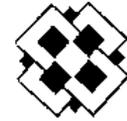**Nurse Education in the Tertiary Sector**

Nurse Executives of New Zealand

Joint Position Statement

Development of the Regulated and Unregulated Workforce:
Creating a Consistent National Learning Framework

Introduction

Current national discussion about health workforce supply and skill mix is escalating as vacancies emerge in key professional groups and the lack of national health workforce planning becomes evident. In response to identified gaps, changing acuity and health need, organisations are proposing roles and new educational processes that could potentially result in role conflict; quick-fixes instead of long-term strategies; and the introduction of approaches that may work in another country but have not been tested in the New Zealand context.

This paper, developed collaboratively between the executive groups of the Nurse Executives of New Zealand (NENZ) and Nurse Education in the Tertiary Sector (NETS), proposes a nationally consistent approach to develop a nursing support structure that is sustainable and resilient, that builds on known and trusted relationships and creates a seamless system that delivers safe and effective care to our communities. It is one strategy, that taken together with the recruitment and retention initiatives and the development of advanced practice roles for registered nurses that will strengthen the nursing workforce to deliver quality care.
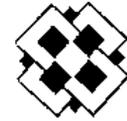
Concern for Patient and Community Safety

Projections of health workforce supply and demand suggests that unless there is an urgent reshaping of the health team structure and articulation of a resilient model of care, there will be people in our communities who will be unable to access the skilled care and service they need to remain well and independent. International generic roles have been proposed for the future, but these remain untested. While all considerations are worth exploring, the reality is that the shortages are increasingly obvious now and there is little time to test and implement major changes. Before random solutions are imposed, our recommendation is that work be done with sector groups to bring together synergistic initiatives that deliver a learning framework (linked from NZQA[1] Level 3 to Level 8) to promote a model of team-based care that makes best use of the available workforce to meet the needs of the most vulnerable in our community. Our commitment is to ensure that whatever team structure is in place ensures safe, accessible, acceptable and appropriate care.

Nursing exists on the premise that a regulated workforce provides protection for society by ensuring that nurses have the appropriate preparation, knowledge and skills for the work to be done; and that where practice is not delivered appropriately, nurses will be called to account. The various roles under the umbrella title of nurse (in the Health Professional Competency Assurance Act (HPCA) all have approved scopes of practice, appropriate educational preparation and practice to agreed standards that include direction and delegation to ensure a consistent delivery of care. The nursing roles are all prepared with transferable skills to be flexible to meet changing health service needs. The scopes of practice are appropriate to facilitate nurse leaders to utilise the expertise in various team structures. There is support for re-introduction of a regulated nurse assistant role to support the registered nurse in direct care provision. It is recommended however, that the scope be expanded to allow work in all contexts undertaking more nursing care, always under the direction and delegation of the registered nurse.

Over the past decades there has been a proliferation of unregulated workers providing care in secondary care, residential facilities and home based services. These workers work with an unregulated range of activities and limited direction and delegation from registered nurses who prepare the care plan. The registered nurses' ability to provide direction and delegation is

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[1] New Zealand Qualifications Authority

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limited as numbers employed in some settings are very low. Many health care assistants have received no preparation for the expectations of their work. Anecdotal evidence suggests that lack of preparation and limited number of registered nurse direction and delegation can result in unsafe service delivery. The risk can be addressed with realignment of nursing team structures and educational preparation, linking healthcare assistants, nurse assistants and registered nurses in a constructive working relationship.

It is proposed that the reinforcement of a seamless system of education, a clear and strong team structure and a clear model of care will provide a nationally consistent framework that is known, trusted and cost effective. This will stabilise a key essential component of the health workforce, with minimal disruption.

Model of Care that simply delivers the Outcome
The proposed model of care starts with acknowledgement of the health needs of our community now and into the future; consideration of the workforce / team structure that is needed to support the care delivery pathway; identification of the regulated and unregulated roles needed, how these might be developed and how they will interrelate. The aims are to reduce duplication, reduce consumer confusion and make best use of available resource.

The health team configuration is already complex and to introduce more roles or make core roles generic could result in poor recruitment, role confusion and community disorientation. It is proposed that there should be a simplification of the health team with retention of existing roles, clarification of roles and responsibilities of the team and promotion of a team structure which wraps around the care pathway to achieve clearly agreed outcomes.

For Nursing, this means that all teams are led by a registered nurse who works with either or both a nurse assistant and / or a health care assistant in their support structure.
- The Registered Nurse would undertake a case manager and / or advanced roles, using skilled assessment, effective care planning and evaluation, undertaking complex care activities, monitoring service delivery and referring for specialist assessment, planning and treatment.
- The generalist prepared Nurse Assistant is a regulated nurse role, which supports the registered nurse. The nurse assistant would provide nursing care (personal care/ADLs, take vital signs, recognise clinical deviations, medicine administration).
- The nursing team is supported by the Health Care Assistant (environmental and support role).

This nurse-led team would work across the continuum of health need: acute care, managing chronic conditions, across populations of different ages and stages. The Registered Nurse, in a leadership role, would integrate with other health team members to ensure that the plan of care was achieved. This model ensures that the needs of the individual/community are co-ordinated, that unqualified workers receive support and guidance to undertake their work, that the finite registered nurse resource is utilised to best effect and that the care delivered is safe and appropriate. It is acknowledged that work will need to be done across the sector to support this team structure and refocus roles.

Consistent National Learning Framework to deliver workforce
It is proposed that work be done promote the seamless nature of the education programmes that prepare health care assistants (HCA) (NZQA Level 3) and Nurse Assistant (NZQA Level 4), which also facilitates those who are interested in undertaking the registered nurse programme (NZQA Level 5-7). This seamless system is promoted in current Future Workforce plans.

A number of options have been considered for preparation of the Nurse Assistant. All the programmes are for a generic health professional with no restriction on practice setting.

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Option 1*:*
In option 1, 1200 hours is delivered over 12 months. Exit point for HCA somewhere at an agreed point in Part A

Part A (2/3) 700 hours *April - October*	**Part B** (1/3) 500 hours *November to March*
Foundation – theory/practice	Practice Exit
HCA exit at 4-12 weeks Part A	Programmes accredited for Nurse Assistant

Option 2:
In option 2, the potential exists to have a common foundation programme for all assistant roles, e.g. Physiotherapy or Occupational Therapy Assistant, with discipline-specific learning sections.

Part A (2/3) 700 hours *April – October*	**Part B** (1/3) 500 hours *November to March*
Foundation – theory/practice	Practice
	Programmes accredited
HCA exit at 4-12 weeks Part A	Exit according to discipline requirements

The proposal is to have a nationally consistent Nurse Assistant curriculum: approved nationally and delivered by agreed nursing education providers across the regions, linking with regional health providers for clinical experience. This would ensure that nurse assistants are developed in a way that allows for national inter-agency recognition, transferability of skills; and would ensure team structures are developed and supported consistently. It would also provide a clear pathway for people interested in developing their career in health for the future.

Way forward
New Zealand is a small health system, which is vulnerable to international trends and workforce shortages. As nursing is a core part of the health team, it is important to find a solution that ensures that nursing and its support roles are integrated, resilient and sustainable. Preparing a nursing workforce is time-efficient and cost effective (3 year programme). We know there are more applicants wanting to provide care and support than can be taken into existing programmes. A model as outlined above is cost effective, can be achieved rapidly and would deliver safe and effective patient focused care to our communities.

This collaborative paper shows that with health service and education provider co-operation there can be prompt action and delivery. We request that this proposal be considered and actioned as soon as possible. There is much to be gained within a relatively short timeframe by adopting this initiative.

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