

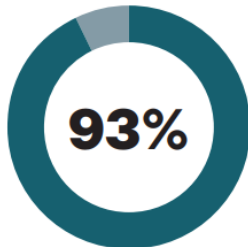


**Submission to the Nursing Council of New Zealand's consultation
on Proposed changes to the Internationally Qualified Nurse
Competence assessment process and English language standard**

16 May 2022

About the New Zealand Aged Care Association

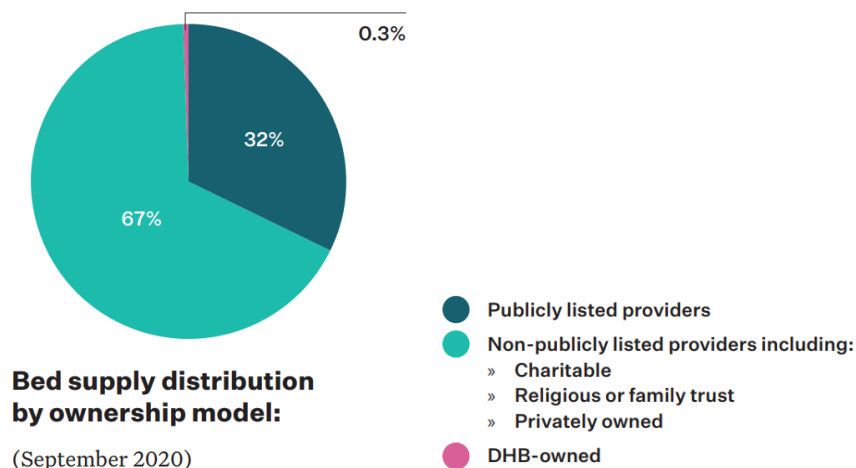
1. This submission is from the New Zealand Aged Care Association (NZACA/the Association), the peak industry body for the aged residential care (ARC) industry in New Zealand. We represent over 37,000 beds of the country's rest home industry, or about 93% of the total supply. Our members' services include four categories of care, rest home, hospital, dementia and psychogeriatric, as well as short-term care, such as respite.



**NZACA member care facilities provide
93% of the total 40,729 ARC beds.**

Source: TAS Quarterly Report September 2021/NZACA member database

2. Our members range from the very small stand-alone care homes with as few as six beds in more remote areas of the country right through to the larger care centres with more than 100 beds, some of which are co-located with retirement villages.



Source: NZACA Annual Report 2020/21

3. Advocating and lobbying to government to shape policies and create an environment that helps our members provide outstanding quality care for older New Zealanders is at the heart of what we do. We provide leadership on issues that impact on the success of our members, for example, the annual contract negotiation with District Health Boards (DHBs), the pay equity settlement and workforce recruitment and retention.
4. We produce valuable research, professional development opportunities, information and publications to help our members make informed business decisions, improve capability and keep them up to date with industry developments. We also run the annual industry conference, which is the showcase event for New Zealand's aged care sector.
5. The ARC sector is led by nurses: they are the clinical leaders and as well as needing sound clinical judgement and reasoning, they also need to be competent in their leadership skills,

competent to make potentially difficult decisions and confident to lead a team to care for the residents.

6. The NZACA Nursing Leadership Group (NLG), which provided input into this submission, is the recognised voice of aged care nursing. It is a collective, consistent and strong voice. Providing nursing leadership, the NLG ensures Registered Nurses in aged care are supported to work to their full potential.
7. Any enquiries relating to this submission should be referred to Kathryn Maloney, Principal Policy Analyst, kathryn@nzaca.org.nz or by phone on 04 473 3159.

Overall comment

8. This submission is in response to the Nursing Council of New Zealand's consultation on Proposed changes to the Internationally Qualified Nurse Competence assessment process and English language standard.
9. The ARC sector requires a workforce of approximately 5,000 nurses to fully support the medical care of over 35,000 older people currently residing in aged residential care. More than half of these residents receive hospital- or dementia-level care. The sector is currently experiencing the worst workforce crisis it has ever known with a shortage of around 1,000 nurses.
10. Almost half of all Registered Nurses (RNs) and Clinical Nurse Managers working in ARC are migrant internationally qualified nurses (IQNs)¹, most of whom come from India and the Philippines. The current level of nursing education provided to nurses in these countries does not match that of New Zealand. Therefore, it is essential that all IQNs can prove their competency before beginning nursing practice in New Zealand, regardless of which sector they are working in.
11. The current nursing situation in ARC is so dire that we are concerned any change made to the IQN process will have a negative impact on the sector, resulting in further shortage, more hospital-level beds closing (over 500 have closed in the last six months) and fewer older people getting the care they need. The NZACA would like to see an increase in domestic supply before IQN registration changes are put into force.
12. The NZACA welcomes the Nursing Council's recognition that nurses must have good cross-cultural understanding and communication and that IQNs who come to Aotearoa must be appropriately supported to transition to the workforce effectively and safely. We also welcome a greater emphasis on outcome-based assessment of competence to practise, however, not at the expense of safety to the resident or patient.

Summary:

13. The ARC sector's main concern centres on the RN workforce. We have good access to domestic supply for Enrolled Nurses (ENs) but support the same rigour for IQNs at both RN and EN levels.
14. We do not believe there is enough evidence in the information provided to support a complete overhaul of the CAP process. We are unclear what the current problem is that needs to be fixed.
15. The changes proposed will have a substantial impact on the safety of services provided in ARC.

¹ NZACA & BERL. (2022). *Aged Residential Care Industry Profile 2021-22*. NZACA.

16. ARC is heavily reliant on IQNs and as such, any changes to the CAP process will have a larger impact on ARC than any other sector that employs IQNs.
17. The Association suggests any recommendations from this review should not be implemented for at least two years or until such time as domestic supply is adequate.
18. The NZACA does not support wholesale changes to the current CAP process. Nor do we want to see completion of exams overseas. We do, however, support examination and practical assessment occurring in New Zealand prior to registration. We suggest the NZ State Examination would be fit for the purpose. This could be delivered by current CAP providers.
19. We support wider use of Learning Management Systems (LMSs) in programmes to support greater learning opportunities.
20. The Association supports pre-entry education, particularly where it focusses on cultural education. However, we do not support pre-entry assessment being delivered online prior to the IQN leaving their home country.
21. The NZACA does not support the removal of post-registration nursing experience. However, we are happy for the cultural training to be covered off in the pre-entry education.
22. At this stage, we do not support the dropping the writing score from level 7 to level 6.5 (or the equivalent) of any English-language test at this stage as we would like to see more robust evidence to prove it would not compromise patient safety. We do, however, recommend that more educational support is put in place for those who are struggling to pass the assessment. Further, we would not like to see the other components drop below the equivalent of level 7.

Responses to consultation questions

23. Exam and practical assessment:
 - 23.1. Would you support a proposed approach to assessing competence that involves a combination of an exam and a practical assessment?
 - 23.1.1. A better explanation and understanding is needed of what the content of the exam would be and what preparation would be required. For example, would pre-exam education be available? Likewise, it is unclear what any practical assessment would consist of – would this be the pre-entry education? Where would the current post-registration experience requirements be covered should it be removed? Would all IQNs sit the same exam, regardless of where they received their original nursing qualification? The consultation documents are not explicit enough to be able to fully answer this question.
 - 23.2. If so, please tell us what the benefits of this approach may include.
 - 23.2.1. Until more details of any exam and practical assessment are known, it is not possible to assess the potential benefits.
 - 23.3. Are there any risks to this approach, and how could they be addressed?
 - 23.3.1. As stated in 23.1.1., an understanding of the content of any exam and practical assessment needs to be known. Our concerns are that people will not be fully supported to successfully complete the exam and practical assessment or that neither the exam nor assessment will be relevant to nursing practise in New Zealand. Would this be based on NCLEX, State Exam, or similar?

- 23.3.2. How relevant would the exam and assessment be for nurses wanting to work in New Zealand's aged care sector? For example, the State Exam currently has a 30% emphasis on mental health components.
 - 23.3.3. Almost half of all nurses coming into ARC are IQNs. Currently, as stated in the NZ Nursing Council technical paper, most US and Canadian states require a pre-entry international exam.
 - 23.3.4. Overall, with the information provided, we do not feel there is any justification in supporting IQNs to sit an examination prior to leaving their country of origin. The NZACA believes this will severely impact the number of IQNs choosing to work in New Zealand. Once they have successfully completed any examination in their home country, they are far more likely to move to a country where they will receive higher wages.
- 23.4. Would you support a similar process for internationally qualified Enrolled Nurses? Please describe any specific benefits or risks to this approach:
- 23.4.1. There are very few Enrolled Nurses employed in the ARC sector, so any changes to processes for internationally qualified ENs would have little impact in aged care. However, the same rigour needs to be applied to IQNs at both RN and EN levels.
24. Post-registration experience:
- 24.1. Do you support removal of the requirement for post-registration nursing experience?
 - 24.1.1. The NZACA does not support the removal for post-registration nursing experience. Aside from cultural aspects, which may be covered off by pre-entry education, it is essential for nurses to be competent before beginning a role in ARC. Should post-registration experience not happen, the onus and burden would likely fall on the employer to ensure the IQN is fully competent.
 - 24.1.2. The NZACA suggests that post-registration nursing experience is broken into specific sector streams in order for the IQN to fully understand the work of a Registered Nurse in that sector. For example, the role of an RN in an aged residential care facility is quite different from the role of an RN in a hospital theatre, or in an Emergency Department. Post-registration experience should focus on what is needed within the particular workplace the IQN has chosen to work in. Should an IQN then choose to move to another nursing sector, they should undergo post-registration experience for that particular sector before being fully employed in that sector.
 - 24.2. What would the benefits of this approach include?
 - 24.2.1. There would be no benefits to this approach.
 - 24.3. Are there any risks, and how could these be mitigated?
 - 24.3.1. As stated in 23.1.1., the burden would fall on the employer to ensure the nurse is fully competent should there be no requirement for post-registration nursing experience. As a sector that receives capped funding from the government, more funding would be needed from the government

to cover the cost of the sector to supporting post-registration IQNs to gain the experience they currently gain through their CAP.

25. Pre-entry education (education prior to entering our register):
 - 25.1. Do you support our proposal to introduce education for entry to our register (pre-entry education), with a particular focus on Te Tiriti o Waitangi, Kawa Whakaruruhau and cultural safety?
 - 25.1.1. The NZACA supports pre-entry education, particularly where it focusses on cultural education.
 - 25.1.2. It is unclear how this could occur prior to entry to New Zealand and therefore, we would not support any pre-entry education in the form of an exam in the home country setting. We believe any pre-entry education should occur in New Zealand prior to them receiving their registration.
 - 25.2. What would be the most useful format, and timing, for this pre-entry education?
 - 25.2.1. Should a pre-entry assessment need to be delivered prior to the IQN leaving their home country, this would naturally fall to online learning. However, with a focus on culture, it would be ideal for the IQN to study in New Zealand and be able to experience the culture first hand, with cultural support available. This could then be a mixture of classroom and online teaching with the support of a preceptor.
 - 25.3. What should it focus on?
 - 25.3.1. As outlined in question noted under paragraph 24.1, focus should be on cultural safety, including understanding Te Tiriti o Waitangi and Kawa Whakaruruhau.
 - 25.3.2. In general, we do not support pre-entry assessment being delivered online prior to the IQN leaving their home country. There is a need to guarantee the person sitting the assessment is the person who is completing their IQN qualification and that there is no possibility of a false or fraudulent assessment being carried out by someone else.
 - 25.4. What would be useful post-entry learning?
 - 25.4.1. Any post-entry learning needs to be prior to registration. For RNs moving into the New Zealand ARC sector, it should focus on competency and confidence to work in ARC, with an emphasis on the fact that RNs in this sector are working autonomously and need to be both competent and confident in their decision-making, with the ability to lead a care team.
 - 25.5. What formats would be appropriate?
 - 25.5.1. While some learning could be online, we would not support it being fully online: there needs to be some element of practical assessment, with the support of preceptors.
 - 25.5.2. A variety of different options exists for providing online pre-entry education, such as Aotearoa education providers, private education providers in Aotearoa, current CAP providers, or the Nursing Council of New Zealand.
 - 25.6. Who is best placed to provide online pre-entry education, and why?

- 25.6.1. Education providers who currently run CAP courses are already providing some online education. They could continue doing this. However, this does depend on each individual provider.
- 25.7. What role, if any, might supervised pre-entry practice play in the IQN assessment process?
 - 25.7.1. All pre-entry practice and assessment needs to be delivered in Aotearoa rather than in the IQN's home country. For example, in Australia eligible international nurses must go through two examinations: NCLEX and OSCE.
- 26. Competence Assessment Programmes (CAPs)
 - 26.1. If an outcomes-based assessment of competence (exam and practical assessment) is introduced, what should the role of CAP become?
 - 26.1.1. The current CAP providers are ideally placed to support and offer NZ State Examination, preceptorship and practical assessment under the authority of the Nursing Council of New Zealand.
 - 26.1.2. Practical assessment, preceptors and testing of applied knowledge is essential. This must be done as part of the nurse's New Zealand education and must not fall on the employer to ensure this is done.
 - 26.1.3. If CAPs were to be removed and exams were to be completed prior to arrival, there would still be a need for a practical assessment with pre-assessment support and education to evaluate the competency of the IQN. This needs to be completed before an IQN receives their NZ registration. Due to the autonomous nature of the RN role in ARC, the employer must have reassurance that the nurses they are employing are fit for purpose, understand the nature of the role, and have the competence to carry it out safely. Should the CAP cease to exist, the NZACA would like reassurance that what replaces it is equally as enabling for IQNs to enter the ARC sector. The NZACA does not support any examination prior to entry into New Zealand model.
 - 26.2. Do you support the idea of moving away from CAP as part of a measure of competence, and towards using CAP as a tool to help migrant nurses adjust to working in Aotearoa? Please give your reasons.
 - 26.2.1. Referring again to paragraph 23.1.1., there is not enough information in the consultation documents to be able to answer this fully. A more detailed explanation is needed of the content of any exams, assessments, and pre- and post-registration education. With the knowledge we have, the NZACA is reluctant for a move away from the CAP.
 - 26.2.2. If the approach outlined by the Nursing Council were to be adopted, the Association firmly believes that the ARC sector would be heavily impacted; the sector currently employs high numbers of IQNs and the current system does not feel broken within the ARC sector. The current system provides peace of mind to both the operators and also the general public in that it is a robust, tried and tested system that produces very capable IQNs. The documents provided by the Nursing Council do not provide sufficient

justification for a new approach and the NZACA does not feel this approach would provide the peace of mind that IQNs are competent to work in ARC.

26.3. What are the advantages of this approach? What are the risks?

26.3.1. The risk is that a diluted assessment process replaces the CAP, which would then create serious health and safety issues and could result in poorer care for older New Zealanders. As previously stated, the ARC sector is the largest user of the CAP and while this workforce crisis exists in the sector, we are concerned that any change might disrupt the flow of IQNs that we want to welcome into the sector. We do not want to see a diluted version of CAPs as we believe it creates more risk to the public. However, the NZACA welcomes more pre-registration education for cultural competency, New Zealand law and regulation – current IQNs are not always confident and can be unaware of rules, regulations and law.

27. Post-entry conditions

27.1. Do you support the introduction of post-entry conditions to allow for more support for IQNs as they begin working in Aotearoa? Please give your reasons.

27.1.1. The NZACA does support the introduction of post-entry conditions. We suggest that IQNs could sit the NZ State Exam, post practical assessment and preceptorship when they arrive in New Zealand. This would include cultural competency, understanding of the legal system and how to work as an RN within it, plus for RNs planning to work in ARC, understanding of the New Zealand aged residential care sector.

27.2. What should post-entry conditions include? Please select all that apply:

27.2.1. The NZACA agrees that a post-entry condition could include bonding to an approved employer if it was linked to the Accredited Employer Work Visa. However, such is the current burden and cost of compliance on the ARC sector, we would not want to see any post-entry conditions that were more costly or burdensome, or delayed the process for an IQN to begin working in ARC. We want the process of getting competent IQNs work-ready for the ARC sector to be as swift as possible.

27.2.2. Should workplace orientation or the requirement of a mentor or preceptor to be a part of post-entry conditions, the ARC sector would wish to see appropriate funding to support this.

27.2.3. While the purpose of any change to the CAP process is for greater emphasis on outcome-based assessment, reassurance that an IQN has received the relevant education within their home country is important to ensure their competency matches that of the Nursing Council competencies.

27.3. What should post-entry learning include? Please select all that apply:

27.3.1. The NZACA would expect kawa whakaruruhau and cultural safety workshops to be included in any post-entry learning.

27.3.2. Communication workshops would be very useful though not as important as cultural safety or specific clinical pathways.

- 27.3.3. Specific clinically-focused courses for IQNs wanting to work in ARC would be essential learning.
- 27.4. Any additional comments on post-entry conditions and learning:
 - 27.4.1. ARC providers, particularly small standalone facilities, do not have the capacity nor the funding to provide more support to newly registered nurses than they currently do. The Nursing Council is responsible for ensuring the quality of nurses registered to practice in New Zealand is of the highest calibre. The NZACA is concerned that any changes may shift the emphasis from the Nursing Council to the employer to ensure this capability.
 - 27.4.2. There are some concerns that the CAP does not fully educate the IQN in critical thinking, leadership skills, and assertiveness. However, pre- and post-registration education and experience to cover these skills would be a bonus and the NZACA is happy to see more comprehensive CAP courses, but not the elimination of them altogether.
- 28. Alternative pathways to registration
 - 28.1. Do you support the proposed alternative pathway to entry to our register for nurses who have achieved registration in some countries?
 - 28.1.1. While the current process for applicants with a nursing bachelor's degree from the UK, US, Canada, Singapore, and Ireland means they are not always required to complete a CAP, we would want reassurance that any change continues to include a comprehensive assessment of the skills of a nurse from any of these countries. We would welcome the introduction of cultural education for all IQNs.
- 29. General
 - 29.1. Are there any parts of our proposals that could have an effect beyond the registration of IQNs?
 - 29.1.1. The proposed changes would have a significant regulatory impact on the ARC sector, and with the current shortages of RNs in this country, we do not believe the timing is right for such significant change. We believe the changes would likely pose a significant public safety risk to residents in aged care in New Zealand.
 - 29.1.2. Should the onus fall on the provider to ensure the capabilities of newly registered IQNs, there could be further inequity of access as smaller standalone ARC facilities struggle to support IQNs which results in them not being able to recruit or employ them.
- 30. English language
 - 30.1. Do you support Council giving the OET preferred status?
 - 30.1.1. While the OET tests ability to communicate in English in a healthcare setting, IQNs are not just discussing healthcare in their workplace – they must communicate with and understand residents who may not be focussing their language on healthcare. IQNs must have the ability to fully understand residents.

- 30.2. Do you support changing the English writing score for IELTS to 6.5, and for the OET to C+ (300)? Please note that these scores are equivalent to one another.
- 30.2.1. While we understand it can be challenging for some IQNs to pass the written test, we recommend that more education and support is put in place for those who have initially failed this component. However, if there is robust evidence to suggest that an IELTS score of 6.5 for English writing is more than adequate for IQNs working in ARC we may consider this. Further, we would not like to see the other components drop below the equivalent of level 7.
- 30.3. Would you support Council recognising English-language tests that assess English through computer-based means, including computer-based versions of the tests we currently accept (i.e. IELTS and the OET)? Please tell us why, or why not.
- 30.3.1. As outlined in paragraph 25.3.2., should any assessment be delivered online, there is a need to guarantee the person sitting the assessment is the person who is actually completing their IQN qualification for New Zealand and that there is no possibility of a false or fraudulent assessment being carried out by someone else.
- 30.4. There needs to be excellent training and support available for IQNs to pass their English-language test, particularly those who have previously failed.
31. The NZACA thanks the Nursing Council of New Zealand for the opportunity to provide feedback on the proposed changes to the Internationally Qualified Nurse Competence assessment process and English language standard.
32. Any enquiries relating to this submission should be referred to Kathryn Maloney, Principal Policy Analyst, kathryn@nzaca.org.nz or by phone on 04 473 3159.