Attention Members:

Thank you for opening this attachment and reading the submission to the Nursing Council

In each of the following sections - from page 7 onwards - we have added the feedback from the College to each specific standard 1 to 6.

RED text refers to a specific section of the consultation document that we are replying to

BLUE text is **specific** feedback from the College Māori Caucus representative/s

BOLD black text in italics represents feedback from other members of the College & the Board

The document has been converted from the original Council PDF version to a Word doc to enable cut and paste of text. We acknowledge that this may still make it difficult to navigate the document. You will also find this doc on the College website. We look forward to hearing from members on the draft and if you have any further comments or reflections please email these to Helen Hamer, College Manager at manager@nzcmhn.org.nz. All feedback will be passed on to Council

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Nursing education standards for programmes leading to registration as a registered nurse

CONSULTATION DOCUMENT

November 2020

Contents

From the Chief Executive

Whakataukī

E kore e taea te whenu kotahi ki te raranga i te whāriki kia mōhio tātou ki ā tātou. Mā te mahi tahi ō ngā whenu, mā te mahi tahi ō ngā kairaranga, ka oti tenei whāriki. I te otinga me titiro tātou ki ngā mea pai ka puta mai. Ā tana wā, me titiro hoki ki ngā raranga i makere nā te mea, he kōrero anō kei reira.

The tapestry of understanding cannot be woven by one strand alone. Only by the working together of strands and the working together of weavers will such a tapestry be completed. With its completion let us look at the good that comes from it and, in time we should also look at those stitches which have been dropped, because they also have a message.

Nā Kūkupa Tirikatene (1934–2018)

E nga iwi, tēnā koutou katoa,

In 2018 following approval by the Council we began a programme of work to review the preparation of the registered nurse of the future. Our work in this area sought to reflect the changing landscape in which nurses practice, to anticipate the future needs of the public, and ensure nurses are safe and competent to practice. As part of this programme of work the Council asked us to develop new education standards for registered nurses.

I am therefore, pleased to present for consultation the proposed standards for Registered Nurse Education in Aotearoa/New Zealand. The Registered Nurse education standards are principally designed for use by education providers seeking accreditation to provide an entry to registration, nursing programme. The Council evaluates education providers and programmes against these standards in line with section 12 (2a) and (4) and section 118(a), of the Health Practitioners Competence Assurance Act (2003).

The proposed standards reflect contemporary and emerging research, policy and best practice to ensure registered nurses are suitably educated and qualified to practice in a culturally safe, competent and ethical manner. They are shaped to reflect the Council's commitment to Te Tiriti o Waitangi and the role nurses play to improve health equity for Māori. Given the rapidly changing nature of health care and service delivery the proposed standards are broad and flexible to allow innovation in the education of registered nurses while at the same time supportive of safe quality care for the people of Aotearoa New Zealand.

The development of a flexible, responsive and sustainable nursing workforce, which prioritises public safety, is important for the Council. This consultation document enables you to have your say on the future preparation of registered nurses.

I would like to acknowledge the expertise, views, time and commitment from everyone who contributed to the initial development of these standards. I would also like to acknowledge particularly Pam Doole, and the Council policy team for their significant contribution to this work.

Ngā mihi nui,

Chief Executive / Registrar
Nursing Council New Zealand

Introduction

Under the Health Practitioners Competence Assurance Act 2003 (section 12 (2b) and (4); section 118(a)) the Nursing Council (the Council) is responsible for accrediting nursing education providers and programmes.[1] The Council sets education standards to support design and delivery of programmes and monitors providers to ensure they continue to meet the standards.

The current *Education programme standards for the registered nurse scope of practice*[2] **were updated in July 2010, amended again in March 2015 and have not been significantly reviewed for many years.**

Te Tiriti o Waitangi and nursing education providers and programmes

The Council carries out its functions within the context of its obligations under Te Tiriti o Waitangi and has adopted a Te Tiriti o Waitangi statement and framework to guide its work. The statement and framework adopt Te Tiriti o Waitangi principles and some of the goals from *Whakamaua: Māori Health Action Plan 2020-2025.*[3]

The Council's commitment to Te Tiriti o Waitangi has influenced the content of these new draft standards. The Council has decided to incorporate contemporary requirements related to Te Tiriti o Waitangi, cultural safety and health equity as part of the standards rather than relying on individual nursing education providers to interpret the guidelines.[4]

The Council recognises nursing education providers and programmes provide an important and powerful platform for ensuring high quality nursing practice through the acquisition and dissemination of knowledge about Te Tiriti o Waitangi and in their partnership approach to developing, delivering and reviewing programmes.

Challenges faced by the education and health sector

The Council recognises these draft standards have been developed during the global COVID-19 pandemic resulting in:

- **impact on the way health and education services are provided, including through increased use of technology and reduced face to face contact**

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[1] *Health Practitioners Competence Assurance Act 2003*

[2] **Nursing Council of New Zealand,** *Education programme standards for the registered nurse scope of practice*, **2015.**

[3] **Ministry of Health,** *Whakamaua: Māori Health Action Plan 2020-2025*, **2020**

[4] **Nursing Council of New Zealand,** *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice,* **2011.**

- **closed borders impacting on international nurses who have traditionally been an important element of the nursing workforce**
- **national and global financial and economic uncertainty for many.**

The full social, economic and cultural effects of the pandemic are yet to be seen but rarely has a single event demonstrated how critical a strong, sustainable and capable nursing profession is to the wellbeing of Aotearoa New Zealand.

The Council also recognises other challenges including:

- **the potential for financial and resourcing pressures and significant structural changes in tertiary education (from the reform of vocational education) to impact the quality of student experiences and outcomes**
- **nursing education programmes being expected to prepare graduates to provide care for consumers with increasingly complex health needs, in a rapidly changing and complex health care environment that includes working with other agencies, along with an increasing use of technology.**

Review process

The Council reviewed the evidence related to best practice in nursing education and education standards from similar countries and other health professions. The Council held 12 workshops around the country in 2019, to discuss the education standards, that almost 300 people attended. The key messages from the workshops were:

- **quality nursing education should be relevant and responsive to population health needs, health equity and employment contexts**
- **nurses of the future need better preparation in mental health, communication and soft skills, Te Tiriti o Waitangi responsiveness and cultural safety**
- **nursing education should be closely aligned with the applied practice of nursing**
- **quality nursing education requires collaboration, good resourcing and expertise from both practice and education**
- **practice should make the clinical setting a positive learning environment for students**
- **greater consistency of nursing education which may improve overall quality**
- **changes to current educational and funding models may be considered for future nursing education.**

A summary of the themes from this pre-consultation process can be found here.

Language

The proposed new draft standards are designed to be easy to read and future focused. The Council has aimed to ensure they are flexible, particularly around the curriculum, so nursing

education providers are able to innovate and develop contextually appropriate education programmes.

The Council understands there is a move to use the term "work-integrated learning" amongst some organisations but has instead retained "clinical learning experience" in this document as this is more commonly used in the health sector.

How to read these draft standards

There are six proposed standards. This document has been structured in the following way:

- **the draft standard (comprised of the heading and the criteria that nursing education providers and nursing education programmes will meet in order to be accredited)**
- **a rationale for the draft standard and criteria (which would be removed in the final document)**
- **consultation questions after each draft standard and a general question at the end.**

How to make a submission

The Council values your views and encourages you to respond to this document. A link to the survey can also be found here. The closing date for submissions is Monday 14 December 2020.

Next steps

The Council will consider the outcome of the consultation and expects to publish final education standards in the new year.

Alongside this the Council is developing a new essential evidence guideline, as a companion document to the standards, that will outline in detail the information that should be submitted to demonstrate nursing education providers and programmes meet the standards. This will be available for nursing education providers to use as soon as the new standards are finalised.

These draft education standards continue the requirement for nursing education providers to ensure students achieve the *Competencies for registered nurses*[5] **before they are entered on the register. The Council has also begun a co-design process to review the** *Competencies for registered nurses* **and expects to consult broadly on these in the future.**

The Council is also considering whether there would be benefit in establishing a standardised assessment tool for assessing student competence, to be used nationally. This would minimise variability and language differences and allow for easier benchmarking to occur.

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[5] **Nursing Council of New Zealand,** *Competencies for registered nurses,* **2007.**

The Council also intends to review its *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*[6] **using a co-design process**.

Commencement and transition

The Council is aware that changes to the education standards will have an impact on nursing education providers and programmes. To recognise this, the Council expects to introduce them from 1 April 2021 with accreditation against the new standards to begin in 2022. Any new providers of nursing programmes seeking accreditation in 2021 will be expected to meet the new standards.

[6] **Nursing Council of New Zealand,** *Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice*, **2011.**

Standard One: Te Tiriti o Waitangi partnership obligations

Nursing education providers have a commitment to adhere to Te Tiriti o Waitangi principles[7] and an opportunity to impact positively on health equity for Māori. This encourages a focus on how they:

- **demonstrate authentic partnerships and relationships with iwi and Māori**
- **support co-design, co-delivery and review with iwi and Māori**
- **increase pathways into nursing education programmes to encourage and support Māori in the nursing workforce**
- **encourage the development of kaupapa Māori and mātauranga Māori nursing education programmes that include a Māori world view of health.**

Draft Standard One includes stronger statements regarding the importance of strengthening iwi and Māori approaches to health and te ao Māori within nursing education programmes. Draft criteria under other standards also specify actions that support all students to achieve outcomes to prepare them to work effectively with Māori. This draft standard and criteria support the Government's priority to lift the capability of the whole workforce, improve health equity for Māori and increase Māori participation within the health workforce. To achieve this nursing education providers and programmes will need to play a strong role. This draft standard aligns with strategies such as the *Tertiary Education Strategy*[8]**, the** *New Zealand Health Strategy 2016*[9]**,** *He Korowai Oranga* **and** *Whakamaua: Māori Health Action Plan 2020-2025***.**

Criteria	
1.1	**Nursing education providers are committed to and responsible for their Te Tiriti o Waitangi partnership with iwi and Māori.**
1.2	**Nursing education providers have policies/procedures that assist them to assess their institutional culture and responsiveness to iwi and Māori and take action to address racism and unconscious bias within their institutions.**
1.3	**Nursing education providers have authentic and active partnerships with iwi and Māori to support co-design, co-delivery and review of nursing education programmes.**

[7] **Self-determination - Tino Rangatiratanga, Pātuitanga - Partnership, Mana Taurite - Equity, Whakamarumarutia - Active protection, Kōwhiringa – Options.**

[8] **Ministry of Education,** *Tertiary Education Strategy, 2014.*

[9] **Ministry of Health,** *New Zealand Health Strategy. 2016.*

1.4 Nursing education programmes provide opportunities for students to undertake clinical learning experiences that encompass exposure to working in Māori health and te ao Māori.

College Feedback on Standard 1

According to the Whakamaua - To apply the principles o Te Tiriti we need to achieve the four goals:

- Mana Whakahaere
- Mana Motuhake
- Mana Tangata
- Mana Māori

Knowing the goals of Te Tiriti – then you can implement the principles:

- Tino Rangatiratanga
- Equity
- Active protection
- Options
- Partnership

Therefore, Te Tiriti needs to permeate through any nursing programme on Aotearoa

In the preamble – "improve health equity for Māori and increase Māori participation within the health workforce. To achieve this nursing education providers and programmes will need to play a strong role.

Though Kaupapa Māori matauranga and a Māori world view is included within mainstream nursing programmes, stand-alone kaupapa Māori nursing programmes need to be established/increased to support the intent of this standard. We also need to support Council in their endeavors to progress the implementation of Cultural Safety across all RN's and reduce the possibility that this is left to the education providers alone.

1.2 We support training packages for racism and unconscious bias within the programme for the students to recognise this and call it for what it is, we hope that well prepared students will eliminate this in practice areas as the new generation of RNs. We recommend and support a de-colonisation programme for staff and tauira. Include also Maori Hauora – History and Maori values and tikanga in these programmes.

1.3 Rather than using words like co-design or co-delivery it is imperative that collaboration is acknowledged as a true **relationship and partnership** when developing a programme in a rohe/community. Conversations need to be inclusive at the beginning to encourage Iwi/ or nga Iwi to be part of the education providers design, so students have a genuine experience in Māori Hauora/providers/social services.

Standard 1 needs strengthening to ensure Heads of School, the Education providers and the clinical experience providers really understand and honour Tiriti o Waitangi. All RNs need the ability to demonstrate knowledge, understanding and application of Te Tiriti o Waitangi principles:
o The Guarantee of Rangatiratanga
o The Principle of Partnership
o The Principle of Active Protection
o The Principle of Equity
o The Principle of Options

All students/RNs need to be able to proficiently navigate:

- ***Kaupapa Māori and western health approaches***
- ***Including pharmacological approaches and Māori Rongoa practices***
- ***Able to role model how best to support Māori in our care, and their whānau, that results in cultural care pathways that help to improve wellbeing.***
- ***Cultural models and approaches need to be embedded in programmes***
- ***All educators and students should have a good understanding of Te Reo, Tikanga and local Kawa***
- ***Cultural leadership by mana whenua employed by education provider need to be actively present in the day-to-day business activities of schools***
- ***All education providers should have an advisory group that comprises 50% Māori and 50% Tauiwi, with Māori receiving koha for their expertise***
- ***Māori and tauiwi nursing students' representatives need to be on the advisory group.***

Advisory groups:
Māori nurse leader representatives from the industry settings need to be consistently consulted for curriculum design and evaluation (ideally as representatives in the Council itself) including:

- ***Presence of external MH nursing leadership to support the education provider leaders***
- ***Presence of external MH nursing leadership to evaluate the programmes (across the 3 years)***

Standard 1.4
Nursing education programmes provide opportunities for students to undertake clinical learning experiences that encompass exposure to working in Māori health and te ao Māori.
Another innovative approach in clinical would be that students go to non-mainstream health settings such as marae based, and other iwi led primary care programmes

Standard Two: Safe care for the public

Draft Standard Two outlines the requirement for nursing education programmes to prepare nurses to meet the needs of society and communities. It also focuses on the development of professionalism and the attitudes and skills needed to keep the public safe. The draft standard contains criteria related to safety of the public during clinical learning experiences and fitness for registration requirements that nursing education providers need to be aware of when enrolling students and throughout the programme.

The Council sees its role in public protection to include encouraging support for diverse learners and enabling flexible pathways into registered nursing for learners and those with existing qualifications such as enrolled nurses, kaiāwhina, and other practitioners such as midwives or paramedics.

Criteria
2.1 The nursing education programme integrates the following throughout: • **Te Tiriti o Waitangi, its constitutional settings and what it means for nursing in Aotearoa New Zealand** • **the role that nursing practice has in achieving equity of health outcomes for Māori** • **cultural safety and its implications for nurses and nursing practice when working alongside Māori and their whānau** • **Te ao Māori (the Māori world, history and models of health) and the importance of tikanga me te reo Māori.**
2.2 The nursing education programme ensures students' development of knowledge, skills, behaviours, values and attitudes is congruent with: • **a commitment to social justice** • **public safety** • **Te Tiriti o Waitangi** • **cultural safety, respect and responsiveness** • **equity, diversity and inclusiveness** • **person-centred and whānau-centred care** • **social determinants of health** • **addressing community aspirations for health.**

2.3 The nursing education programme curriculum incorporates professionalism and ethical practice (informed by the *Code of Conduct for Nurses*[10]**,** *Guideline: Professional Boundaries*[11]**, and** *Guidelines: Social Media and Electronic Communication*[12]**).**
2.4 The nursing education programme admission requirements are fair, equitable and transparent. All candidates are informed of the need to meet: • **programme requirements** • **requirements of the clinical learning environment e.g. health checks.**
2.5 The nursing education provider has a strategy to support national workforce development initiatives which includes processes to support priority learners.
2.6 The nursing education provider has a strategy to support a category of alternative admission to the nursing education programme for priority learners and those learners who might not meet standard entry criteria. This may be at the discretion of the head of nursing or programme leader/s.[13]
2.7 The nursing education provider has defined the nature of the student cohort (including targets for Māori students, rural origin students, students from underrepresented groups and international students) in association with clinical providers/employers based on regional needs.
2.8 The nursing education provider has foundation programmes that enable future students to meet entry requirements for nursing education programmes.
2.9 The nursing education provider ensures all students have undertaken Ministry of Justice criminal convictions checks, safety checks under the Children's Act 2014 and any other legislative requirements.
2.10 The nursing education provider has a policy to support students with identified impairments or disabilities to practise safely, as appropriate.

[10] **Nursing Council of New Zealand,** *Code of Conduct for Nurses*, **2012.**
[11] **Nursing Council of New Zealand,** *Guideline: Professional Boundaries*, **2012.**
[12] **Nursing Council of New Zealand,** *Guidelines: Social Media and Electronic Communication,* **2012.**
[13] **The purpose of the alternative category is to attract a range of suitable applicants with broad life experiences, skills and perspectives to the nursing education programme. This increased diversity will help ensure that each graduating cohort will better mirror and understand contemporary New Zealand society, and be best placed to contribute across the full spectrum of health needs in Aotearoa New Zealand** – *adapted from University of Otago degree admission guidelines for the Bachelor of Medicine and Bachelor of Surgery.*

2.11 The nursing education provider has a policy for 'exiting' students who are not achieving academic, clinical learning or professional outcomes, or who would not meet the requirements of section 16 of the Health Practitioners Competence Assurance Act 2003 (the Act).

2.12 The nursing education provider has a process for ensuring all students have demonstrated relevant pre-requisite knowledge, skills, behaviours and attitudes prior to interacting with the public.

2.13 The nursing education provider has policies and processes to prevent/remove students from accessing clinical learning experiences if they have been deemed a risk to public safety.

2.14 The nursing education provider ensures students are not given more than two opportunities to enrol in a clinical learning course.

2.15 The nursing education provider ensures candidates put forward to sit the State Final Examination for registered nurses:

- **have successfully completed all the requirements of a Council-accredited pre-registration degree in nursing**
- **have been assessed as meeting the** *Competencies for registered nurses*
- **are recommended as fit for registration as a registered nurse under section 16 of the Act by the head of nursing**
- **have disclosed to the Council if they are the subject of any investigation, disciplinary or criminal proceedings.**

2.16 The head of nursing notifies the Chief Executive/Registrar of the Council in writing if they have reason to believe that a student who is completing a nursing education programme would be unable to perform the functions required for the practice of nursing because of some mental or physical condition (see section 45 of the Act). This includes a condition or impairment caused by substance or alcohol use disorders.

College Feedback on Standard Two

Standard 2 **Safe care for the people of Aotearoa New Zealand**

There are two views to consider when talking about the safety of the public.
Physical harm – which we know is part of the current preparation of RNs however, we have to take into consideration harm in relation to the world of Māori. Providers need to ensure that RN's possess the cultural humility to uphold the right of Māori to be tangata whenua of this land. Māori wairua needs to

remain intact on entry into the health system, in nursing assessment, during their treatment and on discharge and transition back their health care home.

2.1 – As above - Achieving Maori health equity is about being culturally safe – if education providers get that right and teach it well then this will be successful for Maori and reduce harm. By also drawing on the current number of excellent programmes around the motu for tauira nurses to learn te Reo Māori me ōna tikanga, this will contribute to the success of RN's providing safe health care for Māori.

2.2 - Knowing the above information brings awareness, however putting into practice takes time. Providers need to support and model the right attitude and humane values of a peoples' culture. Undergraduate education provides the starting place to help students develop skills and hopefully a change of behaviour.

We support stair casing for ENs and Kaiawhina workforce groups and consideration for other regulated professions to train as nurses is needed. We support this process providing that a standard recognition of prior learning (RPL) process is applied based on the specific component and type of experience that the learner has had, rather than the hours completed in a specific clinical/health setting. Basing the assessment on hours, rather than experience, could marginalise some non-regulated workers such as kaiāwhina. RPL needs to include evidence of cultural competency and cultural humility for working with Māori.

"Q *How are nurses in this community making a difference to the people of this community?"*
We recommend that a process is developed to determine how providers will measure nurses' socially accountable practice – again, consider community representation and lived experience experts on advisory groups to answer this question.

Standard 2.2
The nursing education programme ensures students' development of knowledge, skills, behaviours, values and attitudes is congruent with:

This statement would benefit from a rewrite- for example – "Understanding the Social determinants of health and impact on wellbeing"

We also recommend the inclusion of a "psychosocial and wellbeing" bullet point here

2.3

"… curriculum incorporates professionalism and ethical practice"
Evidence in the curriculum of the Code is a given and is evident in all aspects of preparation and assessment -

https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx

Scroll down to Standard 3

Standard Three: Academic governance, leadership and partnership

The quality of nursing education is dependent on strong professional governance, leadership and quality partnerships with iwi, practice providers and others.

Criteria
3.1 The nursing education programme is led by a head of nursing who is a registered nurse in good standing with the Council, holds an annual practising certificate and holds a relevant degree at Master level or above. The head of nursing has designated authority, autonomy, and responsibility for: • **professional and academic leadership and staffing of the programme** • **promoting high quality teaching and learning experiences for students to enable graduate competence** • **controlling the design, implementation, evaluation and resourcing of the programme** • **decisions on student entry to the programme** • **attending all student appeal panels and having authority over professional practice, conduct, fitness for registration requirements and decisions concerning public safety.**
3.2 There are clearly defined and effective mechanisms by which the head of nursing secures the financial and other resources necessary to ensure operation of the nursing education programme.
3.3 There are clearly defined and effective mechanisms by which the head of nursing advises and consults with the nursing education provider's senior leadership/management team.
3.4 The nursing education provider's academic governance and leadership structures support the curriculum development, implementation, evaluation and quality assurance of the nursing education programme.
3.5 The nursing education provider has processes to support and develop the head of nursing in their leadership and management role.
3.6 The nursing education provider has strategic and functioning partnerships with iwi and Māori, clinical learning providers, external representatives of the nursing profession, consumers of healthcare and other relevant stakeholders.
3.7 A nursing education programme offered across multiple geographical sites has an appropriate programme leader at each site.

3.8 The nursing education provider ensures lecturers/teachers of kaupapa and mātauranga Māori are supported.

3.9 The nursing education programme is resourced to ensure students achieve the *Competencies for registered nurses* **by supporting all teaching and learning environments including simulated practice and clinical learning.**

3.10 The nursing education provider maintains a leadership and staff complement of appropriately qualified, experienced nursing, academic, scientific, administrative and technical staff.

Academic staff will:

- **hold a relevant Master degree or have a professional development plan in place to complete a Master degree within four years of initial appointment**
- **have completed a programme in adult teaching and learning within two years of appointment**
- **be involved in research and scholarly activities as appropriate.**

Clinical teaching staff will:

- **hold an undergraduate or higher degree in nursing or a related discipline**
- **be well prepared and oriented to the teaching role**
- **have current theoretical and clinical knowledge relevant to the clinical setting**
- **have knowledge of the curriculum including the theory component related to the clinical learning experience and the expected learning outcomes.**

All staff will have professional development plans and an annual appraisal of performance.

3.11 The nursing education programme's quality assurance mechanisms incorporate evaluation from a variety of sources and address:

- **risk assessments of student learning environments**
- **student experience evaluations across all teaching and learning environments**
- **internal moderation and external moderation from another nursing education provider**
- **evidence-based developments in health professional education**
- **evidence-based developments in health and health care.**

3.12 The nursing education provider provides information required by the Council, including an annual report.

College feedback for Standard Three

As the impact of Te Pukenga is understood by the sector – it is vital that this standard is strengthened to reduce any disparities in RN preparation across the motu given that education providers are a mix of Universities and Polytechnics. Therefore, finances for nursing education needs to be invested in the programmes. Academic and clinical teaching staff must be able to proficiently navigate Kaupapa Māori and western health approaches. This includes knowing about pharmacological approaches and Māori Rongoa practices. All RNs and lecturers need to be prepared to role model how best to support Māori in our care, and their whānau, that results in cultural care pathways that support and improve wellbeing. Along with Heads of School, lecturers etc. should have a scope that brings clinical experience in MH&A nursing beyond their clinical experience in their own undergraduate preparation. All should have a good understanding of Te Reo and Tikanga and local Kawa. Evidence of a post graduate education in MH should be regarded as an essential asset for recruiting into the school including education in addiction. (Te Pukenga is the new government institute charged with creating a single unified vocational education system in Aotearoa

Standard 3

We emphasise again that education providers need to korero about the presence of equity in their staff and that staff also have Te Reo Māori me ōna tikanga. Greater presence and matching of Māori staff with Māori tauira will support pastoral care and reduce attrition of potential Māori RNs. Increased Māori RN's will increase resources to implement more Kaupapa Māori nursing programmes.

3.10 please include – ***"… and an understanding of curriculum theory"***

Standard Four: Programme of study

The quality of nursing education programmes is important to the health and safety of the public. Quality is dependent on a number of factors including curriculum design. One strong theme from the pre-consultation was that stakeholders wanted more consistency between nursing education programmes. This would facilitate preceptor understanding and employer expectations of graduates, and allow easier transfer for students between programmes and staircasing for enrolled nurses and others e.g. kaiāwhina, international nurses.

The Council is also specifying greater consistency and integration of themes within the curricula to ensure that graduates have the required scientific knowledge, take a holistic approach to health and wellbeing and are prepared to practise in a culturally safe way, and that nursing education programmes are developed and structured to support student learning.

During pre-consultation meetings the quality of clinical learning experiences was discussed and the barrier that 1100 hours represented to increasing enrolments. The Council is proposing reducing the required hours to 1000 in order to support more students and to provide some degree of flexibility within the programme.

Criteria
4.1 The qualification is a minimum of a Bachelor degree comprising 360 credits, or a Master degree of no less than 240 credits, delivered by a subsidiary of the New Zealand Institute of Skills and Technology or university approved by the New Zealand Qualifications Authority or the Committee on University Academic Programmes and eligible for funding by the Tertiary Education Commission.
4.2 The nursing education programme's structure includes an integrated mātauranga Māori health component that includes learning experiences shaped by Māori cultural knowledge and addresses competencies related to Te Tiriti o Waitangi, working effectively with Māori, te ao Māori, te reo and Māori heath equity and provides educational and clinical learning experiences to support students to achieve cultural safety in working with Māori.
4.3 The curriculum document articulates nursing and educational philosophies and their integration into the programme of study. The curriculum is mapped against the *Competencies for registered nurses*.
4.4 Fifty per cent of curriculum theory hours have a defined nursing focus.

4.5 Teaching and learning reflects contemporary practices in nursing, health and education, including communications technology and digital health care delivery including the use of data and e-documentation; artificial intelligence; and social media.

4.6 The nursing education programme's content and learning outcomes include:

- **achievement of the** *Competencies for registered nurses*
- **integrated knowledge of regional, national and global health priorities**
- **integrated knowledge of safety and quality standards as they relate to healthcare**
- **integrated knowledge of care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary and tertiary care)**
- **integrated knowledge of the principles contained in the** *Code of Conduct for nurses*
- **equivalence in all delivery modes in which the programme is offered and all sites where it is delivered**
- **comprehensive health consumer assessment skills and clinical decision-making skills supported by knowledge of pathophysiology.**

4.7 The nursing education programme's content and learning outcomes integrate principles of intraprofessional and interprofessional learning and practice including direction and delegation responsibilities.

4.8 The nursing education programme's content and learning outcomes embed respect for diversity, inclusiveness and cultural safety in relation to race, ethnicity, age, gender, sexual orientation, socio-economic status, religious beliefs, physical abilities, political beliefs or other ideologies.

4.9 The nursing education programme's content and learning outcomes support the development of research skills that include searching for and reviewing evidence to inform practice and clinical decision-making.

4.10 The nursing education programme's content and learning outcomes develop student knowledge and skills in pharmacotherapeutics and safe use of medicines.

4.11 The nursing education programme includes:

- **simulated learning to enable students to develop clinical skills and professional capabilities prior to entering real life clinical contexts**
- **clinical learning experiences undertaken as soon as practicably possible in the first year of study**
- **all students completing 150 hours of clinical learning in the first semester of their final year of study**

- **all students completing a 360-hour continuous transition to practice course in the final semester of their programme where they are assessed against the** *Competencies for registered nurses*
- **all students completing a minimum of 1000 hours of quality clinical learning in a variety of settings relevant to the curriculum, exclusive of simulation. If required, 1400 hours of clinical learning must be provided**
- **students having clinical learning experiences in a variety of clinical settings including community health, acute care, aged care and mental health**
- **students being in a preceptor relationship with a registered nurse for all clinical learning experiences.**

4.12 The nursing education programme has an evidence-based clinical teaching and learning model which includes staff preparation and resourcing (e.g. a dedicated education unit, community of practice, and/or clinical teaching associate model).

4.13 Preceptors have undertaken a formal structured education programme that includes the curriculum, assessment and relationships with education providers.

4.14 The nursing education provider has contractual arrangements with all clinical learning providers.

4.15 All clinical assessment is undertaken collaboratively between the nursing education provider, clinical learning provider and the student. Roles and responsibilities are clearly articulated, and the provider maintains ultimate responsibility for the assessment process in the clinical learning environment.

College feedback on Standard Four

From preamble

"the quality of clinical learning experiences was discussed and the barrier that 1100 hours represented to increasing enrolments…."

As discussed before re: innovation in clinical placements – education providers need to be more creative and expansive on the types of placements to accommodate these current 1100 hours (or more) such as prison settings, NGO providers, marae & GP clinics etc. and not be limited to DHB specialist settings, particularly to offer alternatives when there are a competing number of schools requiring placements in DHBs. Though there are potential issues about RN supervision in a non DHB setting e.g. NGO where there is a different model of care, the placement can be well managed if well defined. For example, an NGO setting is an environment that does not require a higher degree of clinical reasoning and decision making, rather, opportunities for the student in the NGO system to experience a model that is more about engagement and approach to whaiora experiences of their day-to-day life rather than in acute/crisis situations. We also recommend that these clinical hours remain as the minimum and are <u>not reduced</u>.

Year 2 and year 3 placements in mental health settings are essential, some schools do not introduce this until year 3. Focusing on MH and wellbeing and then moving through to the more specialist focus is required and, again, this needs to be a minimum of 50% of a programme.

Standard 4.2
Applies to a Kaupapa Māori programme. Te Tiriti underpins all nursing programmes along with addressing Māori Health inequities and cultural safety. Te Reo me ōna tikanga is everyone's business.

Also include the role of people with lived experience of (all) health conditions in the programme. We recommend that education providers are required to specifically show their processes of engagement with people with lived experience and strategies to support their roles in the undergraduate programme.

Standard 4.6 – "integrated knowledge of care across the lifespan, including mental health and wellbeing, and across contexts of nursing practice (including primary, secondary and tertiary care)"
AND
Standard 4.11 bullet point
"Students having clinical learning experiences in a variety of clinical settings including community health, acute care, aged care and mental health"

Good to see the wellbeing approach included however singling out the aspect of mental health as above may perpetuate that mental health is separate from, rather than part of all RN nursing practice areas, and this needs to be automatically part of the belief system of the school.

Further, it will be important for educators to re-consider what is meant by mental health, and the need to also include the areas of addiction and working with people with intellectual, acquired, and congenital disability needs - evident across the 3 years. More recently, and considering COVID-19, the term psychosocial health and wellbeing broadens the definition beyond a psychiatric diagnostic/biomedical lens. The view of mental health can be likened to a spectrum from mild to moderate to severe supports students to see the importance of earlier intervention approaches as well as gaining clinical experience in specialist MH and addiction settings. Further, mental health and wellbeing are no longer the realm of specialist mental health services, rather students can gain clinical and theoretical preparation by experiences beyond current specialist (DHB) settings e.g., in a primary care setting.

We support council's view of preparing RNs to work in the future environments where mental health and psychosocial distress can be supported by new services such as Health Improvement Practitioners (HIP), the unregulated workforce such as health coaches (mostly PHO), community support workers (mostly NGO) and peer support specialists (people with lived experience working across all systems). This future environment gives an opportunity over the three years for students to consider and critique where the role of the RN fits in the future of a psychosocial and mental wellbeing-informed health environment.

Therefore, we recommend that an increase of mental health knowledge and skills are delivered over the 3 years, rather than in a discreet block of time – often later in the programme. We also recommend that schools provide placements across the 3 years of preparation that can incrementally expose students to a broader understanding of what is termed mental health, specifically if increasing their access to work within a primary care approach (and particularly lecturers not regarding this option as a 'mental health placement'). Increasingly, RNs in primary care settings are practising within a stronger psychosocial approach and delivering earlier interventions and therefore will provide excellent role modelling to students. It is also important to keep the focus on mental health and wellbeing in tandem with the skills and knowledge to assess and respond when people are showing symptoms of mental distress and/or require crisis intervention.

Standard 4

- ***Ongoing consultation and regular review with Māori nursing leaders is essential for all programmes***
- ***Recognition for prior learning should include Māori knowledge and expertise***
- ***Standards for online learning need to be developed and a maximum set of these determined***
- ***Nursing education programmes evidence-based clinical teaching and learning model must be developed with Māori. Students should be involved in growing practice-based evidence alongside lecturers who are research active***

4.6 p. 21

Council asks - "If the number of clinical hours is reduced how will quality learning experiences still be ensured?"

We recommend no further reduction in clinical hours, suggest that the provider reduce the classroom hours and offer focused on-line learning to support this. Hence the lecturer's required skills in 'flipped' classroom activities and team-based learning approaches would ensure both case-based theory & role play practice in preparation for clinical which will support quality learning experiences.

Standard Five: Student experience

To provide high-quality student experiences, students should have mentors and role models that reflect their diversity, be supported to achieve in ways that are culturally safe and be exposed to a range of learning opportunities. Student cohorts should be representative of the New Zealand population. Students, including enrolled nurses, should be able to receive appropriate recognition for prior learning and experience and transfer between nursing education programmes.

This draft standard is aimed at supporting positive student learning experiences and to ensure policies and support for diverse students. It aligns with health sector goals to increase the Māori health workforce and with cultural safety for Māori students.

Criteria
5.1 Nursing education programme information provided to students is relevant, timely, transparent and accessible.
5.2 Student academic learning needs are identified and supported by the nursing education programme.
5.3 Nursing education providers have processes to ensure cultural safety for all students, at all times.
5.4 Students are informed of and have access to grievance and appeals processes.
5.5 Students are informed of and have access to pastoral, cultural and/or personal support services.
5.6 Students are represented on nursing education programme advisory and decision-making committees.
5.7 Equity and diversity principles are observed and promoted in all learning experiences, including clinical learning.
5.8 Each nursing education provider has a recognition of prior learning (RPL) policy. RPL is not granted for the 360-hour continuous transition to practice course in the final semester. (Council retains the right to seek justification for any credit granted through RPL.)

College Feedback on Standard Five

Standard 5 preamble –

"To provide high-quality student experiences, students should have mentors and role models that reflect their diversity, be supported to achieve in ways that are culturally safe and be exposed to a range of learning opportunities"

Our rationale for the involvement of consumer/peer support specialist is that their lived experience input across the 3 years will provide the role modelling and mentoring of students. Particularly if students have their own lived experience of psychosocial distress, as contact with such experts can increase the student's resilience and ability to openly seek, and be supported, in all their clinical placements. The presence of such roles within schools will help both lecturers and students to highlight and thus challenge the inherent stigma and discrimination that people with mental distress face in both education and health settings.

Standard 5- student experience

5.5 – Pastoral care for tauira in nursing programmes is imperative, this support, if structured and resourced well by education providers, will reduce attrition, and increase enjoyment and learning in the programmes.

We continue to emphasise the importance of the input of Māori nurse leaders

Standard Six: Student assessment

Competence is defined by the Council as "the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse".[14] Achieving competence is essential to ensure that safe, professional and ethically competent registered nurse graduates are entered on the register. The public should expect that nursing education programmes have an overall assessment system that is valid and reliable and provides evidence of student competence and safety.

Criteria
6.1 The nursing education programme's learning outcomes and assessment strategies are aligned.
6.2 The nursing education programme's learning outcomes, with associated assessments, are clearly mapped to the *Competencies for registered nurses***.**
6.3 The integrity of the nursing education programme's theoretical and clinical learning assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling and moderation processes.
6.4 The nursing education programme has formative and summative assessments that enhance learning and inform student progression. The summative assessment appraises outcomes against the *Competencies for registered nurses* **before successful completion of the programme.**
6.5 The nursing education programme assesses competence in pharmacotherapeutics and the safe use of medicines.

College feedback on Standard Six

6.5 – include "knowledge of Māori Rongoa practices"

[14] Nursing Council of New Zealand, 2007, *Competencies for registered Nurses,* p.32

General question

Do you think these standards are innovative enough to allow sufficient flexibility for future delivery models?

We believe the College submission above has answered this question

Glossary of Terms

Blended learning: **blended learning integrates physical and virtual components to deliver learning experiences. Blended formats eliminate time, place, and situational barriers, whilst enabling high quality interactions between teachers and students.**

Clinical teaching associate model: **the clinical teaching associate model is one of the methods for improving the outcomes of clinical nursing education. In this model, a hospital nurse who is responsible for care delivery to people assists clinical instructors in providing clinical education to students.**[15]

Community of practice: **a community of practice is formed by people interacting and sharing a process or passion of collective learning.**

Cultural safety: **cultural safety relates to the experience of the recipient of nursing service and extends beyond cultural awareness and cultural sensitivity. It provides consumers of nursing services with the power to comment on practices and contribute to the achievement of positive health outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service. The Council's definition of cultural safety is: the effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on their own cultural identity and will recognise the impact that their personal culture has on their professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.**[16]

Dedicated education unit: **a dedicated education unit is one floor or unit of a health facility devoted entirely to nursing students from a single nursing programme and staffed by a consistent group of nurses who are provided professional development as educators.**[17]

Mātauranga Māori: **Māori knowledge - the body of knowledge originating from tūpuna Māori (ancestors), including the Māori world view and perspectives, Māori creativity and cultural practices.**

Nursing education programme: **the programme of study.**

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[15] **Nielsen, Noone & Voss (2013).** *Preparing nursing students for the future: An innovative approach to clinical education*. **Nurse Educ Pract 2013;13:301-9.**

[16] **Nursing Council of New Zealand. 2011.** *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*

[17] **University of Connecticut,** *Dedicated Education Units*

Nursing education provider: **the educational institution within which the nursing education programme is located, including the head of nursing and other staff who lead, manage and deliver the programme.**

Te ao Māori: **the Māori world.**