

# Curriculum Review: Kiribati Institute of Technology Diploma of Nursing



FINAL REPORT

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#### Acknowledgements

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*Cover photograph: We are grateful to the KIT School of Nursing and Health (SONH) for the provision of this photo of KIT-SONH Year Three students.*

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## Acronyms

AHPRA	Australian Health Practitioner Regulation Agency
AQF	Australian Qualifications Framework
AUT	Auckland University of Technology
ANMAC	Australian Nursing and Midwifery Accreditation Council
CAP	Competence Assessment Programme (New Zealand)
DFAT	Department of Foreign Affairs and Trade (Australia)
DPNOs	District Principal Nursing Officers
EN	Enrolled Nurse
EPIQ-RN	Entry to Practice for Overseas Qualified Registered Nurses (Australia)
EQAP	Educational Quality and Assessment Programme (SPC)
FNC	Fiji Nursing Council
FNU	Fiji National University
FTE	Fulltime Equivalent
GOK	Government of Kiribati
ICT	Information and Communication Technology
IELTS	International English Language Testing System
IRON	Initial Registration Overseas Nurses (Australia)
IT	Information Technology
ITPs	Institutes of Tecnology and Polytechnics (New Zealand)
KANI	Kiribati Australia Nursing Initiative
KDP	Kiribati Development Plan
KHSP	Kiribati Health Strategic Plan
KIT	Kiribati Institute of Technology
KIT-SONH	Kiribati Institute of Technology – School of Nursing and Health
KNC	Kiribati Nursing Council
KNC RN	Kiribati Nursing Council Registered Nurse
KQF	Kiribati Qualifications Framework
KV20	Kiribati 20-Year Vision 2016-2036
MEHR	Ministry of Employment and Human Resources (Kiribati – renamed from MLHRD)
MDT	Multidisciplinary Teaching
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MHMS	Ministry of Health and Medical Services (Kiribati)
MLHRD	Ministry of Labour and Human Resource Development (Kiribati)
MoF	Ministry of Finance
NCD	Non-communicable disease
NCNZ	Nursing Council of New Zealand
NGOs	Non-governmental organisations
NMBA	Nursing and Midwifery Board of Australia
NZ	New Zealand
NZHC Tarawa	New Zealand High Commission Tarawa
NZQF	New Zealand Qualifications Framework
NZNC	New Zealand Nursing Council
OET	Occupational English Test
OSCE	Objective Structured Clinical Examination
PEN	Package of Essential Non-Communicable Disease interventions
PICs	Pacific Island countries
PNG	Papua New Guinea
PQF	Pacific Qualifications Framework
PRQS	Pacific Register of Qualifications and Standards
PSO	Public Service Office (Kiribati)
RN	Registered Nurse
RRG	Review Reference Group
SONH	School of Nursing and Health
SPC	Secretariat of the Pacific Community
TAFE	Technical and Further Education institutions (Australia)
WHO	World Health Organisation
Wintec	Waikato Institute of Technology

## EXECUTIVE SUMMARY

In Kiribati, as in all PICs, a robust and high-quality nursing workforce constitutes the backbone to the country's health service. Nurses require broad skills and abilities, as autonomous practitioners serving on the front lines of health provision, and as members of a multi-disciplinary team. Nurse education is provided by the School of Nursing and Health (SONH) at the Kiribati Institute of Technology (KIT), mainly under its core Kiribati Diploma of Nursing program. Midwifery education is also provided by SONH and undertaken by Registered Nurses as an 18 month, postgraduate qualification. The curriculum for the Diploma program currently being taught in Kiribati was imported many years ago from New Zealand, and there is recognition that it needs to be updated and contextualised for unique Kiribati needs.

The Government of Kiribati receives assistance from New Zealand to examine the relevance and quality of the Diploma of Nursing curriculum in relation to the specific health challenges, needs, plans, identified gaps and workforce requirements in Kiribati. The vision, health goals and targets for Kiribati's health service delivery are outlined in the Kiribati Ministry of Health Strategic Plan 2016-2019, the Kiribati Development Plan 2016-2019 (KDP) and the Kiribati 20-Year Vision 2020-36 (KV20). This review fits with the Kiribati strategic objective to **address gaps in health service delivery and strengthen the pillars of the health system**. It also considers opportunities and pathways for Kiribati nurses under the strategic aim of **promoting the employability of Kiribati nursing graduates nationally and providing a standard of training that prepares students to enter the international workforce**.

Wintec was contracted by New Zealand Ministry of Foreign Affairs and Trade (MFAT) to carry out the review in 2017. Appropriate supporting documents were made available to provide important contextual information on the special character of Kiribati's situation as a nation, its current health challenges and goals, the healthcare system, the nursing workforce and the current nursing program. During September 2017, a team of three experts from New Zealand and Australia undertook a series of consultative and participatory meetings with relevant people in Kiribati, including from SONH, KIT, Government Ministries, Nursing Council and health sector service providers. A draft report describing their analysis and findings from those meetings was presented to involved stakeholders in Kiribati in November (see Appendix 2 for schedule of meetings), and feedback from those stakeholder meetings has been incorporated into this final version of the report. The reviewers took a holistic approach to the Terms of Reference that went beyond a narrow focus on only the existing Diploma program curriculum to adequately address wider priorities of concern. They identified 28 specific recommendations that are fully detailed in this report; only the most significant findings are outlined in this summary.

There is good evidence that the current curriculum prepares graduates with an adequate level of basic nursing skills. However, there are content and teaching and learning process gaps evident, for example in the areas of aged and disability care, critical reflection, legal and ethical reasoning, and evidence informed clinical decision-making. There is evidence of some alignment to the Kiribati Nursing Council (KNC) Competencies for Registered Nursing (RN) Practice within the eleven Clinical Units within the programme. Students currently undertake substantial amounts of clinical placement across a range of clinical settings over the 3 years of the program. These settings include primary health care and community settings, medical, surgical, pediatric and obstetric wards within hospitals, and outer island health centres. Clinical facilitators are used to supervised students and there appear to be links made between student capability across the 3 years and the Standards for nursing practice.



The KNC has legislative power to set and govern standards of competency for Registered and Enrolled Nurses and to set standards of education for nursing programs and approve education institutions and the nursing curricula they deliver.

A necessary and important first step therefore is a review and agreed update of the KNC Competencies for RN Practice. Following on from this a set of education program accreditation standards must be developed, which draw upon relevant available standards for nurse education. These steps need to be undertaken before developing a new curriculum that reflects a contextualized and contemporary graduate profile. Course and subject learning outcomes will be developed throughout the curriculum development process, which would be tightly aligned with a variety of assessment processes to ensure learning outcomes are achieved. A process of external benchmarking of new subjects would enable important feedback to be obtained, and strengthen links with the international and Pacific nurse education communities.

The overall aim of the new Diploma curriculum should be to provide a course of study that leads to registration with the KNC and to enable novice nurses to capably function in a broad range of clinical contexts specific to Kiribati needs and priorities. It is important the curriculum incorporates the specific local geographic and demographic elements and reflects the unique i-Kiribati cultural values pertinent to effective local health service delivery. Career extension pathways for specific local health needs, such as midwifery, Public Health and specialized care can be provided as additional local courses, where feasible, or internationally where more appropriate due to budgetary and capability constraints. A stronger focus on Primary Health Care and health promotion is required, which will help address serious concerns over the increasing prevalence of Non-Communicable Diseases (NCDs) such as diabetes, cardiovascular and respiratory diseases. To produce a contemporary, locally appropriate curriculum the development must be owned 'in country' and involve all key stakeholders, a process that can be informed and guided by external technical experts and internationally available standards, curricula and resources (such as the WHO global standards for the initial education of professional nurses and midwives). A curriculum review working group with representatives from key stakeholders would lead this process.

The international support integrated into this locally owned process would assist program articulation to quality frameworks, such as the Pacific Qualifications Framework (PQF), and ensure any Kiribati Quality or Competency Framework is underpinned by a robust quality assurance system that informs institutional internal quality management systems, accreditation and audits. Doing this will also enhance transfer of credit opportunities to facilitate international opportunities in nursing-related roles elsewhere. This report contains some analysis of nursing workforce trends and potential migrant work opportunities in Fiji, New Zealand and Australia.

A refreshed, contemporary curriculum would include maximizing the use of available IT infrastructure to promote blended learning approaches, increase student engagement and improve the student experience. Utilizing practicing RNs as sessional or guest tutors and lecturers would further enhance the relationship between SONH and its clinical partners, provide opportunities for clinicians to share their knowledge and expertise with students, and augment the teaching role of Registered Nurses.

The provision by KIT of English language training courses, and re-location of the SONH from its current site to the KIT facility at Betio will realise cost savings through increased usage and consolidation of teaching spaces, administration, IT infrastructure and teaching personnel. Sharing facilities with other KIT programs, developing affordable and sustainable clinical simulation and library facilities and ensuring adequate workforce planning and underpinning support systems are all important processes to consider in association with the

curriculum review. It is important to note that in 2017, KIT received provisional accreditation from the Educational Quality and Assessment Programme (EQAP) of the Secretariat of the Pacific Community (SPC) and KIT-SONH facility improvement and consolidation will be vital in securing full accreditation with this body.

A coordinated approach to achieving these aims is essential, driven by local Kiribati leaders and supported by ongoing technical assistance from donor partners.

Improving the quality of health services and the care provided to Kiribati people is at the heart of this review process. The team have listened carefully and sought to accurately capture the voices of the many individuals and groups with whom we have engaged and we trust that this is reflected within this report. We commend this report to you and thank you for the support provided in its development.

## INTRODUCTION

New Zealand and the Government of Kiribati (GOK) have agreed that New Zealand's aid for Kiribati should focus on efforts to achieve a more prosperous, resilient, healthier and better educated Kiribati.

The GOK has asked New Zealand to help refresh the curriculum for nursing education. Nursing education is provided by the School of Nursing and Health (SONH) in the Kiribati Institute of Technology (KIT), having been under the control of the Ministry of Health and Medical Services until 2014. KIT has specified that the curriculum review should focus upon ensuring high quality training of nurses for employment in Kiribati, as well as for potential work overseas.

Wintec is contracted by the New Zealand Ministry of Foreign Affairs and Trade (MFAT) to provide a review of the current Diploma in Nursing being offered at KIT-SONH. This is the final report of the Review, which incorporates MFAT feedback provided following the submission of the initial Draft Report on 20 October, and subsequent interim report in November, 2017.

Following the provision of this Revised Draft, there was an in-country presentation of findings from 20-23 November, with KIT and other stakeholder feedback incorporated into the provision of this Final Report, submitted 1 December 2017.

The report is presented in five main sections:

1. Introduction
2. Background
3. Methodology
4. Findings
5. Recommendations and Next Steps

The agreed Terms of Reference (TORs) for this review is included as appendix one.



## BACKGROUND

**Kiribati is among the top Pacific Island countries in terms of health as a proportion of total government expenditure (15.2% in 2015)<sup>1</sup>.** Health continues to be a high development priority for the nation going forward, and constitutes Key Priority Area 3 within the Kiribati Development Plan 2016-19 (KDP).<sup>2</sup> The publicly funded health system in Kiribati is well established, and includes a national referral hospital in South Tarawa, two hospitals in the Outer Islands and another small hospital providing basic medical services in South Tarawa. In 2016, primary care services were provided through 92 health centres, with a total of approximately 375 nurses and 30 doctors in permanent employment under the Ministry of Health and Medical Services.<sup>3</sup>

**This strong national focus and investment in the health sector are vital given the health challenges the country faces.** Indicators for Kiribati remain poor in comparison to other Pacific Island countries. Life expectancy at birth in 2013 was 64 for males and 69 for females (the second lowest in the Pacific after PNG) while in the same year the under-5 mortality rate was 52.9 per 1000 live births (the second highest in the Pacific after PNG, and mainly due to neonatal mortality, malnutrition and common, life-threatening infections such as pneumonia and diarrhoea). Almost three-quarters of the adult population have personal non-communicable disease (NCD) risk factors (elevated blood pressure, smoking, insufficient exercise, and obesity), and one quarter of adults over the age of 25 years are pre-diabetic or already on treatment for diabetes.

Given these health challenges, the six strategic objectives of the Kiribati Health Strategic Plan (KHSP) 2016-2019 are:

1. Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability and mortality from NCDs.
2. Increase access to and use of high quality, comprehensive family planning services, particularly for vulnerable populations including women whose health and wellbeing will be at risk if they become pregnant.
3. Improve maternal, newborn and child health.
4. Prevent the introduction and spread of communicable diseases, strengthen existing control programmes and ensure Kiribati is prepared for any future outbreaks.
5. Address gaps in health service delivery and strengthen the pillars of the health system.
6. Improve access to high quality and appropriate health care services for victims of gender based violence, and services that specifically address the needs of youth.

This proposal to review the Diploma of Nursing curriculum presently delivered at the School of Nursing and Health (SONH) in the Kiribati Institute of Technology (KIT) will, once the new curriculum is in place, produce graduates who will contribute to the achievement of a number of the above strategic objectives. The proposed review will also be designed to align with one of the overarching aims of both the Ministry of Health and Medical Services (MHMS) and the Ministry of Labour and Human Resources Development (MLHRD) – that of **promoting the employability of Kiribati nursing graduates nationally and providing a standard of training that prepares students to enter the international workforce.**

<sup>1</sup> World Bank (2016) *Aide Memoire for Joint Donors' Health Sector Mission to Kiribati, 2-19 May 2016* (Annex 2)

<sup>2</sup> Government of Kiribati (2016) *Kiribati Development Plan 2016-19*

<sup>3</sup> Ministry of Health and Medical Services (2016) *Strategic Plan 2016-2019*

The Kiribati 20-Year Vision 2016-36 (KV20) provides further evidence of the strong national priority placed over the longer term on **developing a highly skilled, qualified and efficient workforce** while at the same time, **ensuring an accessible and affordable quality healthcare system**.

This review of the KIT-SONH Diploma in Nursing Curriculum is funded by MFAT, with other key stakeholders being:

- Kiribati Nursing Council (KNC).
- Ministry of Health and Medical Services.
- Ministry of Labour and Human Resource Development
- Kiribati Public Service Office.
- The New Zealand and Australian High Commissions in Kiribati.

## METHODOLOGY

### Review documents

Many documents were made available to the review team prior to the country visit, which provided important contextual information. These included the Kiribati Development Plan 2016-2019, and the Ministry of Health and Medical Services (MHMS) Strategic Plan 2016-2019. Other documents consulted included Aide Memoires of recent joint donor visits to Kiribati, reviews of prior Nursing support initiatives for Kiribati, workforce documents for Australia, New Zealand and Fiji, and outlines of the twenty-three 'Theory Units' in the curriculum KIT-SONH. Outlines of a number of the eleven 'Clinical Units' were subsequently made available to the team. The team also obtained the "KNC Competencies for RN Practice" document during the review, included as Appendix 4 as it is relevant to the nursing curriculum and is frequently referred to in the report.

### Communication, Meetings and Interviews

Calls and email were exchanged with KIT-SONH key staff, the New Zealand and Australian Health Workforce agencies and Fiji National University (FNU). The review team conducted a week-long in-country visit from 18-24 September, and a four-day visit from 20-23 November, 2017, with meeting schedules attached in Appendix 2. During these visits, the review team held in-person meetings and interviews with the following institutions and persons – to whom we are grateful for the time and information they have shared with us:

- New Zealand High Commissioner to Kiribati Michael Upton
- Deputy New Zealand High Commissioner to Kiribati Nigel Ewels
- Australian High Commissioner to Kiribati Bruce Cowled
- Bereti Buriemoa, Development Programme Coordinator, New Zealand High Commissioner
- Dr Iobi Batio, Health Adviser, MFAT
- HE Iotebwa Redfern, Minister, MLHRD
- Batetaake Taoieta, Department of Labour, MLHRD
- Kiribati Institute of Technology (KIT)
  - Rokobati Tearo Deputy Director Teaching and Learning
  - Bannau Tiiata Deputy Director Quality
  - Tareti Ioane Ruaia, Deputy Director SONH
  - Helen Cherry, Long Term Advisor, Academic Services
  - Stewart Kinsella Short Term Advisor, Monitoring and Evaluation
  - School of Nursing Educators
  - School of Nursing students (years 1 and 2)
- Kiribati Nursing Council
- Ministry of Health and Medical Services
- Helen Murdoch, Director Nursing Services, MHMS
- Baaua Teibiraa Deputy Director Nursing Services, MHMS
- Bairiki Clinic
- Betio Hospital
- Temakin Clinic
- Marine Training Centre
- Kiribati Red Cross

### Report Presentation and Feedback

The review team submitted a revised draft report to KIT on 10th November 2017, and followed this with an in-country face-to-face presentation of findings between 20-23 November 2017. Feedback from the face-to-face meetings has been incorporated into this Final Report.

## FINDINGS

### 1. THE REGULATORY FRAMEWORK

#### 1.1 Overview

As mentioned previously, the current Diploma was imported from New Zealand and based on a dated programme that is no longer offered in that country. It pre-dates the recently developed Pacific Qualifications Framework (described later in this report) and also the 'Global standards for the initial education of professional nurses and midwives' (WHO, 2009).

The KNC RN Competencies are now 7 years old and will need to be updated as part of the new curriculum development process. These Competencies are practice oriented standards for Registered Nurses in Kiribati and are not intended to constitute a set of standards by which educational providers and programs of study are assessed. Education standards constitute a framework not only for curriculum development and review by educators and educational organizations, but also comprise a robust benchmark against which educational programs can be evaluated within and between countries. The application of such standards reflects the rapidly changing reforms that are occurring within the educational preparation of an increasingly globalized nursing workforce.

Burgeoning levels of professional governance and regulation, which among other things focus upon improving graduate quality, ensuring public safety and enhancing the student experience, are now the norm within many constituencies. With the attendant focus upon increasing employment mobility of graduates to countries such as Australia or New Zealand, alignment of educational and professional standards with these countries is clearly an important consideration. Such standards normally address core issues such as curriculum development, program content, assessment processes, student support, governance, and clinical placement arrangements.

The tables below constitute an initial attempt to map connections between the theory units presently delivered within the diploma and the KNC RN Competencies. It must be noted that this exercise is limited by the fact that the present KNC RN Competencies are practice-oriented and there are no specific Kiribati programme accreditation standards which would normally provide a framework for curriculum development and evaluation.

Map Of Diploma Theory Units Against RN Competencies

Theory Subject details			COMPETENCY DOMAINS FOR REGISTERED NURSING PRACTICE														
			Management of Nursing Care			Interpersonal and therapeutic communication		Collaboration and teamwork			Legal and professional practice				Management and Quality Improvement		
Year	Study period	Subject name	1.1	1.2	1.3	2.1	2.2	3.1	3.2	3.3	4.1	4.2	4.3	4.4	5.1	5.2	5.3
1	1	Human biological science 1	X														
	1	Applied science	X		X			X	X								X
	1	Health & healthy living	X	X	X								X			X	X
	1	Introduction to nursing	X	X	X	X	X										
	2	Human biological science 2	X														
	2	Social sciences	X	X	X	X	X		X	X			X				
	2	Nursing theory & practice 1	X	X	X						X					X	X
	2	Primary health care & health promotion	X	X	X	X	X	X	X	X			X			X	X
			COMPETENCY DOMAINS FOR REGISTERED NURSING PRACTICE														

Subject details			Management of Nursing Care			Interpersonal and therapeutic communication		Collaboration and teamwork			Legal and professional practice				Management and Quality Improvement		
Year	Study period	Subject name	1.1	1.2	1.3	2.1	2.2	3.1	3.2	3.3	4.1	4.2	4.3	4.4	5.1	5.2	5.3
2	1	Medical & surgical nursing 1	X	X	X	X	X	X			X	X					X
	1	Nursing theory & practice 2	X	X	X	X	X	X	X		X	X				X	X
	1	Normal obstetric nursing	X	X	X	X	X	X	X							X	X
	1	Communicable disease	X	X	X	X	X		X	X	X					X	X
	2	Medical & surgical nursing 2	X	X	X	X	X	X	X				X			X	X
	2	Child health nursing	X	X	X	X	X	X	X	X	X		X			X	X
	2	Nursing theory & practice 3	X	X	X	X	X	X	X							X	X
	2	Abnormal obstetrics	X	X	X	X	X	X	X	X		X				X	X

COMPETENCY DOMAINS FOR REGISTERED NURSING PRACTICE



Subject details			Management of Nursing Care			Interpersonal and therapeutic communication		Collaboration and teamwork			Legal and professional practice				Management and Quality Improvement		
Year	Study period	Subject name	1.1	1.2	1.3	2.1	2.2	3.1	3.2	3.3	4.1	4.2	4.3	4.4	5.1	5.2	5.3
3	1	Nursing theory & practice 4	X	X	X	X	X	X	X		X	X				X	X
	1	Medical & surgical nursing 3	X	X	X		X	X								X	X
	1	Mental health nursing	X	X	X	X	X	X	X	X	X	X	X			X	X
	1	Population health	X	X	X	X	X	X	X	X	X		X			X	X
	2	Registered nursing practice		X	X			X	X	X		X	X		X	X	X
	2	Nursing research & surveillance	X	X										X			X
	2	Nursing in remote areas	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

As stated above, a process and associated guidelines for the accreditation of nurse education programs across Pacific Island countries, including Kiribati, does not currently exist. For the purposes of the above mapping exercise, however, the Kiribati practice competencies have been used as broad comparators, recognising that specific criteria to determine the degree to which specific competencies are demonstrated within each subject are not available. The tables should thus be read in this context.

As can be seen in the tables, there is evidence within the twenty-three (23) theory subjects across the three-year program that many of the elements within the five broad domains of practice are variously represented. It must be noted that this has been a desk-top audit using the available **Theory** Unit outlines. There are also 11 separate **Clinical** Units across the 3 years of the curriculum, 10 of which have 30 hours of tutorial associated with them.

Based on the information available, it appears that substantial blocks of clinical placement of 3-7 weeks in length are associated with these eleven Clinical Units, across a variety of placement settings in hospitals, community health centres and the outer islands. The learning outcomes or assessment model used for these placements is unknown, as is their relationship with, and contribution toward, achievement of the practice competencies.

In summary, there is good evidence that the existing Diploma program contributes to the requirements of a graduating Registered Nurse, however the vital areas of basic public health, health promotion and primary health care, which are crucial in the Kiribati context, need to be significantly strengthened. Revising the existing curriculum must be undertaken using relevant education programme accreditation standards, and in association with a review of the current Competencies for Registered Nurse practice.

## 1.2 Process of Change

### **Findings**

Kiribati Nursing Council (KNC) have power within legislation (cited as the Medical Services Act 1996) (Appendix 4) to set and govern standards for competency frameworks for registered and enrolled nurses. KNC also has the authority to set standards and approve educational institutions offering nursing programmes and their curricula. As highlighted previously, KNC currently have a set of Competencies for Registered Nursing Practice (2010) (Appendix 1) which are due to be updated, revised and approved by the Council. Updating these standards will provide a structure for curriculum development that is relevant and reflects current Kiribati health needs. This will also provide a framework which will enable KNC to monitor ongoing competence of Registered Nurses (RN), and align with international requirements for the issue of annual practising certificates. It will also provide KNC with a framework for assessing currency and competence of RN's wishing to return to the workforce, assess the competence and currency of international RN's entering the Kiribati workforce, and provide an objective mechanism to address disciplinary and/or performance issues in the RN workforce.

### **Recommendations**

1. *It is vital that the existing KNC Competencies for RN Practice are reviewed, updated and finalised, and following this a set of Education Programme (or Curriculum) Accreditation Standards are developed. This will help to inform the process of developing a new curriculum for the Diploma in Nursing. Assistance should be made available to support this process, as necessary.*

### 1.3 Career Progression

#### *Findings*

Staff interviewed noted the need for a high level of specialised nursing, midwifery and public health competencies and skills for those nurses choosing to work as medical assistants on the outer islands where they are the sole practitioners. This can be developed as a specific career pathway for medical assistants (as currently exists) but formal recognition as an advanced qualification would benefit the group of nurses who follow this pathway.

Other specialist career pathways can be mapped for nursing graduates as post registration professional development courses, including operating theatre, intensive care, or emergency nursing. These courses may be developed in Kiribati or resourced from accredited international institutions.

#### *Recommendations*

- 2. Career pathways for registered nurses be developed concurrently with the recommended review and updating of the KNC Competencies for RN Practice and development of Education Programme (Curriculum) Accreditation Standards. These need to be developed in consultation with KNC, nurse educators, practising nurses and consumers so it clearly meets the needs of Kiribati. External technical support and assistance would be helpful in this process to benchmark and align with international standards whilst still retaining unique i-Kiribati cultural values.*
- 3. Consider the development of a Graduate Course to prepare nurses for rural/remote specialty practice on the outer islands. This could be developed following changes and enhancements to the existing Diploma programme.*

## 2. CURRICULUM

The SONH offers two main program, the Diploma in Nursing and an 18-month Postgraduate Certificate in Midwifery. Short courses are also offered in Mental Health and Human Biological Science. The school also offers a Level III Certificate in Community Service, but there are current plans to cease delivery of this course. Some of the previously documented **challenges perceived by the School of Nursing and Health are**<sup>4</sup>:

- The school has in the past been given a relatively low priority by the MHMS
- Budget is limited given targets and needs
- Infrastructure, resource and equipment issues
- Workforce issues (for instance there were five of the twelve Diploma in Nursing lecturer positions vacant at commencement of review but these have since been filled)
- Issues with safety and security

The current 3-year Diploma curriculum offered by KIT is a now dated program from New Zealand. As such, a new and contemporary curriculum, undertaken as a collaborative project involving i-Kiribati nurses and nurse educators, needs to be developed. The overall aim of the new curriculum should be to provide a course of study that first and foremost leads to Registration with the Kiribati Nursing Council. Graduates from the program, as novice Registered Nurses, should be capable of functioning autonomously and collaboratively in a range of clinical contexts and settings, with specific emphasis upon the health care priorities and needs within Kiribati. Incorporation of specific cultural, geographic and demographic elements within the curriculum should be clearly demonstrated.

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<sup>4</sup> World Bank (2015) *Aide Memoire: Joint World Bank/WHO Health Team Visit, 23 September to 1 October 2015* (Appendix A)

## 2.1 Overview

### Findings

Plans for the three-year academic training program indicate that it is equivalent to 162 academic weeks of 2,586 theory hours and 1,955 clinical hours. There are presently 120 students enrolled, 98 of whom are women. Course content includes:

- 23 health & nursing theoretical Units and an English Language Unit;
- 11 clinical Units of placements in community, hospital and outer-islands.

The current Diploma in Nursing curriculum is outlined in Table 3 below.

**Table 1: KIT Diploma in Nursing - Present Layout**

Year	Theory Courses	Hours
Year I, Semester I	Human BioScience I, Health & Healthy Living, Social Science, Introduction to Nursing; English Language program	480; 120
Year I, Semester II	Human BioScience II, Primary Health Care & Health Promotion, Applied Science, Nursing Theory and Practice 1.	420
Year II, Semester I	Normal Obstetrics, Nursing Theory & Practice 2, Medical & Surgical Nursing 1, Communicable Disease.	480
Year II, Semester II	Medical & Surgical Nursing 2, Abnormal Obstetrics, Medical & Surgical Nursing 2, Nursing Theory & Practice 3.	410
Year III, Semester I	Medical & Surgical Nursing 3, Nursing Theory & Practice 4, Mental Health	300
Year III, Semester II	Research & Surveillance, Population Health, Registered Nursing Practice, Nursing in Remote Areas.	480
Year I, Sm I & Sm II	Clinical Practice 1A, 1B, 1C	480
Year 2, Sm I & Sm II	Clinical Practice 2A, 2B, 2C & 2D	800
Year 3, Sm I & Sm II	Clinical Practice 3A, 3B, 3C & 4A.	560/315

The review shows that the current program is broadly arranged around themes that include the life sciences, professional identity and development, primary health care, medical and surgical nursing, nursing theory, obstetrics and child health, and specialties such as mental health, nursing in remote areas, and communicable diseases. Students undertake four theory-based subjects per semester, with two semesters per year. Each semester appears to be at least 12 weeks in length. As described previously, clinical practicums commence in semester 1, year 1, and continue throughout the six semesters of the program. Notably, students undertake 1,110 hours of placement across the 3 years, however the model of clinical assessment and supervision is unknown. Clear linkage between theory and practice is not evident within the curriculum. Ethical and legal aspects of nursing practice appear to be embedded within several subjects rather than constitute a dedicated subject(s). Fundamental skills associated with documentation, drug calculations, and medicines management are not evident. There does not appear to be a part-time pathway for students. Textbooks utilised throughout the program need to be updated to the latest editions. Resources appear to include journal articles however these are not referenced.

The new curriculum will need to continue to prepare graduates for work in hospital, community, rural and outer islands settings. It will assist students to develop the specific knowledge, skills and capabilities needed for contemporary nursing practice, together with generic graduate skills such as critical and reflective thinking, and lifelong learning. A philosophy involving a person-centred, whole of lifespan and holistic approach will need to be applied throughout the curriculum, to reflect i-Kiribati culture and concepts of wellness. In ensuring this latter element, there will be no substitute for strong local participation and ownership. English is part of the preliminary Units in Semester 1, Year 1 of the program, however English has been proposed to be a prerequisite together with other essential pre-requisite requirements including but not limited to KITSONH Rules and Regulations, ICT Skills, Time Management. These are components of the Academic Preparatory Program (APP) delivered 3 months before the 3-year Nursing program commences.

English language proficiency, information and health literacy and numeracy will be core elements of the new curriculum. Educational approaches used within the program will include case-based learning, problem-based learning, online and blended learning, and simulated learning. Assessments will need to be authentic, varied, and tightly linked to the achievement of subject and Course outcomes. Clear alignment between the theoretical and practical components of the curriculum will need to be demonstrated.

There is an overall need for Primary Health Care, Primary Care and Tertiary Care to be balanced through the programme. To achieve this, Year 1 could focus on Primary Health Care including maintaining a normal state of health and wellbeing for the individual, health education and health promotion. Year 2 could explore deviations from normal for the individual and the nursing care required as a result of bio-psycho-social changes/alterations. Year 3 could focus upon applied and extended practice and the management of a person whose health status is deteriorating and where the outcomes of treatment are unpredictable and/or unknown.

Bringing a stronger focus on Primary Health Care, will help address the serious concerns posed by the growing challenge of NCDs in the country. NCDs are addressed in the first strategic objective in the Kiribati Health Strategic Plan (KHSP) 2016-2019. They are highlighted as a key concern not just in national strategic and policy documents such as the KHSP and the KDP, but in regional documents such as the World Bank's Pacific NCD Roadmap (2014), and World Health Organisation (WHO) Pasifika NCD Updates. NCDs place a significant economic burden on Kiribati health funding, with MHMS estimating that approximately two-thirds of offshore medical referrals are related to NCDs<sup>5</sup>. It is noted that the final year 'Research and Surveillance' Unit emphasises building the research capacity of Nursing students in understanding NCD prevalence, risk factors, comorbidities and interventions.

The development of a revised nursing curriculum needs to be an in-country project involving all key stakeholders and some external curriculum development and instructional design expertise. The new curriculum must be clearly linked to KNC standards for educational programmes, competence assessment framework and graduate profile. KNC standards will include required hours for theory and clinical placement experiences. Clinical placements should be closely integrated with the learning of relevant theory and clinical simulation. Investment in clinical simulation, such as moderate to high fidelity mannequins, must be affordable, sustainable and effectively integrated into student learning. The establishment of a dedicated simulation laboratory for multidisciplinary

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<sup>5</sup> World Bank (2014) *Aide Memoire: Kiribati Health Sector – Joint Australian, New Zealand and World Bank Health Team Visit, 28 July to 4 August 2014*

usage, with appropriate technical support, will be required. KNC, as part of the education framework, should develop clinical placement requirements to include community, hospital, acute and complex care, long-term care and rehabilitation. Placement circuits need to be managed by the SONH and KIT using a partnership model with strong communication lines and planning processes.

The curriculum content should be structured around best practice evidence guidelines available as online resources to include the development of strong clinical reasoning, problem solving and critical thinking skills in a structured and progressive model over the duration of the programme. Assessments need to be designed to incorporate and evaluate clinical reasoning and evidence based practice.

As the curriculum is developed it can be aligned with the Ministry of Health and Medical Services Strategic Plan (2016-9) and the Kiribati Development Plan (2016-19). A way of ensuring continuing relevance and currency of any nursing curriculum is to institute a regular, e.g. 5 yearly, review cycle. In New Zealand this function is carried out by the Nursing Council who report findings and recommendations to Ministry of Education who fund nursing programmes in that country. In Australia, the Australian Nursing & Midwifery Accreditation Council (ANMAC) is responsible for the accreditation of all undergraduate nursing degree programs.

Core employability skills and attributes could well be taught collaboratively with other student groups in KIT. This enhances interdisciplinary teaching/learning and practice. The programme is currently taught in English but there were some doubts expressed about whether graduates would meet the English language entry requirements for international nursing. It would seem appropriate to deliver English language (IELTS, OET or equivalent) training courses for those seeking employment or further study options internationally.

In terms of the language used in framing unit outcomes, it was observed that outcomes are typically framed using learning lower-level verbs such as 'mention', 'use', and 'understand' when describing the expected demonstrated level of understanding and application by students. All reviewers noted that making adjustments to the level of learning outcome (that is, the language used in subject and program learning outcomes) contained in all programs would improve overall program cohesiveness, increase student understanding of expected outcomes, support students to think more deeply and apply their knowledge more fully, and facilitate constructive alignment between program outcome and assessment.

### **Recommendations**

4. *A curriculum review working group is set up in line with Recommendation 1, with representatives of key stakeholders and with external curriculum / instructional design expertise. This group will develop detailed curriculum content, clinical models, student supervision models and assessment structures. Content and modelling will need to be reflective of the Ministry of Health and Medical Services Strategic Plan (2016-19), the Kiribati Development Plan (2016-19), KNC requirements and i-Kiribati cultural values. This working group will need to collaborate with constituent groups so that there is a sense of ownership, engagement and agreement by all parties.*
5. *KIT should review the potential for teaching collaborations and possible interdisciplinary subject offerings.*
6. *KIT should investigate the possibility of developing and conducting IELTS or equivalent training courses (with external support or training if necessary) for*



*students seeking international recognition and possible future pathways in health and community services. This is also important for SONH Lecturers who are included in KIT Compulsory English Testing, so that they achieve the required KIT IELTS band level of 6.5 or above.*

## 2.2 Quality and Innovation

### **Findings**

Evidence suggests that clinical simulation is not used to its full potential within the current teaching approaches, however given the level of investment required to create and sustain even low fidelity simulation, this is unlikely to be a priority in the short term. A case/project based approach to teaching and learning would form the basis for authentic clinical teaching and learning methods. Many online programmes are available to support these approaches.

KIT and the School of Nursing utilise the online learning platform Moodle, however anecdotal evidence indicates that this is underutilised. Staff-student communication, program content and forms of on-line assessment could be provided using Moodle, to enhance the blended learning experience of students. This move positions teaching teams to take advantage of new learning and assessment modes such as e-portfolios, often available as a free software package (e.g. Mahara <https://mahara.org/>). Such a tool is particularly useful for evidencing learning outcomes on placement both locally (Nawerewere or Betio Hospital, for example) or on the outer islands. IT infrastructure currently appears insufficient to realise the full potential of online learning and teaching and expansion of blended delivery.

Wi-Fi is not available at the current School of Nursing site, and internet access is only available in the library and computer laboratory. A number of students had their own laptops. Use of the Moodle learning management system is not consistent across all programs and internet bandwidth is reported to be insufficient to properly support contemporary online and blended learning delivery. Further development of online learning and increased delivery of blended learning will depend on increased band width and reliable access to internet for staff and students and on IT upgrades and expansion. A comprehensive review of current and potential IT infrastructure to support on-line/blended learning options should be undertaken. Staff training in the use of online learning and assessment modalities should be undertaken in due course.

### **Recommendations**

- 7. Review IT infrastructure needs, develop staff capability to maximise use of existing Moodle teaching and learning platform, and support staff around the use of appropriate online resource packages.*
- 8. Develop clinical simulation facilities that are realistic, fit for purpose and have reliable technical support. While a high degree of fidelity in clinical simulation facilities is desirable, it will be necessary to explore a range of levels, to determine the level most appropriate and affordable for KIT-SONH. Staff will require education and upskilling to maximise the learning students gain from clinical simulation approaches.*

## 2.3 Assessment and Moderation

### **Findings**

Curriculum documentation indicates that students are exposed to a variety of assessment styles, including project reports, oral presentations, written essays, examinations, poster

presentations, and OSCE style clinical assessments. Marking grids outlining the breakdown of marks across elements of an assessment piece are provided, however marking rubrics were unavailable. There do however appear to be a lack of assessment moderation arrangements in place, which are required for valid and reliable assessment approaches and quality assurance, and take on increased significance with the intended international portability of any qualification. A robust Learning and Teaching committee should be formed which meets monthly to discuss and make decisions on all curriculum related matters, including assessments (if not in place already). An assessment policy should be in place covering not only the nursing program but all KIT Courses. Professional portfolios (formative) should be commenced in Year 1 and utilised throughout the Course, culminating in a summative portfolio at the end of Year 3. This will be important to show to potential employers following graduation. Assessment items in any subject should be clearly aligned with the learning outcomes for that subject.

It would be useful to appoint an external monitor to annually audit and provide benchmarking of the nursing programme. This is a requirement for all accredited nursing programmes in New Zealand.

There needs to be a competence assessment tool developed which all students are required to pass. This tool will demonstrate that students meet KNC competencies for entry to the i-Kiribati nursing register and enables students to reflect on how they meet the competencies as part of the assessment process with clinical staff and nurse educators.

Curriculum materials also highlight a need to consider more deeply the alignment of assessment with learning outcomes and ensure the assessment load for staff and students is not excessive.

### **Recommendations**

- 9. Ensure that KIT, with SONH, establish an assessment policy and an assessment group with membership from the KIT academic quality unit and SONH staff representatives to ensure appropriate assessment. This Working Group could be formed as a sub-group or a sub-committee of a comprehensive Learning & Teaching Committee, responsible for all aspects of the Diploma and also referred to in Recommendation 1 above. Formative and summative assessments implemented within subjects throughout the course should reflect these standards.*

## **2.4 Cultural Holism**

### **Findings**

Hospital and teaching staff have reported including iKiribati cultural values as a matter of course in their work and interactions with community. However, this is not explicit within the curriculum documents. As has been referred to elsewhere in this report, the fact that the existing curriculum has been imported from overseas could be an explanation for the limited evidence of ways in which specific i-Kiribati cultural values and healing practices have been included, or their interface with Western medicine considered.

Our emphasis on the need for a multi-stakeholder, Kiribati-led process and ownership, participation and involvement in the development of graduate profile, curriculum and competency frameworks will ensure that this can be done in an integrated, interwoven and ultimately holistic manner.

### **Recommendation**

- 10. I-Kiribati cultural values and healing practices and their interface with Western medicine are an overt part of all aspects of the curriculum, and a central focus in Kiribati-led curriculum design efforts.**

## 2.5 Clinical Placement and Training

### **Findings**

The review team found scope for improvement in the collaboration, communication and planning between KIT-SONH and clinical providers. There is a need for the clinical placement model to be developed in partnership with clinical providers to ensure that students have clear and structured learning outcomes in each placement. Students will also need to be assessed against the KNC competence assessment framework with an aim to meet the competence requirements for RN entry to practice at the conclusion of the programme. Many models of clinical supervision currently exist and the most appropriate would seem to be students being paired with RN partner/preceptor in clinical practice with support from SONH nurse educator for set amounts of time per week e.g. 2hrs per week per student in year 2 of programme. Clinical assessment of student is undertaken by RN partner/preceptor and KIT-SONH nurse educator in partnership and against the unit learning outcomes and KNC competency framework. Many educational institutions employ part time clinical nurse educators to fill the KIT-SONH clinical educator role according to educator area of clinical expertise.

### **Recommendations**

- 11. There is a need for clinical placements to be more clearly integrated with/embedded within associated theory subjects**
- 12. KIT-SONH needs to continue to communicate and collaborate with clinical placement providers – to negotiate student placements and to discuss learning requirements of students for each placement, in order to improve clinical partnerships and placement opportunities. The responsibility for clinical supervision should be a negotiated process between SONH staff, clinical nurses and the student. This will enable students to enter each placement with clear learning outcomes established at the outset, and a competency assessment tool to be completed by students and supervising nursing staff.**
- 13. We would recommend that KIT-SONH develop an online preceptor training module in collaboration with hospital management staff. This module would be for registered nurses working with students in practice so that clinical staff feel confident and competent to facilitate student learning and assessment. This would also reduce the need for SONH academic staff to spend long periods accompanying student nurses in clinical placement.**
- 14. KIT-SONH could investigate the possibility of using part-time, clinically current registered nurses to supervise and assess students in clinical placement and run clinical teaching tutorials with students and preceptors. (While this may not presently be possible within existing Labour Laws, this could be a discussion jointly taken up by KNC, MHMS, and MLHRD going forward.)**

## 2.6 International Trends and Cross-crediting

### **Findings**

The current Diploma of Nursing offered in Kiribati would not meet the requirements for Registered Nurse scope of Practice in NZ or Australia. Currently at Wintec, i-Kiribati graduates with Nursing/Midwifery qualifications, a minimum of three years' experience in practice, with English language requirements of 6.5 in all bands of IELTS, and passing an

Entry Challenge Test are offered one semester transfer of credit in the Bachelor of Nursing programme (This is the process within Wintec only and does not necessarily apply to other NZ ITPs).

Applicants who meet NCNZ requirements for registration<sup>6</sup> are offered a place on a Competence Assessment Programme (CAP). This is a 7-12 week-long programme, where they will need to demonstrate competence in order to practise as an RN in New Zealand. An IELTS score of 7 in all bands is required for entry to this programme - This is a decision made by NCNZ only and on a case by case basis.

The CAP is also available for Enrolled Nurse applicants from overseas, but placements are very limited. Applicants who meet NCNZ requirements for registration as an Enrolled Nurse are offered a place on a CAP where they need to demonstrate competence to practise as an EN in New Zealand. As with the requirements for RN, an IELTS score of 7 in all bands is required for entry. Once again, this is a decision made by NCNZ only and on a case by case basis.

In the Australian context, approved applicants will have to successfully complete the IRON/EPIQ-RN bridging program before applying to AHPRA for Registration or Enrolment. Graduates applying to TAFE or University for credit into the EN Diploma or Bachelor of Nursing are generally assessed on an individual basis by the organization.

The Entry to Practice for Overseas Qualified Registered Nurses (EPIQ-RN), Entry to Practice for Overseas Qualified Enrolled Nurses (EPIQ-EN) and Initial Registration of Overseas Nurses (IRON) programs are examples of bridging courses which are accessible to overseas qualified nurses wishing to work in Australia who have been recommended by the Australian Health Practitioner Regulation Agency (AHPRA) for eligibility. The 12-week IRON program is for both Registered and Enrolled Nurses, and is recognised by the Australian Nursing and Midwifery Council (ANMAC) but is not part of the Australian Qualifications Framework (AQF). A number of organizations deliver the 11-week, NMBA approved EPIQ program, including Southern Cross University<sup>7</sup>, the Australian College of Nursing<sup>8</sup>, the Australian Centre of Further Education<sup>9</sup>, Lonsdale Institute<sup>10</sup>, the Institute of Health and Nursing Australia<sup>11</sup>, Lawson College Australia<sup>12</sup> and the Sunraysia College of Health and Nursing<sup>13</sup>.

Registered Nurses remain on the medium and long term strategic skills list (MLTSSL) in Australia, meaning that applicants can obtain either a 2-year short term or 4-year long term work visa. In July 2017, the 457 Skilled Migrant visa scheme was replaced by the Temporary Work (Skilled) visa (subclass 457). Registered nurse graduates from Kiribati would need to contact the Australian Nursing and Midwifery Accreditation Council (ANMAC), to obtain a skill assessment.

The Pacific Qualifications Framework (PQF), in the context of the current nursing curriculum review and consideration of the international mobility of future graduates, constitutes a vital point of reference. The Pacific Register of Qualifications and Standards (PRQS), is a regional database of all quality assured qualifications and standards offered in

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<sup>6</sup> <http://www.nursingcouncil.org.nz/Nurses/International-registration>

<sup>7</sup> <http://courses.scu.edu.au/courses/graduate-certificate-in-australian-nursing-epiq>

<sup>8</sup> <https://www.acn.edu.au/epiq>

<sup>9</sup> <http://acfe.edu.au/courses/iron-program/>

<sup>10</sup> <https://www.lonsdaleinstitute.edu.au/courses/coursesinitial-registration-of-overseas-nurses-registered-nurses/>

<sup>11</sup> <https://www.ihna.edu.au/>

<sup>12</sup> <http://lawsoncollege.edu.au/course/nursing-entry-program-for-internationally-qualified-nurses-epiq-return-to-practice-rtp-nurses/>

<sup>13</sup> <http://schn.com.au/admission.php>

each Pacific Island country. All qualifications registered in the PRQS will have been initially registered in the national qualifications framework or register of the relevant country. The PRQS development covers the fifteen Pacific Island Forum countries comprising Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Marshall Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu plus Tokelau<sup>14</sup>.

The KQF will also provide a basis for benchmarking Kiribati qualifications against international standards through co-operation and mutual collaboration with the PRQF and PQF. Benchmarking a new curriculum with NZQF, AQF, and PQF will enable robust transfer of credit decisions to be made. Primary areas of current Kiribati curriculum requiring more focus are critical thinking, clinical reasoning, and evidence based practice.

Obtaining institutional and programme accreditation from the Educational Quality and Assessment Programme (EQAP) of the Secretariat of the Pacific Community (SPC) is an important part of this process, and has commenced already. **In May 2017, EQAP's Pacific Board for Educational Quality granted provisional accreditation to KIT for a period of one year (see official letter attached as Appendix 3), and the institution intends to seek full accreditation in 2018.** The two conditions of this provisional accreditation are relevant to the recommendations of this review, and are:

- (1) The upgrading of the Nursing Campus, and
- (2) Consolidation of KIT's operations as a merged institution

In November 2017, three KIT certificates in Sustainable Energy were the first KIT programmes to receive EQAP Certificates of Accreditation.

As the global health workforce continues to evolve and migration and labour mobility become increasingly important, particularly in low resource and aid reliant countries such as Kiribati, the PRQS provides a framework that enhances the recognition of Pacific qualifications that facilitate the portability of learning and mobility of the Pacific labour force.

### **Recommendations**

- 15.** *Like other countries across the Western Pacific, Kiribati needs to align its training programs to the now well established Pacific Qualifications Framework (PQF). This is an important process to engage in so that the revised curriculum reflects an appropriate level on the PQF. The establishment of a Kiribati Qualifications Framework (KQF) (or Kiribati Competency Framework which is being presently discussed) will provide a coherent structure for the classification of all qualifications offered in Kiribati (there will need to be a strong link between the KNC Competency Framework referred to above, and this national framework). The national framework will ensure that qualifications are demand driven, and meet the needs of learners, the economy and foster a commitment to lifelong learning among nurse graduates. The KQF will need to be underpinned by a robust quality assurance system that will inform institutional internal quality management systems as well as the conduct of periodic external accreditations and quality audits.*
- 16.** *We would recommend that key stakeholders within Kiribati, including the Ministry of Finance (MoF), Public Service Office (PSO), Ministry of Labour and Human Resource Development (MLHRD), and Kiribati Institute of Technology (KIT), drive this process in consultation with international agencies and organizations who share similar objectives and goals.*

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<sup>14</sup> <http://www.eqap.org.fj/Our-Work/Projects/Pacific-Qualifications-Register.aspx>



- 17. Refinement of the KNC Competencies for RN Practice and development of education standards for programmes will enhance transfer of credit opportunities (as detailed in Recommendation No. 1).*

### **3. STAFFING AND STUDENT SUPPORT**

#### ***Findings***

Teaching staff need adult education courses and currency and relevancy in both subject matter being taught and andragogical approaches. KIT is currently ensuring all teaching staff are undertaking a Certificate IV in Teacher Adult Education which is appropriate and meets international requirements for tertiary teaching.

Teaching staff need a nursing qualification at a higher level than what is being taught. The majority of SONH staff have, or are in the process of completing, degree qualifications. This is appropriate for Diploma level teaching. KIT is developing academic processes to support the development of teaching staff. However, there is also the need for qualified support staff or technicians appointed to the simulation and clinical laboratory.

Findings from the curriculum and assessment sections of this report above highlight a need for ongoing professional development in developing learning outcomes and assessments

#### ***Recommendations***

- 18. We would recommend that KIT develop policies and procedures for standards of academic and pastoral support for students.*
- 19. Whilst it is good to see that educators are undertaking a Level 4 Certificate in Adult Education, further professional development is required in areas linked to curriculum development and teaching, for instance with writing programme-appropriate learning outcomes and aligning these with a variety of contemporary assessment modalities. This needs to be changed to reflect that KIT has not got resources for all staff to be curriculum developers and a small group working with external support could be developed with this specific mandate.*
- 20. Further opportunities to access appropriate professional development locally (such as training offered by NGOs) and internationally in areas such as reproductive, maternal, newborn, child and adolescent health (RMNCAH), public and primary health and NCDs should be explored.*
- 21. Opportunities for educators to undertake a block of work in New Zealand or Australian nurse education institutions is recommended.*
- 22. There is a need for qualified support staff or technicians appointed to the simulation and clinical laboratory. This also links to Recommendation 9 above.*

### **4. RESOURCING, FACILITIES AND KIT LINKAGE**

#### ***Findings***

SONH current facilities are inadequate. There needs to be a significant upgrade of online learning resources IT support, library and IT enabled classrooms. Co-location with KIT would mean that the use of these infrastructure assets, which will be needed across all programmes, can be maximised. This can be done via a centralised timetabling system at KIT. KIT and SONH need policies and procedures for all off-site components of their programmes to ensure safety and adequate resource availability for students. There is a need for simulation facilities which may be used across disciplines and by medical,



ambulance, first-aiders and nursing staff from the hospital/clinics for professional development courses.

Given challenges of space in Tarawa, and the existence of the KIT campus, a separate Teacher Training College, and a Marine Training Facility, the necessity of maintaining a physically separate SONH facility could be questioned. Resources otherwise invested in building infrastructure, could be invested in enhancing the quality of practical teaching and learning, clinical simulation, and enhanced Wi-Fi/ICT access for all KIT students.

The Review Team acknowledges this can be a difficult process, given that SONH transferred from MHMS to KIT relatively recently, in 2014. In both Australia and New Zealand, when Nursing programmes were transferred from hospitals into the Tertiary Education Sector over the 1970s and 1980s, there was a significant period of adjustment which required the establishment of strong, open communication channels between healthcare and education providers, to ensure the needs of both were met. In Australia and New Zealand, Nursing Schools are integrated within Institutes of Technology or Universities.

The co-location of SONH with the KIT campus in Betio would significantly enhance opportunities for multidisciplinary classroom teaching (MDT) and learning to be offered to RNs, with the potential for introducing short courses for RNs and other healthcare staff including doctors. Co-location will also be of benefit for multiple student group use of labs, classrooms, and IT services. As mentioned previously, the development of a fit for purpose simulation laboratory and library facilities (including Wi-Fi access) at either of these sites is essential and will benefit more users if nursing is located on a larger, more integrated, multidisciplinary tertiary education campus.

Co-location was discussed at length with key stakeholders during the team's second visit, with strong support for re-location from the Minister of Labour and the NZ High Commissioner's office. While supporting arguments for co-location of SONH with KIT, the Review Team would support KIT and KIT-SONH staff requests for investment and strengthening of clinical training/placement facilities at Betio Hospital. Strengthening Betio Hospital facilities alongside co-location would place quality clinical training and placements within easy reach. SONH staff identify the following potential benefits of co-location and strengthening of Betio Hospital training/placement facilities:

- Enhanced opportunities for developing stronger professional and organisational links between SONH, KNC and the MHMS Nursing Service
- Savings in time and money that otherwise would be spent on travel between Betio and Nowerewere Hospitals for face-to-face clinical preceptorship meetings, consultations, and workshops with Nursing staff from Betio Hospital.
- Enhanced accessibility and ability for Nursing Lecturers to provide clinical facilitation/supervision and support in a timely manner when required

### **Recommendations**

**23.** *Investigate the possibility of co-location of SONH with KIT to maximise use of campus and purpose-built facilities at KIT. This will enable opportunities for multidisciplinary teaching and linking with existing KIT courses. Co-location would enable SONH to benefit from organisation-wide policies, training and facilities within a larger educational institution, and avoid duplication of resources, while assisting with the conditions stipulated for EQAP accreditation.*

**24.** *Investigate the possibility of further investment and strengthening of training/placement facilities at Betio Hospital (to support KIT-SONH co-location)*

25. *Development of a fit for purpose simulation suite which would be available for other health and allied professional groups to use. This links with Recommendations 9 and 20 above.*
26. *Development of fit for purpose library facilities which enable students and staff access to current and relevant online resources (also specified in Recommendation 8). This would also benefit the wider KIT community of students and staff.*

## 5. WORKFORCE ANALYSIS

### **Findings**

The reviewers' opinion is that the physical infrastructure, personnel and institutional investment required for the development of a full Bachelor's degree programme in Kiribati would not be viable for an intake of 30-40 students annually, and furthermore may not be required to serve the primary focus of the Kiribati Health Sector - i.e. responding to the country's own health and workforce requirements. Redevelopment of the current Diploma programme to meet Pacific standards (e.g. Fiji, New Zealand, or Australian), would provide a pathway for graduates to both practise as a nurse in Kiribati and position them to potentially be eligible for entry into academic programmes internationally. Currently, graduates are able to seek work as Health care assistants in New Zealand within the aged care sector. This is an unregulated workforce in New Zealand (and Australia) and to progress their nursing careers these individuals would need to apply to educational institutions in New Zealand and Australia to gain further qualifications and register as a nurse.

Employment numbers of graduates is a crucial factor when planning student intake numbers into the Diploma of Nursing. There was a high level of concern about the projected lack of employment opportunities for current students – voiced by students, KIT and SONH staff and hospital staff. Current and potential future labour force needs and employment projections would be helpful in planning intake numbers. The Kiribati Health Workforce Report that is presently being prepared with DFAT support will be vital in enabling this process, especially given that there is real concern around the ability for the MHMS to employ the graduates from the current Nursing cohort.

Changed attitudes towards part-time work could aid in the development of more flexible work arrangements and assist in the provision of employment opportunities. Employment opportunities with local NGOs, schools and community groups could be explored further – particularly given the prevalence of NCDs and the need for more Primary Health Care, community health and strategic prevention approaches. There appears to be a significant gap in pre-hospital care – making it worthwhile to also consider roles for nursing graduates as ambulance staff and paramedics.

### **Exploration of Fiji Workforce and Qualifications (Based on email and phone conversations with Head of Nursing, FNU)**

The Head of the FNU School of Nursing has reported that officials from MHMS visited FNU in 2017, to discuss potential bridging and accreditation pathway opportunities for KIT nursing students at FNU. Whilst the KIT Nursing curriculum was not shared with FNU at the time to enable a more detailed analysis to take place, these discussions will be possible when KIT develops their new nursing curriculum. FNU would be open to being consulted during the KIT curriculum development process.

Kiribati nursing students have come through to FNU to complete studies at degree level, with the significant majority being funded by scholarships. Scholarship terms usually require

recipients to return to their home country for practice, so there is no data on the number of Kiribati nursing graduates from FNU finding work in Fiji after graduation.

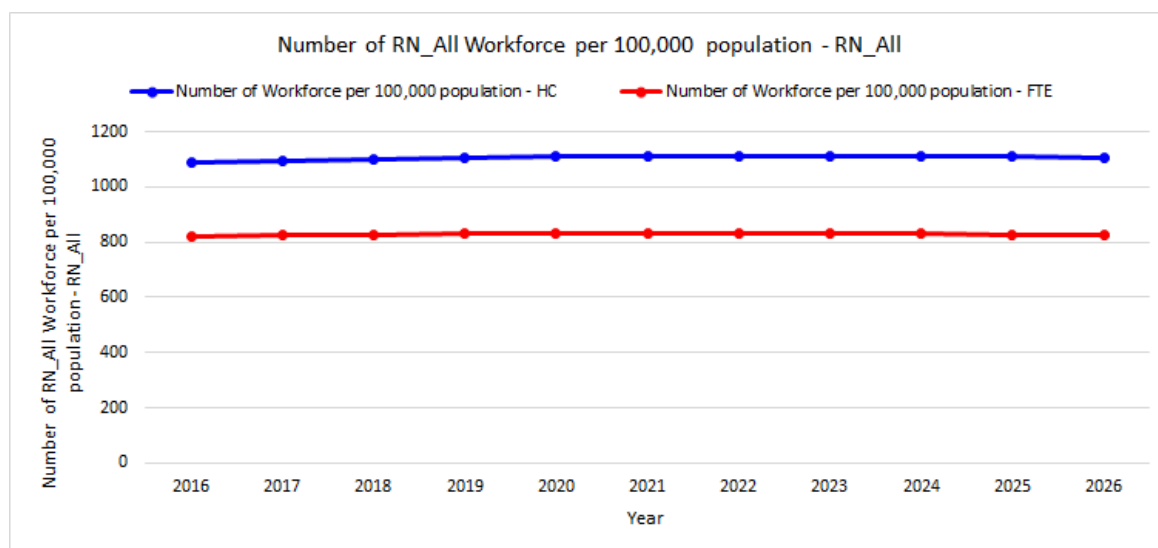
There is a total of 150 nurses on average graduating annually from FNU, and a further 60 from the Sangam College of Nursing and Health Care Education. The Head of the FNU School of nursing reports that these nurses are absorbed by the system, with a steady loss of experienced nurses each year to New Zealand and Australia. This is borne out by data which suggests that since 2007, vacancy rates for nurse positions in Fiji have been low (0.4 – 2%), and emigration of nurses is cited as one of the main reasons for nurses leaving Fiji’s workforce (Aiyub et al, 2013). Among internationally qualified nurses presently practicing in NZ, Fiji is sixth in numbers when considering the country of origin of initial qualification - after the UK, Philippines, India, Australia and South Africa (Nursing Council of New Zealand, 2015). This might suggest an interesting alternative pathway in the short term for Kiribati nursing graduates wanting to gain a potential pathway to New Zealand/Australia.

The Fiji Nursing Council (FNC) presently sets criteria and standards for registering nurses. FNC regulates and assesses foreign entry to practice qualifications (certificates/ programmes) and their compatibility to those in Fiji.

### The New Zealand Nursing Workforce

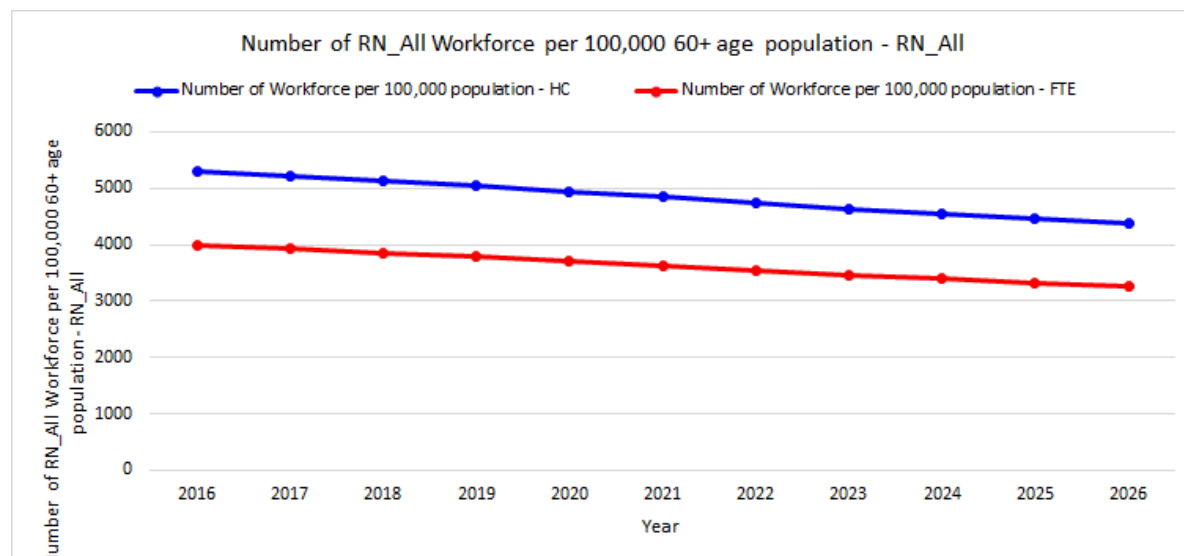
The Future Nursing Workforce Supply Projections 2010-2035 (Nursing Council of NZ, Aug 2013) indicate that under a business as usual scenario the nursing supply will remain adequate until 2020 but then begin to diverge from health demand due to population growth and ageing resulting in a nursing shortage that will increase over the following 15 years to a shortage of 15,000 nurses by 2035.

While this data remains the most up-to-date published information available, communication with Health Workforce New Zealand<sup>15</sup> reveal that the projections are based on data pre-2010 when NZ was training about 1,200 nurses per annum and importing about 1,200 nurses per annum. Since 2012 NZ has significantly increased the number of nurses being trained locally to 1800-1900 per annum. At the same time NZ continues to import approximately 1,200 internationally qualified nurses per annum. Consequently Health Workforce NZ now forecasts that the number of registered nurses per 100,000 total population will stay stable at approximately 820 RN FTE per 100,000 population (see graph below) as long as NZ continues to train and import a similar number of nurses.



<sup>15</sup> Dr. Paul Watson, Manager Strategy and Policy, Health Workforce New Zealand

However, the same forecasting model also shows that the ratio of RN FTE per 100,000 population aged 60+ significantly declines from 3,985 to 3,261 (18% decrease) (see graph below). Whether this will become a problem will depend on a wide range of factors e.g. the extent to which the older population ages well or poorly, how NZ organises the care of elderly people and what role RNs and other workers play in that care.



It is interesting to note that in New Zealand, the Pasifika Labour and Skills Team (domiciled within Immigration New Zealand) is presently reviewing labour mobility opportunities in some sectors, and while Nursing is not included, there is the real possibility of enhanced focus on Aged Care.

### The Australian Nursing Workforce

The most recent Australian Nursing Workforce projections are contained within the August 2014 report, Australia's Future Health Workforce – Nurses – Detailed Report, which contains projections to the year 2030. These remain the most current<sup>16</sup>, with an update expected in 2018.

Projections show that in the medium to long-term Australia's demand for nurses will significantly exceed supply, with a projected shortfall of approximately 85,000 nurses by 2025, and 123,000 nurses by 2030.

Health Workforce Australia believe that no single policy change is capable of closing the gap between nursing workforce supply and demand. Their modelling demonstrates the shortfall can be significantly counteracted by a coordinated approach across governments, employers, the profession and the tertiary education sector. There is no mention made of increasing the recruitment of internationally qualified nurses.

It is worth noting the very significant variance in the numbers of the projected shortage, depending on the modelling scenario used. The projected shortage in 2025 ranges from 39,094 to 95,509 depending on model used. The projected shortage in 2030 ranges from 44,835 to 142,759, as can be demonstrated in the table below, taken from 2014 projections.

<sup>16</sup> Confirmation received from Karen Cook, Director Innovation and Reform Section, Health Workforce Reform Branch

Scenario	2025			2030		
	Supply	Demand	Balance	Supply	Demand	Balance
Comparison	273,522	358,879	-85,357	271,657	394,503	-122,846
Constrained labour demand	273,522	339,492	-65,970	271,657	365,557	-93,900
Combined	300,398	339,492	-39,094	320,722	365,557	-44,835
Medium self sufficiency	263,370	358,879	-95,509	251,744	394,503	-142,759
Productivity	273,522	352,400	-78,878	271,657	384,640	-112,983
Intention to retire	267,693	358,124	-90,431	266,041	393,640	-127,599
Retirement at 65	263,836	356,683	-92,847	262,579	392,108	-129,529

Table 1 Projected Nursing Workforce Numbers, Health Workforce Australia, 2014

While these numbers do appear high, expectation should be moderated by experience with projections to date. For instance, several KANI (Kiribati Australia Nursing Initiative) programme graduates who received full Bachelor's Degree training in Australia, found that the expected nursing workforce demand did not eventuate (Shaw et al., 2014) and they struggled for employment due to cyclical shifts in nursing demand and supply. Similarly, while the 2012 Health Workforce Australia report predicted a 2025 nursing shortfall of 109,000, the 2014 report predicted a shortfall that was 22% less: 85,357. This drops to 39,094 in the combined scenario above, described as the best basis for future planning.

While the development of realistic, cost-effective nursing employment pathways to Australia and New Zealand could take time, near-term employment solutions may be found in other health sectors, such as Aged Care. At the September 2017 Pacific Leaders Conference in Samoa, the Australian Prime Minister unveiled a plan for Australia to accept 2,000 workers from Kiribati, Tuvalu and Nauru to meet rural needs in sectors including Aged Care<sup>17</sup>.

### Recommendations

27. *KIT-SONH should work with MHMS in analysing the implications of the Kiribati Health Workforce report due shortly. Findings from this report should inform planned intake sizes, particularly in light of projected employment vacancies for graduates from the present cohort, along with considering need for pre-hospital care workers (such as paramedics) and their education.*
28. *Should labour migration and labour mobility be a shared political interest between the governments of Kiribati, Australia and New Zealand (as has been indicated to the reviewers by the relevant authorities) we would recommend the development of a coordinated health labour migration program, which would need to consider and coordinate education, immigration, employment and health compliance matters simultaneously. This could lead to enhanced work opportunities as nurses, midwives, health care assistants and aged care workers.*
29. *We would recommend an increase in strategic attempts to strengthen connections with potential institutions of learning, and Nursing Councils, in Fiji, Australia and NZ where students can apply for further study with transfer of credit (This links with Recommendations in Section 1 and 2.6 above).*

<sup>17</sup> <http://www.sbs.com.au/news/article/2017/09/08/pm-samoa-turnbull-inks-deal-allowing-2000-pacific-islanders-work-australia>



## RECOMMENDATIONS AND NEXT STEPS

### SUMMARY OF RECOMMENDED NEXT STEPS

Should KIT-SONH decide to proceed with the development of a new curriculum, the following steps are recommended:

- I. Review and update Kiribati Registered Nurse Practice Standards (KNC Competencies for RN Practice). These Standards will need to reflect the Kiribati cultural context and health needs, and some external support will be required to ensure alignment with Pacific, New Zealand and Australian frameworks.
- II. Develop Education Programme (or Curriculum) Standards in line with the Kiribati RN Practice Standards referred to above. Education programme standards for educational institutions to adhere to need to be developed by KNC in consultation with stakeholders and with some external support. Education programme (accreditation) standards such as the WHO “Global Standards for the initial education of professional nurses and midwives” should be utilised as a reference point. Australia and New Zealand also possess accreditation standards.
- III. Form a Curriculum Working Group with external facilitation and support, including the key stakeholders from KNC, Ministry of Employment, PSO (responsible for workforce development) Hospital, KIT SONH. This Working Group could be formed as a sub-group or a sub-committee of a comprehensive Learning & Teaching Committee which would be responsible for all aspects of the Diploma.
- IV. Kiribati-specific Diploma Programme developed sequentially as follows:
  - a. Develop a Graduate Profile which reflects the current needs of the Kiribati nursing workforce.
  - b. Conduct a mapping exercise to identify where/how new Education Programme Standards developed in Step II. above, will be demonstrated within the new curriculum.
  - c. Develop Course and subject learning outcomes to achieve the graduate profile.
  - d. Develop subjects with appropriate assessment structures to meet the learning outcomes.
  - e. Develop programme regulations which detail entry requirements, continuation with programme, and assessment requirements
- V. Work with KNC to develop process for regular audit/review cycle to maintain currency and relevancy of programmes. This could initially be annually as programmes are rolled out, and then evolve to three or five yearly cycles. This process should involve the appointment of an external monitor for regular (annual) reviews and the provision of a benchmarking report to KNC, KIT, KIT-SONH, and MHMS.



## COMPLETE LIST OF RECOMMENDATIONS

The recommendations are listed in the order reported. There will be a need to clarify specific priorities, phasing, responsibilities and actions in an implementation plan.

### *THE REGULATORY FRAMEWORK*

#### **Process of Change**

1. It is vital that the existing Kiribati Registered Nurse Practice Standards are reviewed, updated and finalised, and following this a set of Education Programme (or Curriculum) Accreditation Standards are developed. This will then guide and inform the process of developing a sound new curriculum for the Diploma in Nursing.

#### **Career Progression**

2. Career pathways for registered nurses be developed concurrently with the recommended review and updating of the KNC Competencies for RN Practice and development of Education Programme (Curriculum) Accreditation Standards. This needs to be developed in consultation with KNC, nurse educators, practising nurses and consumers so it clearly meets the needs of Kiribati. External assistance would be helpful in this process to benchmark and align with international standards whilst still retaining unique i-Kiribati cultural values.
3. Consider the development of a Graduate Course to prepare nurses for rural/remote specialty practice on the outer islands. This could be developed following changes and enhancements to the existing Diploma programme.

### *THE CURRICULUM*

#### **Overview**

4. A curriculum review working group is set up in line with Recommendation 1, with representatives of key stakeholders and with external curriculum / instructional design expertise. This group will develop detailed curriculum content, clinical models, student supervision models and assessment structures. Content and modelling will need to be reflective of the Ministry of Health and Medical Services Strategic Plan (2016-19), the Kiribati Development Plan (2016-19), KNC requirements and i-Kiribati cultural values. This working group will need to collaborate with constituent groups so that there is a sense of ownership, engagement and agreement by all parties.
5. KIT should review the potential for teaching collaborations and possible interdisciplinary subject offerings.
6. KIT should investigate the possibility of developing and conducting IELTS or equivalent training courses (with external support or training if necessary) for students seeking international recognition and possible future pathways in health and community services.

### **Quality and Innovation**

7. Review IT infrastructure needs, develop staff capability to maximise use of existing Moodle teaching and learning platform, and support staff around the use of appropriate online resource packages.
8. Develop clinical simulation facilities that are realistic, fit for purpose and have reliable technical support. While a high degree of fidelity in clinical simulation facilities is desirable, it will be necessary to explore a range of levels, to determine the level most appropriate and affordable for KIT-SONH. Staff will require education and upskilling to maximise the learning students gain from clinical simulation approaches.

### **Assessment and Moderation**

9. Ensure that KIT, with SONH, establish an assessment policy and an assessment group with membership from the KIT academic quality unit and SONH staff representatives to ensure appropriate assessment. This Working Group could be formed as a sub-group or a sub-committee of a comprehensive Learning & Teaching Committee, responsible for all aspects of the Diploma and also referred to in Recommendation 1 above. Formative and summative assessments implemented within subjects throughout the course should reflect these standards.

### **Cultural Holism**

10. I-Kiribati cultural values and healing practices and their interface with Western medicine are an overt part of all aspects of the curriculum, and a central focus in Kiribati-led curriculum design efforts.

### **Clinical Placement and Training**

11. There is a need for clinical placements to be more clearly integrated with/embedded within associated theory subjects.
12. KIT-SONH needs to communicate and collaborate with clinical placement providers – to negotiate student placements and to discuss learning requirements of students for each placement, in order to improve clinical partnerships and placement opportunities. The responsibility for clinical supervision should be a negotiated process between SONH staff, clinical nurses and the student. This will enable students to enter each placement with clear learning outcomes established at the outset, and a competency assessment tool to be completed by students and supervising nursing staff.
13. It would be beneficial for KIT-SONH to develop a preceptor training module in collaboration with hospital management staff. This module would be for registered nurses working with students in practice so that clinical staff feel confident and competent to facilitate student learning and assessment. This would also reduce the need for SONH academic staff to spend long periods accompanying student nurses in clinical placement.
14. KIT-SONH could investigate the possibility of using part-time, clinically current registered nurses to supervise and assess students in clinical placement and run clinical tutorials with students and preceptors.

### **International Trends and Cross Crediting**

15. Like other countries across the Western Pacific, Kiribati needs to align its training programs to the now well established Pacific Qualifications Framework (PQF). This is an important process to engage in so that the revised curriculum reflects an appropriate level on the PQF. The establishment of a Kiribati Qualifications Framework (KQF) (or Kiribati Competency Framework which is being presently discussed) will provide a coherent structure for the classification of all qualifications offered in Kiribati (there will need to be a strong link between the KNC Competency Framework referred to above, and this national framework). The national framework will ensure that qualifications are demand driven, and meet the needs of learners, the economy and foster a commitment to lifelong learning among nurse graduates. The KQF will need to be underpinned by a robust quality assurance system that will inform institutional internal quality management systems as well as the conduct of periodic external accreditations and quality audits.
16. We would recommend that key stakeholders within Kiribati, including the Ministry of Finance (MoF), Public Service Office (PSO), Ministry of Labour and Human Resource Development (MLHRD), and Kiribati Institute of Technology (KIT), drive this process in consultation with international agencies and organizations who share similar objectives and goals.
17. Refinement of the KNC Competencies for RN Practice and development of education standards for programmes will enhance transfer of credit opportunities (as detailed in Recommendation No. 1).

### **STAFFING AND STUDENT SUPPORT**

18. We would recommend that KIT develop policies and procedures for standards of academic and pastoral support for students (if not currently developed).
19. Whilst it is good to see that educators are undertaking a Level 4 Certificate in Adult Education, further professional development is required in areas linked to curriculum development and teaching, for instance with writing programme-appropriate learning outcomes and aligning these with a variety of contemporary assessment modalities.
20. Further opportunities to access appropriate professional development locally (such as training offered by NGOs) and internationally in areas such as primary health and NCDs should be explored.
21. Opportunities for educators to undertake a block of work in an Australian and N.Z. nurse education institution is recommended.
22. There is a need for qualified support staff or technicians appointed to the simulation and clinical laboratory. This also links to Recommendation 9 above.

### **RESOURCING, FACILITIES AND KIT LINKAGE**

23. Investigate the possibility of co-location of SONH with KIT to maximise use of campus and purpose-built facilities at KIT. This will enable opportunities for multidisciplinary teaching and linking with existing KIT courses. Co-location would enable SONH to benefit from organisation-wide policies, training and facilities within a larger educational institution, and avoid replication of resources, while assisting with the conditions stipulated for EQAP accreditation.
24. Investigate the possibility of further investment and strengthening of training/placement facilities at Betio Hospital (to support KIT-SONH co-location)

25. Development of a fit for purpose simulation suite which would be available for other health and allied professional groups to use. This links with Recommendations 9 and 20 above.
26. Development of fit for purpose library facilities which enable students and staff access to current and relevant online resources (also specified in Recommendation 8). This would also benefit the wider KIT community of students and staff.

### **WORKFORCE ANALYSIS**

27. KIT-SONH should work with MHMS in analysing the implications of the Kiribati Health Workforce report due shortly. Findings from this report should inform planned intake sizes, particularly in light of projected employment vacancies for graduates from the present cohort, along with considering need for pre-hospital care workers (such as paramedics) and their education.
28. Should labour migration and labour mobility be a shared political interest between the governments of Kiribati, Australia and New Zealand (as has been indicated to the reviewers by the relevant authorities) we would recommend the development of a coordinated health labour migration program, which would need to consider and coordinate education, immigration, employment and health compliance matters simultaneously. This could lead to enhanced work opportunities as nurses, midwives, health care assistants and aged care workers.
29. We would recommend an increase in strategic attempts to strengthen connections with potential institutions of learning, and Nursing Councils, in Fiji, Australia and NZ where students can apply for further study with transfer of credit (This links with Recommendations in Section 1 and 2.6 above).

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## APPENDIX 1: TERMS OF REFERENCE

### General Terms of Reference:

The review will generally examine the relevance and quality of the curriculum of the Kiribati Diploma in Nursing programme in relation to:

- national health challenges in Kiribati as identified in the Ministry of Health and Medical Services Strategic Plan (2016-9) and the Kiribati Development Plan (2016-19);
- the special character of the Kiribati health care system;
- gaps in health service delivery;
- general and specialized nursing workforce needs (e.g., midwives, public health nurses, diabetes nurses, oncology nurses, mental health nurses, and medical assistants / health practitioners, nurse assistants) and evolving health services in Kiribati;
- national strategic directions for nursing;
- programme curriculum standards 3.1-3.4 of the WHO *Global standards for the initial education of professional nurses and midwives* (2009)
- alignment with relevant competencies, indicators and standards for registered nurses of the New Zealand Nursing Council and the Nursing and Midwifery Board of Australia.
- national and international employment opportunities, labour mobility trends and priorities for I-Kiribati nursing graduates

### Specific Terms of Reference:

1. In particular, the review will consider and recommend:
  - a) changes to the Diploma learning **outcomes**, so that:
    - (i) the programme represents the most current and appropriate knowledge, skills, values and practices required to meet the nursing needs of Kiribati
    - (ii) graduates are suitably prepared for registration as nurses and entry into the nursing workforce in Kiribati
    - (iii) nurses can proceed to further employment, study or professional specialization in nursing, public health or related fields in New Zealand, Australia or elsewhere
  - b) ways to achieve a **graduate profile** that reflects the competencies needed by registered nurses in Kiribati, emerging needs for general and specialist nurses in Kiribati, and career pathways for registered nurses in other health professions (e.g., nutrition, health education and advocacy, social work, laboratory science, health practitioners, aged care)
  - c) changes to the **curriculum** content, structure, design and integration to:
    - (i) meet learning outcomes and the programme's graduate attributes
    - (ii) ensure a suitable balance between the hours spent on theoretical and clinical experience and clinical learning opportunities
    - (iii) use current evidence-based nursing and clinical interventions



- (iv) support the development of clinical reasoning, problem-solving and critical thinking throughout the programme
  - (v) provide supervised clinical learning experiences in diverse settings
  - (vi) introduce new subjects/units/topics as necessary (e.g., equipping nurses to play a full part in implementing PEN (Package of Essential Non-Communicable Disease interventions) in clinics
  - (vii) include core international employability skills and attributes
  - (viii) ensure students develop the required English competencies for potential international employment or international study
- d) innovative methods and technologies that will support high standards of **quality teaching and learning** of the curriculum, including:
- (i) adult education, self-directed learning, e-learning and clinical simulation methods
  - (ii) ways to ensure that course materials remain relevant and up to date
- e) varied and reliable methods of student **assessment**, including:
- (i) the validity and relevance of current assessment practices
  - (ii) use of competency-based or other methods that might improve student assessment
- f) the recognition and incorporation of teaching on **i-Kiribati cultural values and healing practices** and their interface with western medicine
- g) **international developments** in nursing education, including:
- (i) trends in nursing education in the Pacific region; and
  - (ii) international best practice in appropriate countries.
- h) opportunities for appropriate **multidisciplinary training** in classroom and clinical settings
- i) opportunities for the Diploma of Nursing to be integrated into possible pathways and/or tiered course structures linking existing or future health and allied courses offered by the KIT School of Nursing and Health
- j) appropriate cross-crediting of the Diploma towards nursing studies overseas, for example in Fiji, New Zealand and Australia
2. Consider and make recommendations on the implications of the proposed curriculum changes for:
- a) **staffing** of the programme by suitably qualified academic and support staff
  - b) the integration of Kiribati-related health, health services and nursing **research** into the teaching of the curriculum, including increased research by academic staff and nursing students
  - c) responsibilities in relation to **clinical supervision and assessment** of students
  - d) sound processes of academic and pastoral **support for students**
  - e) **resources** allocated for the Diploma programme and the opportunities for synergies with other courses offered by the KIT School of Nursing and Health
  - f) the appropriateness and adequacy of learning support materials, technology, physical **environments and other facilities and equipment** within the School and health care facilities where students are sent on clinical placements
  - g) effective processes for **determining and reviewing the curriculum**, and for **developing new subjects or units**

## APPENDIX 2: VISIT MEETING SCHEDULES

### Review of Kiribati Diploma Nursing Curriculum

#### Meeting Schedule – First In-country Visit (18-25 September 2017)

Date/Time	Organisation/Key Person	Review Item(s)	Location
<b>Mon:18 Sept 3 – 4 pm</b>	NZHC – HOM Michael Upton	Briefing meeting with High Commissioner	NZHC, Bairiki <b>CONFIRMED</b>
<b>Mon:18 Sept 4.10 - 4.30pm</b>	NZHC, Bereti Bureimoa	Brief catch up meeting to provide guidance vis a vis the programme	NZHC, Bairiki <b>CONFIRMED</b>
<b>Tues:19 Sept 9-10 am</b>	MLHRD – Secretary or Nominee (RRG)	Kiribati Nursing Workforce Trends and Needs	MLHRD, Bairiki <b>CONFIRMED</b>
<b>Tues: 19 Sept 10.30 – 11.30</b>	KIT – Executive Director (RRG)	Experience with gaining qualification recognition in other trades, experience with KANI, TAFE,	KIT, Betio <b>CONFIRMED</b>
<b>Tues:19 Sept 1.30 – 2.30 pm</b>	MHMS – Secretary or nominee (RRG)	Overall Kiribati Health Sector and Nursing Needs	MHMS, Nowerewere <b>CONFIRMED</b>
<b>Tues: 19 Sep 2.40 – 3.30 pm</b>	MHMS – Director Hospital Services, Dr Burentau to be combined with  Director for Nursing and Director for Public Health	Nursing skills and competencies – Strengths and Gaps in terms of hospital needs, perceived roles and responsibilities for nurses including roles in public health response for issues like NCDs -General trends in health funding, perceived public health needs, roles and quality of nursing	MHMS, Nowerewere <b>CONFIRMED</b>
<b>Tues:19 Sept 3.40 – 4.30 pm</b>	Deputy Director Nursing & DPNOs <sup>18</sup> – Baaua Teibira et al	Nursing skills and competencies Strengths and Gaps in terms of hospital needs, perceived roles and responsibilities for nurses including roles in public health response for issues like NCDs	<b>CONFIRMED</b>
<b>Wed 20 Sep 9- 10.30 am</b>	Tungaru Central Hospital	Nursing skills and competencies – Strengths and Gaps in terms of hospital needs, present facilities, management systems, nurse roles and responsibilities, nurse leadership	Nowerewere, Tarawa - <b>CONFIRMED</b>

<sup>18</sup> District Principal Nursing Officers

<b>Wed 20 Sep 11.30 – 12.30</b>	Bairiki Clinic	Present role and function of nurses, strengths and gaps in terms of community needs	Bairiki, <b>CONFIRMED</b>
<b>Wed 20 Sep 1.40 – 2.00</b>	Marine Training Centre	To observe the MTC medical clinic and the role of the nurse.	MTC, Betio <b>Confirmed</b>
<b>Wed: 20 Sep 2-3.30 pm</b>	Betio Hospital	Nursing skills and competencies – Strengths and Gaps in terms of hospital needs, present facilities, management systems, nurse roles and responsibilities, nurse leadership	Betio <b>CONFIRMED</b>
<b>Wed:20 Sep 3.40 - 4.30 pm</b>	Temakin Clinic	Present role and function of nurses, strengths and gaps in terms of community needs	Temakin, Betio <b>CONFIRMED</b>
<b>Thurs: 21 Sep 8.30 – 10.30 am</b>	KIT SoNH – Deputy Director Nursing – Ms. Tareti Ioane  And Director for Nursing, Helen Murdoch (RRG)	Existing Curriculum, teaching approaches, Nurse Educator existing qualifications, challenges, classroom resources, professional development needs required, systems for assessment and administration	KSON, Bikenibeu <b>CONFIRMED</b>
<b>Thurs: 21 Sep; 10.50 12.30 pm</b>	KIT SoNH – Nursing Students	Thoughts and opinions on curriculum and teaching approaches, relevance of study to needs seen in home communities	KIT School of Nursing, Bikenibeu and or at Tugaru Hospital, Nawerewere <b>CONFIRMED</b>
<b>Thu: 21 Sep; 3 pm</b>	Red Cross	Community needs, present level of response from nurses, strengths and perceived gaps	<b>CONFIRMED</b>
<b>Thu:21Sep 7-9 pm</b>	KIT SoNH – Nurse Educators	Existing Curriculum, teaching approaches, Nurse Educator	FEMA Lodge – <b>CONFIRMED</b>
<b>Friday: 22 Sept 9-10</b>	Secretary for Public Service Office	National Employment requirement for trained nurses and others	<b>CONFIRMED</b>
<b>Friday; 22 Sep; 11.30 – 12.30 am</b>	Kiribati Nursing Council, MHMS Tarawa	Role and responsibility of KNC, extent of liaison with Australian and New Zealand Councils, relationship with KIT SoNH and curriculum, existing documentations on standards	MHMS <b>CONFIRMED</b>
<b>Fri: 22 Sep 3.30- 4.30pm</b>	NZHC- HOM Michael Upton	Debrief meeting	NZHC, Bairiki <b>CONFIRMED</b>

## In-country Review Findings Presentation (20-23 November 2017)

### Final Meeting Schedule

Date/Time	Organisation/Key Person	Review Item(s)	Location
<b>Mon: 20 Nov 2.30 – 3.30 pm</b>	NZHC – Acting HOM & staff	Briefing meeting with NZHC Overview of the plan for the three days	NZHC, Bairiki Confirmed
<b>Mon 20 Nov 3.30- 4.15 pm</b>	MLHRD Minister and Secretary	Courtesy and briefing meeting	MLHRD, Bairiki Confirmed
<b>Tue: 21 Nov 9am- 12.00 am</b>	KIT-SONH / KNC / MHMS	<p>Presentation of initial findings and discussion of Revised Draft report with key KIT / SONH and MHMS Nursing Services Staff.</p> <p>Proposed Attendees:</p> <p>KIT and SONH Executives: Director: Mrs Sarah Moses Deputy Director Teaching &amp; Learning: Mr Rokobati Tearo Deputy Director School of Nursing &amp; Health: Mrs Tareti Ioane Ruaia</p> <p>School of Nursing - Diploma Nursing &amp; Midwifery Program Lecturers</p> <p>Director of Nursing Services: Ms. Helen Murdoch</p> <p>Nursing Council members Deputy Director Nursing Services: Ms. Baaua Teibira Etei</p>	KIT, Betio Confirmed
<b>Tue 21 Nov PM 3 pm</b>		Meetings to fill gaps or further queries raised by KIT / SONH in relation to the preparation of the Final Report.	
<b>Tue 21 Nov 7 pm</b>	SONH Nurse Lecturers	Presentation of initial findings and discussion of Revised Draft report	TBC

<b>Wed: 22 Nov 10 am – 11 am</b>	Minister for Ministry of Employment and Human Resources	To discuss initial findings and in particular the justifications for relocating SONH to KIT Betio campus	Confirmed
<b>Wed: 22 Nov 11 am – 12.30 pm</b>		No meetings as team was preparing for the wrap up meeting.	
<b>Wed 22 Nov 2pm-4pm</b>	MLHRD Minister and or Secretary, NZHC Acting HOM and staff, KIT Acting Executive Director and Deputy Director, SONH Director, Director of Nursing Services; Nursing Council members; Deputy Director Nursing; Nurse Lecturers rep	Presentation of review findings and responses from key stakeholders. Thoughts which may be added into the FINAL REPORT (due 30 Nov).	KIT Boardroom, Betio, Confirmed

## APPENDIX 3: EQAP ACCREDITATION LETTER TO KIT



Pacific  
Community  
Communauté  
du Pacifique

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SPC file no.:  
N° référence CPS :

5 May 2017

Ms Julie Kean  
Director  
Kiribati Institute of Technology  
Betio, Tarawa  
KIRIBATI

Dear Ms Kean

**RE: DECISION ON APPLICATION FOR ACCREDITATION**

Greetings to you!

Reference is made to your application for the accreditation of Kiribati Institute of Technology (KIT).

I am pleased to inform you that the Pacific Board for Educational Quality has decided to grant **provisional accreditation** to KIT for a period of one year, with effect from 21st March 2017 to 20th March 2018. The certificate of accreditation is being processed and will be sent to you in due course.

The conditions of provisional accreditation are :

- (1) The upgrading of Nursing Campus
- (2) Consolidation of KIT's operations as a merged institution

In the duration of the provisional accreditation, a report addressing the extent to which the conditions of provisional accreditation have been complied with would be prepared and presented to the Accreditation Committee for consideration. The staff of the Qualifications Unit (Rajendra Prasad and Selai Waqainabete) will liaise with you on this issue.

Congratulations on your success!

Kind regards



.....  
Michelle Belisle  
Director (EQAP)

Pacific Community (SPC) Headquarters: Noumea, New Caledonia. Regional offices: Suva, Fiji, and Pohnpei, Federated States of Micronesia.  
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## APPENDIX 4: KIRIBATI NURSING COUNCIL RN COMPETENCIES

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*Department of Nursing  
Ministry of Health and Medical Services Kiribati*

### Competencies for Registered Nursing Practice

The competencies identified here represent the level of beginning practice required of a registered nurse in the Kiribati

The competencies are outlined under five domains:

#### DOMAIN 1.0

##### Management of Nursing Care

###### Competencies

- 1.1. Competently assesses and diagnoses health status of individuals, families and communities
- 1.2. Effectively plans and implements nursing care
- 1.3. Manages and promotes the health and wellness of individuals, families and communities

#### DOMAIN 2.0:

##### Interpersonal and Therapeutic Communication

###### Competencies

- 2.1. Communicates effectively with individuals and families
- 2.2. Develops therapeutic nurse patient relationships with individuals and families.

#### DOMAIN 3.0:

##### Collaboration and Teamwork

###### Competencies

- 3.1. Works effectively in a nursing and health team
- 3.2. Communicates nursing practice appropriately
- 3.3. Works effectively with groups and communities

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**DOMAIN 4.0:**

**Legal and Professional Behaviour**

**Competencies**

- 4.1. Practices nursing recognizing legal, ethical and policy frameworks
- 4.2. Demonstrates professional behaviour as required of a nurse
- 4.3. Practices culturally appropriate nursing
- 4.4. Shows a commitment to developing own knowledge, skill and practice

**DOMAIN 5:**

**Management and Quality Improvement**

**Competencies**

- 5.1. Demonstrates the leadership ability of a RN
- 5.2. Uses available resources to achieve maximum health outcomes at minimal cost
- 5.3. Endeavours to maintain the quality and effectiveness of nursing practice

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**NB. Where the term 'patient' is used it refers to the individuals, families, groups and communities who are the recipient of nursing care**

<b>DOMAIN 1.0 Management of Nursing Care</b>	
<b>Competencies</b>	<b>Indicators</b>
<b>1.1. Competently assesses and diagnoses health status of individuals, families and communities</b>	<p>Assesses individuals, families and communities to determine health needs and status and identify health-related problems</p> <p>Individual assessments includes; physical examination, mental status assessment and family health history including social circumstances and religious beliefs.</p> <p>Complete(s) full holistic assessments appropriate for different situations</p> <p>Uses all available data to accurately diagnose health status</p> <p>Adapts assessment process according to health needs</p> <p>Analyses and interprets data accurately to diagnose health status</p> <p>Recognizes life-threatening conditions in order to provide appropriate and prompt nursing care</p>
<b>1.2. Effectively plans and implements nursing care</b>	<p>Works with the patient and family to plan care</p> <p>Plans and implements appropriate interventions to promote wellbeing</p> <p>Performs technical skills, treatments and nursing procedures safely and competently</p> <p>Prioritizes nursing care within an appropriate time frame</p> <p>Triage patients correctly where required</p> <p>Implements care in response to the plan and patient needs</p> <p>Initiates and implements changes to patient care in collaboration with health care team, patient, family and community</p> <p>Manages an appropriate patient allocation within a reasonable time frame</p> <p>Able to adapt nursing care to different contexts and models of nursing care delivery.</p> <p>Makes nursing decisions based on current nursing knowledge, policies, research and practice.</p> <p>Develops and implements a plan for patient's discharge and post-discharge management</p> <p>Responds appropriately to rapidly changing patient or health</p>

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	<p>situations</p> <p>Revises nursing care plan in response to changes in patient status</p> <p>Responds and effectively manages emergency situations until help arrives</p> <p>Shows awareness of and responds to needs of others during an emergency.</p>
<p><b>1.3 Manages and promotes the health and wellness of individuals, families and communities</b></p>	<p>Applies understanding of health and health determinants to nursing practice in all areas</p> <p>Supports individuals, families and community to achieve optimal health</p> <p>Plans and implements strategies that optimizes health and responds to health priorities for individuals, families and communities</p> <p>Works effectively to promote the health of populations</p> <p>Effectively uses education to develop health awareness and to implement health programmes</p> <p>Educates individuals, families, communities to promote health and to understand and manage health-related problems</p> <p>Works with other health workers to promote health in line with Kiribati health strategy and relevant regional and international goals</p>

<b>DOMAIN 2.0: Interpersonal and Therapeutic Communication</b>	
<b>Competencies</b>	<b>Indicators</b>
<p><b>2.1. Communicates effectively with individuals and families</b></p>	<p>Uses effective communication appropriate for different situations</p> <p>Establishes, maintains and terminates interpersonal relationships appropriately with patients</p> <p>Uses a variety of communication as required for different situations</p> <p>Uses therapeutic communication and counseling where needed</p> <p>Works with patients to establish mutual agreement to achieve desired outcomes</p> <p>Uses appropriate communication to effectively manage conflict</p> <p>Listens to patients and responds promptly to their feelings and concerns</p>
<p><b>2.2. Develops therapeutic</b></p>	<p>Establishes trust with the patient and others</p>

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<p><b>nurse patient relationships with individuals and families.</b></p>	<p>Ensures that information given to the patient is presented in an appropriate and meaningful manner</p> <p>Restricts discussions concerning patients to clinical settings and with relevant members of the health care team.</p> <p>Communicates effectively with the patient in challenging circumstances.</p> <p>Is able to recognize and respond appropriately to patients' experiences, questions, requests and problems.</p> <p>Works with patients and families to ensure patient-centered care</p> <p>Respects patients, maintaining their integrity and privacy.</p> <p>Shows compassion for patients</p> <p>Monitors and adapts behaviour and communication in accordance with Kiribati culture</p>
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<p><b>DOMAIN 3.0: Collaboration and Teamwork</b></p>	
<p><b>Competencies</b></p>	<p><b>Indicators</b></p>
<p><b>3.1. Works effectively in a nursing and health team</b></p>	<p>Able to refer patients to relevant health professionals to provide continuity of care</p> <p>Communicates and collaborates with nurses and other members of the team about the patient and health care</p> <p>Offers a nursing perspective and contributes to team discussions.</p> <p>Understands and respects roles of the members of the health team</p>
<p><b>3.2. Communicates nursing practice appropriately</b></p>	<p>Reports unsafe practice to appropriate personnel</p> <p>Takes responsibility for communicating patient's health status to appropriate personnel</p> <p>Accurately records written documentation reflecting the holistic nature of nursing care</p> <p>Is able to read, write and communicate effectively in both <i>English</i> and <i>I Kiribati</i> as required for a clinical setting</p> <p>Maintains the documentation required of a RN accurately and within an appropriate time frame</p> <p>Responds to individuals/families concerns or complaints promptly and appropriately</p> <p>Is able to use information technology including the computer as</p>

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	required in a health setting
<b>3.3. Works effectively with communities</b>	<p>Shows understanding and ability to manage population health</p> <p>Establishes and maintains effective relationships appropriately with community leaders and other health workers</p> <p>Works in partnership with the community to identify and solve their health problems</p> <p>Works with the community to plan strategies, promote health and establish mutually agreed outcomes</p> <p>Shows an ability to manage community health issues</p> <p>Is able to establish the status and progress of community health using health data</p> <p>Seeks feedback from the community on the effectiveness of health programmes and reviews these accordingly</p>

<b>Domain 4.0: Legal and Professional Behaviour.</b>	
<b>Competencies</b>	<b>Indicators</b>
<b>4.1. Practises nursing recognizing legal, ethical and policy frameworks</b>	<p>Practises within current legislation, regulations and codes of ethics</p> <p>Works within the Ministry of Health policies and procedures and within RN scope of practice</p> <p>Is able to recognizes and responds to ethical issues</p> <p>Advocates for patients, families and communities where able</p> <p>Acts to provide safe, appropriate and ethical care to patients</p> <p>Maintains confidentiality and privacy of patient information</p>
<b>4.2. Demonstrates professional behaviour as required of a nurse</b>	<p>Behaves in a manner appropriate for a registered nurse (In accordance with Code of Behaviour)</p> <p>Accepts accountability and responsibility for own actions within nursing practice</p> <p>Shows confidence to patients and their families</p> <p>Manages own practice and surroundings to ensure safe and effective work environment</p> <p>Able to meet responsibilities even when there is a risk of disapproval from others</p> <p>Takes action to effect change when needed</p> <p>Accepts responsibilities for own actions and errors and communicates these to the appropriate person</p>



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<p><b>4.3. Practises culturally appropriate nursing</b></p>	<p>Respect people in an age related manner and in accordance with Kiribati cultural expectations</p> <p>Practises nursing that is culturally appropriate for those receiving the care</p> <p>Recognizes and advocates for the beliefs and cultural needs of patients</p> <p>Recognizes the patient's right to choice and promotes autonomy and self- responsibility</p> <p>Shows awareness of own values and beliefs and how these might impact on nursing practice</p> <p>Respects the values and beliefs of other nurses and health workers</p>
<p><b>4.4. Shows a commitment to developing own knowledge, skill and practice</b></p>	<p>Shows responsibility for maintaining own fitness to practice, currency of knowledge and competence</p> <p>Ensures nursing practice is based on current knowledge and guidelines</p> <p>Consults with an experienced RN and/or other health care professional when nursing care requires expertise beyond own level of competence</p> <p>Seeks opportunities to updates knowledge and practice in relation to current practice.</p> <p>Shows ability to critically think and resolve problems</p> <p>Is able to manage patient care in confusing and ambiguous situations</p> <p>Manages own emotional response to different situations</p>

<p><b>Domain 5.0: Management and Quality Improvement</b></p>	
<p><b>Competencies</b></p>	<p><b>Indicators</b></p>
<p><b>5.1. Demonstrates the leadership ability of a RN</b></p>	<p>Acts to enhance the professional development of self and others</p> <p>Assigns and delegates to others nursing activities within their scope and abilities</p> <p>Is willing and able to supervise others including; students, nurse aids and caretakers.</p> <p>Ensures those carrying out care delegated by the RN are well supported.</p> <p>Acts as an appropriate professional role model for nursing</p> <p>Able to confidently maintain the integrity of own practice</p>
<p><b>5.2. Uses available</b></p>	<p>Looks after and uses equipment appropriately</p>

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<p><b>resources to achieve maximum health outcomes at minimal cost</b></p>	<p>Learns how equipment works before using it. Manages equipment and resources economically and carefully Works within budgetary constraints and available resources to deliver quality care Maintains medical supplies and stock to the level required as able</p>
<p><b>5.3. Endeavours to maintain the quality and effectiveness of nursing practice</b></p>	<p>Evaluates the effectiveness of nursing practice Considers ways to improve nursing practice Monitors and reviews nursing practice regularly Is able to use practice competencies to evaluate own level of practice Shows understanding of and where able contributes to quality improvement Identifies unsafe practice and responds appropriately to ensure a safe outcome Advocates for and participates in change to improve nursing practice and patient care Contributes constructively to the development of nursing and health policies where able Collects accurately the statistical data required to monitor health Uses research findings to develop nursing and to improve standards of care</p>

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