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Ministry of Education

By email: CodeOfPastoralCare@education.govt.nz

Tēnā koe

Education (Pastoral Care of Domestic Tertiary Students) Code of Practice

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the 'Tertiary learner and wellbeing and safety discussion document'.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development. Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

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In the preparation of this submission NZNO has consulted its members specifically the National Student Unit and focuses largely on Part 4: Dispute resolution scheme for domestic tertiary learners. Discussions with external stakeholders included Nurse Educators in the Tertiary Sector (NETS) and a provider of Competency Assessment Programmes (CAP) for nurses with overseas qualifications seeking to register with the Nursing Council of New Zealand (NCNZ) and then work in the aged care sector both of which would be 'providers' in the proposed Code.

The National Student Unit of NZNO welcomes the potential for the Code to support the wellbeing and safety of students but are concerned that the 'one size fits all' approach won't be able to address the complexities of the situations in which nursing students find themselves. They describe their wellbeing and safety as challenged by diverse issues including, suitable childcare that accommodates shift work and the availability, cost and safety of transport to clinical placements which has them travelling in isolated areas, at night and for long distances.

Nursing students also seek further clarity about the nature of disputes that the dispute resolution scheme will address. Will it be confined to financial and contractual disputes or work more broadly to address concerns of an academic nature such as assessment schedules and re-submission processes and situations in clinical settings where students become 'a pair of hands' rather than a supervised and mentored learner?

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They are also keen to understand who 'providers' are for the purposes of the Code. In effect a nursing student has three 'providers' – the tertiary institution at which they are enrolled and from which they expect to achieve their qualification and the provider of clinical placements, often a district health board with which the education provider has a memorandum of understanding (MOU) to give students access to complete the required clinical hours. Thirdly the Nursing Council of New Zealand (NCNZ) stipulates the education standards for nursing programmes including the clinical hours a nursing student must complete and practice competencies students need to demonstrate in a practice setting in order to be eligible for registration. Can the Code also cover situations in which the 'provider', such as NCNZ and clinical placement providers and on which a student is equally dependent for successful learning experiences?

Students also have questions about how the Code and the dispute resolution scheme within it will work. There is a risk that the planned processes diminish the effectiveness of the existing support available to students such as that provided by NZNO to nursing student members and the New Zealand Union of Students' Associations (NZUSA).

While supporting the importance of the independence of adjudicators or mediators appointed under the scheme, nursing students feel that the 'certified practitioner' would need an understanding and familiarity with the lives of nursing students in order to support fair processes and outcomes.

The timeliness of dispute resolution is critical in situations where for example a learner in a nursing programme needs to meet requirements of Nursing of Council of New Zealand to complete their qualification and demonstrate competence within a certain time frame. For example a student in a CAP programme is expected to be able to demonstrate practice competence in no more than 12 weeks ([NCNZ Competence Assessment Programmes](#)). How likely is it that a resolution to a dispute between a learner and provider can be achieved in specified timeframes such as those required by NCNZ?

Those in the health sector advocating for equitable access to health care need to be supported by legislation and policy that have as their foundation the *articles* of te Tiriti o Waitangi instead of the principles of the Treaty. In line with the 2019 Waitangi Tribunal determination, NZNO seeks to change the narrative in the health and social sectors and embrace the articles of te Tiriti to promote *active protection* accompanied by an understanding that inaction is no longer an option. The planned Code of Practice and the legislation changes that will mean its broadly applied, needs to reflect an active approach to Tiriti partnerships.

In conclusion NZNO endorses the intent of the proposed Code of Practice to 'establish more accessible, culturally responsive, effective and equitable supports for the wellbeing and safety of all learners' (Ministry of Education, 2021, p.7) and the proposed law changes described in Part 5 of the discussion document to underpin the Code. The ability of a code of practice to support providers to develop *local solutions* will be critical to embedding the voice of domestic and international learners and give effect to integrating expectations and obligations of te Tiriti o Waitangi which requires *active protection* of learner wellbeing and safety.

Nāku noa nā

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