
Enrolled Nurse Role

To support an effective, fit for purpose programme and employment of a sustainable Enrolled Nursing Workforce

Introduction:

The following discussion document should be viewed as part of the overall work undertaken as part of the *Nursing Pre-Registration Pipeline Programme* to support and improve whole of sector ability to ensure a sustainable nursing workforce.

Purpose:

This discussion document has been undertaken as part of the development of the Enrolled nursing (EN) pathway as described in the *Nursing Pre-Registration Pipeline Programme Workplan* (DHB Lead DoN Group supported by TAS 2021). Pipeline development work was initiated in 2019 to progress improvements and support the nursing workforces ability to meet current and future challenges.

The pipeline programme is a dynamic and iterative process that will be informed by and aligned with the direction and development of the Health System Reforms (MOH, April 2021), and healthcare requirements articulated by the autonomous Māori Health Authority, Hauora Māori (MOH, April 2021).

Two of the eight key initiatives in progress in the Nursing Pre-Registration Pipeline Programme workplan focus on Enrolled Nurses:

- Initiative Three: options for an Enrolled Nursing pathway to complete Bachelor level Nursing programmes
- Initiative Four: options for a pathway to Enrolled Nursing for those who exit the Bachelor of Nursing programme

Background:

The total practising nursing workforce in New Zealand is 59,866 nurses, of which 2,456 are ENs, equivalent to 4.3% of the practicing nursing workforce (NCNZ, 2020).

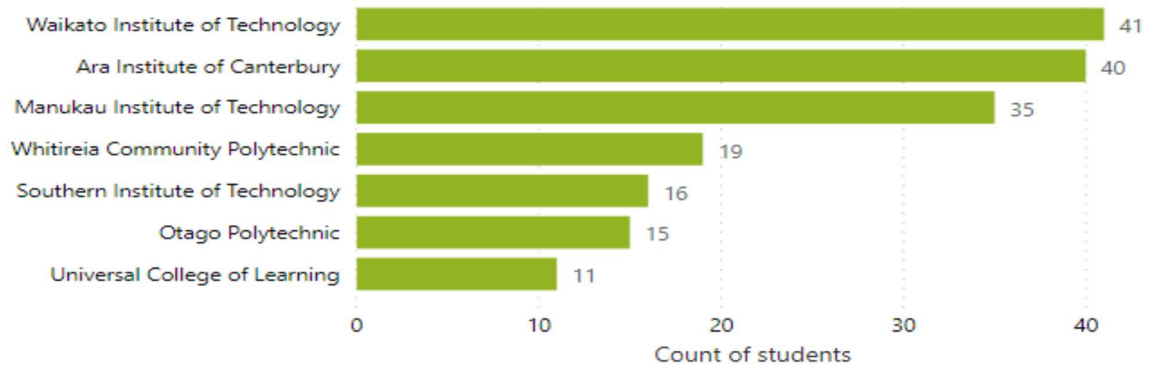
Diploma of Enrolled Nurse training programmes are 18 months in length, comprising 900 hours theory and 900 hours clinical practice components, resulting in a Diploma level (equivalent to level 5 NZQA NZQF) qualification. In comparison, Registered Nurse Bachelor of nursing training programmes are 3 years in duration, comprising theory hours (50% of which must have a clear nursing focus), with a minimum of 1100 and eligible to take up 1500 clinical practice hours, resulting in a Bachelor of Nursing Degree (equivalent to level 7 NZQA NZQF) qualification (NCNZ, 2017).

The EN role has undergone several iterations since established as the second tier of nurse training in New Zealand. It has endured inconsistent support and endorsement over the years, including removal of the EN scope to a 'nurse assistant' (MOH, 2004) and EN training subsequently phased out; followed by reinstatement of the EN scope (MOH, 2008) following recommendations from a Parliamentary Committee Review.

These factors have contributed to poor role definition and lack of understanding of the EN scope and role purpose by Registered Nurses and employers; erosion of the role resulting in limited employment opportunities in some health settings, notably Aged Residential Care, Primary Practice, and acute care environments. Current EN study programmes recommenced in 2011.

Figure 1: The 8 education providers offering the Diploma of Enrolled Nursing programme in NZ and no. of students completing per provider (2019):

Students who completed an EN diploma course in 2019, by provider



(TAS, 2021)

Currently those completing a Diploma of Enrolled Nursing (DEN) programme can access free fees under the Targeted Training and Apprenticeship Fund (TTAF).

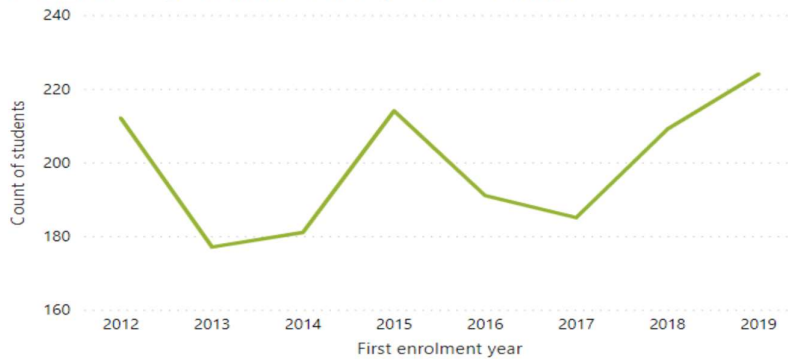
The Enrolled Nurse Support into Practice Programme (ENSIPP) national learning framework was introduced in 2020 (MOH, 2020) to support a safe transition into practice for newly enrolled nurses, set up under the leadership of the 20 District Health Boards, reflecting the Safe Staffing Accord (2018), a national commitment to investment into RN and EN education, training and workforce.

The latest Nursing Council New Zealand (NCNZ) annual report (NCNZ Annual Report, 2020), indicated that in 2020, 210 enrolled nurses were added to the NZ Register, an increase on the 2019 (n=141) and 2018 (n= 149) figures; likely reflective of NCNZ removing a previous limit on number of students able to enrol in DEN training programmes.

However, this has not yet translated into an overall commitment by employers to offering employment to newly qualified ENs, which remains limited and variable across the country, in both acute, continuing care and primary based settings.

Figure 2: 2012-2019 year on year EN diploma programme enrolments

Students starting EN diploma course by first enrolment year



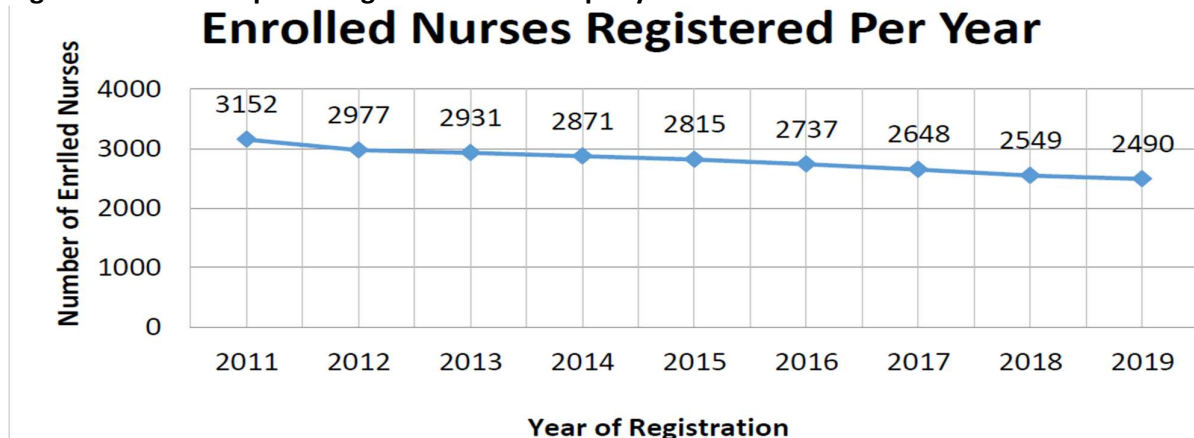
(TAS, 2021)

Enrolments in DEN programmes indicate that the majority (44%) are aged <25 years; followed by 25% in the 25-34 age group. A younger overall group than BN programme participants. In the years 2012-2019, the percentage of Māori and Pacific enrolments in DEN programmes equalled 17% and 16% respectively (TAS, 2021).

Decline in Enrolled Nurse numbers

In contrast, whilst there appears to be an increasing and younger workforce currently entering into the DEN programme, current statistics reveal that the practicing EN workforce is, in fact in consistent decline, in contrast to the RN and Nurse Practitioner workforce. There were 6% fewer practicing EN’s in 2018-19, compared with a 3% increase in the RN and the NP workforce in the same period (NCNZ, 2020).

Figure 3: Decline in practising Enrolled Nurses per year



A survey by the Nurse Education in the Tertiary Sector Group (NETS, 2019) indicated that a higher percentage of graduate RNs continued to be offered employment compared to newly qualified ENs (86% for RN, versus 58% for EN). The impact of the ENSIPP programme has yet to be established as to whether these figures will change.

State Final results leading to eligibility to join the NCNZ nursing register demonstrates consistently lower pass rates for EN students compared to RN students, in particular in more recent years 2018- 2020 (see table 1 below). In prior years, 2012- 2015: EN pass rates of 83%-

93% were achieved, only slightly lower overall to RN rates of the same period, of between 93%-97%.

Table 1: Comparison of NCNZ State Final Results and % pass rates between RN and EN programmes:

Year	RN State Final nos./pass rate/%	EN State Final nos./pass rate/%
2020	1824/1880 = 97% pass	202/169 = 84% pass
2019	1882/1754 = 96% pass	163/141 = 87% pass
2018	1909/1827 = 96% pass	175/149 = 85% pass
2017	2022/1955 = 97% pass	154/147 = 95% pass
2016	1994/1883 = 94% pass	172/166 = 97% pass

(NCNZ Annual reports: 2016-2020)

Transition from EN to BN:

Between 2010-2015 16% of students who completed their DEN training went on to enrol in a BN degree. Of note only 51% have completed their BN degree thus far (TAS, 2021).

Incidence of Wintec EN graduates re-entering the tertiary sector to complete the BN programme were estimated at 15-20%, (Nursing Review, 2017), outcomes for those who commenced the transition are not available.

Enrolled Nurse Demographics

The EN workforce also continues to have a significantly ageing profile, with 71% of Enrolled Nurses aged over 50 years, compared with 43% of the RN workforce who are aged over 50 years.

10% of the EN practicing workforce identify as Māori, and 5% identify as of Pasifika origin, compared with 8% of the overall nursing workforce identifying as Māori, and 3% Pasifika.

Within this context, when considering the value of the role of ENs across the health system there is also a need to explore the following:

- Barriers to employing EN's across the health sector, including models of care
- Medication scope of EN's
- Opportunities for EN role development that may support greater utilisation of EN roles and employment across the health sector

Current State:

1. Initiative Three: Look at options for an Enrolled Nursing pathway to complete bachelor level nursing programmes

Nationally inconsistencies are apparent in relation to what can be cross credited from the DEN qualification into BN training. For example, at the two centres providing the highest volumes of enrolled nurse training, Ara Institute of Canterbury (Ara) and at Waikato Institute of Technology (Wintec) DEN graduates applying to enter a Bachelor level nursing programme are eligible for the first 6 months of practice credit. The majority of DEN programmes are taught at level 4 (12 months), with only the final 6 months of training at Diploma level 5 on the New Zealand Qualifications (NZQA) Framework. The BN programme commences at level 5, develops over three years and concludes at level 7 NZQA.

Ara credit the following:

- Therapeutic Relationships/Communication

-
- Professional Responsibilities
 - Management of Nursing Care (basic)
 - Bioscience* with assessment

If the applicant is seeking credit for *bioscience they are required to complete a science challenge test. This is generally the test that the BN students will complete at the end of the first semester. Ara indicate that this provides a good indication of the applicant's level of knowledge. If the challenge test is not passed, the BN student will be required to undertake a bioscience paper in addition to BN study. It appears that that the vast majority of DEN's proceed through all four courses, but there are some who find the academic requirements difficult and discontinue the BN programme.

The advancement and extension from NZQA level 4-5 DEN to level 5 BN appears significant. The process differs across the South Island i.e. Otago Polytechnic offers 45 credits, however they do not give the opportunity to be assessed against bioscience and Southern Institute of Technology offers 30 credits with no credit for bioscience.

In addition to exploring the options for ENs to complete BN programmes it is important to examine the possibility of cross crediting or acknowledging Healthcare Assistants (HCAs) who have completed the New Zealand Certificate in Health and Wellbeing - Health Assistance Strand and the New Zealand Certificate in Health and Wellbeing Advanced Support (Level 4) qualification and wish to enter DEN training.

Current barriers to enabling this process that could be reviewed and addressed at national level to reflect the now well established HCA level 3 and level 4 NZQA programmes of learning and support a smooth transition into DEN programmes by experienced and valued HCA's. Current NCNZ RPL standards state:

"Awarding of credit transfer and recognition of prior learning ('RPL') must conform to the Council's policy. RPL that exceeds 25% of the theoretical component of the enrolled nurse programme is required to be submitted to the Council for approval within two months of being granted. It is expected that RPL would not be awarded for practice components of the programme" NCNZ Enrolled Nurse 1.9 Appendix 5 p77 Education Programme Standards.

2. Initiative Four: Look at options for a pathway to Enrolled Nursing for those who exit the Bachelor of Nursing programme.

At both Ara and Wintec students who are enrolled in or who complete the first year of BN training are eligible for credit on transfer to a DEN programme. They must then complete the first year of BN student practice to credit the clinical placement foundation (aged residential care).

3. Barriers for employing EN's across the health sector, including models of care ARC

In 2021, CDHB Nurse Coordinator Aged Residential Care (ARC) conducted a national survey to ascertain opportunities that exist within ARC to support EN career pathways for level 3 and 4 Health Care Assistants (HCA's), and to understand how ENs are incorporated into current ARC models of care. Results:

Total of 46 employer respondents: (n=22) from CDHB DHB region; Southern DHB region (n=7); South Canterbury (n=4), with smaller numbers from other DHB regions.

The majority of respondents worked across Rest Home or Hospital levels of care, with smaller numbers from Dementia Rest Home and Dementia Hospital levels of care.

-
- 74% of respondents stated that they employed ENs and incorporated them into their models of care
 - 26% stated that they did not employ ENs or have a model of care that would incorporate EN's
- Significant variance was shown in relation to the roles and responsibilities of ENs within individual ARC facilities:

- Team leader shift coordinator or overseeing a particular unit (n=15)
- Care tasks (Medication administration, wound care, observations, family liaison, personal cares (n=10)
- Documentation (Short term care plans, InterRAI (under supervision of RN), (n=6)
- Supporting the RN in their roles and responsibilities (n=5)
- Referrals and MDT liaison (acutely unwell residents to after hours, doctors rounds) (n=4)
- Participation in resource roles (e.g, Infection Prevention &Control, Careerforce assessor) (n=4)
- Provision of orientation to new staff and ongoing education requirements for staff (n=3)
- Works in caregiving role (n=3)

When asked what resources or information would support them in their decision making around whether or not to employ ENs, the following key themes were noted:

- Having a greater understanding of their scope of practice
- Having better representation of the role of ENs in the ARC contract
- Working out if having an EN would fit into their current model of care and policies

Of note was the apparent willingness of respondents to support their existing NZQA level 3 and 4 (Health Care Assistant) caregivers to meet the academic entry requirement into the Diploma of Enrolled Nursing Programme.

However, it was evident from survey feedback that there was a lack of clarity and understanding of the DEN scope of practice and how this differed from a level 3/4 NZQA. Narrative also included the now near comparable salaries of level 4 HCA and EN.

Contribution of Team Nursing model of care – in which there is a sharing of the workload within the team appropriate to the skills and knowledge of each nurse within it (e.g. RN, EN, HCA) can enhance and increase the capability of the team to appropriately anticipate and respond to the needs of patients and reduces reliance on specific and assumed role demarcation and capability.

Understanding of the skills and knowledge of the EN role and pay parity issues – Employers may regard the role of the HCA which is now an established role capable of providing some traditional nursing tasks as an attractive option to employ, without consideration of the disparity in skills, knowledge and reasoning compromise that this may produce, as the HCA is a prescriptive role responsible for completing tasks and basic care without the requirement to apply reasoning to anticipate and respond to changes in patient status.

DHB

ENs are employed in a range of settings across DHBs, the majority aligned to the areas identified within the NCNZ tertiary education standards clinical settings: *“preparing students to work in a wide range of practice areas including rehabilitation, long-term care, disability, acute care,*

medical, surgical, mental health and community” (NCNZ Educational Programme Standards, 2010, p75)

Therefore ENs are expected to, and are prepared with the ability to work effectively in the whole range of settings. However, across the acute areas there is evident uncertainty around the scope of the EN role and how the current models incorporate this role. There appears to be a reluctance to employ ENs into some acute areas as they are unable to administer IV and central line medications and undertake IV cannulation independently.

Primary Care

EN’s are employed across both district nursing (DN) and primary GP practice, but there is great variation in uptake. There is still only limited ENs in GP practices and similar to ARC there appears to be a general misunderstanding in relation to the role of the EN versus HCA in many instances. Alternatively, within DN roles in Canterbury ENs are employed in many areas and working to their full scope. In contrast, within Waikato DHB a single EN was employed within the DN service, and on retirement the EN role was replaced by an RN role.

Medication scope of EN’s

The enrolled nurse scope of practice includes the following statement:

“ENs administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence” (NCNZ 2017). However, the interpretation of this scope is inconsistently understood and applied by both nurse training institutions and employers across New Zealand. A Waikato DHB benchmarking exercise (2020) disclosed striking disparities in the ability of ENs to utilise medication competencies to their full abilities within our own major DHB tertiary providers:

Table 2: Comparison of EN medication competency application across NZ DHBs:

DHB employer	EN medication competency
Counties Manukau Manukau Institute of Technology (MIT) IV learning package	On completion of required learning package: Check, prepare, administer, document and monitor all prescribed medications, IV infusions, blood products and IV/IM/SC injections, insert subcutaneous lines. Where the medication is a verbal order/controlled or IV drug, this must be witnessed by an RN/RM/Dr
Canterbury DHB	On completion of required learning package may check, prepare, administer, document and monitor IV infusions running 8-12 hourly May check IV medications with an RN but may not administer them May check and administer IV saline flushes
Waikato DHB	May check IV infusions including blood products but may not administer them May check IV medications with an RN but may not administer them May check and administer IV saline flushes
Auckland DHB	May not administer any IV medications/IV fluids
Waitemata	May not administer any IV medications/IV fluids

New Zealand Blood Service	On completion of specific NZ blood service learning module and component of IV endorsement may be second checker of blood products
---------------------------	--

Australian experience

In contrast to the New Zealand approach which demonstrates an inconsistent interpretation of EN medication competency across DHBs, the Australian Government (Commonwealth of Australia, 2012, updated 2021) has implemented a Health Training Skills package for DENs: HLTENN007 Administration and Monitoring IV therapy. This has comprised:

- An increased focus on pharmacology and medication management is included in the DEN programme curriculum
- Medication supervisory arrangements are aligned under regulatory authority legislative requirements to the Nursing & Midwifery Board of Australia, providing a clear and consistent standard across health jurisdictions and health care providers
- The EN role in preparation and administration of medications is described as carried out “**in consultation and collaboration with RNs**” i.e. in contrast with the limitation of the current NCNZ requirement to be “*under the direction and delegation of an RN*”
- Ability to support micro—credentialing training to enable EN preparation and administration of specific medications /IV infusions post EN training

Recommendations:

Initiative Three: Look at options for an Enrolled Nursing pathway to complete bachelor level nursing programmes

- Scaffolding initiatives within DHBs and across the health sector for staff to move from unregulated to regulated roles i.e HCA→DEN→RN.
- Investigate the feasibility a consistent policy of ‘pay as you learn’ for HCA transitioning to DEN, and for DEN transitioning to BN
- Support Māori nursing workforce transition as a priority
- All areas to adopt the challenge test approach to enable cross crediting of up to 60 credits, (Te Pūkenga are currently working on a national curriculum).
- Transition the DEN programme from an NZQA (skills based/task approach) to progress and develop the four DEN modules from a basic nursing care approach to include critical application of nursing assessment throughout the programme
- Current EN training is staged at 12 months at NZQA level 4, followed by 6 months level 5: amend this to 6 months at level 4, followed by 12 months at level 5.
- Enhance both theoretical and in-practice support to enable the DEN participant to achieve the required competencies.
- Incorporate comprehensive pharmacology at health assessment training within the programme.
- Investigate and develop a shorter 18 month EN to BN transition programme with accreditation of previous learning (RPL) the experiential and practical experience an experienced EN may have accrued

Initiative Four: Look at options for a pathway to Enrolled Nursing for those who exit the Bachelor of Nursing programme.

- A national agreed process required – as per Te Pūkenga intent and support
- Consider greater flexibility in Diploma of Enrolled Nursing programme delivery to cater to the needs of NZQA Level 3 and 4 Care Givers (non –regulated) who are working full time such as
 - Online or part time methods of education delivery
 - Consider placements/clinical experience and how this can contribute to DEN course requirements
- Consider ways of providing financial stability/incentives for NZQA level 3 and 4 caregivers to undertake their DEN training e.g. bonding, other incentives

Removing Barriers to employing EN's across the health sector including models of care

- Employment – all employers recognise and utilise and are inclusive of ENS e.g. ARCC; theatre; MH&AS
- Models of care are implemented that utilise the capability of the RN, EN and HCA appropriately – e.g. Team Nursing models
- Support the enabling of the EN scope of practise by working collaboratively with NCNZ to change “**Direction delegation**” requirements to “**consultation and collaboration**” between EN and RN
- Education for employers across entire health sector to support enhanced understanding of the EN role
- Introduce a consistent standardised pharmacology and medication management component within DEN programmes and post qualification micro credentialing at national level to provide assurance of EN competency in preparation and administration of medications and IV therapies

References

Australian Government (2021) HLTENN007 Administer and monitor medicines and intravenous therapy; & Assessment Requirements for HLTENN007 Administer and monitor medicines and intravenous therapy

Mackenzie, M., (2020) Development of the enrolled Nurse Role in the Waikato Tainui Region, Aotearoa New Zealand (Master of Applied Innovation Thesis) Wintec

TAS (2021). The New Zealand Nursing Pre-Registration Education Pipeline. Retrieved from: <https://tas.health.nz/assets/Workforce/The-Nursing-Pre-Registration-Education-Pipeline-Final.pdf>

DHB Lead Nurses (DoN) Group (2020) Enrolled Nurse Support into Practice Programme National Learning Framework. Retrieved from: <https://tas.health.nz/assets/Workforce/Final-ENSIPP-Framework-Feb-2020.pdf>

MOH (2008) Enrolled nurses reinstated. Retrieved from: <https://www.beehive.govt.nz/release/enrolled-nurses-reinstated>

Nursing Council New Zealand (2020) Te Ohu Mahi Tapuhi o Aotearoa/The New Zealand Nursing Workforce 2018-2019 Report

Nursing Council of New Zealand (2020) Annual Report – New Zealand Register of Nurses Retrieved from: <file://waikato/Users/Hamilton/MtoRHome/marrioli/Downloads/Annual%20Report%202020.pdf>

Nursing Council of New Zealand (2017) Handbook for nursing departments offering programmes leading to registration as an enrolled nurse or registered nurse. Retrieved from:

File://waikato/Users/Hamilton/MtoRHome/marrioli/Downloads/Handbook%20For%20Nursing%20Departments%20August%202017.pdf

DHB Lead Nurses (DoN) Group (2021) The Nursing Pre-registration pipeline programme workplan – working draft – prepared by the Technical Advisory Service (TAS) Retrieved from: <https://tas.health.nz/assets/Workforce/Nursing/WORKING-DRAFT-Pre-Registration-Pipeline-Programme-Workplan-Nov21.pdf>