

Nurse Education in the Tertiary Sector (NETS)

Providing a proactive voice on national issues in nursing education and nursing

Submission to the Nursing Council of New Zealand on Qualifications prescribed by the Nursing Council of New Zealand for Internationally Qualified Registered Nurses

Organisation: Nurse Education in the Tertiary Sector

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We wish the submission to be made publicly available

You are making this submission:

- as an individual
 on behalf of a group or organisation (*NETS*)

Please indicate which part of the sector your submission represents:

- | | |
|--|---|
| <input type="checkbox"/> Individual nurse | <input type="checkbox"/> Individual other |
| <input type="checkbox"/> Consumer group | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Primary health organisation | <input type="checkbox"/> Māori health provider |
| <input type="checkbox"/> Pacific health provider | <input type="checkbox"/> Government agency |
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| <input type="checkbox"/> Internationally qualified nurse | <input checked="" type="checkbox"/> Other <i>NETS</i> |

Consultation questions for the proposed prescribed qualifications and standards for registration

Current registration

1. Do you agree with the proposed requirement that applicants should have current registration with an overseas regulatory authority in order to apply for registration in New Zealand?

Yes No

2. If no, please provide your reasoning.

N/A

Degree (level seven on the NZQA framework)

3. Do you support a nursing degree as entry to the register for IQNs?

Yes

In supporting this we have considered the following:

The potential for an adverse impact on nurses from our Pacific neighbors

What timeframe would be set for this – for example by 2016, all IQNs will need a nursing degree

Could the year of qualification be included in a statement re accreditation by the Nursing and Midwifery Council of the United Kingdom ie “For those qualified prior to (year) a three year diploma will be accepted.”

4. If no, what other qualifications do you believe the Nursing Council should consider and why.

Examination

5. Do you agree that an examination should be part of the prescribed qualifications for ‘pathway three’ applicants?

Yes No

6. Please provide your rationale.

We do not support this currently as we have some concern about the nature of an examination in relation to this group of applicants for registration. Does this represent tacit support for continuation of the State Final Examination for all applicants for registration as a nurse? Is the Council proposing another form of examination for pathway three applicants, or would this be up to the education provider to include as part of overall assessment processes?

We note that in the consultation document it is stated on page 7 that pathway 3 applicants would have to complete an examination before completing a competence assessment programme. It is not clear what this means. More clarity is needed in relation to what the Council is proposing.

Post-registration clinical experience

7. Do you agree with the requirement for two years’ post-registration clinical experience?

Yes No

8. If no, please provide your rationale.

We would suggest that this perhaps needs to consider the following:

This does not have to be full time post-registration clinical experience.

Should this clinical experience be linked to the Nursing Council’s definition of practising – that is, working in a position where

Currency of practice as an RN is important – so does there need to be a statement about what is acceptable in terms of currency. Could this be related to current requirements for RNs in terms of hours of practice over the last three years?

We additionally suggest there could be a grandparenting clause for those applicants already in New Zealand.

Competence Assessment Programme or Adaptation and Assessment Programme

9. Do you support the requirement of applicants from 'pathway three' having to complete a programme with more theory (registered nurse role and health care context in New Zealand), assessment and supported clinical experience?

Yes No

10. If yes, what should the programme include? If no, please provide your rationale.

More clinical learning hours as the duration of clinical placements is as significant as theory hours.

Additionally:

- *Comprehensive health assessment including gathering a health history and performing a full physical assessment on an adult.*
- *Fluid and medication management including clinical calculations.*
- *Treaty of Waitangi.*
- *Cultural safety.*
- *Ethico- legal considerations in the New Zealand health care system.*
- *Delegation and leadership.*

11. What forms of assessment do you think the programme should include? For example, simulated or Objective Structured Clinical Examination (OSCE).

All assessments should be the same as those in the undergraduate programme including reflective and critical writing, competence assessment and OSCE.

- *Simulation and / or scenario based situations to test nursing skills and communication within a team*
- *OSCE for foundation clinical skills*
- *Completion and documentation of a comprehensive health assessment*

12. Where do you think the clinical placement should occur? For example, DHB, continuing care, a PDRP Council-approved clinical setting.

Clinical placement should occur within a DHB environment, either acute hospital care or primary health. DHBs provide the most useful and comprehensive setting for assessing IQNs as the environments are varied and busy. Support from clinical staff is also more available in DHBs and other large service providers.

They also provide an opportunity to assess IQNs acute clinical assessment skills. IQNs are also required to work daily with the MDT team, gain an understanding of nursing accountability, complete

health assessment paperwork, understand referral processes and what is available to patients before and after discharge.

13. Who do you believe should complete the final competence assessment against the Nursing Council competencies? For example, lecturer, preceptor, Council-approved assessor.

Lecturer and preceptor as per undergraduate pre- registration programme and reflective self-assessment by student, with clear and specific feedback from clinical staff. The final decision for competence should rest with the educator.

14. Who do you think should provide the programme and why? For example. employer (DHBs, private health care providers), education provider (polytechnics or universities).

Providers of undergraduate pre-registration programmes who have Nursing Council accreditation to deliver these programmes. Education providers have robust educational approved processes in the undergraduate programmes they offer and if entry to the register is to have equivalency with NZ candidates it would seem logical that the pre-registration degree with RPL is a way of ensuring that equivalence.

There is a potential conflict of interest for private providers who employ as well as assess the competence of employees, whereas tertiary education providers can be more objective and have a variety of assessment tools available, which includes, but is not limited to, clinical practicum. Variety in assessment is important in achieving and supporting the IQNs ability to demonstrate strong communication skills through written assessment, reading instruction, as well as verbal and listening skills. The use of simulation provides a safe environment to assess clinical skills and rationale, formal examination and moderation is available as well as practicum assessment.

English language requirements

15. Do you support changing the requirement to achieve a 7 in each band of IELTS in one sitting, and a B or A pass in all bands of OET in one sitting?

Yes No

This is in keeping with the Trans Tasman agreement and further aligns our standards with those of Australia.

16. If no, what is your rationale?

N/A

17. Do you agree with the exclusion criteria?

Yes No

18. If your answer is no, please provide further information. *N/A*