

## Health Care Assistants in General Practice and Accident and Medical Settings

**The purpose of this statement is to specify the New Zealand Nurses' Organisation (NZNO) position on the appropriate deployment and support of health care assistants (an unregulated health workforce) in general practice, accident and medical centres, and in integrated family health centres.**

This paper seeks to provide clarity around the appropriate utilisation of Health Care Assistants (HCA) in practice settings where presentations will generally be routine or follow up appointments for clients known to the practice, differentiating this to the acute presentation of unwell patients, in particular to accident and medical centres.

NZNO recognises the rapid evolution of health care delivery in Aotearoa New Zealand and is not averse to innovation in service provision; however safety to patients and to staff is a paramount concern. Change needs to be considered with quality of care and safety for both patients and staff being the central consideration in any system redesign. In particular, there are concerns for the registered nurse (RN) role in delegation and supervision of HCAs in primary health settings. Clarification is required regarding whether this direction is expected to come from the RN or the general practitioner (GP). NZNO is also concerned that the skilled Enrolled Nurse (EN) workforce with the broadened scope of practice (Nursing Council NZ, 2010) is not being fully utilised in primary care, while there is a push to further expand the utility of the HCA.

This position statement contributes to a growing body of papers prepared by the NZNO to support the sound development of team inclusive of nurses and HCAs. It should be read in conjunction with the NZNO position statement, HCA – *Unregulated healthcare workers education framework (2010)* and the position statement “*The unregulated healthcare workforce*” (draft – Clendon 2010). The NZ College of Primary Health Care Nurses NZNO is currently developing a statement on the role of the EN in primary health care which will be finalised in 2011.

***NZNO calls for nationally agreed guidelines/standards governing the role of the HCA in primary health care settings – specifically general practices and accident and medical centres – and seeks collaboration with other stakeholders such as the Royal New Zealand College of General Practitioner, the GP Leadership Group, Maori and iwi providers, and PHO representatives.***

### Background

Health Care Assistants (HCAs) '... assist registered nurses by completing personal care and other activities that do not require specialist nursing knowledge, judgement or skill' (Nursing Council of New Zealand, 2010, p.10).

Health Care Assistants are employed under a range of titles (including caregivers, health care workers, health assistants, kaimahi hauroa, hospital aides, and health care assistants) and in a range of settings. For the purposes of this document the term health care assistants (HCAs) is used. A NZNO survey of HCAs indicated this is their preferred title as it differentiates them from unpaid caregivers and acknowledges their

#### NZNO Practice position statement:

Health Care Assistants in General Practice and Accident and Medical Settings  
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)

role as helping others in the healthcare team (Walker, 2009).

In New Zealand, HCAs are unregulated i.e. they are not covered under the HPCA Act 2003, although they are expected to work within other legislative requirements such as the Code of Health \* Disability Services Consumers Rights (1996) and the Health and Disability Services Standards (2008) (Weston, 2010).

There has been growing recognition both within Aotearoa New Zealand and internationally of the role HCAs play in the provision of health care. But there is also growing concern regarding the level of education and knowledge HCAs bring to direct care roles (Clendon, 2010). Considerable risks exist where there are unclear standards of practice for HCAs and where nurses are overseeing the care of HCAs in an inappropriate environment.

The Nursing Council of New Zealand, the International Council of Nurses, and the Royal College of Nurses (UK) acknowledge the existence of such risks and have produced guidelines to assist registered and enrolled nurses in determining when, how and what delegation of tasks should occur (Nursing Council of New Zealand, 2008; International Council of Nurses, 2008; Hopkins, Hughes & Vaughan, 2008). NZNO has also published a position statement that supports standardised, appropriately funded and nationally accessible education for unregulated health care workers (NZNO, 2010).

HCAs make a valuable contribution to supporting care delivery and must be assisted to achieve this safely and within appropriate parameters. The key is ensuring that the skill mix is appropriate to the client group and that the work is according to role and scope (ICN, 2008).

### Substitution

HCAs are being increasingly used to either replace the regulated work force or to augment the nursing team across all sectors of the health service, particularly in response to staffing shortages and to perceived cost benefits. This has occurred without any national consistency or safe guards being put in place for the HCAs, the regulated health professionals (including NPs, RNs or ENs) or the general public.

The National Party policy, "better, sooner & more convenient" primary healthcare (Ryall, 2007) has seen an increase in the utilisation of unregulated health care workers under a wide variety of titles and position descriptions. NZNO has become increasingly concerned about this haphazard introduction of HCAs into the health sector. While previously there has been limited use of unregulated workers undertaking clinical work within general practice and accident and medical centres this is the beginning to change.

In many cases, HCAs have been employed to cover deficits in RN numbers or as an alternative to Enrolled Nurses (EN), without consideration to the long term issues and impact on health outcomes. Short term perceived cost efficiencies have been prioritised over optimal patient outcome.

A joint health professions statement issued by the World Health Professionals Alliance comprising ICN, the International Health Federation, the International Pharmaceutical Federation, the World Confederation for Physical Therapy, the World Dental Federation and the World Medical Association indicates that task shifting and adding new cadres of worker results in fragmented and inefficient health services and that 'whatever the strategy selected, task-shifting should not replace the development of sustainable, fully functioning health care systems. It is not the answer to ensuring comprehensive care, including secondary care, is accessible to all' (ICN, 2010, p.14).

Substitution without consideration of the skill mix required to match patient acuity

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Health Care Assistants in General Practice and Accident and Medical Settings  
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)

results in poor patient outcomes. The UK experience suggests that in times of increased workload and nurse shortage, HCAs are allocated work outside of their practice scope (administering drugs while unsupervised, and running clinics without a nurse), which was withdrawn once professional staffing levels were restored (Longbottom et al, 2006). It is important to note that in the UK, there is no regulated second tier/EN nursing workforce as there is in NZ.

NZNO also raises concerns in regard to utilising receptionists in a formal triage role, as this fails to meet the provisions of the New Zealand Standards NZS 8151:2004 Accident and Medical Clinic Standard.

3.1.7(a) “the receptionist is not to give medical advice or make clinical decisions beyond prescribed guidelines, unless the receptionist is a registered doctor or nurse.” (2004, p.13) and further that “compliance may be demonstrated by ensuring: training for staff performing triage (including receptionists) on limits of the receptionists role” (2004, p.14).

*In order to address many of the concerns surrounding increased use of unregulated health care assistants, NZNO recommends that the EN workforce should be fully utilised in primary health care. They have the knowledge and skills to support the delivery of better, sooner or more convenient healthcare when appropriately included in the team.*

## NZNO Positions

### Role within the clinical team

- > The health care team may be inclusive of general practitioners, registered nurse, nurse practitioners, enrolled nurses, with support from HCAs and receptionists.
- > General practices have enrolled patients who may present for routine, planned appointments or for episodic acute events. Accident and medical centres see patients who may not be known to the practice, typically for episodic acute events. All patients should be triaged by a regulated health professional in the first instance and acutely unwell patients should be assessed and treated by a regulated health professional.
- > It is the RN/NP or GP role to provide initial and ongoing assessment, the EN role to contribute to the assessment and the HCA role to support assessment.
- > Accident and Medical centres utilise alternative functions to general practice e.g. triage to categorise urgency and severity. They are not Emergency departments however they have people presenting with injuries or medical conditions seeking health care that is urgent or cannot wait (OAG report page 19).
- > NZNO does not support the role of the HCA undertaking initial “data-gathering” as a substitute for effective triage and assessment.
- > All actions involving direct client care must be under the direction and delegation of the NP/RN or GP, with this relationship explicitly clear and supported in position descriptions and employer policies. Triage standards outline that this role requires specific knowledge and skill.
- > The HCA should not make clinical judgements or decisions and must work under the supervision, direction and delegation of a regulated health professional, who is accessible to them at all times.

#### **NZNO Practice position statement:**

Health Care Assistants in General Practice and Accident and Medical Settings  
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)

- > NZNO does not support utilising receptionists as a formal point of triage or assessment, if they are not registered nurses or medical staff holding a current APC (New Zealand Standard NZS 8151:2004)
- > NZNO recommends that there are protocols in place to cover communication of clinical information received by receptionists when first contact is made by the patient on the phone or at presentation, or by fax/email to the practice.
- > There must be robust protocols in regard to nurse to nurse transfers between practices or when there is a direct referral from ED back to the practice.

#### The role of the HCA may include:

- > Monitoring and ordering of stocks and supplies.
- > Assisting patients during the health professional assessment e.g. undressing and dressing, mobility.
- > Undertaking routine recording of vital signs only when instructed/directed to do so by the health professional. Acutely presenting patients should be seen/assessed by the regulated health professional – triage and assessment is an RN function.
- > Assisting regulated health professionals prepare for education or wellness sessions as instructed i.e. administrative support, assembling resources – not providing education or advice directly to the client. The educative function must be undertaken by an RN or an EN who has completed transition to the expanded EN competencies.
- > Providing First Aid – supportive measures dealing with immediate presentation, not intervention or treatment.

***The HCA will work within the position description outlining the requirements and limitations of the role. The role shall be supported by written employer policies and procedures. The inter-relationship of supervision from RN or GP will be explicit.***

#### Title

The preferred title of an unregulated health care worker undertaking a range of delegated clinical activities within a general practice or accident and medical centre shall be Health Care Assistant (HCA).

#### Representation and advocacy

HCA's meet the membership criteria and are entitled to become full members of NZNO.

HCA's do not have coverage in the current primary health care multi employer collective agreement (PHC MECA) and bargaining will be initiated on its renewal (2010). Coverage of HCA's will be considered prior to the expiry date of the PHC MECA term of the agreement reached in the current negotiations. In the interim, a standardised minimal individual agreement will be developed for HCA's reference and use.

#### Education and training requirements

NZNO recommends that HCA education for work in primary care (GP and Accident and Medical settings) should be consistent, standardised and transportable between employers. It is recommended that initial education should be at level 3 on the NZQA framework and shall not be a level higher than 4, offering a stair-cased approach to further nursing education if this is desired (NZNO, 2010).

The HCA shall have a structured orientation programme providing training including but not limited to:

#### **NZNO Practice position statement:**

- The importance of privacy and confidentiality.
- The relevance of the Code of Health & Disability Services Consumers rights.
- Effective communication skills, within the team and with patients.
- The concept of cultural safety and obligations under Te Tiriti o Waitangi.
- The role, its responsibilities and limitations (per a clear and concise position description).
- Interrelationship with the team and their roles, referrals.
- The practice systems, including documentation of tasks undertaken on the patient record.
- First aid including CPR and emergency processes.
- Basic recordings for example temperature, pulse, respiratory rate, blood pressure, urinalysis, height and weight - \*only appropriate in routine follows up NOT appropriate as triage/initial assessment.
- Stock inventories and ordering.
- The HCA shall be supported to access ongoing training and refresher courses to support their role. The HCA shall be included in practice meetings and quality initiatives.

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### NZNO Practice position statement:

Health Care Assistants in General Practice and Accident and Medical Settings  
New Zealand Nurses Organisation PO Box 2128, Wellington 6140. [www.nzno.org.nz](http://www.nzno.org.nz)  
Page 5 of 6

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**Mission statement**

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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