

3<sup>rd</sup> EDITION

# NEW ZEALAND ADULT RESPIRATORY NURSING

KNOWLEDGE & SKILLS  
FRAMEWORK

# 2026



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COLLEGE OF RESPIRATORY  
NURSES NZNO SYMPOSIUM  
2026

WELLINGTON, NZ

# Outline

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Looking back



Introduce the 2026 framework, which is now open for feedback



Outline how the KSF supports practice, education and career development



Give some practical ways to use the KSF

# Looking back

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In 2005 at a Thoracic Society of Australia and New Zealand (TSANZ) conference the nurses special interest group (SIG) raised concerns about the gap between best practice and current practice

The group agreed that a framework could be the answer to providing a **'measurable means of evaluating practice'**, this would also be helpful as a professional development tool

Funding from TSANZ and MidCentral Health enabled nurses from the SIG and the respiratory nurses section of NZNO to establish a framework development committee

This committee included *Diana Hart, Elly Grant, Glenda Sullivan, Glenys Martin, Lorraine Forbes-Faulkner, Marina Lambert, Meg Goodman and Victoria Perry*

They drew on the national diabetes framework and other respiratory frameworks from the UK, Australia and the USA

In 2010 the 80-page the first NZ respiratory nurses KSF was released with a focus on Registered Nurses caring for adults with common respiratory conditions

The aim of the framework was to promote best practice, provide guidance and be a checklist for achieving competency in respiratory nursing skills.

Source: Fiona Cassie. (2010), *Nursing Review*. From Asthma to Pneumonia: How good are your respiratory nursing skills?

# Looking back - Abstract presented at ERS in 2012

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- *Respiratory nurses in New Zealand (NZ) are required by the Nursing Council of NZ and national legislation to provide evidence of competence however, there has been an absence of an agreed articulation of the respiratory specific knowledge and skills required to demonstrate this.*
- *A national working group of respiratory nurses therefore undertook to develop a national respiratory knowledge and skills framework that offers a mechanism for the development of a range of transferable clinical skills, seeks to minimise risk to patients, nurses and employers, provides a reference point for curricula and a mechanism for nurses to measure effectiveness of their practice.*
- Author: Victoria Perry





# Revisions and Updates

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- The framework has undergone reviews and updates, with a major revision in 2016, an update in 2020 and major revision in 2026
- These reviews and updates were led by the College of Respiratory nurses in collaboration with national stakeholders
- The **2016** team included *Betty Poot, Deborah Box, Kirsten Lassey, Liz Fellerhof, Marina Lambert and Victoria Perry* with special thanks to *Sally Powell* for NIV input
- The **2020** team included *Mary Gluyas, Laura Campbell, Kirsten Lassey, Susan Alexander, Maureen Trewin, Sally Powell and Sharon Hancock*
- The **2026** team included *Mikayla Neil, Katherine Waters, Jacque Westenra, Lisa Mason, Sascha Noble, Sharon Phillips, Raquel Jordan*

# The 2026 Framework

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This 2026 proposed framework is now better positioned as a practice, education, and portfolio tool for both local services and national registration expectations.

# Key differences – Alignment

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The framework has been aligned to the NCNZ six pou instead of the older four-domain model

The RN standards are reframed as standards of nursing competence rather than the old competency-domain language

The document uses pou-based language throughout

The supporting evidence list is updated to include the NZ COPD Guidelines 2025 update and current respiratory outcome priorities



# Key differences – Te Tiriti o Waitangi

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- Te Tiriti o Waitangi and cultural safety are now explicit and central and reflects the commitment to upholding Māori health equity
- Whanaungatanga and communication is now named as a distinct standard and linked to therapeutic relationships, education, and team communication
- Pūkengatanga and evidence-informed nursing practice is now made more visible, especially for assessment, investigations, and guideline use
- Manaakitanga and people-centredness is now emphasised in care planning, self-management support, shared decision-making, and whānau involvement
- Rangatiratanga and leadership is now strongly linked to service development, mentoring, quality improvement, and advocacy

# Key differences – Levels of Expertise

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The competent, proficient, and expert levels are retained, but the levels are now rewritten to match the new pou and current language

The proficient and expert sections now uses stronger wording around advanced reasoning, differential diagnosis, leadership, escalation, and service improvement

The evidence examples are broadened to include postgraduate study, guideline development, audit, quality improvement, mentoring, and advanced practice validation



# Key differences – Skills and Knowledge

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The respiratory assessment sections now place more emphasis on equity, whānau-centred practice, and social determinants of health

The acute assessment section now explicitly includes escalation, palliative care, and advance care planning in complex respiratory presentations

The investigations section now places more weight on quality systems, calibration, interpretation, and service-level oversight

# Key differences – Treatments

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The pharmacology section now includes biologics, oxygen governance, medication optimisation, and broader medication awareness such as rongoā and vaping-related products

The non-pharmacological section now more clearly links to self-management, pulmonary rehabilitation access, and equitable referral pathways

The NIV section now includes stronger links to sleep-disordered breathing, advanced care planning, and specialist service coordination

The health promotion section now more explicitly addresses smoking, vaping, cannabis, vaccines, housing, workplace exposure, and inequities for Māori and Pacific peoples



# What stays the same

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Remains a specific **respiratory** knowledge and skills framework

Continues to recognize **competent, proficient** and **expert** levels of practice

Continues to provide a staged pathway from **foundation knowledge to advanced specialist** practice and covers the major respiratory practice areas

Retains the national and international guidelines relevant to respiratory care

Smoking cessation, vaccination and environmental risk reduction remain as core content

Its function as a practical tool for educators, preceptors, managers and nurses remains the same

## Aspect of care: physiology and pathophysiology

Level of practice	Competent	Proficient and expert	
<b>Pou one: knowledge and skills</b>	Describes the higher burden of respiratory disease (e.g., chronic obstructive pulmonary disease (COPD), asthma, bronchiectasis, pneumonia) for Māori and Pacific peoples, and recognises the impact of colonisation and social determinants (housing, poverty, access to care) on respiratory outcomes.	Demonstrates in-depth knowledge of Māori and Pacific respiratory pathophysiology disparities (higher small airways obstruction, air trapping, severe eosinophilic COPD phenotypes, as per 2025 New Zealand COPD guidelines). Advocates for phenotype-specific management addressing colonisation impacts and social determinants.	
<b>Examples of possible evidence</b>		<b>Proficient</b>	<b>Expert</b>
	Reflection on Māori/Pacific caseload; audit data; continuing professional development on Māori respiratory health and equity.	Māori respiratory phenotype audit; equity guideline presentation; advanced Māori health paper.	Leads an equity-focused service review that identifies delayed diagnosis, undertreatment, and phenotype variation in Māori and Pacific respiratory disease, then redesigns the assessment and escalation pathway and evaluates whether disparities in access or outcomes narrowed over time.
<b>Assessment</b>			
	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:

## Aspect of care: non-pharmacological management

Level of practice	Competent	Proficient and expert	
<b>Pou one: knowledge and skills</b>	Demonstrates awareness of the higher need for non-pharmacological interventions (pulmonary rehabilitation, smoking cessation, housing modifications) for Māori and Pacific peoples with respiratory conditions, and advocates for equitable access to community-based programmes.	Leads pulmonary rehabilitation equity initiatives for Māori and Pacific populations (transport, whānau support, tele-rehab). Addresses social barriers to adherence (childcare, work leave).	
<b>Examples of possible evidence</b>		<b>Proficient</b>	<b>Expert</b>
	Referral pathway documentation; equity audit participation; Māori health forum reflection.	Pulmonary rehabilitation equity programme leadership.	Leads a service-wide equity review of pulmonary rehabilitation access, redesigns referral, attendance and transport pathways for Māori and Pacific communities, and evaluates whether this improves uptake, completion and functional outcomes.
<b>Assessment</b>			
	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:

## NIV aspect of care

Level of practice	Competent	Proficient and expert	
<b>Pou two: knowledge and skills</b>	Ensures NIV care planning includes whānau cultural needs and preferences, and practices culturally safe care that respects spiritual and cultural considerations alongside clinical NIV requirements (e.g., home setup, daily mask cleaning).	Promotes cultural NIV planning (prayer space access, whānau sleep arrangements, mask acceptability).	
<b>Examples of possible evidence</b>	Whānau NIV consent discussion documentation; cultural safety feedback; care plan integration.	Proficient	Expert
		Cultural NIV implementation.	Coaches the NIV service to embed te tiriti-aligned, whānau-centred NIV planning and delivery, and uses whānau feedback to demonstrate improved cultural safety, tolerance and long-term adherence.
<b>Assessment</b>			
	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:	Self-assessment score:  Mentor/peer score:

# Why the framework matters in Practice

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## For nurses:

- Helps to demonstrate meeting NCNZ pou and safe practice
- Gives role clarity
- Helps identify learning needs
- Strengthens professional portfolios

## For services:

- Assists workforce planning
- Supports consistent standards across settings
- Useful for role development and service growth

## For patients:

- Promotes safe, high-quality, evidence-based care
- Reduces unwarranted variation in practice
- Improves equity in care



# How to use the KSF Day-to-Day

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- Professional development planning such as mapping out your learning needs
- Planning topics for regular education sessions
- Useful for clinical supervision discussions
- Provides guidance for orientating new staff
- Can be used as a guide for:
  - Advanced roles
  - Postgraduate study
  - Local guideline and policy development
- Useful for determining potential quality improvement initiatives eg audit of nursing care
- And more.....



# Take home messages



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**If you remember nothing else...**

The Respiratory KSF is a **supportive, flexible framework**

It **identifies** what respiratory nurses **need to demonstrate**

It reflects **current best practice in respiratory nursing and the NZ context**

It is a **tool for growth, not judgement**

Everyone can use it — regardless of role or experience level

# Where to find it?

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In the symposium handout material

College of Respiratory Nurses NZNO webpage

Please send through **feedback** to the College of Respiratory Nurses so that they can refine and finalise this Framework.

