



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Guidelines for Competence Assessment

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Introduction

The Health Practitioners Competence Assurance Act (2003) requires the Nursing Council of New Zealand as the body that regulates the practice of nursing, to ensure the continuing competence of practitioners to protect the health and safety of the public. Competence assessment is one of the tools used by the Nursing Council to ensure initial and continuing competence to practise. Competence assessment is used to assess the following:

- students at the completion of New Zealand nursing programmes
- overseas-educated nurses who undertake competence assessment programmes before registration to practise in New Zealand
- nurses who wish to return to the workforce after five or more years away from practice at the completion of a return to nursing programme
- nurses who hold annual practising certificates but do not meet the continuing competence requirements
- nurses who are selected for the recertification audit of their continuing competence
- nurses required to demonstrate competence under a competence review process

Please note that the assessment processes used by Nursing Council-approved PDRPs (Professional Development and Recognition Programmes) may differ from the process outlined in this document. PDRPs may use other methods or a combination of methods of assessment to ensure validity and reliability of assessment, e.g. portfolio review by a trained assessor.

Purpose of the guidelines

The purpose of the guidelines is to guide nurses assessing the competence of nurses. The guidelines are also intended to guide the nurse being assessed and make suggestions for preparing for self-assessment as part of the competence assessment.

Nursing Council documents which support competence assessment

The Nursing Council has a number of other documents which support and inform competence assessment that can be downloaded from our website:

- Code of conduct for nurses
- Competencies for the registered nurse scope of practice
- Competencies for the enrolled nurse scope of practice
- Competencies for the nurse practitioner scope of practice
- Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice
- Guideline: Direction and delegation.

Continuing competence requirements

In the interests of public safety, nurses must be competent to practise. Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse. All practising nurses must maintain their competence to practise by:

- completing 60 days or 450 hours of practice in the last three years
- completing 60 hours of professional development in the last three years
- being able to meet the Nursing Council's competencies for their scope of practice.

Individual nurses are expected to retain evidence of their continuing competence. Applicants applying for practising certificates are asked to declare whether they have met these requirements each time they renew their annual practising certificate. Five per cent of nurses renewing their practising certificates each year are randomly selected to provide evidence of their competence to practise as part of the individual recertification audit. (For further information please refer to the Nursing Council website www.nursingcouncil.org.nz.)

Types of assessment

All assessments for the Nursing Council's purposes are to be completed using the competencies for the registered nurse, enrolled nurse or nurse practitioner scopes of practice. The competencies and assessment forms for each scope of practice can be found on the Nursing Council website www.nursingcouncil.org.nz.

For continuing competence or audit purposes the following three types of assessment are accepted:

A **senior nurse assessment** is completed by a nurse in a designated position, e.g. a charge nurse, a nurse educator, team leader, coordinator, nurse manager or director of nursing.

A **self-assessment** is completed by a nurse after reflecting on the competencies for his/her scope of practice. More information on self assessment is included later in this document.

A **peer assessment** is completed by another nurse. A peer assessor must be an experienced registered nurse who has recognised clinical skills in the area of practice. This nurse will either work with the nurse or will have observed his/her practice for the purpose of making an assessment. Information for nurses working in isolation (i.e. without a nursing colleague in the same workplace) is included on page 8.

The Nursing Council has specified the assessment skills required of the assessor for the following assessments:

An **assessment of a student** at the completion of a nursing programme. This includes registered nurses completing competence assessment programmes. The student is assessed against the Nursing Council's competencies for their scope of practice by a registered nurse from the education provider and/or a registered nurse from the clinical practice environment who is responsible for signing off competency. This nurse must have completed an appropriate course in adult education/assessment.

A **competence assessment by a Nursing Council-approved assessor** means that a nurse with skills in assessment is approved to undertake an assessment by the Nursing Council before the assessment takes place. For example, following a competence review process. Information on the criteria for approved assessors is on pages 8 and 9.

Preparing to be assessed

If you are a nurse preparing to be assessed it is important to understand the criteria you will be assessed against. For the Nursing Council's purposes these will be the Nursing Council competencies for your scope of practice. We suggest that you do the following to prepare yourself.

- Review the competencies and indicators; think of specific examples from your practice where you met each competency. You do not have to include every indicator.
- Think about what you do well and what you could improve.
- Gather any documentation relevant to your practice e.g. professional development records/certificates, your job description, letters of attestation, samples of care plans/progress notes, reflections/exemplars/case studies, evidence of membership of organisations, a portfolio if you have one¹.
- Complete a self-assessment of the competencies (see below).

When you have completed this preparation you will need to identify a senior nurse or a suitable peer who can complete your assessment².

- Identify an appropriate assessor and arrange appropriate times for the assessment. This may include time for the assessor to complete a document review, observe your practice and interview you about your practice, get feedback from your colleagues and then give you feedback on the assessment.

We advise you to:

- clarify the assessor's expectations of the assessment process
- practise receiving feedback about your professional practice
- assume the best intentions
- see feedback as an opportunity to learn.

We encourage you to reflect on the feedback given to you by an assessor as this process may reveal your strengths as a nurse and areas in your practice where further professional development is required.

Self-Assessment

How to self-assess? Carefully read each competency and think of and document examples of how you demonstrate this in practice. If you are unclear, look at the indicators. It may be helpful to discuss with colleagues from the same setting as

¹ The requirements of patient confidentiality should be met.

² Nurses practising in isolation or those who must have a Nursing Council-approved assessor refer to these sections of the document. Students enrolled in nursing programmes will be guided by their clinical lecturer.

yourself. The Nursing Council competencies are generic and every competency applies to all settings. If you need to learn more about a competency or believe you do not apply it in practice, consider if there are any specific standards or other documents to inform your assessment. For example, a nurse working in maternity may have access to the baby-friendly hospital standards; mental health nurses may have national standards relating to recovery principles.

You may also need to review some literature or a policy, or consult a mentor. In this way the competency assessment contributes to ongoing quality improvement.

If you intend to submit your self-assessment to the Nursing Council for the recertification audit complete a comment including an example against each competency and complete the 'met/not met' column. The assessment must be signed and dated by you and the verifier (another nurse with a practising certificate who has knowledge of your practice and verifies that you have completed the assessment).

Assessing another nurse

(Please read this in conjunction with pages 9 and 10.)

If you have been asked to complete an assessment for another nurse first of all clarify what the assessment is for and whether it is appropriate for you to complete the assessment. **It is not appropriate to complete assessments for close friends and family members.** You may also need to clarify whether the assessment is to be completed by a senior nurse, peer assessor or Nursing Council-approved assessor. We recommend that you do the following to prepare for the assessment.

- Identify that you have the appropriate tool (i.e. assessment form for the nurse's scope of practice).
- Make sure you understand the competencies and indicators.
- Prepare an assessment plan (consider time for document review, observation of practice, discussion and giving feedback-what order and when- timing, resources and any special needs of the nurse being assessed or the environment).
- Have a pre-assessment discussion with the nurse to clarify expectations.
- Make sure the environment/context is prepared
- Gather evidence – you need enough evidence to be sure the competency is met.
- Discuss the assessment with the nurse's line manager.

If assessors are uncertain as to requirements the Nursing Council suggests seeking advice from others with knowledge and experience. Such expertise may be sourced from PDRP assessors and coordinators, trained preceptors and professional organisations such as the New Zealand Nurses Organisation (NZNO), College of Nurses Aotearoa, and Te Ao Maramatanga New Zealand College of Mental Health Nurses. Please see section *Principles for assessing the practice of other nurses* (page 9) for more information on assessor preparation before undertaking assessment.

The type of evidence you will need may include the following:

- direct observation of practice
- an interview with him/her to ascertain nursing care in different scenarios
- evidence provided by him/her including self-assessments, exemplars or examples of practice

- reports from other nurses and other health professionals.

Assessments should be comprehensive and not solely based on the observation of clinical procedures or on the nurse's communication with health consumers and/or their families. Observation of practice can be of everyday practice, a specially created practice situation, or your knowledge of his/her prior performance. Consideration of information gathered from at least three sources, i.e. triangulation or alignment of evidence from different sources, can enhance the reliability of the conclusions reached.

Assessors should reflect on what is a 'competent nurse' and how he/she practises in the particular setting. Each competency has a number of indicators which are not exhaustive and are for guidance only. Some organisations have performance criteria which describe the intent of each competency. Nursing Council staff are also available for advice.

The assessor may comment on any of the following attributes in relation to the Nursing Council competencies: knowledge, skill, behaviour, attitudes and values. Each competency must be assessed.

Each comment made by the assessor against a competency needs to provide a specific example as to how the nurse meets (or does not meet) each competency. Rephrasing of the competency or indicators is not acceptable.

The assessment must be signed and dated by the nurse and assessor, and provide at least one example or action of the nurse's practice in support of each competency. This can range from usual practice to role modelling how to handle unusual events to peers.

At the end of the assessment:

- give feedback (commend, recommend, commend) – explain achievement/identify and discuss areas where competencies are not met; discuss how to achieve competencies; develop a plan for improvement
- it may be appropriate to discuss areas for development or overall career direction
- a comment that supports the assessment, indicating the evidence on which the assessment is based, is required for each competency.

An important note to the nurse being assessed: it is your responsibility to ensure the assessor makes a different comment on every competency, does not repeat the competency itself, and writes in the Met/Not Met column.

Assessments for nurses practising in management, education, policy research, and expanded practice.

Registered nurses who are not practising in direct client care are exempt from competencies in domains 2 and 3 that apply only to clinical practice. Other specific competencies for nurses working in management, education, policy and/or research should be assessed. Those practising in direct client care and in management, education, policy and/or research must also meet the clinical competencies.

Nurses in expanded practice roles, e.g. first surgical assistants, nurse colposcopists, are required to meet additional competencies. More information on these requirements can be found on our website www.nursingcouncil.org.nz.

Guidelines for nurses working in isolation

Nurses who do not work alongside other registered nurses may use different processes to demonstrate competence. All of the principles of assessment apply to all assessments. The following activities are **not prescriptive or exhaustive** and are intended as suggestions only.

- Use professional groups or corporate networks to identify suitable assessors.
- More than one assessor can be used in a single assessment for nurses working in isolation. Each assessor should identify which domains/competencies they are assessing against and clearly provide examples or actions as well as signing, dating and giving their designation and position. Each competency must be declared 'met' or 'not met', and each page initialled by the assessor/s completing the assessment on that page.
A statement by the nurse being assessed should be provided to the Nursing Council explaining why more than one assessor is being used.
- If payment has occurred to enable an assessment, this must be disclosed.
- Peer assessment in ongoing group settings can occur. These groups must have documented minutes and may, for example, review one domain of practice at each group meeting. Electronic platforms such as video and teleconferencing can be used.
- Nurses may provide presentations, copies of audits of notes, case reviews, care plans and other samples of evidence such as a company performance appraisal, to the assessor provided the usual requirements for client confidentiality are met. It is not necessary to send these documents to the Nursing Council.
- Nurses who are contractors may find an assessor who is a registered nurse in the contracting organisation or, alternatively, a peer who undertake similar work. Practice hours may be verified by an estimation of hours from an appropriate verifier in the contracting organisation, and verification of completion of the contract.

Nursing Council-approved assessors:

In some circumstances the Nursing Council requires the assessor to be Nursing Council approved in advance of the assessment. This means the nurse must nominate a specific person to complete the assessment who must then be approved by the Nursing Council even if they are already a Nursing Council-approved assessor. A Nursing Council-approved assessor must:

- be a registered nurse in good standing with the Nursing Council who has a current practising certificate
- have at least three years' post-registration clinical experience in the area the assessment is to take place

and have at least one of the following;

- an adult teaching certificate or diploma
- experience as a nurse lecturer in an approved undergraduate nursing programme
- evidence of undertaking a preceptor programme or clinical teaching programme, which includes learning on assessment
- unit standards from the New Zealand Qualifications Authority workplace assessor training
- demonstrated equivalency of any of the above.

Principles for assessing the practice of other nurses

(Adapted from Australian Nursing Council (2002) *Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses.*)

As with all activities in practice, assessments should be undertaken only by those who understand the requirements of the activity. Each competency requires an example or evidence of an action or knowledge by the nurse being assessed which illustrates one or more of the indicators. Throughout New Zealand training is available in assessment for nurses who need to develop their understanding of the nature of workplace assessment.

Although the principles of assessment are the same, the complexity and nature of evidence and the professional assessment judgement required may be expressed differently in different clinical settings and with nurses with different career trajectories. For example, a nurse who regularly assesses students at the end of the same degree programme will become very familiar with the competency outcomes in the same setting. However, when assessing an experienced new employee with a background unfamiliar to the assessor, development of the assessor's skills and processes may also be required.

Nurses involved in assessment (both the assessor and the nurse being assessed) are always governed by the ethical standards of their profession.

The following self-review questions are designed to assist an assessor in understanding the ethical principles involved and how they may be assured they have undertaken an ethical, rigorous and fair competence assessment of a colleague or employee.

1. Contextual assessment

- What is the setting (e.g. the name and nature of the ward or clinic)?
- What does the competency mean in relation to the nurse's practice setting?
- Does the assessor have sufficient knowledge and understanding of the setting, the Nursing Council competencies and indicators to make a judgement about another's practice?

2. Ethical assessment

- Does the assessor have sufficient understanding to use a range of professional assessment practices?
- Is there mutual respect, honesty, rigour and trust in the assessment and documented feedback process?
- Does the assessor reflect on the ethical implications of the assessment?
- What organisational support is available to assist those nurses undertaking assessments?

3. Accountability. Does the assessor:

- maintain confidentiality and disclose only through appropriate channels?
- declare any conflict of interest?
- report in a timely fashion and maintain standards of documentation?
- engage in quality improvement of their own performance as an assessor?
- provide feedback according to best professional practice?

4. Validity and reliability of assessment

- Does the assessment actually measure what is intended? Does the assessment process measure the nurse against the Nursing Council competencies?
- Does the assessor have an understanding of the intended outcomes of the **competencies** and the **indicators** in the context(s) in which the nurse is practising?
- Is the assessment consistently applied across the whole process?
- Would another assessor predict the same results for the same behaviours, knowledge, skills and attitudes/attributes?

5. Evidence-based assessment

- Does the assessor have sufficient evidence?
- Is there a variety of data sources? For example, observation of actions or documentation, interviewing, attestation by reliable informants, and/or testing, either paper-based or in simulation.
- Are any inferences checked to validate the assessment judgement?
- Is there enough evidence over a sufficient timeframe to predict that the person being assessed will perform the same way in similar situations and context(s)?

References

Australian Nursing Council (2002). *Principles for the Assessment of National Competency Standards for Registered and Enrolled Nurses*. ANC.

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Nursing Council of New Zealand (2008). *Guideline: Direction and delegation*. NCNZ

Nursing Council of New Zealand. *Code of Conduct for nurses*. NCNZ.

Nursing Council of New Zealand (2010). *Evaluation of the continuing competence framework*. NCNZ.

Nursing Council of New Zealand (2012). *Competencies for the enrolled nurse scope of practice*. NCNZ.

Glossary of terms

Accountability	Being answerable for your decisions and actions.
Appropriate	Matching the circumstances of a situation or meeting the needs of the individual or group.
Assessment	A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.
Collaborate	Work together, co-operate with each other.
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
Competent	The person has competence across all domains of competencies applicable to the nurse at a standard that is judged to be appropriate for the level of nurse being assessed.
Competency	A defined area of skilled performance.
Domain	An organised cluster of competencies in nursing practice.
Effective	Having the intended outcome.
Enrolled nurse	A nurse registered under the <i>enrolled nurse</i> scope of practice.
Expanded practice	Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with increased range of autonomy, accountability and responsibility. There is a formal pathway to role expansion that entails further education and credentialing.
Indicator	Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.
Nurse	A registered nurse, nurse practitioner or enrolled nurse.

Nursing Council of New Zealand The responsible authority for nurses in New Zealand with legislated functions under the Health Practitioners Competence Assurance Act (2003).

The Nursing Council of New Zealand governs the practice of nurses by setting and monitoring standards of registration, which ensures safe and competent care for the public of New Zealand.

As the statutory authority, the Nursing Council is committed to enhancing professional excellence in nursing.

Performance criteria Descriptive statements that can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance.

Registered nurse A nurse registered under the *registered nurse* scope of practice.

Reliability The extent to which a tool will function consistently in the same way with repeated use.

Validity The extent to which a measurement tool measures what it is supposed to measure.