

**Clinical Workforce to
Support Registered Nurses**

Executive Summary and Recommendations

September 2008

Executive Summary

The purpose of this paper is to provide advice to the Director General of Health on the clinical workforce to support registered nurses. A Nursing Advisory Committee was set up by the Ministry of Health (MoH) to assist with this task (see appendix 2 and 3). The committee has held four meetings and has had the assistance of a MoH secretariat.

There has been a concern in New Zealand for a number of years that there is a gap in the second-level clinical support for registered nurses. Currently enrolled nurses (ENs) and nurse assistants (NAs) are the second-level nurses to support registered nurses. However, second level clinical support for registered nurses is increasingly being provided by non-regulated health workers with varying amounts of education and training. While some of this workforce would have sufficient training to provide the clinical support to registered nurses others would not which raises quality and safety of patient care issues. This situation is due to a number of factors e.g. the aging population and need for more aged care, therefore a need for more health workers. It is also due to the low numbers and shortage of second level nurses (ENs and NAs) and the limited care settings in which they are currently employed.

In considering the type of clinical workforce needed to support the registered nurse the committee took the following into consideration:

- the current gap in the second level clinical support for registered nurses;
- population and health sector needs;
- labour market factors;
- how other countries are managing this workforce;
- international frameworks including the International Council of Nurses (ICN) Framework;
- current workforce strategies and initiatives; and
- quality and safety of patient care.

The committee spent some time analysing a number of solutions. The committee were of the view that the second-level nurse should be the key qualified second level support for registered nurses. However, the committee decided that as second level clinical support to registered nurses is provided by more than second-level nurses including other registered nurses, enrolled nurses, nurse assistants and a variety of non-regulated health care workers the solutions would need to consider all these workforces.

The committee therefore made a number of recommendations related to:

1. Promoting second level regulated nurses as the key second level clinical support for registered nurses. This would include creating a new regulated second level nursing role that is broader than the current second level nursing roles; ensuring there is demand for this role; employment strategies to recruit unemployed second-level nurses; and ensuring that the relevant contracts include requirements for both registered and second-level nurses.
2. Defining and promoting the second level clinical workforce (regulated and non-regulated) within the context of a team approach. This would include setting up a work programme to define the care settings for the team and defining the competencies of the second level clinical workforce.

3. Developing an education career pathway, standards and competencies for both the regulated and non-regulated workforce. This would involve the MoH, DHBs, Nursing Council, Careerforce, education providers and the respective sectors working together and considering the workforce needs of the sector.
4. Developing a national campaign to implement the changes and ensure their success that would include funding, change management and marketing.

Feedback on the recommendations was sought from stakeholders who mainly supported the direction of the committee and was taken into consideration in making the final recommendations. The key areas that were identified from stakeholder feedback included the importance of:

- identifying sector needs when introducing a new second level nursing role;
- resolving and learning from the issues of the past with the current second-level nurses both enrolled nurses and nurse assistants;
- considering the funding for new educational programmes, the number of programmes that could be offered by the educational institutes and whether there would be sufficient clinical placements for new second level nurses; and
- clarifying the relationship between the second-level nurse and the non-regulated health worker.

Of note is that the DHB Future Workforce Nursing and Midwifery Strategy Group run by DHBNZ thought it was important to identify sector needs in relation to the second-level nursing and non-regulated workforce before deciding on the appropriate second-level workforce.

All stakeholder feedback was taken into consideration in making the final recommendations. In total the committee made four recommendations each with a set of priority actions. In making these recommendations, the committee recognised that:

- Health and Disability services are provided by a range of workforces, within a broad range of contexts and environments, of which nursing plays a significant part;
- some sectors have long-term workforce strategies in place e.g. mental health and addiction sector and that the recommendations below may apply differently to these sectors;
- work by the Ministry of Health and the DHBs on the demand for the second-level nurse should be done in conjunction with the Nursing Council work on the scope of practice for the second-level nurse to ensure the most appropriate second-level nursing workforce; and
- if changes were made to the current second-level nursing role there would need to be a smooth transition pathway to the new role to ensure that current applicants to the current second level nurse assistant role would not be discouraged from applying in the interim period.

Recommendation 1

That second level regulated nurses are the key second level clinical support for registered nurses. Second level nurses are the regulated workforce under the HPCA Act (2003).

Priority Actions

1. The Director General of Health (DG) request that the Nursing Council review the current second-level nursing scopes (EN and NA) and consult section 12 of the HPCA Act (2003) with a view to integrating the current second-level nursing scopes into one scope of practice for second-level nurses that:
 - is broader than the current second-level nursing scope;

- is developed as a nationally consistent qualification at NZQA level 5 with entry level at NZQA 4;
 - is aligned with equivalent developed countries workforces where possible;
 - covers the full range of community/client needs; and
 - meets current and future health and disability sector workforce demands.
2. Ministry of Health and DHBs to synthesise the evidence and expected demand within the wider health sector for the new second-level nurses. This is to be done in conjunction with priority action 1.
 3. DHBs consider employment strategies to increase the number of second-level nurses including: marketing; recruitment strategies to fill current vacancies; and re-orientation programmes.
 4. The Ministry of Health should lead the investigation of the provision of funding to support the transition pathway for current second level nurses to move towards the revised second level nursing scope of practice. This should include support for the mapping of qualifications and any additional training required for current second-level nurses to move to the new qualification. While this work is required following agreement on the new scope of practice for second level nurses the commitment to ensuring a smooth transition must be made as soon as possible to reassure applicants entering current Nursing Assistant programmes in the interim.
 5. Nursing Council and Education Providers to develop pathways for the current nurse assistants and enrolled nurses to be mapped to the new second-level nursing qualification.
 6. TEC, DHBs, CTA, Careerforce and education providers work together to review the adequacy of funding investment for second-level nursing programmes including increasing payment for clinical placements.

Recommendation 2

That the new second level clinical workforce is developed and promoted within the context of a teamwork approach to the delivery of care with registered nurses having the overall responsibility for delegation, direction and coordination of care.

Priority Actions

1. The Chief Nurse (MoH) establish a work programme in conjunction with the Nursing Council, Careerforce and the sector to define the care settings where the second level clinical workforce (both regulated and non-regulated) will work as part of the registered nurse led health care team. This work should take into account the time factor required for delegation and current related health and disability workforce projects.
2. The Nursing Council and Careerforce work together to make explicit the scope and competencies of the regulated and non-regulated workforce required to support the registered nurse.
3. The Nursing Council provides guidance on direction and delegation to nurses and employers.

4. The MoH consults with employers and funders of nursing and non-regulated workforces are consulted as part of the work programme to ensure that the outcomes provide the current and future workforce required to meet client needs.

Recommendation 3

That an education career pathway is developed for regulated second level nurses and the non-regulated health and disability workforce. The career pathway needs to:

- align with the Health Career Framework;
- provide a pathway enabling achievable staircasing to a registered nursing qualification;
- provide recognition of current competencies and prior learning;
- provide education programmes that are tailored to the particular workforces and which prepare practitioners/workers to provide quality and safe care in a variety of care settings; and
- align with globally recognised frameworks where possible.

Priority Actions

MoH, DHBs, Nursing Council, Careerforce, education providers and the sector should work together to develop the career pathway for regulated and non-regulated workers. This work should include:

- examination of international frameworks and programmes and their application to Aotearoa, New Zealand;
- the workforce needs of the New Zealand health and disability sector from a population, client/patient and employer perspective ;
- the roles and relationship of the regulated second level nurse and the non-regulated worker in the sector; and
- the feasibility and implications of a staircased approach to nursing education including the feasibility of developing qualifications at the different exit points.

Recommendation 4

That the MoH investigate funding a national campaign including change management and marketing to implement the changes included in recommendations 1-3 to increase overall awareness and success of the new workforce initiatives. This is needed to promote the new programmes to employers and to attract people into the new education programmes to ensure an increase in the second-level workforce available to employers and the overall success of the new workforce initiatives.