



9 December 2010

Qualifications Reviews
Quality Assurance Division Policy
New Zealand Qualifications Authority
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Tēnā Koe

Re: Targeted Review of the Qualifications System: Mandatory Review of Qualifications at levels 1-6

The New Zealand Nursing Organisation (NZNO) welcomes the opportunity to comment on the proposals for undertaking mandatory reviews of qualifications at levels 1 to 6 on the New Zealand Qualifications Framework (NZQF). NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health care workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

This submission is informed by consultation with staff and members, including professional nursing, industrial, education and policy advisers; members of the Mental Health Nurses and Gerontology Nurses' sections; and organisers and delegates, particularly those in the aged care and mental health sectors, where confusion around qualifications at these levels poses a substantial risk to public health and safety and to regulated nurses, who, under Nursing Council direction

and delegation guidelines, are largely responsible for the HCAs, regardless of their level of training.

While the document does not identify the 15 areas where analysis has shown substantial duplication and proliferation of qualifications, or specify which four sectors were targeted for preliminary investigative workshops, NZNO submits that qualifications for unregulated health care work is an area which needs urgent attention, because some are inconsistent with, and undermine the intent of, legislation and regulation for health practitioners.

Unregulated health worker roles at these levels are often poorly defined¹; training is widely variable, task-related, and often not portable between employers (not nationally recognised). More particularly, it does not encompass the professional clinical training of regulated practitioners, and the interface with clinicians, mainly nurses, and lines of responsibility can be blurred. There is also considerable duplication and confusion in current programmes which presents a high risk to potential students who may in good faith pay for courses which are at an inappropriate level, will not result in increased pay or opportunities, and may not be transportable. NZNO is also aware of unregistered overseas trained nurses (OTNs) in the aged care sector who are sometimes 'encouraged' to take expensive and quite unnecessary caregiver courses in the belief that they are compulsory.

In brief, there are existing and proposed qualifications for unregulated health care workers set at NZQF levels, 4, 5, and 6, while the Diploma for Enrolled Nursing for nurses regulated under the Health Practitioners Competence Assurance Act 2003 (HPCAA), the purpose of which is to protect public safety, is at level 5. This exacerbates the considerable confusion between various roles, arising from a lack of understanding of the distinction between clinical and task-oriented training and qualifications - a significant risk where there are co-morbidities (for example diabetes and mental health issues) with highly vulnerable patients such as in mental health and aged care, where clinical supervision is required. Examples abound where the ability to perform a common, usually straightforward clinical task such as catheterisation, dressing wounds or injection of insulin, is confused with the professional clinical training and skill to assess and monitor the range of indicators that are a necessary adjunct to the task. Unfortunately, examples also

¹ See, for instance, D M Barnaby. 2010. Organisational Views of the Mental Health Support Worker Role and Function. *International Journal of Psychosocial Rehabilitation*. Vol 14(1). 29-33 Retrieved from http://www.psychosocial.com/IJPR_14/Organizational_Views_Pace.html

abound where this confusion has led to poor and serious patient outcomes, job substitution, and professional competency investigations.

The object of education and training must be to up skill, not to provide a lower skilled, lower waged alternative, especially in a small country like Aotearoa New Zealand where there is limited scope to provide a range of training opportunities. The introduction of unregulated health care roles has happened in an *ad hoc* manner nationally, in part as a result of some confusion, since resolved, around the Enrolled Nurse role, but increasingly as a means of reducing costs. Aged Care is predominantly serviced by HCAs, with very minimal clinical oversight, but HCAs are now extensively employed in hospitals, mental health, and district and community health settings, each of which, for safety reasons, requires its own training. Clearly, at a national level, that is not cost effective.

Nor is it safe, particularly when a qualification is for an advanced or leadership role at level 5 or 6 equal to or above that of the regulated Enrolled Nurse. The National Diploma in Mental Health (support work) at level 6, for example, is a non-clinical qualification for leading a team of mental health workers and there are various proposed qualifications for Advanced Carer roles at levels 5 and 6. It is neither sensible nor safe to qualify non-clinicians to lead regulated clinicians, or to undertake clinical work, especially in areas such as mental health and aged care where there are highly vulnerable clients and staffing difficulties: the heightened risk is reflected in the disproportionate number of complaints to the Health and Disability Commissioner and nursing competency reviews in these sectors.

The qualifications framework needs to reflect consistent standards of education for safe clinical care which align with the HPCAA. Health support worker training above level 4 must lead to a qualification as a regulated clinician, for example Enrolled Nurse level 5 or Registered Nurse level 7 as indicated in the attached NZNO position statement regarding an education framework for unregulated healthcare workers. This would require sector wide collaboration between health care providers, Nursing Council, Industry Training Organisations such as Career Force, professional bodies such as NZNO *and Unions* - employment is the 'bottom line' and both students and workers should be represented in any education and training review process (refer Question 3).

NZNO's experience with trying to organise appropriate training for HCAs in aged care strongly indicates that compulsory participation for key stakeholders is necessary (refer Question 4). Currently for instance, a major aged care provider

is seeking to 'opt out' of nationally consistent certification for HCAs by offering watered down versions of training programmes which do not take into account the standards ITOs are supposed to set for quality health and safety.

In general NZNO **supports** the proposed two stage process of identifying and prioritising qualifications for review and recommends that you:

- **note** our request for the analysis of the information which identifies 15 key areas where there is substantial duplication and proliferation of qualifications;
- **agree** that qualifications for unregulated health care work need urgent attention and should be prioritised because of the risk to public safety; proliferation and confusion of qualifications; they present; and potential to lead to a net down skilling rather than up skilling of the health workforce in Aotearoa New Zealand health workers;
- **note** workers and students must be clearly identified as stakeholders and participate in all stages of the development of qualifications;
- **note** we recommend mandatory participation of key stakeholders; and
- **note** NZNO's position statement on an Education Framework for Unregulated Health Care workers which is sent separately but can be downloaded from our website:

<http://www.nzno.org.nz/Portals/0/publications/HCA%20Education%20Framework%20-%20Unregulated%20Healthcare%20Workers.pdf>.

NZNO would welcome the opportunity to discuss this further with the NZQA.

Nāku noa, nā



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ABOUT NZNO

NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

