

Enrolled Nurse Transition Information Sheet for Employers

Information for Enrolled Nurse Employers

The Nursing Council of New Zealand (NCNZ) recently gazetted a change in the Enrolled Nurse (EN) scope of practice. As a result of this all Enrolled nurses have received a letter from the NCNZ outlining the requirements for transition to the revised scope. The requirements they will need to meet depend on when they undertook EN training, this information covers those who qualified pre: 2000.

How does this affect me as an employer of Enrolled Nurses?

Employers are asked to facilitate work based education on the new competencies and to support ENs in the transition process. Attaining the new competencies will allow enrolled nurses to work in more areas such as: nursing assessment, educating health consumers, working with health consumers with mental health concerns, and working under the direction of a health professional who is not a nurse.

If an EN does not or chooses not to complete a competence assessment within 12 months, a condition will be included in their scope of practice by NCNZ, restricting him/her to working with health consumers with stable and predictable outcomes. Until the transition arrangements are complete, ENs are responsible for ensuring that their practice remains within their presently assessed level of competence. ENs are accountable for their practice and for making sure that they do not undertake activities or care assignments that are beyond their educational preparation or assessed competence to perform.

This information sheet is provided to assist you as an employer to understand and support your EN workforce through this transition period. It is anticipated that any changes will be brought in slowly over the next 12 months, with opportunities to involve and educate all staff involved.

We have formulated a series of questions and answers on: registration, assessors and competence assessment, practice and organisational risk, which we hope will address your concerns. If you need more assistance or information please contact the following;

1. **Nursing Council of New Zealand** in relation to EN changes

website	http://www.nursingcouncil.org.nz
email	des@nursingcouncil.org.nz
phone number	EN Transition information line; 0508 3676 5533

2. **District Health Board Director of Nursing (DHB DoN)** for your local district/ region

Contact person	
email	
phone number	

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Registration

<ul style="list-style-type: none"> • What is competence? 	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
<ul style="list-style-type: none"> • What are competencies? 	Defined areas of skilled performance as a nurse.
<ul style="list-style-type: none"> • What is scope 	Scope is a word which defines the boundaries and parameters of nursing practice under the HPCA Act. There are 3 scopes of practice; <ul style="list-style-type: none"> • Nurse Practitioner(NP) • Registered Nurse (RN) • Enrolled Nurse (EN)
<ul style="list-style-type: none"> • How has the scope of practice changed? 	The new scope enables ENs to have a broader role in client care. It also means that ENs may work in more health settings as part of a team with RNs. In acute settings, enrolled nurses must work in a team with an RN who is responsible for directing and delegating nursing interventions. In some settings, EN may coordinate a team of health care assistants under the direction and delegation of an RN. In some settings, ENs may work under the direction and delegation of a registered health practitioner. In these situations, the enrolled nurse must have registered nurse supervision and must not assume overall responsibility for nursing assessment or care planning
<ul style="list-style-type: none"> • What are the differences in the old and the new competencies? 	The new competencies are 2.1, 2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3. Refer to the document on http://www.nursingcouncil.org.nz/index.cfm/1,43,0,0/html/Enrolled-Nurse Under direction and delegation of an RN, these competencies cover the following areas- : <ul style="list-style-type: none"> • Providing the planned care in collaboration with consumers. • Contributing to nursing assessments. • Recognising and reporting changes. • Contributing to health education of consumers. • Communicating effectively. • Using a partnership approach with consumers. • Recognising differences in accountability of nurses. • Demonstrating accountability and responsibility within the team.
<ul style="list-style-type: none"> • As an employer of ENs, what should I do first? 	<ul style="list-style-type: none"> • Familiarise yourself with the new competencies and what they mean to you as an EN employer. • Identify the client mix and elements of care that can be safely delegated within the new EN scope. • Determine if these fit within your model of care and staffing needs. • Identify the education and training required to deliver these elements of care. • Identify if there are any areas where your ENs will need more skill and knowledge. • Find out if any of the required education is being provided in your region, or local DHB or professional organisation. • Find out if your organisation has access to a NCNZ approved PDRP.
<ul style="list-style-type: none"> • Who and where are my resources and information on this? 	<ul style="list-style-type: none"> • Read through the information provided in this sheet. • Access the NCNZ website which covers the EN scope. • Contact the Director of Nursing in the DHB.
<ul style="list-style-type: none"> • Do ENs have to 	No, but PDRPs are recommended as a structured framework and are

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<p>complete a Professional Development and Recognition Programme (PDRP)?</p>	<p>being used by DHBs. The NCNZ has organisations that implement approved PDRPs and they already have nurses trained in competence assessment. These organisations will have developed assessment processes for ENs.</p>
<ul style="list-style-type: none"> • What if the EN chooses not to transition to the new scope? 	<p>If an EN does not, or chooses not, to complete a competence assessment within 12 months, a condition will be included in his/her scope of practice by NCNZ, restricting him/her to working with health consumers with stable and predictable outcomes.</p>
<ul style="list-style-type: none"> • What if you as employer are not able to provide work in the new scope? 	<p>If you do not have the range of clients or care to enable the EN to work in the broader scope the ENs can still work towards revising their scope. You will as the employer, need to set work guidelines and direction and delegation from an RN is still required. Working towards the new scope will offer the ENs more career options into the future.</p>
<ul style="list-style-type: none"> • ENs not currently practising as ENs 	<p>If an EN has been out of practice for five years or more they will need to complete a competence assessment programme (CAP). See the NCNZ website http://www.nursingcouncil.org.nz/index.cfm/1,68,0,0/html/Competence-assessment-programmes.</p>

Assessors and competence assessment

<ul style="list-style-type: none"> • What is a competence assessment? 	<p>A competence assessment is a structured formal assessment against the Nursing Council of New Zealand competencies for the new EN scope of practice.</p> <ul style="list-style-type: none"> • It must be completed by an approved nurse assessor who is skilled in assessment and is based on evidence included by the nurse in a portfolio. • Examples of evidence that might be used are listed on the NCNZ website. They include evidence of attendance at training on the new competencies, direct observation of clinical and professional practice, an interview with the EN to discuss a scenario to determine that the EN has the skills and knowledge to meet the new competency, examples of practice, verbal or written peer assessments. <p>An assessment form can be found on the NCNZ website.</p>
<ul style="list-style-type: none"> • What is an assessor; who can assess my ENs? 	<p>Assessors are RNs who hold a current practicing certificate and have been qualified at least 3 years. They must have at least one of the following:</p> <ul style="list-style-type: none"> • Adult teaching certificate or diploma. • Experience as a nurse lecturer in a NCNZ approved undergraduate programme. • Evidence of having undertaken a preceptor programme or clinical teaching programme which includes learning on assessment. • Unit standards from the NZQA workplace assessor training. • Demonstrated equivalency of above.
<ul style="list-style-type: none"> • How do I find an assessor to assess my ENs? 	<ul style="list-style-type: none"> • If the EN is employed by a DHB this will be organised through the Director of Nursing. • If the EN is employed in another organisation they should discuss their needs with the most senior nurse or employer their

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	professional organisation. The NCNZ also has lists of Council approved assessors. You may be able to access someone in the employment setting or the DHB.
<ul style="list-style-type: none"> • What is the cost of competence assessment? 	<p>If an assessor is made available via another organisation, there may or may not be a cost. If there is a cost it would be for RN time to undertake the assessment.</p> <p>If you have a number of ENs, it could be cost effective to organise for an RN to become a trained assessor to undertake this work in your organisation. Most DHBs can help you with this.</p>
<ul style="list-style-type: none"> • The local DHB has assessors but they are too busy- how do I get assessment done? 	<p>This doesn't need to be done immediately; there are 12 months to complete the process. Most DHBs are planning to provide a 'Train the Trainer' for RNs in key non-DHB agencies to enable consistent assessment.</p> <p>Otherwise contact NCNZ for information on assessment opportunities</p>
<ul style="list-style-type: none"> • Should ENs be contacting assessors themselves? 	No, please receive information from the DHB Director of Nursing or nominated DHB contact.

Practice

<ul style="list-style-type: none"> • Can my ENs now give medications, IV infusions, blood transfusion, cannulation and other procedures? 	<p>ENs must follow organisational policies and procedures. ENs will need to complete the transition process before any change in their practice. Designated senior RNs will determine what is appropriate for their particular clinical context and ensure quality, risk and educative processes are put in place. If the RN's need to discuss what this might mean they should contact their local DHB Director of Nursing.</p>
<ul style="list-style-type: none"> • Can my ENs work in the same way as my RNs now? 	No. ENs do not have the same educational preparation or scope of practice as registered nurses. ENs still work under the direction of the RN at all times and do not complete the total care for individual patients.
<ul style="list-style-type: none"> • What kind of assessments can ENs now undertake? 	ENs continue to contribute to assessments. The delegation of aspects of assessment will depend on the clinical context and the documents approved by the designated senior registered nurses in the setting. The overall accountability for patient assessment, care planning and direction remains with the RN.

Risk and organisational responsibilities

<ul style="list-style-type: none"> • What is the organisational accountability and risk? 	The employers of ENs are responsible for confirming with the EN their application for the new scope, and then ensuring that all ENs have completed a competence assessment against the new competencies, assessed by an RN who is an approved assessor. If the EN is not going to transition to the new scope, you will be required to support them to practice within their existing scope.
<ul style="list-style-type: none"> • What is the timeframe for transition? 	ENs should be assessed by June 2011. There are 12 months to complete this work.
<ul style="list-style-type: none"> • What if we get to 12 months and it's not done? 	We advise you to let the Nursing Council know if you require more time.
<ul style="list-style-type: none"> • What if an EN fails the competence process? 	Again discuss this with the Nursing Council. If you feel they require it, please consider referring them to

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	employee assistance programmes (EAP) for personal support.
<ul style="list-style-type: none"> • Are other organisations changing their policies? 	All employers of ENs are required to make changes to assist ENs. Any changes in policy or practice will first require structured education and assessment.
<ul style="list-style-type: none"> • What can my organisation do to get my ENs through? 	<ul style="list-style-type: none"> • Complete the steps in “what you need to do first” box. • Allocate an assessor and ensure they have NCNZ approved training in what is required to meet the new scope. • Run education sessions on the transition processes e.g. EN workshops. • Link in to other organisations who are running EN workshops. • Update/ access approved PDRP procedures and your assessors. • Update your RNs about the changes in the EN scope of practice and their responsibilities of direction and delegation guidelines available on the NCNZ website. • EAP – Some people may be stressed by these changes. Consider referring them to an employee assistance programme for personal support.

We will also need to consider the Nurse Assistant role; however at this stage we are making the transition requirements for the EN workforce first. We will be making more information available on Nurse Assistants in the near future.