



Nurse Education in the Tertiary Sector

SUBMISSION, from **Nurse Education in the Tertiary Sector (NETS)** on

Clinical Workforce to Support Registered Nurses Draft: 10 July 2008.

Contact person. Kathy Holloway, National Co-ordinator
kathryn.holloway@whitireia.ac.nz





Nurse Education in the Tertiary Sector

The opportunity to comment on this **Clinical Workforce to Support Registered Nurses** draft paper by Nurse Education in the Tertiary Sector (NETS) was welcomed. The re-establishment of a regulated second level nurse will improve public safety by increasing the accountability and responsibility for this health worker under the Health Practitioners Competency Assurance (HPCA) Act 2003. In addition, the revised June 2008 Nursing Council of New Zealand (NCNZ) Guidelines on Direction and Delegation provides greater clarity around the respective roles of the registered nurse, the regulated 2nd level nurse, non-regulated health care workers and employers. It is timely to reconsider the best mix of health workforce for projected future requirements. Our comments relate specifically to the recommendations contained in the Executive Summary, pages 2 and 3 of this draft.

Recommendation 1:

- We support a regulated second level nurse as the key second level clinical support for registered nurses, as long as demand for this role can be demonstrated by prospective employers (Dixon, 1996).
- We believe it is timely to canvas health employers as to why nurse assistant and enrolled nurses are not being employed.
- We support the notion of a new scope for the regulated second level nurse that is broader than the current enrolled nurse or nurse assistant scopes of practice as defined under the HPCA Act 2003.
- The registered nurse currently has to provide direction and delegation for enrolled nurses and nurse assistants, and by default non-regulated health care workers in many situations. They can be held responsible for what work is delegated. For this reason it is important that the national MECA is negotiated to ensure a salary differential exists between the bottom pay scale for a RN and the top rate for a second level nurse. It is inappropriate for a registered nurse to be responsible for direction and delegation when a 2nd level nurse with 2 years experience is paid more than them.
- The salary levels in relation to the registered nurse contributed to the demise of the enrolled nurse in the 1990's (Brownie, 1993). It is important to learn from this past lesson.
- As written we believe the language is confusing, as the draft refers to 'second level registered nurse' in several places. While we understand why it is written in this way, we would prefer the term to be replaced with 'regulated' before it is made available to the Director General of Health.

Recommendation 2:

- The competencies for NETP to further develop the ability of a new RN to provide direction and delegation are an essential focus. While the theoretical knowledge has been covered, students have limited opportunities to demonstrate this RN competency in the undergraduate nursing programme.



- It will be important for Ministry of Health and District Health Boards (DHB's) to provide guidelines related to the appropriate workforce mix in their contracts with health providers. The NCNZ Direction and Delegation (2008) guidelines will be useful here to determine the mix of registered nurses to second level nurses and the non-regulated health care workers.
- Given the RN has to provide direction, and has overall responsibility for what work has been delegated; more registered nurses are likely to be required in the workforce to meet projected health needs and to work within the NCNZ Guideline of Direction and Delegation (2008). Delegation is resource intensive with a high monitoring function which must be accounted for in workload (Dixon, 1996).
- Research indicates more adverse health outcomes were experienced by the public when fewer registered nurses were involved in the provision of health care. For public safety reasons, more registered nurses must be available to provide the complex care required in many health settings (McCloskey, B. & Diers, D. 2005).

Recommendation 3:

- It is essential that national, legally-binding standards be developed for the non-regulated health workforce. In principle, NETS supports the notion of a minimum mandatory training requirement and adherence to some form of competency assessment programme within a certain time frame of employment for this group of workers.
- Educational stair-casing from non-regulated health care worker to second level nurse to registered nurse will require careful consideration and planning as entry requirements for each programme will vary. Collaboration between the agencies responsible for the non-regulated workers and the Nursing Council of New Zealand will be essential to ensure all educational and competency standards are appropriate and complimentary to other team member's roles.
- It will be important to ensure there is sufficient practice experience available for both the regulated second level nurse and registered nurse programmes. The proposal for a different 2nd level nurse should not reduce the number of clinical placements currently available for Bachelor of Nursing students.
- The registered nurse must maintain an educational entry standard to the register, equivalent to other members of the health team. i.e. an undergraduate degree. Given the economic, social, psychological and physiological complexities of illness and health, an undergraduate degree is the minimum requirement for registered health professionals. Degree preparation for all members of the health team fosters collaboration and cooperation in team work.
- We support the continuance of all educational programmes for the regulated second level nurse to be offered through Nursing Council of New Zealand approved Schools of Nursing.
- We see some possibility for a range of providers to offer non-regulated health worker programmes, including schools, as long as there is a set of nationally consistent standards.
- The outcomes from this Ministerial committee will impact on Schools of Nursing, who will require additional resources to redevelop existing programmes (Nurse Assistant; transition courses for enrolled nurses and nurse assistants) into the new second level nurse scope. The number of nurse assistant programmes has increased sharply over 2008 in response to the DHBNZ and Ministry of Health Nursing and Midwifery Workforce Strategy



document. There will be costs to redevelop and reaccredit these, plus if these programmes go into New Zealand Qualification Authority level 5, they will have an impact on the first year of the Bachelor of Nursing which may also require some adjustments.

- Both the current funding categories for the present nurse assistant and registered nurse programmes are under resourced. Increasing costs related to clinical access are but one pressure Schools of Nursing face. The funding category for nursing should be increased overall.
- The category for the regulated 2nd level nurse programme will need to be the same as for the Bachelor of Nursing programme i.e. category L rather than B, to reflect the clinical component of the programme.

Recommendation 4:

No specific comments. The tasks listed on page 21 would appear to cover this recommendation.

References:

Brownie, S. (1993). *The Second Level Nurse: Employment Patterns and Future Possibilities*. Unpublished M.Ed. Admin thesis, Massey University. New Zealand.

Dixon, A. (1996) *Critical Case Studies as Voice: the difference in practice between enrolled and registered nurses*. Unpublished PhD. Flinders University of South Australia. Adelaide.

McCloskey, B. & Diers, D. (2005). Effects of New Zealand's Health Reengineering on Nursing and Patient Outcomes. *Medical Care*. 43:11, 1140-1146

Nursing Council of New Zealand. (June 2008). *Guideline: direction and delegation*. Nursing Council of New Zealand. Wellington.

