

Date: 13th August 2026

CENNZ NZNO Position Statement:

Emergency Nursing Education

The College of Emergency Nurses New Zealand (CENNZ^{NZNO}) is committed to the advancement of Emergency Nursing in Aotearoa New Zealand.

Key Recommendations

CENNZ recommends that the following be recognised as core employment standards for emergency nursing roles in Aotearoa:

Education Access

- Ring-fenced employer funding for postgraduate and specialty education
- Equitable access to education across all districts

Protected Study Leave

- Minimum 32 hours per year (pro rata)
- Study leave embedded into FTE and workforce planning
- Mandatory and essential training excluded from study leave allocation

Supernumerary Clinical Support

- Formal mentorship programmes in all emergency departments
- Clinical coaches, educators, and preceptors in supernumerary roles
- Clinical support roles excluded from clinical FTE calculations

Clinical Nurse Educator to Nurse ratio

- Provide 1.0 nurse educator FTE per 50 nurses.
- Treat nurse educators as essential for clinical safety infrastructure and patient outcomes

Mandatory Emergency Nursing Education

- Employer-funded access to essential courses
(e.g. ALS, TNCC, ENPC, NLS, PLS VIP, de-escalation)
- Mandatory completion of the CENNZ Triage Course for triage nurses

Quality Frameworks

- Adoption of the CENNZ Knowledge and Skills Framework
- Standardised and measurable education delivery

Protected Professional Development Structures

- Guaranteed access to clinical supervision
- Clear professional development pathways

System Accountability

- Education and support expectations embedded within employment agreements.
- Organisational accountability for workforce capability and safety



Purpose

Education is the cornerstone of professional nursing practice. It enables nurses to meet the evolving health needs of patients, whānau, and communities across Aotearoa. Within emergency nursing, education underpins clinical excellence, cultural responsiveness, and leadership—ensuring nurses deliver safe, evidence-informed, and compassionate care in a dynamic and high-acuity environment. Ongoing education supports adaptation to changes in healthcare delivery, technology, and population health needs. It strengthens professional identity and promotes reflective practice, critical thinking, and innovation in emergency care.

However, the cost of post-registration education remains a significant barrier (Rolls, 2005). Financial constraints limit access to postgraduate study, specialty certification, and advanced clinical training. Addressing these barriers through equitable funding, scholarships, and employer-supported pathways is essential to ensure all nurses can access continuing education.

All education and professional development must align with the Nursing Council of New Zealand (NCNZ) competencies for the Registered Nurse scope of practice, grounded in Te Ao Māori and the principles of Te Tiriti o Waitangi:

- **Pou one:** Māori health
- **Pou two:** Cultural safety
- **Pou three:** Whanaungatanga and communication
- **Pou four:** Pūkengatanga and evidence-informed practice
- **Pou five:** Manaakitanga and people-centred care
- **Pou six:** Rangatiratanga and leadership

Competence is defined as the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (Nursing Council of New Zealand, 2025)

Background

A well-educated and well-supported emergency nursing workforce is essential to delivering safe, high-quality care in Aotearoa emergency departments. Emergency nursing requires advanced clinical judgement, rapid decision-making, and specialised knowledge that must be continuously developed and maintained.

CENNZ affirms that equitable access to education is a core requirement of safe practice. This includes:

- Funded education pathways
- Protected learning time
- Structured mentorship
- Robust quality assurance systems

Emergency nurses across the motu continue to experience inequitable access to professional development, including limited funded opportunities, inconsistent study leave, and variable local support structures. These inequities directly affect workforce capability and patient outcomes.

Employers hold a responsibility to ensure emergency nurses can access the education required to practice safely and confidently. This must include:

- Ring-fenced education funding
- Guaranteed and protected study leave
- Clear and equitable professional development pathways



Clinical Support and Mentorship

Benner's (1984) Novice to Expert framework highlights that clinical expertise develops over time and requires structured support. ED environments, with their high acuity and variability, demand accelerated skill acquisition supported by formal education systems. CENNZ strongly emphasises the importance of supernumerary clinical support structures. New and transitioning emergency nurses require consistent access to experienced clinicians who are able to support skill development, reflective practice, and professional growth. This must include, but is not limited to:

- Formalised mentorship programmes
- Supernumerary clinical coaches and preceptors
- Dedicated clinical educators working within the clinical environment
- Access to clinical supervision

These roles must be protected and recognised outside of standard clinical staffing calculations (FTE). Clinical support roles cannot be sustainably delivered when absorbed into routine staffing numbers.

Investment in supernumerary clinical support strengthens clinical capability, improves staff confidence and retention, and enhances patient safety and outcomes.

Educator Workforce Requirements to Support Safe Emergency

Nursing Practice

Emergency Departments in New Zealand operate within high-acuity, unpredictable environments that require registered nurses to maintain advanced clinical competence and ongoing skill development to ensure patient safety and quality care. The Nursing Council of New Zealand mandates that nurses demonstrate continuing competence and engage in professional development to meet practice standards (Nursing Council of New Zealand, 2012); (Nursing Council of New Zealand, 2021) necessitating structured, well-resourced education systems within ED. Evidence indicates that investment in nursing education is directly linked to improved patient outcomes, workforce capability, and system performance (World Health Organisation, 2020). However, educator resourcing based solely on headcount fails to reflect the true education demand in ED settings, where clinical complexity, acuity, and variability require intensive and ongoing support (College of Emergency Nurses Australasia, 2020); (Curtis, et al., 2024). Workforce turnover further amplifies this demand by creating a continuous need for orientation, competency assessment, and supervision of new and transitioning staff, effectively increasing the "education workload" beyond baseline staffing levels (Hayes, et al., 2012). Inadequate educator FTE contributes to delayed competency attainment, increased reliance on senior clinicians, and heightened risk of burnout and attrition, which are known to negatively impact both staff retention and patient outcomes (Duffield, Roche, Blay, & Stasa, 2011); (Hayes, et al., 2012). A workforce-adjusted model that incorporates both total staff numbers and turnover is therefore required to ensure safe, sustainable practice.

In emergency department settings, a ratio of 1.0 Nurse Educator FTE per 50 nurses is recommended. This ratio reflects the high turnover commonly experienced in ED environments, as well as the complexity, intensity, and continuous nature of education delivery required to maintain workforce capability and patient safety. Given the clinical risk profile of emergency care, nurse educators should be recognised as essential clinical safety infrastructure rather than discretionary positions. Adequate investment in nurse educator staffing is critical to developing and sustaining a resilient, competent, and practice-ready emergency nursing



workforce that aligns with national and international workforce, quality, and patient safety standards (World Health Organisation, 2020).

Study Leave and Protected Learning Time

CENNZ asserts that access to study leave must be standardised, protected, and transparent.

Study leave provisions should:

- Be clearly defined within employment agreements and workforce planning
- Be built into FTE calculations, ensuring equitable and consistent access
- Recognise that protected learning time is essential—not discretionary

CENNZ supports a minimum entitlement of:

- 32 professional development hours per calendar year (pro rata, minimum of 8 hours for part-time staff) (Health New Zealand | Te Whatu Ora & New Zealand Nurses' Organisation, 2026).

However, CENNZ clearly distinguishes that mandatory and essential training must not be included within this entitlement.

Training that must NOT be counted within study leave includes:

Organisational mandatory training (including but not limited to):

- Health and safety requirements
- Cultural safety training
- Other employer-mandated statutory or compliance training

Essential emergency nursing training (including but not limited to):

- New Zealand Resuscitation Council (NZRC) CORE Advanced
- Violence Intervention Programme (VIP) education
- De-escalation training
- CENNZ Triage Course
- Trauma Nursing Core Course (TNCC)

Emergency Departments treating children

- Emergency Nursing Paediatric Course (e.g. ENPC)
- Advanced Paediatric Life Support
- Neonatal Life Support

These are baseline requirements for safe practice and must be separately resourced and funded by employers.

Emergency departments that provide care to children must ensure nurses have access to Paediatric-specific education and clinical training appropriate to the scope and acuity of the service they deliver. This includes, but is not limited to, neonatal life support (NLS), Paediatric life support (PLS), Paediatric assessment, resuscitation, and emergency care education. This expectation aligns with national standards for safe, equitable care delivery for Tamariki and recognises that services caring for Paediatric populations must



maintain a workforce with the appropriate knowledge, skills, and competencies. This expectation also aligns with Australasian standards, which require emergency departments caring for children to ensure appropriate capability, staffing, and resources to meet the distinct needs of Paediatric populations (Australasian College for Emergency Medicine, 2025).

CENNZ also acknowledges that new graduate study days are already provided in addition to organisational and service requirements under collective agreements and should remain protected.

Quality Assurance and Standardisation

CENNZ supports the use of nationally consistent frameworks to ensure education is standardised, measurable and aligned with best practice. This includes:

- The CENNZ Knowledge and Skills Framework (KSF)
- Mandatory completion of the CENNZ Triage Course for all nurses working in triage

The CENNZ Triage Course is recognised as the national standard for triage education in Aotearoa New Zealand.

Equitable Access to Education

CENNZ provides grants to support postgraduate study, conferences, and specialised courses. These are intended to supplement—not replace—employer responsibility.

Sustainable access to education must be:

- Embedded within employment structures
- Equitably accessible across all regions
- Not reliant on discretionary or competitive funding alone

CENNZ also delivers regular national webinars, providing accessible education regardless of geographical location. These support:

- Ongoing professional development
- Dissemination of emerging evidence
- National collaboration across emergency nursing

Document Controls

Version	Date	Comments	Review Due
Version 1	August 2026	Position Statement Generated	August 2029

References



- Australasian College for Emergency Medicine. (2025). *Hospital emergency department services for children and young people*. Retrieved June 8, 2026 from <https://acem.org.au>
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Addison-Wesley.
- College of Emergency Nurses Australasia. (2020). *Practice standards for emergency nursing*. From <https://www.cena.org.au>
- Curtis, K., Murphy, M., Kourouche, S., Hughes, D., Casey, L., Gawthorne, J., . . . Considine, J. (2024). Designing a standardised emergency nurse career pathway for use across rural, regional and metropolitan New South Wales, Australia: A consensus process. 198-206. From Australasian Emergency Care.
- Duffield, C., Roche, M., Blay, N., & Stasa, H. (2011). Nursing unit managers, staff retention and the work environment. *Journal of Clinical Nursing*, 20(1-2), 23-33.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., & North, N. (2012). Nurse turnover: A literature review. *International Journal of Nursing Studies*, 49(7), 887-905. From <https://doi.org/10.1016/j.ijnurstu.2011.10.001>
- Health New Zealand | Te Whatu Ora (HNZ), & New Zealand Nurses' Organisation (NZNO). (2026). *Health NZ – Te Whatu Ora and Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO nursing and midwifery collective agreement: 1 March 2026–31 October 2027*.
<https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/Health%20NZ%20%E2%80%93%20Te%20Whatu%20Ora%20and%20Toputanga%20Tapuhi%20Kaitiaki%20O%20Aotearoa%20NZNO%20Nursing%20and%20Midwifery%20CA%201%20March%202026%20%E2%80%93%2031%20October%202027%20WEB%20V2.pdf>
- Laschinger, H. K., & Leiter, M. P. (2006). The impact of nursing work environments on patient safety outcomes. *Journal of Nursing Administration*, 36(5), 259-267.
- Nursing Council of New Zealand. (2012). *Competencies for registered nurses*. From <https://www.nursingcouncil.org.nz>
- Nursing Council of New Zealand. (2021). *Continuing competence for nurses*. From <https://www.nursingcouncil.org.nz>
- Nursing Council of New Zealand. (2025). *Standards of competence for registered nurses*. Retrieved June 8, 2026 from <https://nursingcouncil.org.nz/common/Uploaded%20files/Public/Nursing/Registered%20Nurse/NCNZ031-Competencies-RN-11.pdf>
- Rolls, S. (2005). Removing the barriers to nursing education. *Kai Tiaki Nursing New Zealand*.
- World Health Organisation. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. From <https://www.who.int/publications/i/item/9789240003279>

