



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Standards for Nurse Entry to Practice Programmes (including Nurse Entry to Practice Expansion programmes)

Approved by the Council November 2005 and May 2015

** Merged NETP programme standards (2005) and NETP Expansion programme standards (2008)
January 2014 – Updated Jan 2015 in line with updates to NETP Service Spec 2/B46 Aug 14*

Standard One

The programme complies with legislated requirements and Nursing Council of New Zealand's (the Council) policies, guidelines and codes for nursing entry to practice programmes

Criteria

- 1.1. The name and legal status of the programme provider.
- 1.2. The DHB / other provider has a written agreement (memorandum of understanding) with the 'non-DHB provider arm / government funded health service employer specifying the resources and obligation of both parties.
- 1.3. Graduate nurses accepted onto the nurse entry to practice (NETP) programme:
 - hold a Bachelors degree in nursing from a New Zealand nurse education programme accredited by the Council.
 - Graduate nurses accepted onto the programme hold New Zealand registration within the registered nurse scope of practice.
 - Graduate nurses accepted onto the programme hold an annual practising certificate (APC) with no restrictions on that APC that would negatively impact on their ability to participate in the programme.
 - Graduate nurses accepted onto the programme are currently employed as registered nurses (RNs) at a minimum of 0.8 FTE within a DHB / Ministry of Health funded health service
 - Graduate nurses accepted onto the programme have graduated within the past 24 months and have not practised as an RN for longer than six months at the time they commence the programme.
- 1.4. The programme's outcomes and processes incorporate the principles of the Treaty of Waitangi.
- 1.5. The programme's outcomes and processes incorporate components relating to the practical application of cultural safety.
- 1.6. Programme records, including the graduate nurse names, registration numbers, a record of taught and release hours for the graduate nurses and the preceptors, assessment dates, and results, are kept by the approved DHB / other provider and supplied to the Council on request.
- 1.7. The programme meets Health Workforce New Zealand (HWNZ) programme specifications for nursing entry to practice programmes.

Standard Two

The programme supports the graduate nurse to develop her/his practice.

Criteria

- 2.1 The programme rationale and outcomes are directed at supporting the graduate nurse in her/his choices of career development.
- 2.2 The programme has a clearly defined programme (curriculum) which includes a statement of programme goals and outcomes, and an outline of the programme content which is designed to meet the requirements of the clinical service area.
- 2.3 The programme focuses on consolidating the application of practice knowledge in specified nursing clinical service area and developing enhanced clinical decision making skills.
- 2.4 The programme promotes and supports the graduate nurse's ongoing professional development to continue learning, maintain competence and to meet the Council's continuing competence requirements.
- 2.5 The programme offers the graduate nurse the opportunity to negotiate participation in up to two clinical rotations.
- 2.6 The clinical placements are a minimum of five months, in a broad specialty area that supports her/him in a chosen career pathway.
- 2.7 The programme ensures the graduate nurse meets the required competencies of level 2 (the competent registered nurse) of the national framework for nursing professional development and recognition programmes (PDRP).
- 2.8 The programme is written and reviewed in consultation with nurses in practice and with reference to the Council's *Standards for nursing entry to practice programmes* and the Council's *Competencies for the registered nurse scope of practice*.
- 2.9 The graduate nurse is placed in a clinical service area where there is designated nurse leadership or senior nurse with professional accountability in that area.

Standard Three

The programme will have clearly defined assessment process.

Criteria

- 3.1 All assessments of the graduate nurse will be undertaken by a Registered Nurse with appropriate qualifications to undertake assessment activities.
- 3.2 There is a clear assessment process that is valid and reliable.
- 3.3 Assessment timeframes are identified, appropriate and able to be met.
- 3.4 Criteria used for assessment are made available to graduate nurses participating in the programme.
- 3.5 Confidentiality requirements for clients, family and employees are met.
- 3.6 The registered nurses who preceptor the graduate nurses are involved in the assessment of the graduate nurses and must be appropriately qualified within the registered nurse scope of practice with preceptor and assessment preparation.
- 3.7 Graduate nurses participating in the programme receive individual feedback and have opportunity for self-assessment.
- 3.8 Assessment outcomes are based on evidence and are clearly documented.
- 3.9 The programme provider has in place a process for providing remedial assistance to graduate nurses who do not meet assessment criteria.
- 3.10 Appropriate processes are in place for graduate nurses not achieving outcomes. The point at which non-achievement of outcomes links into the institute's performance management process is clearly stated.
- 3.11 The final assessment measures the outcomes of level 2 (competent registered nurse) of the PDRP and forms part of the graduate nurse's performance appraisal process.

Standard Four

Appropriate resources are available to support the programme and the graduate nurse.

- 4.1 Graduate nurses have access to relevant and current literary resources (e.g. journals/texts/internet).
- 4.2 The programme is appropriately supported in terms of time allowance for a specified position to co-ordinate the programme and to ensure collaboration between the DHB/ other provider and the employing organisation.
- 4.3 Preceptors will be experienced registered nurses who express an interest in the role and who have undertaken preceptorship training.
- 4.4 The programme is appropriately supported in terms of time allowance for preceptors working with the graduate nurses.
- 4.5 The primary preceptor must be provided with initial preceptor education of 16 hours and then relevant continuing education.
- 4.6 The coordinator of the programme is a registered nurse in good standing with the Council, and has experience in clinical teaching and facilitation of clinical learning, and holds a relevant postgraduate qualification.

Standard Five

Quality improvement processes are integral to the programme.

- 5.1 NETP Expansion ; Evidence is provided on the contractual arrangements between the DHB / other provider and employer including:
- delivery of programme including teaching, assessment and programme content
 - coordination of programme and responsibilities of DHB / other provider and the employer and a process for managing dispute or conflict
 - recruitment and selection of graduate nurses
 - preceptor selection and training
 - roles and responsibilities of preceptor, graduate nurses and the nurse manager or senior nurse in the clinical service area
 - release time for graduate nurses attending study days
 - release time for preceptors
 - communication processes between DHB / other provider and employer
 - quality feedback mechanisms
 - record keeping for graduate nurses not meeting outcomes
 - access for monitoring
 - collection of data required to fulfil contractual requirements related to the programme
 - process for management of remedial development or performance management issues.
- 5.2 The programme has detailed information on the processes used to ensure quality improvement including:
- programme evaluation and systems for implementing change in response to feedback
 - staff selection criteria and processes, appraisal and development processes
 - preceptor selection criteria and processes
 - programme entry criteria and selection processes
- 5.3 The programme is evaluated after the first delivery and at least five-yearly thereafter.
- 5.4 The programme evaluation includes feedback from graduate nurses, preceptors and nurses who have worked with the graduate nurses.
- 5.5 The DHB / other provider provides evidence of programme modification based on programme evaluations.
- 5.6 Assessment is moderated (internal or external as appropriate).
- 5.7 Appeal mechanisms are made explicit to graduate nurses and issues and appeals are addressed through a fair appeal process.