

National Framework for Nursing Professional Development & Recognition Programmes & Designated Role Titles

Report to the National Nurses Organisations
from the National Professional Development
& Recognition Programmes Working Party

July 2004

Contents

Executive Summary	2
Recommendations	3
Chapter 1: Introduction	4
Chapter 2: Professional Development and Recognition Programme Principles and Standards	8
Chapter 3: Proposed Professional Development & Recognition Programmes Levels of Practice Definition	11
Chapter 4: Education, Professional Development and Competence	14
Chapter 5: Designated Role Definition	17
References & Bibliography	19
Appendix 1: Terms of Reference	21
Appendix 2: Glossary	23
Appendix 3: Te Tiriti o Waitangi.....	26
Appendix 4: Cultural Safety	27
Appendix 5: Competencies for entry to the Register of Nurses - Nursing Council of New Zealand (A new list of competencies will be finalised by Nursing Council New Zealand late 2004).....	28
Appendix 6: Competencies for Enrolled Nurses (A new list of competencies will be finalised by Nursing Council New Zealand late 2004)	33
Appendix 7: List of groups and individuals who made submissions on the consultation document.	35

Executive Summary

This proposed framework for nursing Professional Development and Recognition Programmes (PDRPs) reflects the unique nature of nursing in Aotearoa/New Zealand. It recognises Te Tiriti o Waitangi (the Treaty of Waitangi) as the founding document of New Zealand. The commitment of the nursing profession to the principles of partnership, participation and protection are included.

Different aspects of the framework are outlined in the first four chapters and supported by the information in the seven appendices.

Chapter one sets the scene for the document by giving the background of PDRPs and the background to the working party who coordinated the development of this framework.

The second and third chapters describe the proposed national framework. Chapter two provides a list of principles for programmes and describes the seven standards. Cultural safety is integral to nursing practice in this country. The PDRP will reflect the ongoing development of culturally safe practice as the individual's expertise and experience accumulates and higher levels of practice are achieved. The following chapter describes four levels of practice for Registered Nurses and three levels for Enrolled Nurses.

Chapter four describes how formal education can assist the professional development of nurses and assist their career development.

The final chapter departs from the framework but introduces some preliminary work into the diverse designated roles that nurses undertake across the country and the many titles that have emerged for these roles. Development of this would be a substantial and independent project.

The first six appendices provide supporting information for the work of the working party and the development and application of the national framework for PDRPs. Appendix seven lists those who commented on the draft document and in doing so contributed to this final document to be presented to National Nurses Organisations.

Recommendations

The working group recommends that:

Professional Development and Recognition Programmes

1. This document is accepted by nurses and their employers as the National Framework for Professional Development and Recognition Programmes (PDRPs).
2. The implementation of the principles of Te Tiriti o Waitangi are integrated into the programme in consultation with M_ori nurses and cultural advisors. M_ori processes are used to consult appropriately with M_ori¹.
3. Organisations work towards aligning their PDRPs to this framework.
4. All District Health Boards (DHBs) have a PDRP.
5. Progression on PDRPs should be based on meeting criteria and not restricted by resources.
6. All employers of nurses facilitate access to or develop a PDRP.
7. Organisations put processes in place to protect the information contained in nurses' portfolios.
8. PRDP Nurse Co-ordinators meet regularly as a national group to ensure the ongoing consistency and transportability between programmes and organisations.
9. First year of practice education programmes are available for all newly qualified Registered Nurses to support progression on the PDRP.

Designated Role Titles

1. That the recommended designated nursing role titles are used nationally (Chapter four).
2. That the word 'nurse' is included in all nursing role titles.
3. Descriptions of key aspects of designated senior nursing roles that influence and support practice is developed by the National Nursing Organisations for national use.

¹ More than one M_ori should be represented on PDRP development and advisory groups.

Chapter 1: Introduction

Background to Professional Development and Recognition Programmes

Clinical Career Pathways (CCPs) were introduced to nursing in North America in the 1970s at a time of nursing shortage. Prior to their inception, nurses wishing to develop their careers had to move to administration, management or education. CCP programmes² recognised and rewarded expertise in clinical practice. Since the 1980s, CCPs have been introduced to nursing in much of the western world. The application of Benner's work (1984) to underpin the structure of CCP programmes meant that they became more clinical in their focus.

In New Zealand (NZ), CCP programmes were introduced in the late 1980s as a mechanism to openly recognise the clinical expertise of nurses and to retain professional autonomy and development. Benner's (1984) levels of novice to expert were adapted as the framework for most programmes. NZ nurses and others have actively worked towards achieving a national clinical framework since the late 1980s. This has been demonstrated through participation with the State Services Commission joint working party on nurses' terms and conditions and career options (1990) which formulated recommendations on a clinical career structure; the development of A Proposal for a Clinical Path for Nurses (NZNA, 1989); NZNO Fact Sheet: clinical career pathways – points for inclusion in contract negotiations, (1995); An NZNO Proposed Generic Nursing Workforce Structure (1996); the collaborative work between CCP Co-ordinators; participation in four NZNO National Clinical Career Pathway Seminars (1994, 1995, 1998, 2001) and NZNO's Certification process for Nurse Clinicians and Nurse Consultants.

Ongoing work has progressively adapted programmes to the New Zealand context so that they include Te Tiriti o Waitangi and cultural safety. During this time a distinction has been made between a Clinical Career Pathway (CCP) and a Professional Development Programme (PDP). The term Professional Development and Recognition Programme is now considered to more accurately describe these programmes and is therefore used in this document.

The Health Practitioners Competence Assurance Act (2003) requires the Nursing Council of New Zealand (NCNZ) to ensure competence in nursing practice. This means that from 2005 Registered Nurses will be required to maintain a professional portfolio to demonstrate they meet the NCNZ competency requirements.

Organisations with PDRPs may apply to NCNZ for approval of their PDRP which will ensure nurses engaged in these programmes will have met NCNZ competence requirements to obtain an annual practising certificate.

² Programme in this context means a range of activities that support and demonstrate development of

Goals of Professional Development & Recognition Programmes (PDRPs)

PDRPs aim to:

- ensure nursing expertise is visible, valued and understood.
- enable differentiation between the different levels of practice.
- value and reward clinical practice.
- encourage practice development.
- identify expert nurse / role models.
- encourage reflection on practice.
- encourage evidence based practice.
- provide a structure for ongoing education and training.
- assist nurses to meet the requirements for competence based practising certificates.
- assist in the retention of nurses.

Background to the Working Party

The College of Nurses Aotearoa (CNA) is a national, professional organisation for Registered Nurses in New Zealand (or in M_ori- Aotearoa). At the Nurse Practitioners Forum (CNA, 2003) held by the CNA in Palmerston North in February 2003, the need for a national framework and guidelines for PDRPs was identified as a priority for the profession. The national committee representing all key nursing organisations decided that this work could be undertaken by a small working party. The work was to reference and integrate work undertaken by NCNZ and implement the intent of earlier work led by a small group arising out of the 2001 New Zealand Nurses Organisation (NZNO) CCP Forum.

This action was agreed at the National Nursing Organisations³ (NNO) meeting on 7 March 2003 and subsequently each member of the group appointed a representative to the working party. PDRP Coordinators were invited to attend. Those who attended the first meeting agreed to communicate with the others.

The College of Midwives that represents midwives on NNO made the decision at the first PDRP working group meeting that midwives not be included in this framework as they considered that the needs of midwives will be better addressed after the establishment of the Midwifery Council.

³ National Nursing Organisations are Chief Nursing Advisor (Chair), Nurse Executives of New Zealand, New Zealand Nurses Organisation, Nurse Educators in the Tertiary Sector, College of Nurses (Aotearoa), Council of M_ori Nurses, Nursing Council of New Zealand, Samoan Nurses' Association, Australia & New Zealand College of Mental Health Nurses, College of Midwives,

Purpose of the Working Party

To establish a national framework for PDRPs to enable consistency of structure and process and transportability and transferability of recognition. Terms of reference can be found in Appendix 1.

Objectives

- To develop a generic set of principles that underpin PDRPs and support national transportability (Chapter 2).
- To develop a generic set of standards for programme structure and processes (Chapter 2).
- To develop common terms for levels of nursing skill and knowledge (Chapter 3).
- To identify links with postgraduate education pathways (Chapter 4).
- To make recommendations on how to achieve national consistency of designated role titles (Chapter 5).
- Create a glossary of definitions in relation to PDRPs for the purpose of this work (Appendix 2).

Members of the Working Party:

Kerry-Ann Adlam

Nurse Executives of New Zealand (NENZ), Director of Nursing: Taranaki DHB.

Kaye Carncross

Australian & New Zealand College of Mental Health Nurses (ANZCMHN), Professional Advisor of Mental Health Nursing Capital & Coast: Wellington.

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Valencia Rutledge

NCMN. Mobile M_{ori} Disease State Management nurse: Lower Hutt.

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Trish White

PDRP Co-ordinator: Capital and Coast DHB.

Chapter 2: Professional Development and Recognition Programme Principles and Standards

Introduction

The PDRP principles and standards have been developed to provide a national guideline for consistency between programmes.

Principles

Professional development and recognition programmes:

- reward, recognise and respect nursing practice
- are open (i.e. all nurses able to participate)
- are developed and managed by the profession
- are reviewed a minimum of 3 yearly
- have consistent, fair and transparent processes
- comply with relevant legislation
- support innovation
- support and facilitate nurses to provide education to colleagues
- support and facilitate nurses in their professional development
- are competency based
- recognise the value of and support professional development
- accept a range of evidence to demonstrate competency
- reflect contemporary practice
- link to NCNZ competencies
- use M_ori processes to consult with M_ori.
- involve M_ori nurses and cultural advisors in the integration of the principles of Te Tiriti o Waitangi into the criteria
- involve M_ori nurses actively in the introduction, ongoing development and all decision making processes of the PDRP.

Standards

The PDRP standards have incorporated and extended the Nursing Council Standards for approval of professional recognition programmes to meet competency based practising certificate requirements (NCNZ, 2003). These standards include other components that are important in the development and review of all PDRPs in New Zealand. These include processes for transportability and transferability and open progression.

The NCNZ standards have been developed to ensure that nurses undertaking an approved PDRP will automatically meet NCNZ competence based practising certificate requirements only.

1 The programme complies with legislated requirements and policies, guidelines and codes of the Nursing Council of New Zealand.

- 1.1 All nurses on the programme have a current annual practising certificate.
- 1.2 The programme encompasses the requirements for competence based practising certificates (refer to Appendices 5 & 6).
- 1.3 Portfolios are reviewed and assessed a minimum of 3 yearly.
- 1.4 The programme's competencies and processes incorporate the principles of Te Tiriti o Waitangi (refer to Appendix 3).
- 1.5 The programme's competencies and processes incorporate the principles of cultural safety (refer to Appendix 4).
- 1.6 Programme records (names, registration numbers and assessment dates) are updated/ retained and supplied to Nursing Council on request.

2 The programme supports the nurse to develop practice.

- 2.1 The programme can be accessed by all nurses.
- 2.2 The programme has a structure and competencies that promote and support individual professional growth.
- 2.3 For each level of the programme, assessment of the nurse's practice against the Nursing Council competencies can be demonstrated.
- 2.4 The programme encourages critical thinking in relation to practice.
- 2.5 The programme supports and encourages evidence-based practice.
- 2.6 The programme enables and encourages professional innovation.
- 2.7 The competencies are written and regularly reviewed in consultation with nurses in practice and with reference to the Nursing Council Competencies (refer to Appendices 5 & 6).

3 The assessment process is valid and reliable.

- 3.1 The programme specifies the process for the selection and training of assessors.
- 3.2 The assessors will have undertaken training and have demonstrated competence in evaluating evidence of practice.
- 3.3 M_ori nurses are encouraged and supported to become PDRP assessors.
- 3.4 The assessment criteria are stated in sufficient detail as to guide the nurse preparing her/his portfolio.
- 3.5 The process of assessment is clearly outlined to ensure nurses are fully informed.
- 3.6 Assessment processes are structured to ensure conflicts of interest or bias are minimised.
- 3.7 Assessment timeframes are identified, appropriate and able to be met.
- 3.8 All applicants receive timely individual written feedback and an opportunity for discussion.
- 3.9 M_ori nurses have the option of being assessed by M_ori nurses.

- 3.10 The appeal process is clearly documented.
- 3.11 Timeframes for the appeal process are clearly documented.
- 3.12 The applicant is advised in writing of the appeal outcome.
- 3.13 The moderation process is clearly documented.
- 3.14 The moderation process includes both an internal and external process.

4 Appropriate resources are available to support the programme including:

- 4.1 Coaching for nurses prior to and during the process.
- 4.2 Access to relevant and current literary resources (e.g. journals/ texts/ internet).
- 4.3 A coordinator of the programme who is a Registered Nurse with a current practising certificate.
- 4.4 Information about the programme and assessment processes which is available to all nurses.

5 The programme processes enable transferability and transportability.

- 5.1 The programme outlines the process and timeframes when transferring between specialities and practice settings.
- 5.2 The programme describes the process for recognition of prior experience.

6 Confidentiality is maintained throughout the process.

7 The programme reflects the principles of quality improvement including:

- 7.1 Programme goals.
- 7.2 Programme review occurring at least three yearly to reflect current trends and changes in nursing practice and engaging nurses in the process.
- 7.3 A system of document control for the programme.

Chapter 3: Proposed Professional Development & Recognition Programmes Levels of Practice Definition

Introduction

This chapter provides the framework, which defines and describes the levels of practice for those who are developing their Professional Development & Recognition Programmes (PDRPs). For those who have developed a PDRP the framework provides the opportunity for these organisations to align their PDRP with the characteristics that differentiate the levels of practice for Registered and Enrolled Nurses. The purpose is to provide a broad framework to achieve the goal of national consistency and facilitate transferability and transportability of the nurse's level of practice within and across organisations. It is not the intent of this chapter to prescribe competency expectations to organisations. NB. The titles 'Registered Nurse' and 'Enrolled Nurse' used in this section may be subject to change.

For the Registered Nurse it is proposed that there be four levels of practice:

- New Graduate Registered Nurse
- Competent Registered Nurse
- Proficient Registered Nurse
- Expert Registered Nurse

The following three levels are options for use within the PDRP for Enrolled Nurses. They also may be used as a basis for Registered Obstetric Nurses:

- New Graduate Enrolled Nurse
- Competent Enrolled Nurse
- Proficient Enrolled Nurse

The material included in this chapter is intended to provide broad description. Underpinning each role is the scope of practice, competencies and job/position description.

Registered Nurses

Registered Nurses utilise nursing knowledge, reflective practice and professional judgement to provide competent care and advice in health promotion, maintenance and restoration of health, preventative care, rehabilitation, and care of the terminally ill. This occurs in a range of settings with individuals or groups (NCNZ, 2001b).

The New Graduate Registered Nurse:

- Is a newly Registered Nurse with a practising certificate
- Develops partnerships with clients⁴ that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe
- Is a multi-skilled beginner nurse with theoretical and practical student experiences
- Is able to manage and prioritise assigned client⁴ care/workload with some guidance
- Is reliant on learning from the experience of other nurses and her/his own experience.

⁴

- Learns and is developing confidence from practical situations
- Is guided by procedures policies & protocols

The Competent Registered Nurse:

- Develops partnerships with clients⁵ that implement Te Tiriti o Waitangi in a manner which the client⁵ determines is culturally safe
- Effectively applies knowledge and skills to practice
- Has consolidated nursing knowledge in their practice setting
- Has developed an holistic overview of the client
- Is confident in familiar situations
- Is able to manage and prioritise assigned client care/workload
- Demonstrates increasing efficiency and effectiveness in practice
- Is able to anticipate a likely outcome for the client⁵ with predictable health needs
- Is able to identify unpredictable situations, act appropriately and make appropriate referrals

The Proficient Registered Nurse:

- Participates in changes in the practice setting that recognise and integrate the principles of Te Tiriti o Waitangi and cultural safety
- Has an holistic overview of the client⁵ and the practice context
- Demonstrates autonomous and collaborative evidence based practice
- Acts as a role model and a resource person for other nurses and health practitioners
- Actively contributes to clinical learning for colleagues
- Demonstrates leadership in the health care team
- Participates in changes in the practice setting
- Participates in quality improvements in the practice setting
- Demonstrates in-depth understanding of the complex factors that contribute to client⁵ health outcomes

The Expert Registered Nurse:

- Guides others to implement culturally safe practice to clients⁵ and apply the principles of Te Tiriti o Waitangi
- Engages in Post Graduate level education (or equivalent)
- Contributes to specialty knowledge
- Acts as a role model and leader
- Demonstrates innovative practice
- Is responsible for clinical learning/development of colleagues
- Initiates and guides quality improvement activities
- Initiates and guides changes in the practice setting
- Is recognised as an expert in her/his area of practice
- Influences at a service, professional or organisational level
- Acts as an advocate in the promotion of nursing in the health care team
- Delivers quality client⁵ care in unpredictable challenging situations
- Is involved in resource decision making/strategic planning
- Acts as leader for nursing work unit/facility

⁵ The term 'Client' means t_oro, patient, client, wh_nau, family, community, tangata whaiora

Enrolled Nurses

The Enrolled Nurse works with people across the lifespan, with predictable health outcomes in situations that do not call for complex nursing judgement, in health promotion, disease prevention and care of the sick. Enrolled Nurses are currently required to work under the direction and supervision of Registered Nurses or medical practitioners (NCNZ, 1999).

The New Graduate Enrolled Nurse

(NB: Enrolled Nurse graduates from 2003 will be competent to work in care of the elderly and/or assessment and rehabilitation)

- Is a newly Enrolled Nurse with a practising certificate
- Develops partnerships with clients⁶ that implement Te Tiriti o Waitangi in a manner which the client⁶ determines is culturally safe
- Works in close collaboration with other health practitioners
- Provides nursing care to the elderly or those requiring assessment or rehabilitation
- Is reliant on learning from the experience of other nurses and his/her own experience.
- Learns from appropriate delegated tasks
- Is able to manage and prioritise assigned client⁶ care/workload under direction.
- Learns and develops confidence from practical situations
- Is guided by procedures policies & protocols

The Competent Enrolled Nurse

- Develops partnerships with clients⁶ that implement Te Tiriti o Waitangi in a manner which the client⁶ determines is culturally safe
- Applies knowledge and skills to practice
- Has developed experiential knowledge
- Is confident in familiar situations
- Is able to manage and prioritise assigned client⁶ care/workload
- Demonstrates increasing efficiency and effectiveness in practice

The Proficient Enrolled Nurse:

- Develops partnerships with clients that implements Te Tiriti o Waitangi in a manner which the client determines is culturally safe
- Utilises broad experiential knowledge to provide care
- Contributes to the education of Enrolled Nurse students, new graduate Enrolled Nurses, care givers/healthcare assistants, competent and proficient Enrolled Nurses
- Acts as a role model and leader to their Enrolled Nurse peers
- Demonstrates increased knowledge and skills in a specific clinical area
- Is involved in service, professional or organisational activities

⁶The term 'Client' means t_oro, patient, client, wh_nau, family, community, tangata whaiora

Chapter 4: Education, Professional Development and Competence

This section outlines the place of professional development and formal education programmes and their contribution to development of competence and advancement on a Professional Development & Recognition Programme (PDRP).

The focus of this section is on the Registered Nurse as it is considered that the Enrolled Nurse will require ongoing support and professional development appropriate to the area of practice to ensure advancement. Another option for professional development for the Enrolled Nurse is to gain entry into a Bachelor of Nursing or equivalent programme of study through the Recognition of Prior Learning (RPL) process.

The ability to increase knowledge, skills and practice and make a greater contribution to client care in a nursing role can be measured by the level of practice described in the preceding chapter.

It is essential that the graduate Registered or Enrolled Nurse has comprehensive orientation, mentoring, support, guidance, coaching, planned, professional development opportunities and a safe⁷ environment to be able to consolidate competence in the practice setting.

It is vital that each graduate Registered Nurse is to be able to engage in a formal first year of practice programme that has been designed to ensure development of competence and results in a formal qualification.

A Registered Nurse can progress to become expert in a number of ways which include relevant clinical experience combined with ongoing professional development activities, increasing self awareness and reflection on practice. Because progression is competence based it does not have to be linear.

Formal education programmes are available to assist the Registered Nurse to engage in these activities which facilitates progression to the next level of practice.

For competent Registered Nurses to continue to develop, support from more experienced nurses in a safe environment, a commitment to some form of clinical/professional supervision, and resourced, planned professional development activities are essential.

⁷ <http://www.nursingandmidwiferyboard.org.nz/>

Links to Education

The following diagram aligns the Registered Nurse PDRP levels, profession development activities and current Nursing Council of New Zealand competencies with formal education programmes.

The Status of Nursing Education

Currently Nurses gain registration with the Nursing Council of New Zealand (NCNZ) by successfully completing an approved Bachelor of Nursing or equivalent degree (New Zealand Qualifications Authority (NZQA) level 7) in nursing that assesses the graduate competencies set by the NCNZ. A state final examination is still required. However with the passing of the Health Practitioners Competence Assurance Act (2003) the state final examination may no longer be a requirement.

Post registration education is currently in what could be described as a transition phase (Trim, 2003) with both graduate (NZQA level 7) and Post Graduate (NZQA level 8) programmes (Certificates -2 Masters level papers and Diplomas -4 Masters level papers) available for Registered Nurses. Registered Nurses no longer have to complete an undergraduate degree to gain access to Masters level study and can gain provisional entry and continue in a Masters degree (usually 8 papers/courses) as long as the grades gained (usually a B+ average) in the papers completed meet the requirements of the enrolling institution. At least half of a Masters degree must be obtained in the institution the candidate wishes to graduate from.

Many graduate papers/courses (NZQA level 7) are in the process of being upgraded to level 8 (Post graduate papers/courses) to ensure nurses are not disadvantaged by having to complete unnecessary study in order to gain higher degrees. Most institutions recognise the need to provide appropriate support for nurses who have not engaged in recent academic study.

Many clinically focused papers/courses aim to support Registered Nurses to develop Specialty or Advanced competencies determined by the NCNZ. New graduate programmes such as the Psychiatric Mental Health Clinical Training Agency (CTA) funded programme aim to ensure competencies in advance of New Graduate are achieved by the end of the one year clinically based programme.

Recognition of Prior Learning (RPL) can be applied for to gain credit for some education programmes, however with the rapidly changing levels of programmes lower level courses may ensure entry rather than being recognised for RPL into a higher level programme of study.

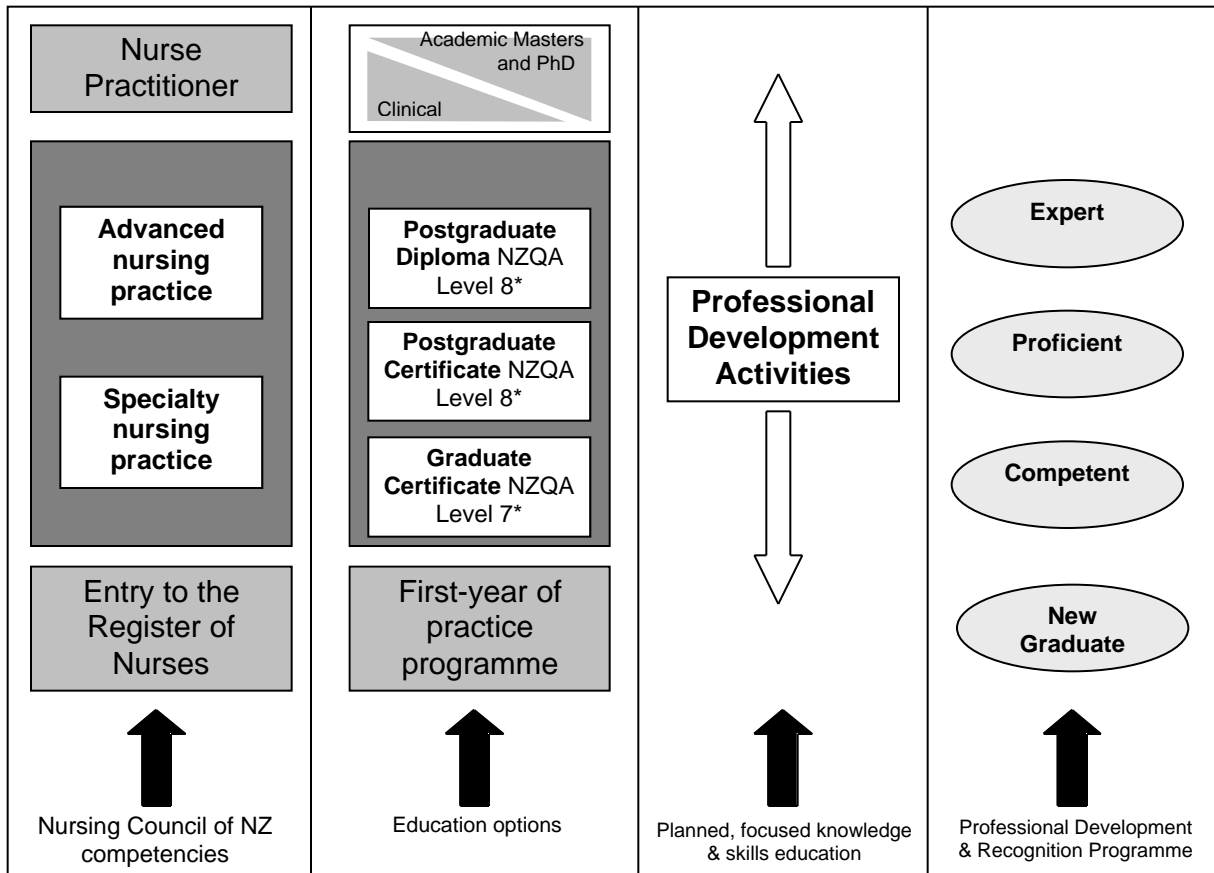


Figure 1: Adapted from the education and career pathway model in Investing in Health: Whakatohutia te Oranga Tangata. A framework for activating Primary Health Care nursing in NZ (MOH, 2003)

Chapter 5: Designated Role Definition

What follows are the nursing leadership roles that support the nursing workforce. Three broad categories are defined (Advanced Clinical, Education/Research/Professional Development, Management/Leadership). Under these are listed various position titles that may fit the key purpose of the role. It is acknowledged that in larger organisations roles may be very specific, whereas smaller organisation roles may cover more than one category. Furthermore it is an expectation that nurses in designated roles undertake secondary activities from across the three categories, e.g. leadership is a secondary function for advanced clinical and education, research, professional development roles and so forth.

It is the recommendation of this group that designated nursing roles contain the word 'nurse' in the title. We recommend that titles are limited to those listed below.

Advanced Clinical

Nurses in these roles provide specialist nursing care, teaching and coordination of care to a specific client⁹ population across health care settings. There is also accountability for promoting, developing and implementing evidence-based practice for nursing in the specified specialties. Examples of role titles in this category include:

- Nurse specialist
- Nurse consultant
- Nurse practitioner
- Nurse clinician
- M_ori nurse consultant

Education/Research/Professional Development

Nurses in these roles are responsible for promoting, facilitating and providing clinical education to maximise health care delivery, enhance client⁸ outcomes, promote excellence and evidence based nursing practice. This can be done either at the unit level and/or a more organisation wide approach within a planned teaching programme. These roles also facilitate access to expert advice, teaching and supervision for both qualified and student nurses. They may undertake research as a core component of their position. These roles ensure an environment of inquiry and reflective learning. Examples of roles titles within this category include:

- Nurse educator
- Nurse lecturer
- Nurse researcher
- Professional Development and Recognition Programme nurse coordinator
- Graduate nurse coordinator
- M_ori nurse educator

Management/Leadership

Nurses in these roles provide advice and leadership at the executive/corporate level, unit and team management and daily shift management. Examples of role titles within this category include:

- Director of nursing
- Nurse manager
- Nurse leader
- M_ori nurse advisor
- Charge nurse
- Nurse advisor
- Nurse coordinator
- M_ori director of nursing
- Duty nurse manager
- Head of school of nursing

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Appendix 1: Terms of Reference

National Nursing Professional Development & Recognition Programmes (PDRPs)
Working Party

Background

Following a nursing forum in February 2003 the national committee representing all key nursing organisations (NNO) established a “short term taskforce to oversee the development of a national framework and standards for LOP/CCP (levels of practice/clinical career pathway) programmes which references and integrates work undertaken by Nursing council and implements the intent of earlier work led by a small group arising out of the 2001 NZNO CCP Forum” (CNA, 2003, p.15).

Representatives:

Kerry-Ann Adlam, Nurse Executives of New Zealand (NENZ), Director of Nursing (DoN) Taranaki, previously Nurse Educator, trained assessor, theatre nurse

Kaye Carncross, Australian & New Zealand College of Mental Health Nurses (ANZCMHN), Professional Advisor of Mental Health Nursing Capital & Coast: Wellington, completed Masters thesis and undertaking doctoral thesis on Clinical Career Pathways (CCPs).

Pam Doole, Professional Advisor Nursing Council of New Zealand (NCNZ), working on system for approval of professional recognition programmes for competency based practising certificate (CBPC) purposes, Previous CCP Co-ordinator at Hutt, attended national conferences.

Hemaima Hughes, appointed as the representative for the National Council of M_ori Nurses. Nurse Manager, Ngati Koata Health and Social Services, Nelson, Member Wharangi Ruamano (M_ori National Nurse Education) group. Teaching Associate and M_ori Liaison – CTA Postgraduate Palliative Care Course – Graduate School of Nursing and Midwifery, Victoria University – Wellington, M_ori Rep. NMIT Council, Iwi M_ori Representative Nelson/Marlborough Interim PHO Board and Regional Ethics Committee.

Jan Pearson, National Co-ordinator Nurse Education in the Tertiary Sector (NETS), member of the Ministry of Health Primary Health Care Expert Committee + National Education Manager, Plunket, nursing background in primary health care

Helen Pocknall, NENZ, DoN Wairarapa, previous CCP Co-ordinator and trained assessor and before then a child health nurse

Maureen Rawson, Infection Control Nurse and CCP Co-ordinator Hutt Valley, long experience with CCPs, trained assessor, attended national conferences.

Faith Roberts, Professional Nursing Advisor New Zealand Nurses Organisation (NZNO), Masters thesis on CCP, previously co-ordinator & trained assessor; attended national conferences.

Di Roud, College of Nurses Aotearoa (CNA), also Professional Development Programme (PDP) Co-ordinator Auckland District Health Board (DHB), trained assessor, have been associated with PDRPs for 15 years.

Anne Russell, Long experience with CCPs, Clinical Nurse Educator Neonatal Unit/CCP Co-ordinator at MidCentral Health on NCNZ CBPC working party 1997-99. New Zealand Qualifications Authority (NZQA) Assessor. Published research (with J Carryer and C Budge) – Tool for measurement knowledge and attitude towards CCP, maintains national CCP co-ordinator database, attended national conferences

Cathy Taylor, Director of Nursing and Midwifery, Lakes DHB & NENZ. Involved in PDP for several years. Currently leading regional PDP development for northern district (Waikato, Lakes, Bay of Plenty, Northland, Tairāwhiti).

Trish White, CCP Co-ordinator Capital and Coast: Wellington, previously neuroscience co-ordinator/nurse, trained assessor.

Valencia Rutledge, asked NCMN to represent M_ori nurses. Disease state management nurse. Member of Primary/Secondary Steering Group HVDHB, Lower Hutt.

Purpose

To establish a national framework for PDRPs to enable consistency of structure and process and transferability of recognition.

Consultation Process

- Ongoing consultation with professional nursing groups. A commitment to consult and seek input from nurses.
- Minutes will be taken, checked by working party members and distributed.
- All decisions will be related to feedback from consultation and consensus of the professional nursing groups.

Objectives

- To develop a generic set of principles, values and goals that underpin PDRPs and support national transportability and transferability.
- To develop a generic set of standards for programme structure and processes.
- To develop common terms for levels of nursing skill and knowledge.
- To identify links with post graduate education pathways
- To make recommendations on how to achieve national consistency of designated role titles.
- Create a glossary of definitions relation to PDRPs for the purpose of this work.

Meetings

Six weekly 9.30am – 4.00pm in NZNO National Office.

(16 July; 27 August; 8 + 9 October; 19 + 20 November, dates to be set for 2004)

Complete work March 2004.

Definition

Professional development and recognition programme: Competence based programme that assesses nursing practice against competencies, recognises level of practice and supports ongoing professional development.

Reference

College of Nurses Aotearoa (2003). Proceedings from the Forum to progress the Nurse Practitioner Role (27-28 Feb). Palmerston North: Author.

Appendix 2: Glossary

Advanced nursing practice: Advanced nursing practice has a clinical or therapeutic focus. It is the integration of *“research-based theory and expert nursing in a clinical practice area, and combines the roles of practitioner, teacher, consultant, and researcher”* to advance the professional practice of nursing (Canadian Nurses Association, 1997 cited in Nursing Council of New Zealand, 2002b). Advanced nursing practice reflects a range of highly developed clinical skills and judgements acquired through a combination of nursing experience and education. Essentially, advanced nursing practice requires the application of advanced nursing knowledge, with practitioners drawing not only on their own clinical experience, but also on the experience and research of the profession as a whole (Nursing Council of New Zealand, 2001a)

Assessment: A systematic procedure for collecting qualitative and quantitative data to describe progress, practice and achievement (Nursing Council of New Zealand, 2001b)

Career structure: A professional framework designed to facilitate the provision of improved health care, develop excellence in nursing and allow career advancement and remuneration for demonstrated competence, experience and education preparation at different levels within and across all fields of nursing: nursing management, nursing education, clinical practice and nursing research (International Council of Nurses, 1995).

Competence: The demonstrated ability to apply the knowledge, skills and attitudes and to exercise the professional judgement which can reasonably be expected of a nurse in a practice context, commensurate with their qualifications and experience (Nursing Council of New Zealand, 1997).

Competency/ies: The knowledge skills and attributes required to perform key functions to the pre-determined standards expected of a nurse in practice (Nursing Council of New Zealand, 2001a).

Clinical/Professional supervision: Brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues (UKCC, 1996).

Designated position: An appointed nursing position that requires specific clinical expertise and/or responsibility for coordination, management, education, practice development or research.

Domain: A domain of practice is a cluster of competencies that have similar intents, functions, and meanings (Benner, 1984).

Evaluation: The means by which the effectiveness of a programme and outcomes is measured, taking into account the views of those affected by the process.

Evidence based practice: Practice which is based on decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgment (Health Workforce Advisory Committee, 2002).

Levels of practice: Descriptive stages of increasingly skilled performance in clinical practice based on experience and professional development. (Concept is based on the Dreyfus Model of Skill Acquisition as adapted by Patricia Benner to clinical nursing practice. Benner describes 5 levels – novice advanced beginner, competent, proficient and expert).

Level of practice programmes: A formal programme that recognises individuals' achievement of defined levels of practice based on the assessment of competencies. Also called Clinical Career Pathways.

Moderation: Process which ensures assessment is valid, fair and consistent (NZQA, 1995).

Nurse practitioner: Nurse practitioners are expert clinicians who work within a specific area of practice incorporating advanced knowledge and skills into their practice. A Registered Nurse, practising at an advanced level within a specific area of practice who has been prepared at Masters level of education and has been recognised and approved as a nurse practitioner by the Nursing Council (Nursing Council of New Zealand, 2002b).

Performance appraisal / review: A formal process between the employee and employer/manager of defining expectations, reviewing performance and planning goals for the future.

Portfolio: A comprehensive, documented account of professional nursing practice and development in an area or scope of practice created by recording and reflecting on practice and ongoing education (Nursing Council of New Zealand, 2001b).

Professional development and recognition programme: Competence based programme that assesses nursing practice against competencies, recognises level of practice and supports ongoing professional development.

Practising: Nursing practice occurs in direct relationship with clients, or nursing practice that directly influences relationships with clients. A client is an individual, family, (wh_nau), group or community who are t_oro/patients/consumers of nursing service in the primary, secondary or tertiary health and disability sector, at home, school or work, in a health centre, a hospital or in residential care (Nursing Council, 2001b).

Preceptor: A nurse who has undertaken a formal preceptor training programme, who assists a beginning practitioner or a nurse changing areas to achieve a competent level of practice.

Reflective practice: A process where each nurse critically analyses his/her own clinical decision making, clients interactions and the consequences of his/her nursing actions as a means of improving practice (Royal New Zealand Plunket Society, 2003).

Research: Activities which foster the spirit of enquiry, the concern for ideas and their application, the confidence to investigate and solve problems, and the recognition of the advancing nature of knowledge and practice. They are conducted in accordance with recognised ethical standards and are open to peer and public scrutiny. All research activities should include the regular function of making available their outcomes by publication, performance, demonstration or other appropriate means (New Zealand Qualifications Authority, 1995).

Standards: Formal guidelines that set an acceptable level of quality for programmes or performance.

Transferability: The ability to transfer from one practice setting to another within the same programme that gives recognition of competence.

Transportability: The ability to transfer from one programme to another with a similar structural framework that gives similar recognition of competence.

Glossary compiled by members of the working party (unless otherwise indicated).

Appendix 3: Te Tiriti o Waitangi

1. **Whai wahitanga (consultation/participation with patnership)**
Te Tiriti o Waitangi is the wh_riki (foundation) upon which PDRPs are developed and determined in a manner consistent with the principle of participation involving:
 - 1.1 wh_nau (family), hap_ (sub-tribe), iwi (tribe) and M_ori community in all aspects of programme development and/or at all review levels
 - 1.2 consultation with wh_nau, hap_, iwi and the M_ori community
 - 1.3 a clear commitment to participation.

2. **Tino Rangatiratanga (sovereignty)**
The PDRP supports tangata whenua (literally “the people of the land” in this context M_ori) to exercise authority over their own destiny by:
 - 2.1 supporting “by M_ori for M_ori” initiatives
 - 2.2 encouraging and supporting M_ori to participate in M_ori caucus opportunities internally and externally
 - 2.3 incorporating tangata whenua cultural practices into the programme.

3. **Maru (Equity)**
Te Tiriti o Waitangi is the wh_riki upon which PDRPs are developed inclusive and consistent with the principle of protection through:
 - 3.1 active protection of wh_nau, hap_, iwi and M_ori community
 - 3.2 reflection on the commitment to protection
 - 3.3 equitable resource allocation
 - 3.4 the support for M_ori nursing workforce development
 - 3.5 identified needs
 - 3.6 research, data analysis and feedback
 - 3.7 understanding of cultural safety and cultural risk
 - 3.8 regular Te Tiriti o Waitangi training for all nurses of all cultures.

4. **Mahi Tahi (Partnership)**
Te Tiriti o Waitangi is the wh_riki upon which PDRPs are developed and delivered, consistent with the principle of partnership.
 - 4.1 Partnership with wh_nau, hap_, iwi and M_ori community is included.
 - 4.2 Commitment to partnership is reflected.
 - 4.3 Formalised working relationships are negotiated with wh_nau, hap_, iwi and M_ori community groups.
 - 4.4 Nursing works in partnership with M_ori /tangata whenua.

*Health Care Aotearoa Quality Improvement Council (QIC) Australia. (2000).
(Thanks to the M_ori nurses who were consulted with over translations)*

Appendix 4: Cultural Safety

Cultural safety aims to improve the health status of New Zealanders and all relationships through:

- An emphasis on health gains and positive health outcomes
- Nurses acknowledging the beliefs and practices of those who differ from them.

Cultural safety aims to enhance the delivery of health and disability services through a culturally safe nursing workforce by:

- Identifying power relationships between the nurse and the persons who use the service. The nurse works alongside after undergoing a careful process of institutional and personal analysis of power relationships.
- Empowering the users of the service and perceiving degrees of risk or safety.
- Preparing nurses to understand the diversity within their own cultural reality and the impact of that on any person who differs from them in any way.
- Nursing practice is about relating and responding effectively to people with diverse needs in a way that people who use the service can define as safe.

Cultural safety is broad in its application:

- Recognising inequalities within health care interactions which represent the microcosm of inequalities in health historically and currently.
- Addressing cause and effect of historical, political, social and employment status, housing, education, gender and personal experience upon people who use nursing services.
- Accepting legitimacy of difference and diversity in human behaviour and social structure.
- Accepting attitudes and beliefs, policies and practices of health and disability service providers can act as barriers to service access.
- Concerning quality improvements in service delivery and consumer rights.

Understanding the impact of the nurse as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors:

- Challenging nurses to examine their practice carefully, recognising the power relationships in nursing is biased toward the provider of the health and disability service,
- Balancing the power relationships in the practices of nursing so that every consumer receives an effective service.
- Preparing nurses to resolve any tension between the cultures of nursing and people using the services.
- Understanding the power imbalances can be examined, negotiated and changed to provide equitable, effective, efficient and acceptable service delivery, which minimises risk to people who might otherwise be alienated from the service.

(Nursing Council of New Zealand, 2002c).

Appendix 5: Competencies for entry to the Register of Nurses - Nursing Council of New Zealand

(A new list of competencies will be finalised by Nursing Council New Zealand late 2004)

1.0 Communication

The applicant relates in a professional manner and communicates effectively to support the Client through the health care experience.

Generic Performance Criteria

The applicant:

- 1.1 Takes responsibility for establishing rapport and trust with the client.
- 1.2 Ensures that information given to the client is presented in an appropriate and meaningful manner.
- 1.3 Responds appropriately to the client's questions, requests and problems.
- 1.4 Communicates in a manner that is empowering to the client.
- 1.5 Practices nursing in a negotiated partnership with the client where and when possible.
- 1.6 Practices nursing in a manner that respects the boundaries of a professional relationship with the client.
- 1.7 Communicates effectively with the client in exceptional circumstances.
- 1.8 Demonstrates verbal and nonverbal skills of clarification, reflection, affirmation and eliciting within a therapeutic partnership.

2.0 Cultural Safety

The applicant practices nursing in a manner which the client determines as being culturally safe.

Generic Performance Criteria

The applicant:

- 2.1 Recognises the tangata whenua of Aotearoa and honours cultural safety as an affirmation of the Treaty of Waitangi.
- 2.2 Applies the principles of cultural safety in own nursing practice.
- 2.3 Recognises the impact of the culture of nursing on client care and endeavours to protect the client's wellbeing within this culture.
- 2.4 Practices in a way which respects each client's identity and right to hold personal beliefs, values and goals.
- 2.5 Assists the client to gain appropriate support and representation from those who understand the client's culture, needs and preferences.
- 2.6 Consults with members of cultural and other groups as requested and approved by the client.
- 2.7 Facilitates the client's access to relevant systems, services and resources.
- 2.8 Recognises own beliefs, values and prejudice that may arise in relation to the client's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
- 2.9 Acknowledges when ability to provide care is limited by own personal attributes and takes appropriate action to ensure client safety and care.

- 2.10 Avoids imposing prejudice on others and provides advocacy when prejudice is apparent.
- 2.11 Validates that own nursing practice is culturally safe.

3.0 Professional Judgement

The applicant makes professional judgments that will enhance nursing practice.

Generic Performance Criteria

The applicant:

- 3.1 Makes nursing judgments based on current nursing knowledge research and reflective practice.
- 3.2 Uses reflection to analyse and clarify direction for ongoing nursing practice.
- 3.3 Responds to challenging situations and learns from nursing practice through reflection in decision making and problem solving.
- 3.4 Examines nursing situations and identifies and strategises effective nursing care.
- 3.5 Raises questions in the appropriate nursing forum.
- 3.6 Initiates and enters into discussion about innovation in client care.

4.0 Management of Nursing Care

The applicant manages nursing care in a manner that is responsive to the client's needs and which is supported by nursing knowledge.

Generic Performance Criteria

The applicant:

- 4.1 Uses an appropriate nursing framework to assess and determine client health status and the outcomes of nursing intervention.
- 4.2 Acknowledges the uniqueness of the individual and his or her interaction with others and the environment.
- 4.3 Obtains, documents and communicates relevant client information.
- 4.4 Assesses and provides individualised nursing care based on appropriate knowledge, research and reflective practice.
- 4.5 Uses professional judgment, including assessment skills, to assess the client's health status and to administer prescribed medication and/or to consult with the prescribing practitioner and/or to refer client to other health professionals.
- 4.6 Prioritises nursing actions to ensure effective and safe nursing care.
- 4.7 Performs all nursing interventions safely recognising contextual factors, while demonstrating effective time management skills.
- 4.8 Administers and monitors the effect of prescribed interventions, treatments and medications within a framework of current nursing knowledge and knowledge of pharmacology, physiology, pathophysiology, pharmacodynamics and pharmacokinetics.
- 4.9 Knows own limitations and seeks assistance as necessary.
- 4.10 Evaluates the effectiveness of the client's response to prescribed interventions, treatments and medications and monitors prescribing, takes remedial action and/or refers accordingly.

5.0 Management of the Environment

The applicant promotes an environment which maximises client safety, independence, quality of life and health.

Generic Performance Criteria

The applicant:

- 5.1 Recognises the potential for physical, psychological and cultural risk to all people who enter the health care environment and takes steps to promote safety.
- 5.2 Promotes an environment that reduces the risk of cross infection.
- 5.3 Adjusts the physical and social environment in order to maximise client wellbeing.
- 5.4 Ensures that all equipment used by the client is functional, within reach and suitable for the purpose.
- 5.5 Knows how to access, maintain and use emergency equipment and supplies.
- 5.6 Acts appropriately to protect self and others when faced with unexpected client responses, confrontation, personal threat or other crisis situations.
- 5.7 Determines action to prevent and manage emergency and disaster situations.

6.0 Legal Responsibility

The applicant practises nursing in accord with relevant legislation and upholds client rights derived from that legislation.

Generic Performance Criteria

The applicant:

- 6.1 Complies with legislation that impacts on nursing practice within the specific health care setting.
- 6.2 Respects the client's right to access information.
- 6.3 Practises in accord with relevant legislation and codes.
- 6.4 Ensures that the right to complain, refuse treatment or any part of care is exercised by the client without fear of recrimination, penalty or withdrawal of physical or emotional support.
- 6.5 Ensures that legislation governing medicines is upheld.
- 6.6 Administers interventions, treatments and medications within legislation, codes, scope of practice and according to authorised prescription, established policy and guidelines.

7.0 Ethical Accountability

The applicant practises nursing in accord with values and moral principles which promote client interest and acknowledge the client's individuality, abilities, culture and choice.

Generic Performance Criteria

The applicant:

- 7.1 Applies appropriate ethical principles in nursing practice.
- 7.2 Recognises the clients' right to choices and when relevant accords to clients opportunities for self-determination in all aspects of nursing care.

- 7.3 Ensures that each client is fully informed to maximise the potential for decision making and choice.
- 7.4 Facilitates the client's access to appropriate therapies or interventions, and respects the client's right to choose amongst alternatives.
- 7.5 Respects a client's right to live and die in dignity.
- 7.6 Respects a client's right to participate in an activity that may involve a degree of risk of which the client is fully informed, and takes steps to minimise the risk.
- 7.7 Involves an advocate when the client requests support or has limited abilities in decision making.
- 7.8 Ensures the client's right to privacy.
- 7.9 Appropriately challenges health care practice which could compromise client safety, privacy or dignity.

8.0 Health Education

The applicant assists clients and groups to achieve satisfying and productive patterns of living through health education.

Generic Performance Criteria

The applicant:

- 8.1 Recognises the potential for health teaching in nursing interventions.
- 8.2 Selects and implements health promotion programmes to meet identified client need.
- 8.3 Uses informal and formal methods of teaching appropriate to the individual or group abilities.
- 8.4 Prepares the client and/or others for continued health care.
- 8.5 Evaluates client learning and understanding about health practices.
- 8.6 Recognises own limitations and determines appropriate person to deliver health education sessions.

9.0 Inter-professional Health Care

The applicant promotes a nursing perspective within the inter-professional activities of the health team.

Generic Performance Criteria

The applicant:

- 9.1 Promotes the nursing contribution to health care.
- 9.2 Values the roles and skills of all members of the health team including those of the client.
- 9.3 Attempts to establish and maintain effective collegial relationships.
- 9.4 Co-ordinates care to maximise health for the client.
- 9.5 Collaborates, consults and refers to maximise health gains.
- 9.6 Documents appropriate nursing information and communicates this to other team members.
- 9.7 Accurately documents assessments of client's health status, and decisions made about prescribed interventions, treatments, medications and referrals follow up.

- 9.8 Collaborates and consults with, and provides accurate information to client, client's family and other health professionals about the prescribed interventions or treatments and/or medications.

10.0 Quality Improvement

The applicant contributes to ongoing quality improvement in nursing practice and service delivery.

Generic Performance Criteria

The applicant:

- 10.1 Identifies organisational goals and the nurse's contribution to their achievement.
- 10.2 Practises nursing in a manner that reflects organisational goals and policies.
- 10.3 Identifies professional nursing networks and support systems.
- 10.4 Practises nursing in a manner that meets relevant codes and standards.
- 10.5 Identifies evidence which contributes to an evaluation of the quality of nursing practice and service delivery.
- 10.6 Ensures that nursing tasks are delegated to those who have the necessary skill, information and education to perform the task effectively.
- 10.7 Takes responsibility for own actions and outcomes of nursing care planned and delegated.

11.0 Professional Development

The applicant undertakes responsibility for own professional nursing development and contributes to the development and recognition of professional nursing practice.

Generic Performance Criteria

The applicant:

- 11.1 Articulates values, beliefs and assumptions that underpin own nursing practice.
- 11.2 Recognises own level of competence and identifies direction for ongoing professional development.
- 11.3 Identifies goals for personal learning within the clinical setting.
- 11.4 Seeks support from colleagues in learning and developing own practice.
- 11.5 Recognises expectations and limitations of own nursing practice.
- 11.6 Recognises the need for debriefing and when necessary ensures that this is accessed.
- 11.7 Evaluates own nursing practice.
- 11.8 Maintains own professional development and updates knowledge related to administration of interventions, treatments, medications and best practice guidelines.

Appendix 6: Competencies for Enrolled Nurses

(A new list of competencies will be finalised by Nursing Council New Zealand late 2004)

1. Through the application of knowledge from the biological, psychological and social sciences, including a basic understanding of disease processes, the Enrolled Nurse is competent to deliver nursing care under the direction and supervision of the Registered Nurse.

- 1.1 Assists patients/clients/residents to undertake activities of daily living, such as nutrition, elimination, hydration, mobility, social functioning and personal hygiene.
- 1.2 Undertakes observation, reporting, recording and documentation of health status.
- 1.3 Communicates results of assessments to the registered appropriate members of the health team.
- 1.4 Performs basic first aid and emergency procedures.
- 1.5 Applies the principles of infection control.
- 1.6 Assists with routine examinations and routine diagnostic tests.
- 1.7 Maintains an appropriate and safe environment.
- 1.8 Performs safe moving and handling of patients/clients.
- 1.9 Applies the principles of asepsis.
- 1.10 Uses knowledge of the healing process to maintain skin integrity.
- 1.11 Applies the principles of medication safety in the storage and administration of medicines
- 1.12 Recognises life stages and sociocultural realities.

2.0 Interacts effectively, and supports relationships with clients, families and other members of the health team.

- 2.1 Communicates verbally and non-verbally appropriately and effectively.
- 2.2 Documents in accordance with the requirements of the employer and Registered Nurse.
- 2.3 Demonstrates an awareness of, and commitment to the Treaty of Waitangi

- 2.4 Interventions of an invasive nature may be performed where they are appropriate for a given client in a specific situation and where a Registered Nurse has planned that intervention and the Enrolled Nurse has the appropriate preparation, knowledge and skill to perform that intervention.
 - 2.5 Demonstrates an awareness of cultural safety through effective relationships with clients and their families.
 - 2.6 Supports the right of clients to maintain independent lifestyles with dignity in their own environment.
 - 2.7 Understands therapeutic relationships and professional boundaries.
- 3. Demonstrates understanding of, and upholds, legal and ethical standards.**
- 3.1 Recognises own scope of practice and competence.
 - 3.2 Demonstrates knowledge of relevant legislation pertaining to the delivery of patient/client care.
 - 3.3 Ensures practice is within legislative requirements and relevant policies and procedural guidelines.
 - 3.4 Appropriately challenges practices, which compromise patient / client / resident safety, privacy or dignity.
 - 3.5 Maintains currency of own practice.
- 4 Demonstrates accountability and responsibility within the health care team, under the direction and supervision of the Registered Nurse.**
- 4.1 Accounts for own decision-making and actions and contributes to nursing decisions and care planning.
 - 4.2 Understands the Enrolled Nurse role and boundaries in relation to the role and accountabilities of the Registered Nurse and other members of the health team.
 - 4.3 Prioritises and manages time.
- 5. Demonstrates practice, which supports best health outcomes for clients.**
- 5.1 Assists the Registered Nurse to enhance the ability of patients / clients / residents to achieve their health potential.
 - 5.2 Contributes to discussion related to nursing practice, systems of care planning and quality improvement.

Appendix 7: List of groups and individuals who made submissions on the consultation document.

Sharon Andrews, Public Health Nurses Section, NZNO

Auckland DHB Nurses

Auckland Nurses' Professional Nurses' Forum

Auckland & Northland Organisers, NZNO

Canterbury Nurses' Forum

Chris Baker & Marian Partington, NCP/PDRP Coordinators, Waikato District Health Board

College of Nurses Aotearoa, Wellington Region

Critical Care Nurses' Section, NZNO

Christine Cullen, PDRP Co-ordinator Northland DHB

Denise Dignam, Associate Professor, Massey University

Director of Nursing & Midwifery Office, Capital & Coast District Health Board

DHB Sector Group, NZNO

Enrolled Nurse Section, NZNO

Cathy Gifford, Eastcliffe on Orakei, Hospital/Resthome

Deborah Higgs, Nurse Educator, Clutha Health First

Hutt Valley DHB Nurses

Robyn Ingleton, National Respiratory Educator, Asthma & Respiratory Foundation

Rhondda Knox, Director of Nursing, Hutt Valley DHB

Jane Lawless, Staff Nurse, Waikato District Health Board

Liz Manning, Nurse Advisor Professional Development, Waitemata DHB

Midlands Regional Council, NZNO

New Zealand College of Practice Nurses, NZNO

Sharyn McGarry, Nursing and Midwifery Advisory Committee, NZNO

Christine Millar, Professional Nursing Advisor, NZNO

Lynda Otter, Training Promotions Coordinator, National Cervical Screening Programme

New Zealand Association of Neonatal Nurses (NZNO)

Perioperative Nurses' College of NZNO

Primary Health Nurses – Nelson

Julie Robinson, Associate DON, Bay of Plenty DHB

Mayanne Wiki Singh

Liffet Stewart, Lecturer, Whitireia Community Polytechnic

Taranaki DHB Nurses

Te Runanga o Aotearoa, NZNO

Thames NZNO representatives

Susanne Trim, Professional Nursing Adviser, NZNO

Wendy Trimmer, Lecturer, Whitireia Community Polytechnic

Mandy Williams, PDRP Co-ordinator for Lakes DHB

Sue Wood, Director of Nursing, Midcentral Health

Wairarapa DHB Nurses