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New Zealand Nurses Organisation

NZNO GUIDELINE ON THE PLACE OF ENROLLED NURSES IN THE NEW ZEALAND HEALTH CARE SYSTEM

I. PURPOSE

The purpose of this guideline is to provide information on professional practice and employment matters related to the new broadened enrolled nurse (EN) scope of practice, and outline the context and place of the EN in the New Zealand health system. The aim of this guideline is to provide up-to-date information for NZNO members and other stakeholders on EN practice and employment¹.

II. INTRODUCTION

In 2010, a broadened EN scope of practice was gazetted by the Nursing Council of New Zealand (NCNZ). This new scope impacts on the practice of ENs and those who work alongside them. New models of care and skill mixes will emerge as a result of the broadened scope of practice.

Enrolled nurses continue to make up a significant part of the regulated nursing workforce in New Zealand, with 3239 ENs employed in a variety of practice areas (NCNZ, 2010a). Approximately 2000 ENs are NZNO members, with NZNO's EN Section (the section) having 1100 members. The section represents, promotes and supports its members through: strategic planning; responsive communication networks; and representation and lobbying at national meetings (NZNO Enrolled Nurse Section, 2010).

In March 2009, the Minister of Health, Tony Ryall, asked the NCNZ to work with district health boards (DHBs) and the Ministry of Health to expand the role and training of ENs. This was in response to recommendations from a nursing advisory committee set up by the Minister of Health to provide a strategy for clinical workforce support for registered nurses (RN) (Nursing Advisory Committee to the Director General of Health, 2008). In September 2009, NCNZ consulted with the health sector regarding a revised scope of practice for ENs and nurse assistants (NA) and options for their education programmes. In December 2009, NCNZ decided to change the EN scope of practice and, in March 2010, implemented the EN title for all second-level nurses. NCNZ consulted on and implemented a set of competencies and education standards for ENs.

Guidelines

¹ NZNO will update this document as new information becomes available and/or as legislated changes occur

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In May 2010, NCNZ established a process for ENs to transition to the broadened scope of practice. The Council also provided a range of resources for employers to assist ENs to transition to the broadened scope of practice.

For historical purposes, a timeline of EN regulation and policy events is included in Appendix 1 and 2.

III. PART ONE: SCOPE OF PRACTICE

NCNZ Scope of Practice for Enrolled Nurses (gazetted May 13, 2010)

Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses contribute to nursing assessments; care planning, implementation and evaluation of care for health consumers and/ or families/whānau. The registered nurse maintains overall responsibility for the plan of care. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers' conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.

In acute settings, enrolled nurses must work in a team with a registered nurse who is responsible for directing and delegating nursing interventions. In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse. In some settings, enrolled nurses 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. Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whānau and multidisciplinary teams.*

**A person who is registered under the Health Practitioners Competence Assurance Act e.g. midwife, medical practitioner, occupational therapist. (NCNZ, 2010b).*

Enrolled nurses must understand their scope of practice. This includes working flexibly with other regulated health professionals and team members, and guiding and mentoring EN students.

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What does a scope of practice mean?

In New Zealand, every registered health practitioner regulated by the Health Practitioners Competence Assurance (HPCA) Act 2003 has a scope of practice. For nursing, this is defined by the NCNZ.

The HPCA Act (2003) Section 11 (2): a scope of practice may be described in any way the authority thinks fit, including, without limitation, in any one or more of the following ways:

- a) by reference to a name or form of words that is commonly understood by persons who work in the health sector;
- b) by reference to an area of science or learning;
- c) by reference to tasks commonly performed;
- d) by reference to illnesses or conditions to be diagnosed, treated, or managed.

Interpretations of a scope of practice

Implementing the broadened scope of practice for ENs is part of New Zealand's future health workforce strategy (District Health Boards New Zealand [DHBNZ] Future Workforce, 2009). Some employers will interpret this scope to suit their own context, looking for ways to limit the utility of the EN. For this scope of practice to be successful, employers need to modify workforce plans, skill mix criteria and models of care.

The EN scope of practice refers to three qualifying statements that are setting specific.

- a) *In some settings, enrolled nurses may coordinate a team of health care assistants under the direction and delegation of a registered nurse.* This refers to aged care, residential care, home-based care, where appropriate, and other settings with a well defined, stable group of staff and patients. See the NCNZ Guideline: responsibilities for direction and delegation of care to enrolled nurses (NCNZ, 2011) for further detail.
- b) *In some settings, enrolled nurses may work under the direction and delegation of a registered health practitioner*.* A registered health practitioner means one who is regulated under the HPCA Act and includes doctors, midwives, physiotherapists and occupational therapists. However, registered nurses must be involved in providing professional supervision. See the *NCNZ Guideline: responsibilities for direction and delegation of care to enrolled nurses* (NCNZ, 2011) for further detail.

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- c) *Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumer's conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.*

This acknowledges ENs have knowledge and expertise that has been assessed within a competency framework, as required by the HPCA Act and that they can make nursing interventions, if they are competent.

NCNZ states the new EN scope of practice has been broadened by the inclusion of the following words "practise competently in accordance with legislation, to their level of knowledge and experience". NZNO believes ENs can work with high acuity patients, depending on the EN's knowledge and skills.

Useful documents for employers re scopes of practice

Health care employers have responsibilities to monitor RNs' and ENs' competence and fitness to practise (Standards New Zealand and Ministry of Health, 2008, pg 17). Employers need to be familiar with the following key documents relating to nursing:

- a) Registered nurse and EN scopes of practice, competencies and education standards (NCNZ, 2007; 2010b; 2010c).
- b) NCNZ Guideline: responsibilities for direction and delegation of care to enrolled nurses (NCNZ, 2011).
- c) Health and Disability Services Standards NZS 8134:2008;

IV. PART TWO

Education

The New Zealand Qualifications Authority (NZQA) has an established qualifications framework. In March 2010, NCNZ consulted on education standards for the broadened EN scope of practice. The qualification to support the broadened scope of practice was gazetted on May 13, 2010. It is an 18-month diploma in enrolled nursing at level 5 on the NZQA's national qualifications framework (NCNZ, 2010), with part of the programme is at level 4 and exit at level 5.

Polytechnics/institutes of technology which deliver enrolled nursing education have agreed to standardised descriptors, assessment criteria, common credit levels, and common learning outcomes. This is a

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significant step towards a national curriculum. See NCNZ website for the education programme standards for the EN scope of practice and a list of providers. See NZNO website for further information on the curriculum.

NZNO believes having the EN diploma at level 5 on the NZQA framework clarifies the boundary between the education requirements for the regulated EN and the unregulated health care assistant (HCA). Clear boundaries between the work of those regulated under the HPCA Act and unregulated health care workers will protect public safety (NZNO, 2009). There is a well recognised nursing continuum, published by the International Council of Nurses (ICN, 2008), which clearly identifies the boundaries between regulated and unregulated workers in health care.

IV. PART THREE

Competency

Regulated health professionals have their practice assessed against the competencies for their scope of practice, as defined by their regulatory authority.

NCNZ has released new competencies for EN practice (NCNZ, 2010b). See appendix 3 for changes.

This competency framework includes ENs' contribution to nursing assessments by collecting patient information and reporting it to the RN. Further details in the indicators of competency 2.2 include:

- *completes assessment tools, as delegated by the RN;*
- *uses a range of data collection techniques, including observation, interview, physical examination and measurement;*
- *assists with routine examinations and routine diagnostic investigations; and*
- *applies understanding of the different developmental stages of the life span.*

Examples of assessment frameworks are:

- Pain assessment tools
- Neurological assessment – AVPU tool (alert, verbal stimuli, pain, unresponsive) and Glasgow Coma Scale
- Family violence screening
- Suicide risk assessment
- Health assessment
- Trauma assessment
- Collapse assessment
- Functional Independence Measure assessment

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- InterRAI assessment tools
- Falls assessment
- Braden Scale for assessing risk for pressure areas
- Head to toe assessment

This competency framework also includes an understanding of mental health recovery competencies. This is explained in the indicators of competency 3.3 to include:

Understands and applies the principles of a recovery-centred approach² to nursing care within different health care settings.

Mental health recovery competencies can be sourced from the Mental Health Commission's website. These mental health recovery competencies are comprehensive and ENs need to identify their responsibilities regarding these competencies.

Medicine administration

There is some confusion among health professionals regarding medicine administration (including controlled drugs, intravenous therapy, and injections) by ENs. NCNZ is clear medicine administration is within ENs' scope of practice, as outlined in the EN competencies. This is explained in the indicators of competency 2.1 to include:

Administers nursing interventions and medications within legislation, codes, scope of practice and according to prescription, established organisational policy and procedures.

Administering medicines is one of the competencies ENs must meet and is an expected component of their role. NZNO believes that if a DHB does not allow ENs to administer medicines, this reduces their skill base and could constitute an unjustified disadvantage in accordance with s. 103 (1) (b) of the Employment Relations Act 2000.

NZNO believes the safe administration of medicines by the regulated nurse/midwife requires the exercise of professional judgement, which involves the application of knowledge and experience to the situation. This judgement is directed to fulfilling the standards for the administration

² Further understanding of the recovery approach can be obtained from the Mental Health Commission. See http://www.mhc.govt.nz/users/Image/Resources/2001%20Publications/RECOVERY_COMPETENCIES.PDF

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of medicines as outlined in *Guidelines for Nurses on the Administration of Medicines* (NZNO, 2007).

Who can administer medicines?

Any person may administer medicines (including controlled drugs³), but whoever administers these is required to do so in accordance with the directions of the prescriber. Also, ENs who are employed by a health care provider and who administer medicines:

- a. must be familiar with their employer's policies and guidelines regarding medicine administration;
- b. must understand their responsibilities and accountabilities related to their scope of practice, which are relevant to medicine administration; and

In residential aged care, the guideline *Safe Management of Medicines: A Guide for Managers of Old People's Homes and Residential Care Facilities* (Medsafe, 1997, p.2) specifies "that nominated staff members must sign all entries in the (controlled drugs) register". Please note, Medsafe is currently revising this document. The Ministry of Health's Medicines Care Guides for Residential Aged Care provide useful information regarding medicines administration (MOH 2011).

NZNO acknowledges medicines are administered in a wide range of situations. At one extreme, is the client in an intensive therapy unit, totally dependent on qualified staff for her or his cares; at the other extreme, is the person in their home administering their own medicines or being assisted to do so by a relative or another person. The answer to the question of who should administer a medicine, largely depends where the person receiving the medicine is on the above spectrum.

NZNO believes that in acute care settings, an assessment of response to treatment and speedy recognition of contra-indications and side effects of prescribed medicines are vital. In these settings, medicines should only be administered by regulated nurses/midwives who are competent to do so and aware of their accountability.

Enrolled nurses can administer injections. The NCNZ education programme standards (2010, p.8) state "pharmacology/medication management and administration" is part of the EN curriculum.

NZNO is aware some RNs allocate patients to an EN based on whether a patient has an intravenous or subcutaneous infusion. Infusions are not the

³ Section 8(2)(d) of the Misuse of Drugs Act 1975 states "Any person having the care of a patient for whom a controlled drug is supplied by a medical practitioner or dentist, or prescribed by a medical practitioner or dentist and legally supplied, may administer that drug to that patient in accordance with the advice of the medical practitioner or dentist who supplied or prescribed it"

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basis on which patient allocation should be made; rather the decision must be based on the EN's knowledge and skills.

Finally, Australian literature (Hoodless & Bourke, 2009; McEwan, 2008; Kimberly, Myers, Davis, Keogh & Twigg, 2004) describes enrolled nursing practice regarding medication administration and the educational preparation. For further information on principles and policies regarding medication administration for ENs see the Nursing and Midwifery Board of Australia's (2010) explanatory note entitled

“enrolled nurses and medicine administration has clarified the principles for medication administration for enrolled nursing in Australia outlining employer, jurisdiction and endorsement policies”.

V. PART FOUR

Direction and delegation

NCNZ has updated its guidance on direction and delegation with publication of Guideline: responsibilities for direction and delegation of care to enrolled nurses, 2011. This publication outlines the responsibilities for ENs, RNs and employers and is on the NCNZ website. There is nothing in the broadened EN scope of practice that prohibits ENs from working in any general setting, particular service arrangement or at certain times of day. Decisions about what nurse should work where, and when, must be made with due consideration for the nursing needs of the particular patients concerned and the context of their care.

Decisions on who should provide nursing care must be based on the knowledge and skill of both the EN and the RN who is delegating/directing. This involves dialogue between these clinicians. Decisions on who should provide nursing care should be made on a case-by-case basis and be based on professional judgement. The seven elements of safe staffing and healthy workplaces must be incorporated,

when determining the skill mix required in a particular practice setting. (Safe Staffing/Healthy Workplaces Committee of Enquiry, 2006).

NZNO supports the principles of delegation, as described by the Nursing & Midwifery Board of Australia (NMBA, 2007a). Relevant visual tools developed by the NMBA (2007b) are Diagram 1: Nursing Practice Decision Flowchart, and Diagram 1A: Nursing Practice Decisions Summary Guide.

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NCNZ's Competency 1.3 (2007) makes clear the RN's position regarding direction and delegation. It states that the RN:

“Demonstrates accountability for directing, monitoring and evaluating nursing care provided by nurse assistants, ENs and others.

Indicator: *Understands accountability for directing, monitoring and evaluating nursing care provided by nurse assistants, ENs and others.*

Indicator: *Seeks advice from a senior RN if unsure about the role and competence of nurse assistants, ENs and others when delegating work.*

Indicator: *Takes into consideration the role and competence of staff when delegating work.*

Indicator: *Makes appropriate decisions when assigning care, delegating activities and providing direction for ENs, nurse assistants and others.”*

NZNO recognises developing direction and delegation skills is a challenge for RNs. Further education modules on delegation and direction are emerging, e.g. an online programmes.

a) ENS co-ordinating a team of HCAs

Enrolled nurses in some settings may co-ordinate a team of HCAs under the delegation and direction of an RN. This is outlined in competency 4.2, the scope statement and the clarification provided in part one scope of practice for EN, in this publication.

b) Care plans

A number of organisations/DHBs require RNs to countersign patient progress notes, so it is clear which staff members were involved in the delivery of care. This is not required but there does need to be a record of an RN providing direction, either through the rostering system or the RN's signature on a care plan. If the EN has consulted a RN, then that RN's name needs to be documented in the patient notes.

Enrolled nurses can contribute to the care plan or make alterations to it, but the RN needs to be informed and consulted appropriately, as described in the NCNZ competencies for ENs (See NCNZ Competencies 2.1, 2.4 & 2.5).

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VI. PART FIVE

Enrolled nurses in the workplace

In 2009, the Health Minister Tony Ryall (Ministry of Health, 2009, p.7) urged the Ministry of Health and DHBs to promote enrolled nursing as a valuable part of the workforce. It is vital DHBs now do so by employing ENs.

Where ENs are part of the skill mix, there are a range of possible models of care, and different settings may require different models. In high-acuity settings, RNs and ENs could provide the bulk of nursing care, while in low acuity settings, a RN or EN and HCA mix may be more appropriate. With the new EN scope of practice, the health care sector has access to a high quality, regulated workforce that can provide safe and effective care to people in a range of settings. Health care providers should employ ENs as a priority. (Clendon, 2010, p. 48).

The NZNO/DHB Multi-employer Collective Agreement, 1 April 2010 – 30 September 2011, has a memorandum of understanding which states:

“The DHB parties to the MECA undertake to promote the employment of Enrolled Nurses by ensuring that Enrolled Nurse positions remain a valid and integral part of the nursing care team, according to their scope of practice.”

NZNO maintains that removal of ENs from the nursing care team based on their scope of practice is a breach of this memorandum. To ensure public safety, ENs, rather than HCAs, should be the health professionals of choice (Clendon, 2010, p. 43).

All health and disability providers have obligations under the Health and Disability Services Standards (Standards New Zealand and Ministry of Health, 2008, p. 13) to provide education, professional development, and appropriate resources for employees so patients/clients) receive services of an appropriate standard.

Many ENs are working as HCAs in aged residential care and DHBs. These ENs need to be supported to regain their competency-based practising certificates so they can work as ENs.

Enrolled nurses in mental health settings

NZNO supports EN working in mental health settings. NCNZ competencies and standards of education for ENs refer to recovery competencies, thus ENs are regulated to nurse in a mental health setting. The Minister of Health, Hon Tony Ryall, has clarified, in a letter to the EN section, that ENs are able to work in mental health settings, as there are

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appropriate regulatory frameworks in place to protect the public (Ryall, 2010).

Enrolled nurses in new employment settings

ENs should be considered in future health workforce innovations and initiatives.

Orientation and new entry-to-practice provisions for enrolled nurses

Newly trained ENs need to be supported into the workplace, in the same way as RNs and doctors, thus nurse-entry-to-practice programmes should be available for ENs. NZNO believes these programmes must be made available to the regulated nursing workforce. It is important employers use the full health workforce and enable new practitioners to integrate into the workforce.

Enrolled nurses and primary care initiatives: “B4 school checks”⁴

Enrolled nurses can contribute to assessments, while the RN maintains overall responsibility for the plan of care. This means ENs, who have received the appropriate training and education, may undertake components of the B4 School Check, working alongside RNs. Currently, a number of ENs undertake vision and hearing testing under the direction and delegation of a RN and, competencies 2.2, 2.3 and 2.4 of the EN scope of practice are pertinent. Within a team context, where the RN retained overall responsibility for the final assessment and plan, the EN can make a valuable contribution to the B4 School Check.

Enrolled nurses using the interRAI assessment tool

InterRAI (second generation assessment tools) have progressively been introduced in health care settings, with the aim of providing comprehensive clinical assessments for diverse populations in a range of settings. All DHBs are implementing these tools and their use is widespread in residential aged-care facilities (see MOH for further details). Some ENs have been trained and educated to use aspects of interRAI tools, and with competency 2.2 (contributing to assessments), the use of these tools by an EN is valid, as the overall plan of care is determined by and within teams of health practitioners.

Enrolled nurses and immunisation and vaccinations

There has been some confusion surrounding ENs’ role in immunisation and vaccination. One process for vaccination is authorisation as an

⁴ The B4 School Check is a nationwide programme offering a free health and development check for four year olds. The B4 School Check aims to identify and address any health, behavioural, social, or developmental concerns which could affect a child's ability to get the most benefit from school, such as a hearing problem or communication difficulty. It is the eighth core contact of the Well Child Tamariki Ora Schedule of services (www.moh.govt.nz).

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authorised independent vaccinator, which enables the vaccinator to administer an approved immunisation programme (Ministry of Health, 2011). The second process is that a nurse can administer prescribed vaccines. All vaccines given by nurses who are not authorised independent vaccinators have to be prescribed by a doctor. Registered nurses, even those who are authorised independent vaccinators, cannot supervise another nurse's practice in relation to the administration of vaccines. Due to the autonomous nature of the authorised independent vaccinator role, NZNO does not support ENs in this role. The EN can administer prescribed vaccines, if s/he has had appropriate education and training to do so. If local health care provider policy supports ENs administering vaccinations, the name of the nurse should be recorded as the vaccinator.

Professional development and recognition programme (PDRP)

Professional development and recognition programmes describe a range of activities and competence levels that support and demonstrate development of an individual's practice. All DHBs have PDRPs approved by the NCNZ, but many private providers of health and disability services do not. It is essential ENs understand the PDRP process. NZNO encourages participation in them. For further information on PDRPs, see the NCNZ website, NZNO website and local DHB websites.

Transition arrangements

The NCNZ has determined the arrangements for all ENs to transition to the new scope of practice. These are outlined on the NCNZ website at <http://www.nursingcouncil.org.nz/index.cfm/1,120,html/Enrolled-nurse-scope-of-practice-and-transition-arrangements>.

All ENs can transition to the broadened scope of practice. Completion of the transition is not time limited (see NCNZ website EN electronic newsletter, January 19, 2011).

The transition process is supported by employers, who are responsible for assisting the enrolled nursing workforce to achieve and maintain competency.

Enrolled nurses who had not transitioned to the new scope of practice by July 1, 2011, have had a condition on their annual practising certificate which states the EN "may only work with health consumers with stable and predictable outcomes" (NCNZ 2011). Further information on EN transition arrangements can be found on www.nzno.org.nz.

Should enrolled nurses be able to do night duty?

As long as there is an adequate level of RN cover for patient assessment and appropriate direction and delegation of ENs, then the actual time of the shift is irrelevant. NZNO recommends that any changes in nursing skill

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mix include careful assessment of the opportunities to maximise the contribution of ENs, within their scope of practice.

Where to find information

NZNO library resource lists are published on a variety of issues, ranging from aged care to Te Tiriti o Waitangi. ENs can access these resource lists which are currently under review. In addition, Kai Tiaki Nursing New Zealand can be accessed on-line using the following link <http://www.nzno.org.nz/services/library>

VII. ENSURING SUSTAINABLE CHANGE

The new diploma of enrolled nursing began in 2011, alongside ENs transitioning into the broadened scope of practice. To ensure a sustainable EN workforce, a number of supports need to be put in place. These include a programme to mentor new ENs into the workplace, the ability for ENs to be employed in a range of practice settings and the provision of post-registration education that is affordable and accessible. Further development is required to ensure ENs have a career pathway, including developing specialty knowledge and skill.

VIII. CONCLUSION

NZNO believes the EN is a crucial member of the health care team and is the key workforce to support the RN. This is supported by the Minister of Health (2009) and the report from the Nursing Advisory Committee to the Director General of Health (2008).

ENs have much experience and expertise to offer. To provide quality patient care, all members of the nursing team should be able to practise to the full potential of their scope. Nursing teams must match skill to patient health need. Leadership is essential in developing nursing services that are safe and responsive to patient need, while providing practice environments that are safe and positive for nurses and other members of the health care team.

The seven elements of safe staffing and healthy workplaces must serve (2006, p. 8) as the guiding principles for patient safety. These are:

- The requirement for nursing and midwifery care
- The cultural environment
- Creating and sustaining quality and safety
- Authority and leadership in nursing and midwifery
- Acquiring and using knowledge and skills
- The wider team
- The physical environment, technology, equipment and work design.



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MISSION STATEMENT

NZNO is committed to the representation of members, the promotion of nursing and midwifery. Nzno embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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APPENDIX 1

Timeline of history of enrolled nursing in New Zealand

1939: A register of nurse aides commenced.

1966: Registered community nurse programmes started. This was 18 months long and delivered in hospitals.

1977: Registered Community Nurse title was changed to EN under the Nurses Act 1977.

1978: EN education programme changed to 12 months after the introduction for the Nurses Act, 1977.

1993: Hospitals cease hospital-based enrolled nursing programmes.

2000: NZNO calls for recommencement of enrolled nursing training. Policy remit from Enrolled Nurses' Section carried at NZNO conference stated *"that NZNO supports the Enrolled Nurse and the NZNO National Enrolled Nurses Section calls on this conference to launch a campaign in support of the Enrolled Nurse in the health workforce and the reintroduction of enrolled nursing training in NZ. NZNO urges the government to support this campaign"*.

2000: Government initiates return of the enrolled nursing training.

2001: Debate over reviving EN title ensues. Title supported by Minister of Health Annette King. NZNO conference votes the title of EN for second-level nurses.

2002: First polytechnic EN programmes start.

2004: NCNZ consults on title under HPCA Act and post-2000 new graduates (137 in total) lose EN title to become NAs under a new scope.

2006: NZNO supports NAs take Nursing Council to the District Court in September, with the appeal centred on issues concerning their scope of practice and title.

May 2007: NZNO lays a complaint with the Regulations Review Committee (RRC) regarding NCNZ decision to create two titles and scopes of practice for second-level nurses. The RRC recommended the title of Enrolled Nurse.

July 2007: Health Minister Pete Hodgson provides an opportunity for the Future Workforce Nursing and Midwifery Workforce Strategy Group

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(DHBNZ) to make a recommendation on the future of the second-tier workforce.

: Health Minister Pete Hodgson announces working party on second level nurses to support RNs.

July 2008: Working party recommends rebuilding second-level nurse workforce, with broader and higher level course than current NA qualification, and the enrolled nursing workforce as the key workforce to support RNs.

March 2009: Health Minister Tony Ryall writes to NCNZ, Nursing and Midwifery Workforce Strategy Group (NMWSG) and MoH nursing team to confirm the return of ENs and to request the scope be revisited.

June 2009: NMWSG responds to a request from Minister Ryall, to consider the nature and potential utility of a revised EN scope.

August 2009: NCNZ works with Enrolled Nurses' Section and NZNO on a proposed scope of practice.

December 2009: NCNZ announces broadened scope and title of EN to be given to all second-level nurses.

January 2010: NCNZ consults on the EN competencies and education standards.

March 2010: NCNZ gazettes scope of practice, qualifications and title of enrolled nurse.

May 2010: NCNZ announces transition arrangements for ENs.

June 2010: NZNO publication *Freed to Care Proud to Nurse* 100 years of NZNO features a summary of the EN history.

February 2011: Diploma of Enrolled Nursing starts.

May 2011: NCNZ releases guidance on delegation and direction and transitional arrangements.

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APPENDIX 2

Historical context: frequently asked questions

1. Did some nurse assistants take the NCNZ to the District Court in September 2006?

Yes they did, with the Appeal centred on issues concerning their scope of practice and title.

Judge Broadmore concluded that:

“[64] The conclusion I have reached, therefore, is that the decisions by the Council complained of by the appellants did not impose conditions within the meaning of s 106(1) of the HPCA Act on the scope of practice of those in the appellants’ position. They are therefore not capable of appeal to the District Court.

[107] Although the appellants have failed, that is not because I consider that they do not have substantive grounds for complaint about the decisions. To the contrary, I have considerable sympathy for their concerns. Whether those concerns can be substantively addressed, or the decisions of which they complain reversed, through legal process is not for me to say. It is inappropriate for me to say anything further about the merits, save that my views are such that I do not consider it appropriate to award costs to the council.

[108] I bear in mind also that a substantial part of the argument was taken up with issues on which the appellants have succeeded.”

2. What was the outcome of the NZNO complaint to the Regulations Review Committee in May 2007?

In response to the NZNO’s complaint regarding the scopes of practice and related qualifications as prescribed by the NCNZ, the Regulations Review Committee (RRC) found that:

“In our opinion, the complainant [NZNO] has made out this aspect of its complaint. We consider that the Notice has had a retrospective effect that is not expressly authorised by the Health Practitioners Competence Assurance Act 2003. In particular, we think that the group of second-level nurses who began training or graduated between the year 2000 and 18 September 2004 have been affected by the Notice, which has retrospectively altered their title without express authorisation.

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We note the Nursing Council's comment that there have been a number of retrospective title changes to people in the nursing profession. We note that in this case the reason the matter has come to our attention is because, as the complainant said, this change matters to the affected second-level nurses (p. 13).

Therefore, the RRC has recommended that the group of second-level nurses who began training or graduated between the year 2000 and 18 September 2004 should be in a position to be registered as Enrolled Nurses, not Nurse Assistants".

It is noteworthy that this decision will create a further anomaly, whereby those nurses trained as nurse assistants after September 2004 by the same programmes, will have a different title.

The Government has 90 days to respond and has indicated that it will table a Government response on 17 September 2007.

3. Why was the enrolled nurse title retained?

The title for second-level nurses was widely debated from 2004-2009. NZNO firmly believed the title should be enrolled nurse; this was achieved for all second-level nurses when NCNZ gazetted the title, extended scope and qualifications for ENs in May 2010.

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Appendix 3

Changes to EN Competencies, May 2010 (reference and acknowledgement to Rebecca Hickmott Canterbury DHB)

Changes in bold denote new competencies

Previous EN scope 2007	New EN scope 2010
Domain 1	
1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements	<i>Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements</i>
1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice	<i>Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice</i>
1.3 Recognises own scope of practice and the registered nurse responsibility and accountability for delegation of nursing care	Demonstrates understanding of the EN scope of practice and RN responsibility and accountability for direction and delegation of nursing care
1.4 Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of the registered nurse	<i>Promotes an environment that enables health consumer safety, independence, quality of life, and health</i>
1.5 Promotes an environment that enables client safety, independence, quality of life and health (<i>now competency 1.4 in new competencies</i>)	<i>Participates in ongoing professional and educational development</i>
1.6 Participates in ongoing professional and educational development (<i>now competency 1.5 in new competencies</i>)	<i>Practises nursing in a manner that the health consumer determines as being culturally safe</i>
1.7 Practises nursing in a manner that the client determines as being culturally safe (<i>now competency 1.6 in new competencies</i>)	<i>There is no Competency 1.7 in the new EN Scope</i>
1.8 Practises in a way that respects each client's dignity and right to hold personal beliefs, values and goals (<i>now an indicator under 1.6</i>)	<i>There is no Competency 1.8 in the new EN Scope</i>

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Domain 2	
2.1 Provides planned nursing care under the direction of a registered nurse	<i>Provides planned nursing care to achieve identified outcomes</i>
2.2 Is accountable for ensuring that nursing care provided to clients is within scope of practice and own level of competence	<i>Contributes to nursing assessments by collecting and reporting information to the registered nurse</i>
2.3 Demonstrates practice that supports best health outcomes for clients	<i>Recognises and reports changes in health and functional status to the registered nurse or directing health professional</i>
2.4 Ensures documentation is accurate and maintains confidentiality of information	Contributes to the evaluation of health consumer care <i>(previously 4.2 in old scope)</i>
2.5 <i>Not previously in existence</i>	Ensures documentation is accurate and maintains confidentiality of information <i>(previously 2.4 in old scope)</i>
2.6 <i>Not previously in existence</i>	<i>Contributes to the health education of health consumers to maintain and promote health</i>

Domain 3	
3.1 Establishes, maintains and concludes therapeutic interpersonal relationships	Establishes, maintains and concludes therapeutic interpersonal relationships
3.2 <i>Not previously in existence</i>	<i>Communicates effectively as part of the health care team</i>
3.3 <i>Not previously in existence</i>	<i>Uses a partnership approach to enhance health outcomes for health consumers</i>

Domain 4	
4.1 Collaborates and participates with colleagues and members of the health care team to deliver care	Collaborates and participates with colleagues and members of the health care team to deliver care
4.2 Contributes to the evaluation of client care <i>(now moved to 2.4 in new scope)</i>	<i>Recognises the differences in accountability and responsibilities of registered nurses, enrolled nurses and healthcare assistants</i>
4.3 <i>Not previously in existence</i>	<i>Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health professional who is not a nurse</i>

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REFERENCE LIST

- Clendon, J., (2010). *Beyond 2020: A vision for nurses*. Wellington: New Zealand Nurses Organisation.
- District Health Boards New Zealand Future Workforce. (2009). *Our health workforce: Today and the future*. Wellington: District Health Boards New Zealand.
- Gordon, S. (Ed.). (2010). *When chicken soup isn't enough: stories of nurses standing up for themselves, their patients, and their profession*. Ithaca [N.Y.]: ILR Press/Cornell University Press.
- Health Practitioners Competence Assurance Act. (2003). No 48 (as at 24 January 2009), Public Act.
- Hoodless, M., & Bourke, L. (2009). Expanding the scope of practice for enrolled nurses working in an Australian rural health service – implications for job satisfaction. *Nurse Education Today*, 29(4), 432-8.
- International Council of Nurses. (2008). *Nursing care continuum – framework and competencies*. Geneva: International Council of Nurses.
- Kimberley, A., Myers, H., Davis, S., Keogh, P., & Twigg, D., (2004). Enrolled nurse medication administration. *Contemporary Nurse* 17, 63-70.
- McEwan, B. (2008). Defining the scope of practice of enrolled nurses in medication administration in Australia: a review of the legislation. *Collegian*, 15, 93-101.
- Medsafe. (1997). *A guide for managers of old people's homes and residential care facilities*. Available:
<http://www.medsafe.govt.nz/regulatory/guideline/safeman.asp>
- Ministry of Health. (2009). *Statement of Intent 2009-12*. Wellington: Ministry of Health.
- Ministry of Health. (2011). *Immunisation Handbook 2011*. Wellington: Ministry of Health
- Ministry of Health. (2011). *Medicines Care Guides for Residential Aged Care*. Wellington: Ministry of Health.
- New Zealand Nurses Organisation. (2007). *Guidelines for Nurses on the Administration of Medicines*. Wellington: New Zealand Nurses Organisation.
- New Zealand Nurses Organisation. (2009). *Position statement: unregulated healthcare workers education framework*. Wellington: New Zealand Nurses Organisation.

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- New Zealand Nurses Organisation Enrolled Nurse Section. (2010). *About the Enrolled Nurse Section*. Retrieved 20 May 2011 from: http://www.nzno.org.nz/groups/sections/enrolled_nurses/ens_about_us
- Nursing Advisory Committee to the Director General of Health. (2008). *Clinical workforce to support registered nurses*. Wellington: Ministry of Health.
- Nursing Council of New Zealand. (2011). *Guideline: responsibilities for direction and delegation of care to enrolled nurses*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand. (2010a). *The New Zealand nursing workforce*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand. (2010b). *Competencies for the enrolled nurse scope of practice*. Wellington: Nursing Council of New Zealand.
- Nursing Council of New Zealand. (2010c). Education programme standards for the EN scope of practice.
- Nursing Council of New Zealand. (2007). *Competencies for the registered nurse scope of practice*. Wellington: Nursing Council of New Zealand.
- Nursing and Midwifery Board of Australia. (2010). Explanatory note: enrolled nurses and medicine administration. Retrieved from <http://www.nursingmidwiferyboard.gov.au/faq-and-fact-sheets.aspx>
- Nursing and Midwifery Board of Australia. (2007a). National framework for the development of decision-making tools for nursing and midwifery practice. Canberra: Nursing and Midwifery Board of Australia.
- Nursing and Midwifery Board of Australia. (2007b). Nursing practice decision flowchart. Retrieved from <http://www.ahpra.gov.au/Search.aspx?q=delegation>
- Ryall, T. (24 August, 2010). Letter to Robyn Hewlett, Chairperson of the NZNO Enrolled Nurses Section.
- Safe Staffing/Healthy Workplaces Committee of Inquiry. (2006). *Report of the Safe Staffing/Healthy Workplaces Committee of Inquiry*. Wellington: District Health Boards New Zealand, New Zealand Nurses Organisation & the Ministry of Health.
- Standards New Zealand and Ministry of Health. (2008). *Health and Disability Services (Core) Standards – consumer rights*. Wellington: Standards New Zealand and Ministry of Health.