

# Response ID ANON-B6RS-HQVJ-P

Submitted to **COVID-19 Vaccinator Workforce Consultation**

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## Introduction

### 1 What is your name?

**Name:**

Angela Clark

### 2 What is your email address?

**Email:**

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### 3 What is your organisation?

**Organisation:**

NZ Nurses Organisation

## Your views on proposed changes to increase the COVID-19 Vaccinator Workforce

### 4 Please provide any comments IN SUPPORT of the proposed changes to the Medicines Regulations 1984 to authorise a new class of COVID-19 vaccinators.

**Please provide comments in support of the proposed changes:**

NZNO does not agree with this proposal.

NZNO acknowledges the opportunity this presents to discuss recruitment into the health workforce people who are already involved in non-clinical roles and the opportunity to increase the diversity of the workforce.

In order for this workforce diversification strategy to have an enduring benefit, this situation needs to be carefully explored with the current vaccinating professions, professional organisations, responsible authorities, potential employers across DHB's, Maori/Iwi providers, Pacific Providers, PHC and the communities they serve. There is a demand and opportunity for both professional prepared and regulated health care workers (HCW's as well as unregulated HCW's to ensure a successful Covid-19 vaccination programme.

NZNO agrees to exploration and analysis of service models within the current regulations that does not ignore the evidence that public safety is enhanced with direct care provided by regulated professionals.

### 5 Please indicate if you have SIGNIFICANT CONCERNS about the proposed changes in relation to the following areas. (Select all that apply)

Accountability, Clinical Supervision, Employment matters, Implementation on site, Training

**What area does your concern relate to, if not listed above?:**

Supervision needs to be 'in person' NOT via telephone, zoom etc

### 6 Please describe any significant concern(s) you have about the proposed changes.

**Please describe any significant concerns about the proposed changes:**

There is priority to address the past failure to increase the Maori nursing workforce. Establishing another workforce creates a further inequity with a second-tier health care worker with longstanding implications for Maori nursing, Maori HCW's and their communities. A multipronged approach may include exploring those without current APC's, those with APC's but not in practice, those willing to assist when equitable remuneration will be offered across all sectors including Maori/Iwi providers, those currently working for multiple employers or roles in order to provide sufficient financial care to their whanau because of inequitable remuneration across employers.

There are concerns that the existing vaccinator workforce is not being utilised to its capacity. An example is the Enrolled Nurse workforce who are already 'covered' to vaccinate but in a number of DHBs which employ healthcare assistants instead of ENs, there seems to be a reluctance to access the capacity that ENs have as regulated workers which includes vaccination. The Ministry of Health has not supported Enrolled Nurses in ensuring that DHB's remove barriers to all enrolled nurses being enabled to vaccinate. We also have nurses who have signed up to the surge workforce, including already authorised vaccinators, whom have contacted DHB's months ago but still not been invited to vaccinate.

Recruitment. due to differing remuneration. NZ'ers expect a professional and equitable standard of care creating a value of vaccinators. Similarly, NZNO expects that all registered nurse vaccinators receive the same, or no less, remuneration as other nurses who have provided mass vaccination programmes. To have

public health nurses providing vaccinations alongside recruited nurses on another pay scale undervalues nursing, creates inequity and severely impacts recruitment. An example is has been the ability to recruit and retain nurses in the MIQF's alongside other nurses on differing pay and across differing DHB's. This undermines a plan for an efficient rollout of the programme.

Accountability: There has been no discussion with the profession about additional care for which they unregulated vaccinator is not held to account to a regulatory authority. Whilst an unregulated HCW may be held to account to the Health and Disability Commissioner there is no professional accountability and no avenue to explore required improvements of competence or conduct. Should an unregulated HCW be found to be in breach of providing appropriate care (Right 4 of the Consumers Code of rights), there is no avenue preventing them from working in the same role, for another provider, without these competence or conduct concerns being addressed. Regulatory Authorities are established in NZ for public safety and professional practice standards, including vaccinating must be afforded the best protection that we currently have in NZ, with a regulated profession.

Appropriate care:

The MOH and Immunisation Advisory Centre: Covid-19 Vaccinator Guidelines advises "it is best practice for vaccinators to prepare their own vaccine for administration. The Medicines Care Guide for Residential Care by the MOH advises intramuscular injections to be done by enrolled nurses and registered nurses.

Proposal: The proposal is severe lacking of information inhibiting constructive feedback. There is an absence of the following: data of what is the size of the problem and future predictive modelling; who has been consulted and involved in the development of this proposal; the proposed wording of the regulations, a risk analysis on public safety, an analysis on professional practice, an equity review and analysis; ignorance of MOH and IMAC best practice advice; consultation with the professions including Te Runanga O aotearoa NZNO, risk/benefit analysis of alternative options

These regulation changes are being rolled out as a new health system is being developed. How might the health system changes influence these regulations and their utility?