 1 – 7 on the NZQF (e.g. those developed by NZQA, regulatory bodies, government training establishments, and providers)? What would the impact be with regards to those qualifications on providers (both schools and tertiary education providers), industry and communities, including iwi and hapū?

Consultation question 1.5:

For Option B, what would the impact be on your organisation and others? (e.g. on tertiary learners, school students, providers (including universities, wānanga, Te Pūkenga, PTEs, schools), industry, and communities).

The Enrolled Nurses Section of NZNO endorses the existing education provision which uses a ‘national curriculum’ framework which maybe improved by this proposal. NZNO also seeks representation in the Te Pūkenga Nursing Programme Development Project currently underway, which is developing a ‘national curriculum’ for bachelors of nursing in this sector.

Consultation question 1.6:

For Option B, what do you see as the implementation challenges?

The EN workforce is currently underutilized for example in the vaccinator workforce. The impact assessment in the consultation document notes the need of employers for skill and standard consistency and that employers are represented on WDCs. This should translate to better understanding of the potential and utility of the EN workforce and better mapping of workforce need in particular communities through the Regional Skills Leadership Groups (RSLGs)

Disillusioned academics

Wide interpretations across the classroom, online and clinical settings regarding the curricula will also be a challenge. This is further hampered when clinical settings will also play host to other health students adding to pressures in the already-stressed and time-impooverished health settings.

Consultation question 1.7:

What impacts do you foresee arising from Option B? Impacts could be on tertiary learners, school students, providers (including universities, wānanga, Te Pūkenga, PTEs, and schools), industry, and communities. How could these impacts be measured?

Consultation question 1.8:

For Option B, do you anticipate any risks?
If so, please describe.

Implied in the above comments.

Consultation question 1.9:

For Option B, do you anticipate any costs? If so, please describe.

Currently provider costs include that of accreditation by regulatory authorities. If there is a national curriculum a one off accreditation cost should apply rather than each provider paying for each programme accreditation.

Cross-fertilisation – be it F2F or online - will be needed by the staff delivering the reduced curricula.

As well there will be the need for shared resources, including the production of these teaching

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essentials to convey the designed messages.

Consultation question 1.10:

How could the system encourage greater collaboration by providers? (e.g. developing shared teaching and learning resources for use by all).

Health education already requires a high level of collaboration between providers and also between providers and employers on whom providers rely for student access to work-based, clinical learning experiences.

Better IT systems and shared servers will augment the required resourcing. Better engagement with the stakeholders, including the NZNO, would benefit the education delivered. That interface is currently minimal.

Consultation question 1.11:

Do you have anything else you would like to say about this proposal?

Proposal 2: Consultation questions

Consultation question 2.1:

Do you support replacing training schemes with micro-credentials? Please give us the reasons for your response.

NZNO supports this proposal. A credential system can better create pathways into and onto more education and training and is a system used internationally.

A system of micro-credentials will also create opportunities for specialty groups, for example NZNOs Colleges and Sections, a number of which have developed knowledge and skills frameworks. With the addition of credentialing, more nurses could have greater access to education and training to enhance their knowledge and skills in their specialty area.

The merging and to some extent confusion of education needs and analysis across trades, vocations and professions blurs the margins and level of skills and knowledge that is required for the profession nursing.

Consultation question 2.2:

What impacts do you foresee for your organisation or others arising from the proposed changes? This could include consideration of impacts for tertiary learners, school students, wānanga, schools, providers, universities, industry, community.

There is currently a university (Auckland) programme credentialing ENs to work in the mental health and addictions sector which is offered alongside a Nurse Practitioners (NP) programme. Traditionally universities have not been involved in sub-degree education. While

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- Complete the online submission form at VQconsult.nzqa.govt.nz
- Email us at VQconsult@nzqa.govt.nz
- Write to us at:
RoVE Qualifications Consultation
Quality Assurance Division
NZQA
PO Box 160
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The consultation is open until 6pm, **16 June 2021**.

If you have any questions about the consultation or the consultation process, you can email us at VQconsult@nzqa.govt.nz or phone us on 0800 697 296.

credentialing ENs to work in this sector alongside NPs makes sense inter and intra-professionally, is there a risk that this proposal will limit this kind of flexibility and opportunity to ‘pivot’?

This brings into question the level of application and moderation of the education standards involved. The Proposal states that, “The quality of the teaching and learning will be difficult to assess. The proposal states that the NZQA will review its rules for micro-credentials to ensure they are not overly restrictive...”

Consultation question 2.3:

Do you anticipate any risks associated with replacing training schemes with micro-credentials? If so, please describe.

There is a greater need for robust moderation processes

Consultation question 2.4:

Are there any costs, associated with this proposal, that have not been anticipated? If so, please describe.

It states that the Providers will need to apply to NZQA so know that the actual delivery of the micro-credentials will have very different abilities in articulating and understanding education principles. This is a real concern.

Consultation question 2.5:

Do you have anything else you would like to say in relation to training schemes and micro-credentials?

Is the primary aim to reduce costs?

Proposal 3: Consultation questions

Consultation question 3.1:

Do you support further legislative change separating approval from accreditation of micro-credentials, which will enable WDCs to develop micro-credentials for use by providers?

Support for this proposal will need evidence of the capability of the WDCs to deliver on accreditation. Is this therefore leapfrogging a step?

Consultation question 3.2:

What impacts do you foresee for your organisation and others arising from the proposed changes? This may include the impact for tertiary learners, school students, wānanga, schools, providers, universities, industry, and communities, including iwi and hapū.

Varying standards emerging unless the teaching and learning outcomes are clearly stated and measurable with follow-up evaluation to be shared by the learners and employers.

Consultation question 3.3:

Do you think non-providers (e.g. WDCs) should be able to seek NZQA approval of micro-credentials for providers to deliver (subject to NZQA accreditation)?

Yes.

This would create the opportunity for organisations such as NZNO to become a provider and offer credentialing for members through NZNO Colleges and Sections (as per response to Question 2.1 above)

The key proposal (3) speaks to “providers would be able to apply to NZQA for accreditation to deliver them (micro-credentials)”. Why would the practiced NZQA processes be passed through to the untested WDCs (requiring legislative change)?

Consultation question 3.4:

Do you anticipate any risks with proposal 3?

Yes, as stated above.

Consultation question 3.5:

Are there any costs, associated with this proposal, that have not been anticipated?

If so, please describe.

*Transitioning processes involved,
restructuring issues, stakeholders not
being engaged fully so impeding what is
intended, and more.*

Consultation question 3.6:

Do you have any comments on how micro-credentials could play a greater role in supporting the intent of RoVE?

The Charter for Te Pūkenga legislates expectations of ‘meaningful partnerships’, ‘inclusivity and equity as core principles’, to ‘work collaboratively’ and ‘promote equitable access to learning opportunities’ and ‘have culturally responsive delivery approaches’.

All of these expectations are more likely to be met with a simplified qualifications system.

These same principles need to be detailed so that the legislative expectations and outcomes can be measured, analysed, and evaluated for responsive and mature change.

Consultation question 3.7:

Do you have anything else you would like to say in relation to training schemes and micro-credentials?

These sweeping changes must be carefully considered in order to make positive differences in the overall, holistic delivery of education that is not piecemeal.