Good morning my name is Wendy Scott and I am the Academic Leader for the Diploma of Enrolled Nursing and the Bachelor of Nursing Pacific at Whitireia Community Polytechnic.

I am honoured to have been invited to speak at on the panel at the NZNO National “Absolutely Positively Enrolled Nursing” conference. The last time I spoke at an Enrolled Nurse forum in Wanganui in 1987.

While my most recent experience has been working to support the Diploma in Enrolled Nursing Whitireia tutorial staff and Programme coordinator in the development and implementation in the entry to practice programme for enrolled nurses, my work history also includes the fact that I started my nursing career as an enrolled nurse. Something that I have always been very proud of.

I completed my training at Hutt Hospital in 1978 and worked as an enrolled nurse for the next 10 years in variety of employment settings.

I come from a family of Nurses, my Father and Mother were nurses, My two sisters are nurses, My niece, Partner and Partners son are nurses. My mother, older and younger sisters all trained as Enrolled nurses initially and were practising as EN's at the same time at one stage.

I mention this too state that from my personal experience I am totally and utterly committed to the absolute positive value that enrolled nursing contributes to the care of patients/clients or as more recently coined Health Consumers and their families and to the nursing profession as a whole.

I want to make a couple of general comments in relation to the ENSIPP discussion paper prepared by the enrolled section of NZNO

Firstly I would like to state that I fully support their commentary around the changing demographics of nursing that is emerging.

In saying this, what the report doesn’t state is that the current average age of Nurses in NZ is 46.8 with a median age of 48. The number of Enrolled Nurses 2862 as of 1st April 2013 the average age is 55 with a median of 56.2 , 82% of Enrolled Nurses are aged over 50 as compared to RN's who sat at 44% aged over 50. Stats that Suzanne referred to earlier

In the 2011 NCNZ workforce profile 75% of EN's were aged over 50. This has increased exponentially by 7% over 2-3 years.
Not only do we have an aging EN workforce we are not replacing them to the levels that would grow this workforce, something we are all in agreement with.

Secondly I would just like to add here that the statements in the introduction to the report that signal the potential for a workforce supply crisis over the next 10-15 years are not fanciful by any means.

I agree with the proposition in the report that addressing this future demand for nurses offers real opportunity to systematically integrate the enrolled nurse role into a legitimate and recognised contributing aspect of the whole health workforce.

In order to address the future needs of the nursing workforce we can no longer afford to keep marginalising the enrolled nurse’s role.

But before I continue sharing my reflections on the ENSIPP proposal I do want to congratulate the Enrolled Nurses section of NZNO as authors of the proposal on a well thought through document and to state that my next comments are not to be read as criticism but to be taken as a reflection and commentary back to those of you who are committed to the enhancement of the enrolled nurse role.

I want to thank the authors for including the Nurse Maude case study on Page 4 as it provides a fine example of best practice in a whole of workforce approach to healthcare particularly in a primary health care setting.

Pages 8 of the report provide an example of a proposed ENSIPP model and Page 9 offers some examples for the EN development days.

I would just caution that the two pages might work well in a hospital setting but challenge whether it would work as well for those working in a primary care environment.

Further reflection on the report would challenge the authors and Health Workforce NZ to think more broadly about the potential development of the EN role particularly over the next 10 years’

I talked recently to a colleague about entrepreneurship and we were in agreement that entrepreneurship was about finding the gap. I believe we have a gap in relation to where EN’s can play a key role.

For example the most at risk populations in our society are Maori and Pacific populations who have the highest levels of chronic complex unmet health needs.

Currently DHB’s and NGO’s are working to develop models of care that will best address the issues for these vulnerable communities. Recent initiatives in this area include the implementation of a whanau ora approach. Emerging areas of Practice for enrolled nurses in the primary health care setting particularly for Maori and Pacific is where some of the largest new funding is coming into organisations for the
implementation of Whanau ora. In these contexts building a model of care that creates a role for the enrolled nurse is being developed and explored by NGO’s with Whanau ora contracts. This approach represents the largest new investment of resources to assist communities to address these complex health and social issues.

I believe that within this context of emerging models of care this is an opportunity to create a specialist role for the enrolled nurse. I would like to suggest that the enrolled nurse section of NZNO consider including reference to these new possibilities in any future development of the proposal. It would be a missed opportunity if the ENSIPP is so prescriptive that it makes it difficult to expand the programme into emerging practice areas. Focussing on NGO’s who offer Whanau Ora contracts may be a change from the traditions of EN’s working predominantly in aged care or DHB’s

**Challenges**

Across the whole sector there has been a reluctance to systematically and effectively accept the role of the enrolled nurse as a legitimate contributor within the total health workforce picture. It is impossible to promote this area of nursing in a climate of stop gap workforce planning

A challenge to the DHB’s and NGO’s is to get there models of care in place so that there are clear career pathways enrolled nurses. Earlier I mentioned marginalisation. Marginalisation is defined as;

A form of social exclusion which is the process in which individuals or entire communities of people are systematically blocked from (or denied full access to) various rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration within that particular group (Wikipedia, 2015)

I challenge that Enrolled Nurses are excluded from the nursing community that they have a right to be engaged in meaningful employment and therefore I would argue in support of this ENSIPP proposal. As with RN’s the EN is no less entitled to a safe transition to practice as any graduate from an undergraduate programme of nursing.

A second Challenge is that of what further education opportunities are available for the EN scope of practice. Recent discourse I have heard of more recently engages the possibility of EN’s undertaking Post Graduate studies and teaching positions. If we are to bring the Enrolled nurse in from the margins then we have an obligation commit to their ongoing education as per any other registered nurse. We also need to be committed to a speedy resolution in regard to sorting the models of care in that EN’s are able to be gainfully employed sooner rather than later.
In summary I have the following recommendations

**Recommendations**

- The proposal needs more of a focus on Primary healthcare/ Health promotion roles a recommendation I would have is that any orientation and development package as set out on pages 8 and must be broadened to include the competencies for Enrolled Nurses working in this context and that the Whanau ora is taught in Dip EN programmes at a level that prepares them for practice
- That a safe transition to practice is supported by funding the implementation of the ENSIPP as we do RN's
- That a clear pathway for ongoing professional development is developed for EN's
- That each of the recommendations are implemented with more haste

Lastly I hope that the associate minister, the NGO' and DHB's (Andrea) have heard the arguments for the supported- into practice programme for new graduate Enrolled nurses, understood the issues and will advocate on behalf of Enrolled nurses to implement the plan.

Having reintroduced the role we have an obligation to ensure full employment opportunities with supported entry into practice for EN's

The better Enrolled Nurses graduates are safely prepared for these positons the more quickly they can make a full contribution to the care of health consumers and their families. It will help strengthen the confidence of the graduates so that they can be contributing, strong, multi-disciplinary team members.

No reira

Best wishes for the rest of your conference

Tena Koutou, Tena kotou Katoa.

**References**

Nursing Council of New Zealand, 2011. A Profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2011, Nursing Council of New Zealand: Wellington

Nursing Council of New Zealand, 2012-2013. A Profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2013, Nursing Council of New Zealand: Wellington

Wikipedia, 2015