



Enrolled Nurse Competencies International jurisdiction environmental scan

To assist the Enrolled Nurse (EN) design group in the review of their EN Competencies an environmental scan of nursing regulators from Australia, the UK, Singapore, the USA (Texas) and Canada (Ontario) was undertaken. This scan looked at each jurisdiction's Enrolled Nurses (EN) competencies, focusing on the audience, the standards' content, the use of domains, competencies and indicators.

Jurisdiction	Audience	Domains	Competencies/ standards/proficiencies	Indicators/ outcomes
<p>New Zealand Nursing Council (NCNZ)</p> <p>The Nursing Council's <i>competencies for enrolled nurses</i> describe the skills, knowledge and activities of ENs.</p> <p>Evidence of safety to practise as an EN is demonstrated when the applicant meets the competencies.</p>	Assessment for entry to EN scope of practice at the end of the 18-month diploma in enrolled nursing programme at level 5.	There are four domains of competence for the EN scope of practice:	The competencies in each domain have a number of key generic examples of competent performance called indicators.	The indicators are neither comprehensive nor exhaustive; rather they provide examples of evidence of competence.
	Assist assessors when using their professional judgement in assessing the attainment of the competencies.	Domain one: Professional responsibility.	Six competencies relate to professional, legal and ethical responsibilities and cultural safety. These include being accountable for one's own actions and decisions within the EN scope of practice.	24 Indicators
	Assist curriculum development for the EN programme.	Domain two: Provision of nursing care.	Six competencies related to assessment and provision of nursing care for health consumers when working under the direction of a registered nurse.	22 indicators
	Evidence of safety to practise as an EN.	Domain three: Interpersonal relationships.	Three competencies related to interpersonal communication with health consumers, their families/whānau and other nursing and healthcare staff.	12 indicators
		Domain four: Interprofessional health care & quality improvement	Three competencies related to working within the interprofessional health care team and contributing to quality improvement.	11 indicators

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<p>Australia – Nursing and Midwifery Board Australia (NMBA)</p> <p>Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia (NMBA) and meet the <i>NMBA's professional standards</i> in order to practise in Australia.</p> <p>Professional standards define the practice and behaviour of nurses and midwives.</p>	<p>The EN core practice standards provide a framework for assessing EN practice. They communicate to the general public the standards that can be expected from ENs and can be used in a number of ways including:</p> <ul style="list-style-type: none"> • development of nursing curricula by education providers • assessment of students and new graduates • to assess nurses educated overseas seeking to work in Australia, and • to assess ENs returning to work after breaks in service. In addition, they may also be used by the Nursing and Midwifery Board of Australia (NMBA) and relevant tribunals or courts to assess professional conduct or matters relating to notifications. 	<p>There are three domains:</p> <p>Domain one: Professional and collaborative practice.</p> <p>Domain two: Provision of care.</p> <p>Domain three: Reflective and analytical practice.</p>	<p>Three standards (29 indicators) relate to the legal, ethical and professional foundations from which all competent ENs respond to their environment. The domain reflects the responsibilities of the EN to maintain currency and to demonstrate best practice.</p> <p>Four standards (21 indicators) relate to the intrinsic care of individuals or groups entrusted to the EN. It encompasses all aspects of care from assessment to engaging in care, and includes health education and evaluation of outcomes.</p> <p>Three standards (16 indicators) relate to the ability of the EN to reflect on evidence-based practice and ensure currency of essential knowledge and skills, to care for the personal, physical and psychological needs of themselves and others.</p>	<p>The indicators are expressed through knowledge (capabilities)¹, skills², and attitudes³ inherent within these clinically focused domains. All are variable according to the context of practice.</p> <p>¹ Knowledge (capabilities) refers to information and the understanding of that information to guide practice.</p> <p>² Skills refers to technical procedures and competencies.</p> <p>³ Attitudes refers to ways for thinking and behaving.</p>



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<p>Nursing Midwifery Council United Kingdom –(NMCUK)</p> <p>The UKCC have <i>Standards of proficiency</i> for registered nursing associates.</p> <p>These standards of proficiency set out the knowledge and skills that a nursing associate needs to meet.</p>	<p>The UKNMC standards of proficiency for nursing associates to apply across all health and care settings. These standards serve a number of different purposes:</p> <ul style="list-style-type: none"> • Help nursing associates by providing clarity about their role. • Providing clarity on what knowledge and skills other health and care professionals can reasonably expect from nursing associates. • Allow education institutions to develop and deliver programmes that give students the skills, knowledge and behaviours to meet these standards when they qualify. 	<p>There are six platforms as part of the standards of proficiency.</p> <p>At the point of registration, nursing associates are required to meet all outcome statements and to demonstrate an awareness of how requirements vary across different health and care settings. As the nursing associate role is generic, students may demonstrate proficiencies in any appropriate context, and there is no expectation that they must be demonstrated in every health and care setting.</p>	<p>The outcome statements for each platform have been designed to apply across all health and care settings.</p> <p>Platform 1: Being an accountable professional.</p> <p>Platform 2: Promoting health and preventing ill health.</p> <p>Platform 3: Provide and monitor care.</p> <p>Platform 4: Working in teams.</p> <p>Platform 5: Improving safety and quality of care.</p> <p>Platform 6: Contributing to integrated care.</p>	<p>The outcomes reflect the proficiencies for accountable practice that must be applied across all standards of proficiency for nursing associates, as described in each platform.</p> <p>17 outcome statements</p> <p>9 outcome statements</p> <p>24 outcome statements</p> <p>9 outcome statements</p> <p>10 outcome statements</p> <p>6 outcome statements</p>



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<p>College of Nurses Ontario (CNO)</p> <p><i>Entry-to-practice competencies</i> are the foundation for nursing practice. They outline the competencies measured for Registered Practical Nurses (RPNs) upon initial registration with CNO and entry to practice in Ontario.</p>	<p>The competencies for entry-level RPN practice are established for the following purposes:</p> <ul style="list-style-type: none"> • Protection of the public • Practice reference • Approval of nursing education programs • Guide continuing competence • Registration and membership requirements. 	<p>The entry-to-practice competencies for practical nurses are organised by underlying assumptions for RPN practice and regulatory principles, which include professional practice, ethical practice, legal practice, foundations of practice and collaborative practice.</p> <p>These are a guide to entry-level practice expectations for RPNs in Ontario.</p>	<p>Competency framework</p> <p>The 79 entry-level competencies are organised across five categories:</p> <p>Category 1. professional practice</p> <p>Category 2. ethical practice</p> <p>Category 3. legal practice</p> <p>Category 4. foundations of practice</p> <p>Category 5. collaborative practice.</p> <p>The order of the categories and competencies is not an indication of priority or importance.</p>	<p>19 competency statements</p> <p>8 competency statements</p> <p>8 competency statements</p> <p>26 competency statements</p> <p>17 competency statements</p>



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<p>Canadian Council for Practical Nurse Regulators (CCPNR)</p> <p>The <i>Standards of Practice</i> for Licensed Practical Nurses (LPNs) in Canada provide a national framework for LPN practice.</p> <p>The Standards of Practice are authoritative statements that define the legal and professional expectations of licensed practical nurse practice.</p>	<p>The Council of the CCPNR recognised the need for a single standard of practice across member jurisdictions.</p>	<p>The four broad Standards of Practice for Licensed Practical Nurses (LPNs) in Canada provide a national framework for LPN practice.</p>	<p>Four principles provide the foundation on which the Standards were updated.</p>	<p>Indicators:</p>
	<p>The standards of practice are authoritative statements that define:</p>	<p>Standard 1. Professional Accountability and Responsibility</p>	<p>LPNs are self-regulating, accountable practitioners responsible to provide safe, competent, ethical nursing practice and to work collaboratively with clients and other healthcare providers.</p>	<p>10 indicators</p>
	<ul style="list-style-type: none"> • legal and professional expectations • describe the elements of quality LPN practice • facilitate mobility through jurisdictions • guides curriculum development • guides public and employer awareness of LPN practice 	<p>Standard 2. Evidence Informed Practice</p>	<p>LPN practice is client centred and includes individuals, families, groups and communities.</p>	<p>11 indicators</p>
		<p>Standard 3. Public protection through self-regulation</p>	<p>LPN standards provide the structure to support LPNs to meet the needs of the population in the Canadian healthcare system.</p>	<p>7 indicators</p>
		<p>Standard 4. Professional and Ethical Practice</p>	<p>LPN practice requires individual leadership and professionalism as demonstrated through their commitment to continuing competence, continuing education, and safe ethical practice.</p>	<p>indicators</p>

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<p>Texas Board of Nursing</p> <p>The <i>Differentiated Essential competencies</i> guide nursing practice in Texas. Licensed nurses have a scope of practice that is continuum based upon educational preparation from the Licensed Vocational Nurse (LVN) to the doctorally prepared Registered Nurse (RN).</p>	<p>The differentiated essential competencies (DECs) are written to guide nursing programs to meet the approval criteria established by the Board of Nursing and to ensure that programs prepare graduates to provide safe, competent care to the people of Texas.</p> <p>The DECs are a guide for employers for development of orientation and internship programmes, job descriptions, policies and procedures for nursing care and career ladders.</p>	<p>Core competencies are categorized under four main nursing roles:</p>	<p>Twenty-five core competencies</p>	<p>The core competencies are further developed into specific knowledge areas and clinical judgments and behaviours based upon the knowledge areas.</p>
		<p>1. Member of the Profession</p>	<p>4 core competencies</p>	<p>Knowledge – 21 areas Clinical judgements & behaviours – 23 areas</p>
		<p>2. Provider of Patient-Centered Care</p>	<p>8 core competencies</p>	<p>Knowledge – 62 areas Clinical judgements & behaviours – 57 areas</p>
		<p>3. Patient Safety Advocate</p>	<p>6 core competencies</p>	<p>Knowledge – 18 areas Clinical judgements & behaviours – 23 areas</p>
		<p>4. Member of the Health Care Team</p>	<p>7 Core competencies</p>	<p>Knowledge – 36 areas Clinical judgements & behaviours – 30 areas</p>



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<p>Singapore Nursing Board</p> <p><i>Core competencies for enrolled nurses</i> are a set of minimum standards of performance that define the requisite qualities, attributes and skills for an EN to practise in Singapore.</p>	<p>Purpose of Core Competencies:</p> <ul style="list-style-type: none"> • Inform nurses on the minimum competencies for EN practice • Direct pre-enrolment nursing curriculum development and review • Guide the competency development and assessment of students and newly enrolled ENs • Assess nurses seeking re-enrolment. • Evaluate nurses involved in professional disciplinary cases. 	<p>ENs work under the professional supervision of a Registered Nurse (RN). They are accountable for all aspects of delegated care within their scope of practice according to their educational preparation, experience and standards of practice for nurses and midwives.</p>	<p>The Core Competencies are organised into 4 domains.</p> <p>A domain is an organised cluster of competencies. Each domain has associated competency standards, with each standard representing a major function/functional area to be performed by an EN.</p> <p>Competence Domain 1: Legal and Ethical Nursing Practice Competence Domain</p> <p>Competence Domain 2: Professional Nursing Practice Competence Domain</p> <p>Competence Domain 3: Collaborative Practice and Teamwork Competence Domain</p> <p>Competence Domain 4: Continuing Professional Education and Development</p>	<p>Competency indicators represent sub-functions of a competency standard.</p> <p>10 competency indicators</p> <p>21 competency indicators</p> <p>5 competency indicators</p> <p>5 competency indicators</p>