



New Zealand Nurses Organisation

Submission to the Nursing Council of New Zealand

on the Response to the consultation document on the Registration of nurse assistants who qualified in New Zealand between 2001 and 2005

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INTRODUCTION

1. NZNO congratulates the Nursing Council on beginning the next step in the process of clarifying the title and scope of practice for the second level nurse here in New Zealand. This consultation process by the NCNZ is in "preparation for changes to be made to give effect to the Regulations Review Committee recommendation" (NCNZ Consultation document, November 2007, p. 4).
2. Previous consultation processes followed by the NCNZ were acknowledged as being flawed by the Regulations Review Committee (RRC). The RRC's response to the NZNO's complaint states:

"While we are of the view that the Nursing Council did comply with the particular notice and consultation procedures prescribed by statute, we do have some comment on the consultation process. In the course of considering the petition which came before it (Petition 2002/133), the Health Committee commented that they did not think the "nurse assistant" title reflected the results of the first round of consultation. The Health Committee then recommended that the Nursing Council revise the title and re-consult with affected parties, enabling those who had enrolled for, or completed, an enrolled nursing course after the year 2000 to participate in the process. While the Nursing Council undertook the recommended second round of consultation and included those particular students and graduates, it restricted the topic of the consultation to the titles of "nurse assistant" and "registered assistant nurse". The "enrolled nurse" title was not offered for consultation. We have heard the Nursing Council's explanations. We are of the opinion that the second round of consultation would have been more meaningful had it also consulted on the title "enrolled nurse" (2007, p. 13).

Compliance with prescribed statute is one thing, but actually providing clear stewardship within those parameters has not been demonstrated by the Nursing Council as was noted and stated by the RRC.

The Australian National Nursing and Nursing Education Taskforce write to the importance of Stewardship (2005). It states that Stewardship infers:

- The exercise of powers on behalf of others in undertaking national work
- Pursuit of outcomes that benefit the health of all [Australians]
- Resources are used wisely to ensure the best possible outcomes
- Stakeholder views and interests are given due consideration (p. 65).

Against this background, we feel that the enlightened approach by the Nursing Council of New Zealand would be to regard its stewardship as a mechanism for aligning interests, building consensus and forging coalitions for change through clear and effective regulatory practises.

3. Unfortunately, the current consultation process repeats the previous path taken by the Council of pursuing limited consultation (with participation as determined by the NCNZ and not via an open consultation processes).

NZNO believes that this current round of consultation is restricted in providing two options only, thereby eliminating the opportunity for other options to be explored. In following a similar process to the Nursing Council's second round of consultation, this results in the responses, analysis and conclusion being necessarily limited and, therefore, less meaningful, and misrepresentative of wider nursing opinion.

4. This lack of true consultation is a further example of the restrictive power relationships that have evolved within the nursing profession in New Zealand, and is also reflective of the trend towards a detached governance that has caused major dislocation in the wider health environment (most recently at Capital and Coast). The Nursing Council demands that nurses be culturally competent in order to practise safely. Yet, how would this current consultation offering by the NCNZ stand up to analysis in applying the principles of cultural safety to the treatment of second level nurses? As is stated by the Nursing Council in defining Registered Nurse competencies, reflection is an integral part of cultural competence. It would seem that the NCNZ needs to reflect on its own practices. Cultural safety research (2006, p. 29) acknowledges the beneficial effects of reflection as including "an acceptance of professional responsibility (Johns, 1995), empowerment of practitioners (Rogers, 1996), and an increased social and political emancipation (Taylor, 2001)".

The Nursing Council itself defines cultural safety as,

“the effective nursing practice of a person or family from another culture, and is determined by that person or family. Unsafe cultural practice comprises any action that diminishes, demeans or disempowers the cultural safety and wellbeing of an individual” (Nursing Council of New Zealand, 2005, p. 4).

It is straightforward to extrapolate those same principles of cultural safety to other groups of people, besides the consumer of health care. If the deliverer of health care feels unsafe in their practise due to repercussions from inadequate regulatory practices or from inadequate consultation then it follows that there could be implications for the nursing care provided.

This ongoing regulatory problem around the Enrolled Nurse is fraught with future professional and workforce implications. It is relevant that the Australian National Nursing and Nursing Education Taskforce notes its own concerns over differences held over EN practise,

“There are concerns within nursing and midwifery about extensions to practice for ENs however nursing and midwifery leaders need to ensure that taken for granted assumptions about the EN’s role are explored and discussed and that decision making frameworks enable EN’s to work to their full capacity. This means that RNs, midwives and regulatory authorities need to move towards more collaborative and inclusive practice models. Unless this occurs employers and others will attempt to develop roles that arguably do away with the need to negotiate with nursing.

...there is a risk that professional differences within nursing will force the hand of those who favour generic worker options and further marginalise the invaluable and unique contribution of enrolled nursing” (p. 72).

NZNO has increasing concern with the proliferation of unregulated positions through all areas of the health system, particularly aged care. Unregulated health care workers are being required to perform complex tasks, often with very little educational preparation or background. Ironically, the NCNZ scopes of practice for the Enrolled Nurse and Nurse Assistant would preclude these second level nurses

being able to perform some of these same duties carried out by unregulated health workers. The restrictive, rather than enabling, approach to second level nurse regulation is proving a hindrance to public safety and quality care.

5. The HPCA Act provides the mandate for the NCNZ to (clearly) determine the scopes of nursing practice in order to regulate the delivery of safe and competent patient nursing care.

Having another title (Nurse Assistant) and scope of practice for the remaining (approximate) 80 Nurse Assistants who are not part of this 'consultation cohort' is absurd. This added title/scope can only add confusion for the public, and for other regulated nurses and unregulated health care workers. It is also perplexing to the (approx) 3500 Enrolled Nurses who have been regulated from the earlier hospital training systems and have been undermined by these continuing processes, with negative employment implications actually occurring.

6. NZNO believes the Nursing Council needs to be courageous and principled in its approach to this consultation. As it stands (and even with the changes that these current two options would offer), the Council proposes to create greater inequity and confusion within the sector, and for the public, by following much the same path as the one it took preceding the RRC review. Strong leadership is required by the Council in moving towards a single title and scope for all second level nurses, paralleling the approach taken for registered nurses (which encompasses at least six potential areas/conditions of practice for the RN). An informed move to a similar regulatory pathway for this group would prevent further inequities and abuse of second level nurses as is evidenced across New Zealand.

Further, the Council needs to review the current structure and move toward a generic second level nursing programme, rather than focusing on the fragmented modular approach of specialisation, for example, aged care; long term care and rehabilitation; perioperative modules.

7. NZNO believes there should be three scopes of practice: RN, EN, NP.

The EN scope should be treated in the same manner as the Council did for the RN scope, with appropriate areas of practice, and/or conditions of practice, being bracketed next to the title, reflecting the nurse's education and experience.

8. NZNO believes gazetting a new scope of practice with the single title EN would be appropriate. The following is a possible example of this new EN scope of practice:

"Enrolled Nurses practice under the direction, and subsequent delegation, of a RN or RM to deliver nursing care to individuals in community, residential and hospital settings. Enrolled nurses contribute to patient assessment and care planning, being accountable for their own practise.

The responsibilities of ENs include assisting clients with their nursing cares and to observe, recognise and report changes in individual's conditions and behaviours.

ENs may be required to practice in a specific area based on the area of focus of their education programme, the conditions being designated accordingly on their practising certificate."

9. **NZNO recommendations:**

- a. That the Nursing Council of New Zealand take a principled approach towards consultation on this matter, looking at the Regulation Review Committee's recommendation in its wider context.
- b. That the Nursing Council of New Zealand adopt the title Enrolled Nurse for all second level nurses.
- c. That the same regulating system for Registered Nurses who have completed different education programmes be applied to Enrolled Nurses.
- d. That the gazetted scope of practice for Enrolled Nurses be reworded to provide a clear understanding for its application to nursing practice, thereby promoting patient safety.

References

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