National Framework and Evidential Requirements for New Zealand Nursing Professional Development and Recognition Programmes

Submission to the Nurse Executives of New Zealand

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the National Framework and Evidential Requirements for New Zealand Nursing Professional Development and Recognition Programmes ("the Framework").

2. NZNO has consulted its members and staff in the preparation of this submission, including members of our Colleges and Sections, regional councils, Board, Te Rūnanga o Aotearoa, and professional nursing, policy, industrial and research advisers.

3. Many members have given individual feedback through the survey. NZNO strongly supports a practical, fit for purpose professional development recognition programme (PDRP) available to all nurses to ensure a stable, skilled, and sustainable nursing workforce.

4. NZNO commends Nurse Executives of New Zealand (NENZ) for instigating this review and update of the existing guidelines.

5. We strongly endorse the need for the Framework not only to reflect changes in scope eg registered nurse (RN) prescribing, but also to facilitate the adoption of a consistent process for implementing and managing a professional development recognition programme (PDRP) by all organisations.

6. We are not convinced that, in its current form, the Framework has achieved this. In the discussion below we highlight a number of specific

areas that need clarification or amendment and make recommendations with respect to:

- the inclusion of Nurse practitioners (NPs);
- further detail on prescribing;
- clarifying competencies;
- referencing te Tiriti of Waitangi;
- recognition of policy contributions eg submissions, developing guidelines etc.

7. We are particularly concerned to ensure that the Framework will lead to the removal of unnecessary, burdensome and duplicative requirements (eg the submission of two portfolios by the same person holding two roles or working in separate clinical environments) that are a barrier to nurses' participation in a PDRP programme, and a poor use of resources.

8. The Framework needs to be nationally implemented and upheld, and nurses need to be fairly and consistently recognised and rewarded for advancing their skills, knowledge and education and leadership.

9. It is quite clear from feedback from our members and research, that despite nominal 'buy-in', PDRP programmes are not well integrated or resourced in many employment situations. Eg Nurses find it increasingly difficult to fit in the hours required, while some employers ignore requirements for expert portfolios for senior nursing positions, and/or 'gatekeep' PDRP in order to control employment advancement and costs.

10. The Framework needs to be unequivocal that PDRP is not about the *measurement* of nursing skills but about *uplifting* them, and that the rules employers construct around their PDRP programmes must reflect this.

11. NZNO recommends that the ratification of this document is delayed until there is a clear understanding and commitment by all organisations to a consistent process for implementing the PDRP Framework national agreement.

DISCUSSION

General Clarification of terms

12. The Framework references 'nurses' or 'all nurses' throughout, without clarifying whether all or some registered scope(s) of nursing are

included in the phrasing. It should be clear if the framework includes NPs as well as RNs, enrolled nurses (ENs).

13. While a number of senior nurse roles are mentioned, NP is not one of these. NZNO suggest greater clarity is provided at the outset of the document to indicate if NPs are included and/or if further work is needed in this area.

14. Similarly, we suggest that the NCNZ competencies are listed, to ensure that where the term 'all competencies' is used, the reader understands that this refers to the NCNZ competencies.

15. Under the principles found on page 4, the PDRP is required to reflect on contemporary practice. It is unclear if this means with respect to the individual nurse completing their portfolio or if it the programme itself must reflect contemporary practice. If the latter is the case, then further description of what this means in the context of a programme is required.

Prescribing

16. NZNO notes the document is intended to reflect the change in the registered nurse (RN) scope to include RNs who have completed additional experience, education and training to be authorised by the Nursing Council of New Zealand (NCNZ) to prescribe. However, the Framework falls short of achieving this.

17. The expanded RN scope is described in Chapter two, but at present there is no specific mention of RN prescribing within this section.

18. NZNO recommends that further detail, including any additional required competencies for RN prescribers is included in Chapter two.

Electronic portfolios

19. NZNO is pleased to see that the Framework includes electronic portfolios. We suggest it states that nurses submitting their portfolios through an electronic system must ensure the same standards are met as if they were submitting a written portfolio.

20. It may also be prudent to require that portfolios developed using e-systems should be downloadable and transferable across organisations.

Evidence-based practice

21. There is a discrepancy with the call to *encourage* evidence-based practice on page 4 (goal 7 under Chapter 1: PDRP goals, principles and standards) compared with Standard 2.4 on page 5 which *requires* practice to be evidence-based.

22. NZNO recommends that this discrepancy is addressed and that evidence-based practice is a *requirement* of the portfolio.

Supporting documentation/portfolios

23. There is also some discrepancy over how much supporting documentation or additional material a nurse may include in their portfolio (see pages 4, 7 and 23). The Framework must be clear on this to ensure nationally consistent and fair rules/expectations for documentation.

24. In particular, we note the need to ensure that nurses are not burdened with having to submit two portfolios, when only one is necessary. The following three examples where nurses have been required by their employers to submit two portfolios are alarmingly common:

    - Nurses who have two roles in different areas eg RN in ICU and Nurse Educator in Med (a senior role) are required to submit separate portfolios for each role.

    - Nurses who have two roles in the same area where one role is clinically focused and the other is focused on management. Eg A nurse working as Acute Care Nurse Manager (ACNM) in the Emergency department (ED) as well as a Clinical Nurse Specialist (CNS) ED. Both are senior roles, but separate portfolios are required for each.

    - Nurses working in two wards are required to do a portfolio for each of the separate clinical environments.

25. Despite the dual roles, and the intellectual, time, and often financial resources needed to complete dual portfolio requirements, none of these nursing members receive dual allocation of allowances.

26. Moreover, it is disturbing to note that PDRP is being used inappropriately as a means of controlling career advancement and restricting costs.

27. NZNO's biennial employment surveys beginning in 2008 have shown a consistent level of dissatisfaction expressed with regard to nurses being delayed or prevented from advancing to the next level, regardless of evidence provided, and the level of responsibility of their role. Early signs from the latest (5th) biennial employment survey, indicates that this is still an area of considerable contention and disappointment.

28. NZNO strongly supports the financial recognition of advancing skill levels as negotiated for example in the DHB MECA (District Health Board Multi Employer Collective Agreement) which provide an increment for each level on the PDRP programme.

29. It is not acceptable that funding constraints or personal prejudice should interfere with nurses legitimate employment rights, but this is clearly, if not openly, happening, and difficult to challenge.

30. It is important that the Framework addresses the risk of the PDRP programme being used as an employment rather than a workforce development tool. Expectations around the content and processes for submitting documentation/portfolios need to be unambiguous, and not subject to employer interpretation.

Guidelines for developing PDRP programmes

31. Section three of the standards provides good guidance for those with or developing programmes; however significantly more detail is required if there is to be national consistency across programmes to ensure transferability.

32. For example, section 3.1 indicates the assessment process will be valid and reliable. While this is an important standard, it is not clear how programmes will achieve this and further detail on this would be helpful.

33. Similarly, section 3.3 indicates nurses undertaking assessment will be prepared to do this, but no detail is provided on how they will be prepared or if there is an expected national standard.

34. Further, what are the expected timeframes for assessment, appeal and resolution of appeals? NZNO recommends that the Framework includes an indication of expected timeframes to ensure nationally consistent standards.

Extending the Reach of PDRP

35. NZNO recommends that any memorandum of understanding (MoU) between organisations includes a specific written statement of support for PDRP programmes from the CEOs of the organisations concerned. At present, although PDRP sits within a nursing framework and mandate, the resourcing required may come from elsewhere; management/finance buy-in is prudent and recommended to ensure programme sustainability.

Te Tiriti o Waitangi

36. We acknowledge the centrality of te Tiriti to cultural competence and safety in Aotearoa. We suggest that further clarification of what is meant by “the integration of the principles of te Tiriti “is included: does this refer to integration of the principles in practice, or into the PDRP programme itself?

37. We also suggest that the Framework reference the *articles,* of te Tiriti rather than interpreted principles; it is appropriate for health

practitioners to understand the source rather than derivation of the connection between te Tiriti and hauroa in Aotearoa: the good health that encompasses wellness in its fullest sense including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.

38. This relationship is well articulated for example, by the Health Promotion Forum of New Zealand in its online article Hauora: one of the motivators behind te Tiriti o Waitangi[1].

> *Article the first touches on the rights of sovereignty and the notion of governance. Good governance in any circumstance would require that those in power provide the resources and infrastructure that supports health and wellbeing for all citizens. Health promoters recognise that this reinforces the need to increase health equity and to accord the appropriate resources to ensure this happens.*
>
> *Article the Second confers and affirms Māori rights to Tino Rangatiratanga or absolute sovereignty. This includes domain over everything held precious and their lands. Under this article, Māori would consider health to be a taonga. In the wider sense this article speaks about having authority and control over the determinants of health and wellbeing.*
>
> *Article the Third relates to the idea of equal citizenship. In the field of health this, as with Article the Third, communicates the idea of health equity. That is, all people have the right to hauora. This of course resonates with the health promotion principles of social justice and fairness.*
>
> Trevor Simpson
> Deputy Executive Director, Health Promotion Forum of New Zealand

39. As per Article 3, health should also be acknowledged as a human right including specific reference to the United Nations Declaration on the rights of Indigenous people. Article 1 acknowledges that Indigenous people have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedom as recognised in the charter of the United Nations, the Universal Declaration of Human Rights and international human rights law.

40. Under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoples, the State is responsible for ensuring that Māori, as

[1] Retrieved from Health Promotion Forum of New Zealand http://www.hauora.co.nz/hauora-one-of-the-motivators-behind-te-tiriti-o-waitangi1.html

an indigenous people, have an equal right to the highest standards of health.

41. We acknowledge the value of Huarahi Whakatū[2] the PDRP programme for Maori RNs.

42. It is also important to have guidance about how cultural competence is validated and by whom. The Framework should provide this guidance.

Endorsement of PDRP

43. NZNO is aware of one DHB that requires an endorsement as part of an annual performance appraisal process to ensure the nurse continues to practice at the stated level. Is it intended that it be a national programme requirement for nurses to have their practice 'endorsed' within the three year term of the PDRP?

Professional Development Activities

44. The document notes the importance of nurses having opportunities for ongoing professional development activities. NZNO research demonstrates that for nurses, the availability of this is mixed (Walker, 2015). We recommend the inclusion of statements outlining the importance of professional development in all documents.

45. NZNO supports the addition of the statement noting that graduate RNs and ENs must have comprehensive orientation, mentoring, support, guidance, coaching, planned professional development opportunities and a safe environment to be able to consolidate competence in the practice setting. While NZNO is aware that this does not always happen in practice, it is important to reinforce this message at every opportunity.

Pre Submission Process

46. NZNO questions the need for two options for a pre-submission process for the RN-expert application. This is an unnecessary barrier. A pre-check of a portfolio by the PDRP co-ordinator or other designated reviewer from within the organisation should be sufficient to identify areas that still require work prior to submission. Several services have a peer support system to help nurses develop their portfolio, and this appears to work very well.

47. Requiring the candidate to produce two separate documents is an onerous and unnecessary extra step. NZNO supports option 2 for the expert RN pre-submission process.

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[2] http://www.nzcmhn.org.nz/files/file/643/Huarahi%20Whakatu%20pamphlet.pdf

Designated Senior Nurse

48. Table 4 outlines examples of competencies and designated senior nurse roles. NZNO recommends you *add clinical nurse educator* and possibly *NP* to this table.

49. With regard to the two proposed options for designated senior nurses, Option 2 appears to require significantly more work than option 1 and yet option 1 more than adequately demonstrates the higher level of practice required at a senior level.

50. Option 2 has the greater level of flexibility, although it may still be possible for an RN new to policy, research or education to be practising at a competent level for the first year in these particular areas. However, a nurse may be an expert clinician without being an expert researcher, policy adviser or educator.

51. NZNO supports Option 1.

52. Some members noted, and were concerned about, nurses in designated senior positions who did not have advanced qualifications, or hold an expert or proficient portfolio, even when this is stated as a requirement in the job description. NZNO recommends the Framework provide clear timeframes for senior nurses who are required to complete a PDRP as part of their job description if they have not completed one prior to appointment.

53. On page 24 it is noted that a charge nurse/manager needs to have confidence in the nurse's level of practice and that portfolio applications should be discussed with the relevant charge nurse/manager or senior colleague.

54. Having the opportunity to discuss with a senior colleague is important, but submission should not be dependent on a charge nurse manager's approval. Issues associated with a lack of support from the CNM (eg bullying) may mean nurses are unwilling to submit, even if they are ready. There is substantial evidence that the quality of management within a unit improves job satisfaction (L. Aiken, Clarke, Sloane, Lake, & Cheney, 2008; L. H. Aiken et al., 2011)

55. NZNO recommends the document includes a strong statement that all organisations follow the same process for implementing and managing a PDRP programme. In fact, NZNO recommend the ratification of this document is delayed until national agreement from all organisations has been reached.

Policy

56. NZNO is aware of the significant contribution that our members make through their feedback, writing and presentation of submissions on a

wider range of health, professional, and clinical issues and regulation, and wider engagement with government and other agencies. We are currently developing guidelines for the organisation to ensure consistent and fair recognition for this contribution.

57. We suggest that the policy arena is an area of professional development which is not as developed and formally recognised as the clinical or management arenas, and the Framework could address this.

CONCLUSION

58. In conclusion, NZNO commends the NENZ for updating the Framework, but **does not support** it in its current form.

59. We recommend that you note our suggestions above.

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