Unregulated Health Care Workers

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KEY STATEMENT

The Australian College of Nursing (ACN) defines the Unregulated Health Care Worker (UHCW) as a health care worker who supports the delivery of nursing care by assisting people with personal care and activities of daily living. Confusion around the role exists due to varying titles used to describe this type of health care worker. Similar titles may include but are not limited to "Aged Care Worker (ACW), Personal Care Assistant (PCA), Care Support Employee (CSA), Auxiliaries or Auxiliary Nurses, and Health Services Assistant", and the term may vary in different jurisdictions (1). ACN has also previously referred to the UHCW role by the more commonly used title, Assistant in Nursing (AIN), which is an award definition under certain nursing awards.

The provision of such care is delegated and directly supervised by a registered nurse (RN). UHCWs are accountable for accepting and carrying out the care delegated to them. However, the RN delegating care retains the overall responsibility for all delegated activities. The introduction of UHCW's into nursing care teams must never be as a substitution for registered or enrolled nurses.

ACN believes the contribution of UHCWs to nursing care should be underpinned and regulated by participation in the National Registration and Accreditation Scheme (NRAS), to achieve a nationally consistent practice framework that clearly defines titles, minimum educational and ongoing professional development requirements and standards for scope of practice. This would facilitate greater clarity and consistency around the UHCW role, provide a clear picture of the UHCW profile, ensure a sustainable UHCW workforce that can be utilised consistently across care settings nationally, and afford a greater level of protection to both the public and the individual health care worker. Accompanying policy reform to mandate minimum safe staffing and 'skill mix' levels across all health and aged care settings would further facilitate this level of protection.

BACKGROUND AND RATIONALE

UHCWs have made a valuable contribution to the health workforce within the Australian healthcare system for many years with undergraduate nursing students frequently undertaking this role. UHCWs commonly work with registered and enrolled nurses in the primary, acute and aged care sectors. UHCWs are estimated to make up a considerable portion of the Australian clinical workforce across all three health care settings, with 70 per cent representing the aged care workforce (2). However, information such as the prevalence, distribution, characteristics, and qualifications within different care settings is not readily available, due to the lack of a national data source to capture the UHCW profile (3). This is concerning in the context of future workforce planning and in terms protecting all Australians accessing care.

The introduction of UHCWs into health and aged care settings requires the consideration of a range of factors to ensure the delivery of quality care is not compromised. International research indicates that there is a direct correlation between the proportion of bachelor degree educated RNs in a nursing staff complement and patient mortality (4). That is, nursing care teams with a higher proportion of RNs are linked to reduced patient mortality. A major Australian study shows a relationship between lower levels of registered nurse staffing and negative patient outcomes (5). It is imperative that nursing care teams have the appropriate 'skill mix' to adequately meet patients' care requirements. Therefore, the introduction of UHCWs into nursing teams must be for the purpose of supporting registered and enrolled nurses in the provision of personal care and assisting people with activities of daily living. Evidence indicates that where UHCWs are employed to support nursing teams, patients may receive more direct contact with care givers (6) and for RN's greater opportunity to undertake complex nursing interventions (7). UHCWs must never be introduced into nursing care teams as a 'substitution' for registered and or enrolled nurses. ACN does not support UHCWs being a part of 'Nursing Hours per Patient Day' (NHpPD) or Nurse Patient Ratios.

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Strategies to support the introduction of UHCWs into nursing care teams includes; having policies, procedures and position descriptions in place to promote role clarity (8-11); ensure appropriate levels of supervision, assist in the provision of integrated and safely delegated care (12). The decision to delegate care to an UHCW must consider not only the context of the task and care setting, but also the education, experience and competence of the UHCW. The provision of care by an UHCW is considered appropriate in circumstances where the person receiving care has few comorbidities and whose health status is stable.

While a National Code of Conduct for Health Care Workers including UHCWs was introduced in 2015, this is largely determined by jurisdictions (13), with varied rates of implementation across Australia. More so, scope of practice for UHCWs is largely determined by individual health services and units of competency completed as part of their training qualification. With no consistent national qualification for UHCWs in Australia (14), there is variability in educational preparedness amongst the UHCW workforce who are employed under individual contracts and under the responsibility of the RN on duty (15). At the national level, regulation of UHCWs through participation in the NRAS and the establishment of a practice framework, which, articulates a minimum level of education (16), a defined scope of practice, and national codes, standards and guidelines is supported by ACN (17).

ACN's view is that regulation and introduction of UHCWs into health settings should be achieved without compromising safe nurse staffing levels (i.e. ensuring appropriate skills and 'skill mix') or diluting the qualified nursing workforce (i.e. ensuring UHCWs are not employed in a 'substitution' staff mix model). The Australian government must undertake policy reform to provide minimum safe RN staffing levels, and 'skill mix' in all health and aged care settings.

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