



New Zealand Nurses Organisation

Submission to the Ministry of Health

on the

Career Framework for the Health and Disability Workforce in New Zealand

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation agrees in principle to the idea of having a career framework for the health and disability sector, however to progress the work done we recommend that the Ministry of Health:
 - **agrees** to undertake more extensive work on the rationale for a careers framework which is multi-dimensional, multi-faceted, and attempts to capture every profession and occupation within the health and disability sector. In our view the rationale has not been clearly expressed in the document;
 - **note** that we consider that there ought to be more consideration given to the rationale for a career framework, who the framework could feasibly apply to, where the existing professions/occupations fit in terms of regulatory authorities and the education sector, and where investment in education, skills and experience fits into the model.
 - **agrees** to undertake further consultation with the health and disability sector (employers and workers), the education sector and unions, not in a public consultation process, but through the development of a project team which includes all parties and which establishes ways of engaging with these sectors;
 - **note** that responses were received from NZNO members and there are clear expectations that a career framework that places individuals on a scale of competence in relationship to their skills, experience and education, also comes with an investment component. Within this context NZNO considers that funding for nursing education remains inadequate and new funding is required to support all levels of training particularly post-registration specialisation and advanced skill development;
 - **note** that, DHB employers will need to consult with NZNO specifically to discuss the development, design and implementation of as agreed in the

DHB / NZNO MECA Clause 24 “Cooperation, Consultation and Management of Change”. Also for other sectors such as primary and aged care where NZNO has employment agreements, this consultation is required;

- **note** that feedback on this initial concept of a career framework is not considered consultation with NZNO outlined in the above point.
2. NZNO would like to be involved in future consultations and is available to meet with or be a member of a Ministry or DHB led project team.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

3. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents 39,500 health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
4. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
5. The majority of NZNO members work across the health and disability sector in a variety of clinical settings and locations.
6. NZNO has consulted its members in the preparation of this submission from NZNO Board of Directors, Te Runanga O Aotearoa, NZNO Regional Councils and conventions, NZNO Colleges and Sections, NZNO Primary Health Care Advisory Committee, NZNO policy advisors, Professional Nursing Advisors, Industrial Advisors, Organisers, Chief Executive Officer, Professional Services Manager, Organising Services Manager, and NZNO organisers.

NZNO POLICY AND POSITION ON THE ISSUE

7. In our view the development and implementation of a career framework which adequately recognises competencies (skills, knowledge, experience) and qualifications, and which assists health sector employees to meet their regulatory requirements is a complex and time consuming, yet rewarding journey.
8. NZNO has been involved with clinical career pathways (CCP) for nurses since 1976. We hosted four CCP seminars from 1994 to 2001. The aim in 1990 was to develop a national framework however given the complexities and the way in which the education and skills development sector operated, this initiative was designed and implemented regionally.
9. In 2004 a national principles framework for Professional Development and Recognition Programmes (PDRP) was established. NZNO has embedded PDRP within the DHB/ NZNO MECA in 2004. However ensuring consistency and transferability within the DHB structure has been complex.
10. NZNO also has an accreditation for practice nurses, perioperative nurses and diabetes nurses that is part of a career framework. NZNO College of Practice Nurses accreditation is an approved PDRP by Nursing Council of New Zealand.
11. As endorsed by the International Council of Nurses, NZNO considers that a robust nursing continuum is crucial for the health and wellbeing of the community. Given that a variety of clinicians is required in the health and disability sector, NZNO is committed to ensuring that a second level nursing workforce is embedded back into the nursing continuum.
12. NZNO is also committed to career progression and is undertaking a lead role in securing a pathway for development and the employment of Nurse

Practitioners in New Zealand. Within this context, NZNO agrees in principles to the idea of developing a health and disability sector career framework.

NZNO RESPONSES TO MOH ON THE CONSULTATION QUESTIONS

1. What are your views on a universal Career Framework for health and disability workers?

NZNO agrees in principle with the idea of a career framework for the health and disability sector in New Zealand. However we believe that a planned approach and a strong rationale is required. We do not see a strong rationale in the consultation document. In particular what is the logical basis for developing a universal career framework for health and disability workers.

What thinking has been done on setting and testing achievement of objectives and whether the other “future workforce” initiatives or projects will achieve those objectives. For example the document refers to needing something that will attract people to a career in health. Unfortunately people are not technical, they will not look at this multi-dimensional model and say “wow I fit in here”. They will look at people who look like them in an ad, in a poster, in a brand. A career framework will not achieve this objective.

A career framework may however assist to retain people in the health workforce. It may assist employers to assess who they have working for them, what competencies, skills and experience their staff possess. It may even assist individuals to identify where they are, where they want to go, what resources are required and how they are going to get there. Unfortunately this document falls short of providing a clear and strong rationale and picture of why we need a universal career framework and what we want to achieve from having one.

Regardless NZNO considers that a universal framework needs to acknowledge that nursing already has a well developed career framework for Enrolled Nurses, Registered Nurses and Registered Midwives in the Professional Development and Recognition Programmes mostly in District Health Boards. Also Merit steps are available for unregulated healthcare workers in DHBs. Implementation of a consistent and nationally transferable framework is the key aim, however there are variances locally that limit progression for the individual if they choose to go to another region.

Practice nurse accreditation is used in primary care for our members. However, the aged care sector has no such commitment to funding a robust programme for career development.

Any framework would need to be inclusive of those in the nursing continuum. Currently in New Zealand the Nursing Council has defined two new scopes of practice since the introduction of the HPCA Act 2003. These are Nurse Practitioner and Nurse Assistant. However employment opportunities are limited or non-existent for both groups. There is also a move to reduce the capability of Enrolled Nursing in New Zealand; this also has had an effect upon people’s careers. It is therefore important that the framework does not make people feel insecure about their employment opportunities.

Although the Framework recognises the differing levels of expertise and career progression it does not reflect those that decide to move into management, education, research or policy making. Further the terminology (of competencies) is not consistent with current levels and definitions for nurses- competent, proficient and expert. The differences in these levels are well defined but by adding additional layers e.g. advanced and advanced expert creates some overlapping of expectations.

It is unclear as to the extent of the inclusion of health and disability workers, is this inclusive of all workers. NZNO requests that the next draft document actually outline the occupations included.

2. Do you agree with the principles on page 9?

There is general agreement with the principles of the Career Framework. It was acknowledged that there are already shared competencies and transportability across workforces particularly in specialist areas. These competencies relate to technical skills e.g. health care assistants undertaking the work of the Registered Nurse in aged care and in some DHBs or workers in cardiac investigations taking on different technical roles that previously have been the domain of particular professional groups. There is already some overlapping of roles between occupational groups and the development of new roles e.g. Nurse Practitioner. So although we generally agree with recognising shared competencies and enabling new types of workers we would suggest some caution to ensure that what is unique to each health professional group is not lost in the attempt to establish "universal health workers". Although we see the possible opportunities proceed cautiously when considering shared competencies between unregulated and regulated workers.

All occupational health groups have unique and sometimes complex competencies they are required to show that they meet under their professional bodies' regulation and the HPCA Act 2003. However the training and monitoring needs to be carefully considered. Review of scopes of practice for regulated health professionals will need to encompass overlapping of roles.

We agree that progression through the bands needs to be linked to learning and competency. But there would need to be a consistent measure of competency. To allow transportability of competencies across workforces there would need to be an assessment process to ensure safety to practice in another workforce, while still ensuring public safety and their ability to recognise who is the right professional to be providing the right cares to them or their family. Valuing knowledge and skills with recognition for prior learning would attract applicants to the workforce with the added benefit of a career pathway for the future if they wish to take advantage of the ability to move between bands. To this end a significant amount of work is required with regulatory authorities.

It is also important to ensure that what is unique to each health professional group is not lost by allowing the framework to be flexible enough to establish new types of workers in an adhoc, reactive manner.

<p>3. Are there any principles that are missing and should be added?</p>
<p>Need to ensure that the principles reflect both regulated and unregulated health and disability workers.</p> <p>NZNO is not sure that the principles encompass the second level nurse or foundation and support workers. The entry points would need to be available to new and experienced workers.</p>
<p>4. Are there any principles that should be removed?</p>
<p>There needs to be reassurance to professionals that educational standards and entry requirements to the profession will still be relevant. The public also need to be able to recognise who is treating them and what their role in their health care journey is.</p>
<p>5. We would appreciate your comments about the design of the Framework. It may help you to consider this under the following headings:</p>
<p>a) the use of the circular design to capture the depth and breadth of the workforce without being too hierarchical</p>
<p>The fact that the framework is depicted with many layers makes it a very hierarchical system. Hierarchy can be depicted horizontally as well as vertically. In particular, by having the advanced expert on the outermost point of the circle makes it appear that there will be more advanced experts than proficient when the reality is that there is less. Levels of expertise are demonstrated well for nurses by using the bell curve which shows that most nurses sit at the proficient level of practice.</p> <p>When looking at the design it could be assumed that the career progression starts at Foundation and progresses to Advanced expert when in reality this is not the case. Although it demonstrates all the different levels of practice it does not reflect how workers may opt to come in at different levels or may choose to stay at one particular level.</p> <p>The circular bands also suggest that all workers within the band are equal.</p> <p>The framework has too many important components outside of it e.g. education, skills, experience (a measure of time). It does not have any reference to investment, money for training, time off for training etc... this is an important factor which needs to be in the model somewhere.</p>

b) the division of the workforce into eight bands
<p>NZNO considers that there are too many bands and that this creates more hierarchy.</p> <p>It is also unclear what the benefits are for fitting regulated and unregulated into the one framework. Unfortunately some sectors will not fit into these bands, which may make it an unattractive framework to look at for some occupations. Further, it does not provide any career progression for those who choose to stay at foundation or support worker level.</p> <p>Once again the second level nurse does not appear to fit within these bands and our concern is that this means there will be no second level nurses in the future. We believe that this is not what the majority of the nursing workforce at the clinical interface would want in the future.</p> <p>Provides multiple levels for entry dependant on experience, education and the like. Also allows for progression throughout the bands – again dependant on education and training.</p> <p>The division of the workforce into the 8 bands show the progression from novice to expert which nursing has based its career framework on with the Professional Development recognition programme.</p>
c) the wording of the descriptors
<p>It is clear how the descriptors relate to nursing to a certain extent, but unsure if they are universal enough to fit all health professionals.</p> <p>The advanced descriptor describes the current expectations for a Proficient Nurse.</p> <p>The descriptors only acknowledge education qualifications at Graduate Entry and Advanced, also relevant at Expert and Advanced Expert.</p> <p>In order for framework to work for career progression education qualifications should relate to each level. Foundation and support workers also have the opportunity to complete a range of education modules that fit on the NZQA Framework at Level 4 e.g. Health Care Assistants in Aged Care can complete modules on Care of People with Dementia. The current “Nurse Assistant” training also sits at Level 4 on NZQA Framework when it should more appropriately be placed at Level 5. Then if the “Nurse Assistant” decides to move on to become a Registered Nurse she/he could gain Recognition of Prior Learning. This could be the same for support workers who have completed some training and decide to become “Nurse Assistants”.</p> <p>Clear and outlines the competencies required to enter the level being described. The wording of the descriptors needs more detail as these are all very broad and generic and may not be applicable over all areas</p>
d) any other comments on the design?
<p>In trying to be “universal” is too much that is unique to different groups has the potential to be lost.</p> <p>The design is still very empty of content and it is hard to visualise how it will all fit together. Not clear how one moves from one level to another.</p> <p>Apart from NZQA the terms appear similar to the ‘Novice to Expert’ levels of practice (in nursing) that Benner (1984) describes.</p> <p>Maybe that a separate framework for regulated and unregulated health and disability workers be considered.</p>

<p>6. Do you have any suggestions for other work in the next stages of the Career Framework implementation?</p>
<p>Need to ensure that professional organisations such as NZNO are heavily involved in the next stage. Representation on the implementation group must be reflective of the workers at the clinical interface, not just those working at strategic level or in the education sector.</p> <p>Need to gain support from nursing, medical and allied health regulatory authorities i.e. Nursing Council of New Zealand, New Zealand Medical Council</p> <p>A crucial partner is the engagement with the education sector with this career framework.</p>
<p>7. Any other comments you would like to make on the Career Framework?</p>
<p>Professional standards, accountability and assurance to the public around regulation and safety of practice need to be assured.</p> <p>That irrespective of how the proposal for change is arrived at including the fact that it may arise as a directive from Government, this does not excuse the employer from engaging in a meaningful and genuine process of consultation around how that proposal or directive might be implemented. Obviously if the proposal has been developed through the raising of an issue into an initiative or proposal for change, input and consultation should occur at the earliest possible point by all those potentially affected and should not be treated perfunctorily or as a mere formality. When the initiative has come by way of directive, it is even more important that the process of implementation is thoroughly discussed and consulted on to ensure that the best possible outcome is achieved and or any untoward consequences mitigated. Consultation requires more than mere prior notification. Please note that DHB / NZNO Multi Employer Collective Agreement 1 July 2004 – 31 December 2006 Clause 24 “Cooperation, Consultation and Management of Change and Sub clause 24.2.6 states <i>“From time to time directives will be received from Government and other external bodies, or through legislative change. On such occasions, the consultation will be related to the implementation process of these directives”</i>.</p>

CONCLUSION

13. The New Zealand Nurses Organisation agrees in principle to the idea of having a career framework for the health and disability sector, however developing a robust career framework that meets the needs of all health and disability sector workers will require significantly more work and thinking particularly, in our view, around the following key themes:

- **Rationale** – more extensive work is required on the rationale because workers in the health and disability sector have until now determined their own career path without any real guidance or leadership from the Ministry or District Health Boards (apart from the Mental Health sector). The current model attempts to capture every profession and occupation within the sector which is complex. In our view while the framework needs to be adaptable to a point, a one size fits all model would struggle with achieving consistency across professions and occupations.
- **Negotiation and consultation with unions** – as this career framework would impact upon NZNO and other unions' members, genuine engagement will both assist progress of the career framework and enhance implementation. To this end, we invite the Ministry of Health and District Health Boards to include NZNO and other unions on the project team responsible for further progressing the careers framework. Note that, DHB employers will need to consult with NZNO specifically to discuss the development, design and implementation of as agreed in the DHB / NZNO MECA Clause 24 "Cooperation, Consultation and Management of Change". Also for other sectors such as primary and aged care where NZNO has employment agreements, this consultation is required. Further, feedback on this initial concept of a career framework is not considered consultation with NZNO as outlined in the MECA clauses.

- **Implementation and sustainability** - the development and implementation of a career framework which adequately recognises competencies (skills, knowledge, experience) and qualifications, and which assists health sector employees to meet their regulatory requirements, is a complex and time consuming journey. NZNO has been involved in a careers framework for over 30 years and understands the issues on sustainability, national agreement and consistency. We would be happy to share this experience with you as part of a project team. Of particular importance is the need to adequately resource education for the health and disability sector.
- **Nursing continuum** - Given that a variety of clinicians is required in the health and disability sector, NZNO is committed to ensuring that a second level nursing workforce is embedded back into the nursing continuum. The Nursing Council of New Zealand has defined two new scopes of practice since the introduction of the HPCA Act 2003. These are Nurse Practitioner and Nurse Assistant. However employment opportunities are limited or non existent for both groups. This has also reduced the capability of enrolled nursing in New Zealand and has effects upon Enrolled Nurses's careers. The Nursing continuum and a career framework need to be congruent.
- **Professional Development and Recognition Programmes** – the PDRP process assists nurses and midwives to assess their competency, career progression and financial remuneration for moving through the levels. The PDRP would need to be utilised as a process within the health and disability career framework.

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