



NZNO NATIONAL ENROLLED NURSE SECTION

Submission to

Nursing Council of New Zealand

On the

**Consultation on the Enrolled Nurse and Nurse
Assistant Scope of Practice under the Health
Practitioners Competence Assurance Act (2003)**

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EXECUTIVE SUMMARY

1. The NZNO National Enrolled Nurse Section welcomes the opportunity to comment on the enrolled nurse and nurse assistant scopes of practice under the Health Practitioners Competence Assurance Act (2003).
2. The National Enrolled Nurse Section is the leading professional group for enrolled nurses and nurse assistants in New Zealand, with over 1200 members in 11 regions throughout New Zealand.
3. The National Enrolled Nurse Section has consulted with its membership through its regional sections who have held meetings to discuss the consultation document. We have distributed the consultation document widely through our membership. The National Enrolled Nurse Section had a stand at the NZNO Centennial Conference to engage conversation around the consultation document. This was very well attended and received.
4. We congratulate the Nursing Council of New Zealand on a well set out document, and for your consultation with NZNO as a key stakeholder, and other key stakeholders. We also thank you for involving the National Enrolled Nurse Section throughout the process.
5. However, we do take issue with the inclusion of the reports of the Health and Disability Commissioner regarding the care received by a patient of Southland District Health Board Mental Health Services (Health and Disability Commissioner (HDC), 2002) and that following a patient's death on an acute medical ward at Capital and Coast District Health Board (HDC, 2007). Both of these cases involved system wide errors, with C&CDHB referred to the Director of Proceedings. The discussion document does not disclose the outcomes for the enrolled nurses involved. This was a very traumatic time for those nurses and an incomplete history is prejudicial and inappropriate in this context.

6. We are also disappointed that the opportunity was missed to detail the value and contribution of enrolled nurses to the New Zealand health system. Enrolled nurses vastly increase the productivity of the nursing team.

7. The National Enrolled Nurse Section **supports:**

- a **generic** scope of practice which allows second level nurses to work in all health settings;
- a revised scope of practice which allows second level nurses to lead teams of unregulated workers under the direction and delegation of registered nurses in some settings;
- a revised scope of practice which allows second level nurses to work under the direction and delegation of Midwives and Doctors in some settings;
- deleting the current phrase “to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgment” from the second level nurse scope of practice;
- enabling second level nurses contribute to nursing assessments;
- including medication management and administration including oral, intramuscular and subcutaneous injections. as a core component of the curriculum;
- our scope of practice statement, as endorsed by the NZNO Board of Directors, as submitted to the Nursing Council of New Zealand;
- qualified second level nurses continuing their professional development and skill acquisition through continuing education recognised through

PDRP or an employer credentialing process once competence has been demonstrated;

- retaining the current title of **Enrolled Nurse** for the revised scope of practice. It is the only acceptable title;
- extending the education programme with a 12 week clinical placement;
- a nurse entry to practice programme for the revised scope of practice; and
- the development of a seamless, staircased education pathway beginning at level 4 and exiting at **Diploma level 5 on the NZQA framework**

8. We **do not support**:

- the programme at level 4. We believe that the programme should be at **level 5 Diploma** on the NZQA framework;
- endorsement by the Nursing Council of New Zealand;
- the cessation of the Nurse Assistant programme, as it is the only second level nursing course in New Zealand. This programme could be strengthened further and renamed Enrolled Nurse Programme;
- the development of national requirements for an unregulated role that would assist Registered Nurses because it is the second level nurse who assists RNs.

9. We also strongly **recommend** that an **achievable transition** for the current Enrolled Nurse and Nurse Assistant workforce according to their qualifications, the PDRP process, or a signing off of the Nursing Council of New Zealand competencies for enrolled nurses and nurse assistants by employers, is developed immediately.

ABOUT THE NZNO NATIONAL ENROLLED NURSE SECTION

The NZNO National Enrolled Nurse Section, one of 23 Sections and Colleges of NZNO, was established in 1978. We have an elected executive and one Te Runanga O Aotearoa representative as per the NZNO / Te Runanga Memorandum of Understanding.

Our Mission statement is that the National Enrolled Nurse Section will be the recognised professional organisation of all Enrolled Nurses in New Zealand, promoting the role and value of the enrolled nurse in all areas of health care in New Zealand / Aotearoa.

Our Vision for the Enrolled Nurse Section is that the National Enrolled Nurse Section will be the key stakeholder in the formation / development of policy related to enrolled nurses and enrolled nursing in New Zealand.

The NZNO National Enrolled Nurse Section Vision for the Education of second level nurses is for a generic programme at Diploma level 5.

The National Enrolled Nurse Section provides the following:

- A yearly conference for Enrolled Nurses and Nurse Assistants;
- Yearly Regional Enrolled Nurse Section Study Days.
- NZNO National Enrolled Nurse Section Standards of Practice, since 2001 and reviewed in 2007;
- A Strategic Plan;
- A yearly business and operational plan and budget;
- A pamphlet, explaining who enrolled nurses are, what enrolled nurses do, why enrolled nurse should be employed, and that enrolled nurses have a voice through NZNO's Enrolled Nurse Section.

Enrolled nurses are involved in strategic leadership through their involvement with the following:

- Members of DHB Joint Action Committees (JAC), and safe staffing committees;
- Four enrolled nurses on the current NZNO Board of Directors, which is a governance board;
- Enrolled nurses involved in NZNO Regional Councils;
- Enrolled Nurses are lead consultants on three Polytechnic Advisory Committees with the current second level nursing programmes;
- DHB / NZNO workplace delegates

DISCUSSION

10. We believe issues related to the second level workforce don't need to be complex as has occurred in the past with poor consultation and decision making resulting in the unworkable situation of having two titles, two scopes of practice and a single set of competencies for the second level registered nursing workforce. The health sector and the public have not been able to maximise the potential of this valuable level of nursing to achieve excellence in patient care. Enrolled nurses comprise a necessary part of the nursing team, demonstrate an impressive mix of skills and work in a complementary role to Registered Nurses.

11. The role of the Nursing Council is to set standards for education and to develop scopes of practice. The standards and scope of practice for the second level nurse need to be at level 5 on the NZQA framework. The rationale for this is obvious, unregulated HCA's/caregivers after a training course, which varies in length throughout New Zealand, come out at Level 4 and Mental Health Support Workers following a training course which also varies in length is also at level 4. We also note that the Christchurch Polytechnic Institute of Technology (CPIT) has a National Diploma in Mental Health at level 6, is a 1.5 academic year and 180 credits. A second level nurse is a nurse and he/she is regulated and has a one year training programme, currently at level 4.

12. The National Enrolled Nurse Section has consistently advocated for the retention of the title of **Enrolled Nurse** for second level nurses, since the debate first began in the early 1990's.
13. We strongly believe that second level nursing is a stepping stone opportunity for many who wish to go on to become a Registered Nurse. This includes many Maori and Pacific people and we believe there is a great need for many more nurses from these communities. Many Maori Registered Nurses commenced their nursing careers as enrolled nurses. Te Runanga O Aotearoa strongly supports one second level nursing workforce with one scope and one title.
14. We believe that there is an urgent need for the Nursing Council of New Zealand to change the scope of practice for second level nurses and the title of **Enrolled Nurse** for all. This should commence immediately, as soon as 2010, and that the Nursing Council of New Zealand should lead this initiative. There should also be an achievable transition for the current Enrolled Nurse and Nurse Assistant workforce according to their education qualifications, the PDRP process, or a signing off of the Nursing Council of New Zealand competencies for enrolled nurses and nurse assistants by employers.

General Consultation Questions:

Q1. Do you think the issues for the enrolled nurse and nurse assistant scopes of practice are clearly outlined in this consultation document?

✓ **NO**

- 2 Some of the issues are clearly defined but there is a lack of clarity around the needs of the nursing workforce and a lack of agreement about skill mixes and nursing allocation models.

Regulated Enrolled Nurses and Nurse Assistants and unregulated health care assistants for example are often jointly referred to as if they are the same, which they are not. This perception needs to change if we are to move forward.

An HCAs training programme varies in length throughout New Zealand, depending on where they complete their training yet they exit at Level 4 on the NZQA framework, the same exit level as the current Second Level Nurse training programme.

Second Level Nurse's have a completely different skillset and approach to patient care that differs from that of an HCA. Second level nurses are regulated **nurses** accountable for their practice and that is what makes the difference.

HCAs need to have the opportunity to make the transition to nurse and SLN's need to be able to exit at level 5 so that they have the opportunity to transition to the Bachelor of Nursing if they so wish.

We are disappointed that there was little reference to the contribution that enrolled nurses and nurse assistants make to Registered Nurse efficiency and public safety e.g. Registered Nurses can safely delegate to second level nurses in confidence, rather than having to supervise them, which takes time.

The document also failed to recognise that many current SLN's have PDRP's and make a valuable contribution to their workplaces through their roles as Health and Safety representatives and Infection Control representatives. SLNs are also active in the Joint Action Committees and safe staffing committees of their DHB's.

There needs to be more promotion of second level nursing at primary, immediate and high school level so students can plan their education around entering the nursing profession. This could be a joint project between the tertiary institutions and the Ministry of Health.

The National Enrolled Nurse Section committee and our members are also concerned that the Nursing Council of New Zealand is suggesting that implementation of any changes will be “slow”. Once the analysis of the submissions has been completed and released, work should be commenced immediately with potential providers of education, funding agencies, etc. We believe that the Nursing Council of New Zealand should lead this initiative and we look forward to seeing education programmes for the revised scope of practice for SLNs beginning in June 2010. There is nothing to be gained from further delay, which risks employers seeking alternative workers and SLNs leaving nursing altogether. Both prospects would have a severe and negative impact on the New Zealand health system.

Consultation questions on the revised scope of practice

Q3. Do you support a generic scope of practice which would allow second level nurses to work in all health settings?

✓ **YES**

4 We believe that second level nurses can work effectively and safely across all health settings.

Q5. Do you think that the revised scope of practice should include allowing second level nurses to lead teams of unregulated workers under the direction and delegation of a registered nurse in some settings?

✓ **YES**

6. Because second level nurses are **regulated** and therefore are practising within a clearly defined scope, and are accountable for their practice. SLN's have a higher level of training and often have leadership roles in aged care, as health and safety representatives, infection control representatives etc. Currently there are senior caregivers who are team leaders in aged care often directing

enrolled nurses who cannot perform certain nursing tasks as the enrolled nurse is regulated and the caregiver is not. Therefore, caregivers are performing tasks which are clearly outside their training. It would be more sensible if the second level nurse was to direct and delegate unregulated caregivers rather than the other way round.

Some DHB's currently have "Direction and Delegation" education packages for Registered Nurses to complete and these packages could be easily adapted to include the Enrolled Nurse.

Q7. Do you think that the revised scope of practice should allow second level nurses to work under the direction and delegation of other registered health professionals in some settings (e.g. doctors, physiotherapists, occupational therapists)?

✓ **YES**

8 We support a revised scope of practice which allows the second level nurse to work under the direction of doctors and midwives, because the Enrolled Nurse has a designated Registered Nurse to oversee their professional nursing practice.

Q9. Do you think the Council's guidance on direction and delegation is sufficient for a revised scope of practice?

✓ **NO**

10. We believe that the Nursing Council of New Zealand's current Guideline: Direction and Delegation, June 2008, should be reviewed, with assistance from the National Enrolled Nurse Section, once the scope of practice is finalised. We believe we can make a valuable contribution because of our knowledge of the Direction and Delegation process.

Q11. Do you support the removal or modification of the phrase: to implement nursing care for people who have stable and predictable health outcomes in situations that do not call for complex nursing judgment?

✓ **YES**

12 We support the removal of this phrase as we believe that this has severely restricted the practice of Enrolled Nurses. One cannot predict when a patient is going to move from stable to unpredictable. It requires clinical judgment to identify changes in patient conditions and therefore shows why a regulated second level nursing role is needed rather than an unregulated health care assistant role to support the Registered Nurse.

Many clients in all health care settings, including inpatient, aged care facilities, primary health care and home based nursing which are on the increase, have nursing care which is now identified as complex.

A lot of this care is being provided by unregulated health care workers and includes nursing procedures with little or no training e.g. catheterisation, bowel cares, trachea cares and wound care.

Q13. Do you think that the revised scope of practice should include that second level nurses contribute to nursing assessments?

✓ **YES**

14 We believe that second level nurses should contribute to nursing assessments as they are part of the clinical team, reflect on their nursing practice through the appraisal process and PDRP requirements and are regulated practitioners. Second level nurses are prepared to assess recordings against the norms, assess skin integrity and have the ability to manage ADL's. When assisting or doing patient ADL's, the second level nurse has the skill and knowledge to ask the patient the appropriate questions. Additional post registration training in the workplace enables effective and safe assessment in specified areas.

Q15. Are there any specific areas of skill that should be included in an education programme?

15 Current and past second level nursing programmes included medication management and administration including oral, intra-muscular and subcutaneous injections. This should continue as a core component of the curriculum and not as an endorsement following qualification.

The Nursing Council of New Zealand's Competencies for the nurse assistant and the enrolled nurse scope of practice states that under Domain 2, Competency 2.1, includes the indicator: "Administers interventions and medications within legislation, codes, scope of practice and according to authorised prescription, established policy and guidelines". Therefore, administering medications is one of the competencies that current enrolled nurses and nurse assistants must meet and is an expected component of their role as a second level nurse.

We also believe that IV management and cannulation should be included in the core component of the curriculum. We do not see these as being an endorsement following qualification.

Proposed scope of practice statement (Pages 36-37)

Q16. Do you think this scope of practice statement adequately addresses the issues identified with the current scope of practice?

✓ YES

17 The National Enrolled Nurse Section, which represents the majority of enrolled nurses and nurse assistants in the nursing workforce, developed this broader scope of practice. The NZNO Board of Directors has endorsed the National Enrolled Nurse Section Scope of Practice. We welcomed Recommendation 1

of the Executive Summary and Recommendations from the Clinical Workforce to Support Registered Nurses document (2008) that the current second level nursing scopes are integrated into one scope of practice for second level nurses that is **broader** than the current second level nursing scope.

We believe that our **broader** scope of practice is workable in the current and anticipated employment and regulatory environment.

Q18 Do you support an “endorsed” second level nurse scope of practice through employer credentialing (and application of conditions (authorisation) by Nursing Council)?

✓ **NO**

We do not support the need for endorsement by the Nursing Council of New Zealand. We believe that qualified second level nurses will continue their professional development and skills through continuing education. This will ensure they expand their practice with safety and some procedural activities will be recognised through a PDRP or through an employer credentialing process once competence has been demonstrated.

Q19. Do you support “endorsement” by application of conditions (authorisation) by Nursing Council?

✓ **NO**

20 The National Enrolled Nurse Section believes that a broad enabling scope of practice should not require additional authorisation by the Nursing Council. It would involve extra bureaucracy for no gain in public safety. Second level nurses are already credentialed in the workplace through a variety of practices including peer reviews, appraisals and PDRPs.

Title (Page 37)

Q21. What title do you support for the revised scope of practice?

Enrolled Nurse

22. The majority of second level nurses in New Zealand already have the title of enrolled nurse and have clearly indicated to the National Enrolled Nurse Section that they want to retain this title.

The enrolled nurse title is well understood in New Zealand and it is used by Australia with whom we have Trans Tasman Mutual Recognition (Page 37).

Proposed education programme (Pages 37-41)

Option 1: Develop the present programmes into a generic programme.

Q21. Do you support developing the present level 4 programme into a generic programme?

✓ **YES**

22. The National Enrolled Nurse Section supports a generic programme but believes that the programme needs to exit at level 5 on the NZQA framework.

A broad scope of practice for the new enrolled nurse education programme is necessary to fully support and complement the Registered Nurse role and will maximise flexibility, innovation and efficiency.

Past limitations on the second level nurse role over the years have contributed to confusion in the workplace, loss of expertise and knowledge built up over many years, and irrational discriminatory decisions around the employment of

enrolled nurses. This has seen many highly experienced, skilled enrolled nurses leave the profession or be moved away from their areas of expertise.

For public safety the health workforce needs a second level nursing role to support and complement the Registered Nurse role, not an unregulated health care assistant role, where there are no boundaries, inconsistent training and knowledge. HCAs who are in the current health workforce environment should not be working as second level nurses.

Q23. Do you support the programme being extended by a 12 week clinical placement?

✓ **YES**

24 Yes the National Enrolled Nurse Section supports a 12 week clinical placement as this will assist with the new enrolled nurses in consolidating their practical skills.

This will also ensure that there is a clear definition in the level of education and the role of the regulated second level nurse at level 5 and the level 4 qualification of a caregiver.

The Report of the Safe Staffing / Healthy Workplaces Committee of Inquiry, June 2006, pages 38 and 39, states that

“Effective staff orientation, training and career development are critical elements in retaining nursing staff. Where work environments provide access to information, resources, support, and the opportunity to learn and develop, nurses feel empowered and are less likely to experience job strain”.

Nurses and midwives stated that:

- *“Using the clinical workplace as the principal place of learning, with dedicated resources (time, people and technology) for learning and reflection. Practising in ways that demonstrate confidence, creativity and flexibility. Accessing education and learning appropriated to and sufficient for their roles”*

Q25. Do you support a nurse entry to practice programme for the revised scope?

✓ **YES**

26 Yes we strongly support a nurse entry to practice programme as the new trained enrolled nurses need to be supported in the workplace in the same way as Registered Nurses and Doctors are. We believe that CTA funding should be made available for the whole health workforce and not just certain parts of it.

Option 2: Develop a work based programme that requires a partnership between an education provider and an employer.

Q27. Do you support developing a work based programme that requires a partnership between an education provider and an employer?

✓ **YES**

28 Because enrolled nurses are working in settings which require constant education and training to provide the best quality of care, there needs to be a strong connection between the training and education and what the position requires. This education should be accessible and affordable.

Some of our enrolled nurse section members report that some employers are very proactive and supportive of enabling job related education. For example,

the Christchurch Polytechnic Institute of Technology (CPIT) offers relevant courses for enrolled nurses and nurse assistants towards a certificate in health studies. The courses are run over a 3 day period and are also available through night classes over a longer period. There are currently 31 courses which cover a variety of topics related to nursing. Many enrolled nurses and nurse assistants from Christchurch, the West Coast and Otago have attended these courses, some with the sponsorship of their DHB's. Enrolled nurses and nurse assistants have reported that they were able to share the knowledge and information gained on these courses with other nursing colleagues via written reports and oral presentations, which were of great benefit to the multi disciplinary team and their patients. These courses assist the enrolled nurse and nurse assistant with their professional development towards their PDRP's and meeting their professional development hours for their Annual Practicing Certificates.

The Report of the Safe Staffing / Healthy Workplaces Committee of Inquiry, June 2006, page 38 & 39 states that

“New Zealand nurses at all levels have emphasised the importance of ongoing clinical education and professional development. They see commitment to such development as a necessary part of their professional role and a demonstration of how they are valued by their employer”

“Gaining acceptance for different ways of teaching and learning, or of leading and managing the workforce, will be challenging, but can be overcome with good leadership and appropriate resourcing”

Our enrolled nurse members are constantly expanding and developing their professional nursing practice through attending study days, courses, and conferences. This ensures they continue to provide regulated professional nursing care to patients, families and communities in New Zealand.

However, many of our enrolled nurse members report that they cannot get access to the same education as registered nurses as some (but not all) DHB's exclude enrolled nurses from attending.

Q29. Do you support the programme being extended by a 12 week clinical placement for option 2?

✓ YES

30 Yes as per 24.

Q31. Do you support a nurse entry to practice programme for option 2?

✓ YES

32 Yes as per 26

Option 3: Develop a “seamless” programme which allows students to exit at either the certificate or diploma level

Q33. Do you support developing a “seamless” programme which allows students to exit at either the certificate or diploma level?

✓ YES

34 The seamless model should make a clear distinction between regulated nursing roles and unregulated nursing roles so that there is no confusion. We believe that the new enrolled nurses should exit at level 5, Diploma level, so that they will be able to make a smooth transition into the Registered Nurse training if they so wish.

The Australian Nursing and Midwifery Council (ANMC) proposed national standards for Enrolled Nurses (February 2009) which are scheduled for enforcement in 2010 and beyond, and states that all Enrolled Nurses will exit training programmes with a **Diploma** qualification which they consider to be the minimum qualification.

In view of the Australian Nursing and Midwifery Council's programmes going to Diploma level in 2010, we recommend that the second level nursing programme be a Diploma at level 5.

We note that there is some support for implementation of an **interim** programme at Certificate level 5 to facilitate the transition to a revised scope of practice. The Enrolled Nurse Section would support this as a temporary solution only and believes that the vision must be for a Diploma level 5 qualification.

Option 4: Cease providing nurse assistant programmes

Q35. Do you support ceasing nurse assistant education programmes?

✓ **NO**

36 We do not support ceasing nurse assistant programmes as this is the only second level nursing programme and most of it is very good. This programme should be retained and strengthened to meet the requirements of a broader generic scope of practice and renamed Enrolled Nurse programme.

The Ministerial Review Group report and others have identified an urgent need for new models of care to achieve a quality and sustainable health service into the future. Nursing teams require a skill mix of NPs, RNs, ENs and caregivers to maximise the potential of nursing in a cost effective and safe care delivery. We believe that Enrolled Nurses are a critical component in that skill mix which

will differ according to context. A regulated second level nurse workforce is essential for the health and wellbeing of the New Zealand public

The USA and Canada have Second level nurses who are generalists, work in all areas of health care and required supervision by a Registered Nurse or Physician.

Australia now requires that enrolled nurses graduate with a diploma following a 12 to 18 month training programme. Enrolled Nurses can also undertake additional study at a more advanced level i.e. Advanced Enrolled Nurse.

The United Kingdom phased out the Enrolled Nurse and this has left a huge skills gap in nursing care. The introduction of a vocationally trained HCA has created the same problems around boundaries, with consequent risks to public safety, which is happening in New Zealand. Some DHB's have introduced HCA's, with no formal training and yet they feel they are now nurses and are giving advice to patients, without realising the advice is totally unsafe. Unregulated and untrained carers should not be giving out advice to patients.

Many enrolled nurses have been restructured out of employment by DHB's and are working as HCA's in those DHB's or no longer working as an enrolled nurse. These enrolled nurses should be given the opportunity to transition back as enrolled nurses by having affordable access to Competency Assessment Programmes (CAP) either through DHB's or tertiary institutions.

Q37. Do you support development of national requirements for an unregulated role that assist registered nurses?

✓ **NO**

38 The National Enrolled Nurse Section does not support the development of an unregulated role to assist the registered nurse.

We believe that the regulated second level nursing role should be the only role to support and complement the registered nurse.

NZNO has been working consistently with other health care worker unions and employer groups on the development of a National Certificate for Caregivers. This is **not** seen as a role for Nursing Council.

CONCLUSION

In conclusion, the National Enrolled Nurse Section strongly supports the development of a **generic** scope of practice, which would allow second level nurses to work in all health care settings, with the title of **Enrolled Nurse**. The generic training programme should exit at **level 5** on the NZQA framework and be at **diploma level**.

The National Enrolled Nurse Section **recommends** that the new enrolled nurse programme includes:

- The single title of Enrolled Nurse to describe all second level nurses;
- A generic programme exiting at level 5 on the NZQA framework, enabling ENs to work in all health care settings;
- A revised scope of practice that includes allowing ENs to lead teams of unregulated workers in some settings;
- Allowing ENs to work under the direction and delegation of Midwives and Doctors in some settings;
- A review of the current Nursing Council of New Zealand direction and delegation policy;
- ENs contributing to nursing assessments;

- Medication management and administration including oral, intra - muscular and subcutaneous injections, IV management and cannulation;
- The NZNO National Enrolled Nurse Section scope of practice;
- Allowing ENs to continue their professional development and skill acquisition through continuing education recognised through PDRP's or an employer credentialing process once competence has been demonstrated;
- Extended 12 week clinical placement;
- A nurse entry to practice programme for the revised scope of practice;
- Strengthening of the current Nurse Assistant programme and renaming it Enrolled Nurse Programme;
- Accessible, affordable Competency Assessment Programmes (CAP) should be made available for enrolled nurses to transition back into the New Zealand health workforce;
- An achievable, accessible, affordable transition for the current enrolled nurse and nurse assistant workforce to level 5;
- More promotion of second level nursing at primary, immediate and high school level, so potential students can be more prepared academically;
- The NZNO National Enrolled Nurse Section vision is for a level 5 generic programme at Diploma level on the NZQA framework;
- Work on the new enrolled nurse training education should commence immediately and could include a transitory stage commencing with certificate level 5 in July 2010 and progressing to Diploma level 5 by 2011. This will bring New Zealand in line with Australia and the Trans

Tasman Mutual Recognition Agreement. Nursing Council of New Zealand should be the lead initiator in this process.

Robyn Hewlett
Chairperson
NZNO National Enrolled Nurse Section

References:

Clinical Workforce to Support Registered Nurses, Executive Summary and Recommendations, September 2008

The Report of the Safe Staffing/ Healthy Workplaces Committee of Inquiry, June 2006.

Nursing Council of New Zealand, Competencies for the Nurse Assistant and Enrolled Nurse, December 2007