
This Working Group, which is representative of nursing unions and health service employers as well as my Department, was established to address two very important recommendations of the Commission on Nursing relating to the effective utilisation of the professional skills of nurses and midwives. One recommendation was that the Department of Health and Children, health service providers and nursing organisations examine opportunities for increased use of care assistants and other non-nursing staff. The second was that the development of appropriate systems to determine nursing staffing levels be examined.

This report documents the deliberations of the working group in relation to the first term of reference only. A subsequent report addressing the second term of reference will follow.

The Working Group recommends that the grade of Health Care Assistant/Maternity Health Care Assistant be introduced as a member of the healthcare team to assist and support the nursing and midwifery function. Chapter two of the report explores the complementary roles of health care assistants and nurses and midwives. Chapter three examines issues related to delegation and integration of the health care assistant to the care team. Chapter four makes recommendations related to the education and training of health care assistants. The Working Group’s recommendations are underpinned by a comprehensive literature review.

The report was presented to the Monitoring Committee overseeing the implementation of the recommendations of the Commission on Nursing on 1st June 2001 and has been endorsed by that Committee.

A separate group, representative of nursing and non-nursing organisations, was also convened earlier this year to establish standard criteria for the education and training of care assistants as recommended by the Commission on Nursing. This group (the Review Group on Health Service Care Staff) has been informed by the work of the Working Group on the Effective Utilisation of the Professional Skills of Nurses and Midwives. The Review Group has endorsed the recommendations contained in this report concerning the education and training of health care assistants.
I fully accept the conclusions in this report which are based on the premise that the nursing and midwifery function must remain the preserve of nurses and midwives. For my part I am convinced that nurses and midwives should be allowed to focus on their professional nursing and midwifery duties.

As evidence of the importance I attach to this report, a start has already been made on implementation. The National Council for Vocational Awards (NCVA) training programme for health care assistants will be piloted in Autumn 2001 as recommended by the Working Group.

This is a very welcome development and will, I am sure, be supported by all nurses, midwives and health care assistants.

To ensure the widest possible circulation of this important report my Department is sending copies of the report to all public health service providers and to the relevant trade unions. The report and the separate literature review are also accessible on my Department’s website at http://www.doh.ie/publications/eupsnm.html

I wish to record my appreciation of the Working Group and all those who contributed to the completion of this report. It marks a genuine step forward for the nursing and midwifery profession, for health care assistants and for the health service as a whole.

Micheál Martin
Minister for Health and Children
Table of Contents

Summary of Recommendations .................................................................6

Chapter 1 Introduction
1.0 Background .......................................................................................8
1.1 Establishment of the Working Group ..................................................8
1.2 Terms of Reference ............................................................................8
1.3 Membership of the Working Group .....................................................9
1.4 Methods of Work ..............................................................................9
1.5 Outline of the Report ........................................................................10
1.6 Acknowledgements ..........................................................................10

Chapter 2 An Examination of the Role and Function of Nurses and Midwives
2.1 Introduction .......................................................................................11
2.2 Definitions of the Nurse and Midwife ................................................11
2.3 Traditional Role of the Nurse/Midwife ..............................................12
2.4 The Scope of Practice for Nursing and Midwifery .............................13
2.5 Site Visits .........................................................................................14
2.6 The Development of the Nursing and Midwifery Function ...............15
2.7 Terminology ....................................................................................16
2.8 Recommendations ...........................................................................17

Chapter 3 Integration of Health Care Assistants into the Healthcare Environment
3.1 Introduction .......................................................................................19
3.2 Professional Accountability ...............................................................19
3.3 Delegation .........................................................................................19
3.4 Integration of Health Care Assistants ...............................................20
3.5 Preparation for the Introduction of Health Care Assistants .............21
3.6 Recommendations ...........................................................................21

Chapter 4 Proposed Education and Training of Health Care Assistants
4.1 Introduction .......................................................................................23
4.2 Development of the Programme .......................................................23
4.3 NCV A level 2 Certificate Content ...................................................25
4.4 Proposed Structure and Processes for Implementation ..................26
4.5 Criteria for Choosing the Pilot Sites ...............................................26
4.6 Role Summary for Health Care Assistant .........................................27
4.7 Recommendations ...........................................................................29
Appendices

Appendix 1  Literature Review .................................................................................................................30
Appendix 2  Site Visits .................................................................................................................................32
Appendix 3  NCVA ...........................................................................................................................................33
Appendix 4  Structure of pilot national certificate level 2 ........................................................................35
Appendix 5  Certificate Framework ..........................................................................................................37

References.....................................................................................................................................................38
Summary of Recommendations

- That the grade of Health Care Assistant/Maternity Health Care Assistant be introduced as a member of the healthcare team to assist and support the nursing and midwifery function. (2.1)

- That the title of Health Care Assistant be adopted and employed uniformly across all healthcare settings. (2.2)

- That a national core job description for the health care assistant’s role be developed. This job description must be broad enough to accommodate the tasks appropriate to a broad spectrum of relevant health care settings. (2.3)

- That health care assistants engage in both direct patient care and indirect care activities following delegation by and under the supervision of a registered nurse or midwife. (2.4)

- That in carrying out their tasks/duties health care assistants report to and take direction from a registered nurse/midwife. (2.5)

- That the nursing/midwifery function remains the preserve of nurses and midwives. (2.6)

- That in all circumstances nurses/midwives retain accountability for nursing/midwifery practice and that a clear line of accountability be established between the grade of health care assistant and clinical nurse/midwifery manager. (3.7)

- That nurses and midwives are involved in the selection process for health care assistants. (3.8)

- That registered nurses/midwives be facilitated to explore the concept of delegation at local level and develop appropriate guidelines. (3.9)

- That employers work with existing staff to enable the smooth integration of the health care assistant into the work environment. (3.10)

- That employers commit additional resources to the integration of health care assistants, where necessary. (3.11)

- That an NCV A level 2 qualification be the preparation required for employment as a health care assistant. (4.12)

- That registered nurses/midwives receive training to understand the principles of NCVA assessment; appreciate the role of the health care assistant as related to NCVA criteria; and increase the qualified nurses’/midwives’ knowledge and awareness of accountability in relation to delegation of supervision of health care assistants. (4.13)

- That nurses/midwives lead the development and delivery of NCVA programmes for health care assistants. (4.14)

- That the introduction of the health care assistant be monitored and evaluated in the short, medium and long term. (4.15)
Chapter One

INTRODUCTION

1.0 Background
The Report of the Commission on Nursing (1998, para 7.63) recommended that the Department of Health and Children, health service employers and nursing organisations examine opportunities for the increased use of care assistants and other non-nursing staff and also explore the development of appropriate systems to determine nursing staffing levels.

The interim report of the Commission on Nursing (1997) illustrated the concerns of many nurses and midwives regarding the number of non-nursing or non-midwifery tasks, which they were required to perform. It was suggested that the performance of these tasks contributed to the under utilisation of the professional skills of nurses and midwives.

1.1 Establishment of the Working Group
In January 2000 a Monitoring Committee was established to oversee progress in the implementation of the recommendations of the Report of the Commission on Nursing (1998). The Monitoring Committee agreed at its first meeting to establish a joint working group representative of all nursing organisations, health service employers and the Department of Health and Children to address the effective utilisation of the professional skills of nurses and midwives.

1.2 Terms of reference
The terms of reference for the group were:

i) To examine opportunities for the increased use of care assistants and other non-nursing staff.
ii) To examine the development of appropriate systems to determine nursing staffing levels.

This report documents the deliberations of the working group in relation to the first term of reference only. A subsequent report addressing the second term of reference will follow.

The Report of the Commission on Nursing (para 7.63) adopted the term care assistant as the most appropriate to describe the assistive function to the nurse and midwife.

1.3 Membership of the Working Group

Chairperson
Michael Shannon Nurse Advisor, Department of Health and Children

Members
Christina Carney IMPACT (until January 2001)
Eamonn Donnelly IMPACT (from January 2001)
Mary Durkin SIPTU
Des Kavanagh Psychiatric Nurses Association (until June 2000)
Annette Kennedy Irish Nurses Organisation
Anne Carrigy Mater Misericordiae Hospital
Maura Donovan National Federation of Voluntary Bodies in Mental Handicap
1.4 Methods of work
The Working Group met on thirteen separate occasions. During the course of its work a literature review was commissioned through the Health Research Board. The terms of reference, objectives and executive summary of the literature review are included in Appendix 1.

The Working Group in recognising the importance of the consultative process, undertook site visits in eight areas of practice where it was known that health care assistants were employed. The sites visited are listed in Appendix 2.

A progress report was widely circulated on the 11th August 2000 and comments were invited accordingly.

Presentations were invited from the following:
- An Bord Altranais - Scope of Practice Team;
- The National Council for Vocational Awards (NCVA); and
- The Study of the Nursing and Midwifery Resource - Department of Health and Children.

Throughout its deliberations the working group emphasised the need to ensure that the nursing/midwifery function must remain the preserve of nurses and midwives.

1.5 Outline of the report
The report examines opportunities for the effective utilisation of the professional skills of nurses and midwives and makes recommendations accordingly.

Chapter one details the background, context and processes used by the working group. Chapter two explores the complementary roles of health care assistants and nurses and midwives. Chapter three examines issues related to delegation and integration of the health care assistant to the care team. Chapter four makes recommendations related to the education and training of health care assistants.

1.6 Acknowledgments
The Working Group wishes to acknowledge the significant contribution of Ms Una Marren, Mater Misericordiae Hospital and Mr. Gerry Mulholland, Stewart’s Hospital Services and Ms. Anne-Marie Ryan for the literature review and editing the report.
Chapter Two

AN EXAMINATION OF THE ROLE AND FUNCTION OF NURSES AND MIDWIVES

2.1 Introduction

This section of the report considers the role of the nurse and midwife and issues related to the preparation of the profession, to the scope of practice of nurses and midwives and how nurses and midwives can be supported in the delivery of optimum patient care. The section also discusses the complementary roles of nurses and health care assistants. Different titles used to describe the health care assistant function were considered in light of international literature. To ensure that decisions made by the working group were grounded in evidence, aspects of best practice in the utilisation of the professional skills of the various divisions of the register of nurses as maintained by An Bord Altranais were examined.

Definitions of the Nurse and Midwife:

Numerous definitions of nursing and midwifery exist. The Review of Scope of Practice for Nursing (An Bord Altranais, 2000, p.29) adapted the definition of nursing cited by the International Council of Nurses (ICN, 1987) and the World Health Organisation (WHO 1996) and the definition of midwifery cited by ICM/WHO/WFIGO (1992); both of these are detailed below.

“Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and to perform functions that promote and maintain health (and comfort) as well as prevent ill health. Nursing also includes the (assessment,) planning and giving of care during illness and rehabilitation, and encompasses the physical, mental, (spiritual) and social aspects of life as they affect health, illness, disability and dying.”

A midwife is defined as follows:

“A midwife is a person who, having being regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. She must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education and preparation for parenthood and extends to certain areas of gynaecology, family planning and child-care. She may practice in hospitals, clinics, health units, domiciliary conditions or in any other service.” (WHO/ICM/FIGO, 1992 as cited in An Bord Altranais, 2000, p.30).

In summary registered nurses and midwives engage in a wide range of roles, functions, responsibilities and activities.
2.3 Traditional role of the nurse/midwife in Ireland

Historically, the traditional role and duties of students and qualified nurses in Ireland, by virtue of an apprentice-type training system, have embraced a number of non-nursing tasks. These duties included the following:

- Patient-related Indirect Care Activities;
- Direct Patient-Care Activities;
- Support Activities for Maintaining the Environment;
- Administration of the Ward. (Scanlon, 1991)

A study conducted by McCarthy in 1994 examined the activities of students and staff nurses at a major general hospital in Dublin. The study found that nurses were involved in specific nursing treatments and communication activities 52% of the time (26% each). The other activities are documented in table 1.

**Table 1. Percentage of Time Engaged in Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Length of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>personal cleansing and dressing</td>
<td>11%</td>
</tr>
<tr>
<td>helping patients with elimination</td>
<td>9%</td>
</tr>
<tr>
<td>mobilising</td>
<td>8%</td>
</tr>
<tr>
<td>cleaning and housekeeping</td>
<td>5%</td>
</tr>
<tr>
<td>teaching and learning, clerical duties and personal time</td>
<td>less than 5% each.</td>
</tr>
</tbody>
</table>

In this study a difference was noted between the work carried out by 1st, 2nd and 3rd year student nurses and that of registered nurses. Registered nurses carried out more activities in relation to communication and specific nursing treatments/procedures, and clerical functions. Student nurses carried out a greater number of activities related to personal cleansing and dressing, eliminating, eating and drinking, mobilising and cleaning/housekeeping.

A review of midwifery skill-mix within the Rotunda Hospital, Dublin undertaken in 2000, found that midwives were undertaking many non-midwifery tasks that could be undertaken by existing members of the hospital team. It also noted that there was the capacity to introduce a new midwifery assistant grade to undertake duties related to care provision. Almost 95% of respondents in the study viewed the introduction of a midwifery assistant as an opportunity for staff to enhance their own role and as a means of increasing morale (McKenna and Hasson, 2000).
2.4 The Scope of Practice for Nursing and Midwifery

In the Review of Scope of Practice for Nursing (An Bord Altranais, 2000) the views of nurses and midwives were sought on their current role and scope of practice.

As part of the study, nurses and midwives described nursing as a service with caring as its core function. The scope of nursing practice was recognised as “varied and diverse”, depending on patient profile, location of care and the type of service in which the nurse works. Nurses described their current role as caring for patients, education and development, patient advocacy, working within a team, management and non-nursing duties.

The focus of general nursing was described as patient-centred care facilitated through a locally interpreted model of nursing to aid clinical decision-making. The role of the nurse/midwife was seen as requiring specialised skills in respect of the care setting in which the care occurred.

The Review of Scope of Practice for Nursing (An Bord Altranais, 2000) also states that nurses felt strongly that the population and health needs, thus service needs, coupled with a regard for patients’ rights, should lead developments in nursing. Nurses and midwives should lead the developments in nursing and midwifery practice.

The Review of Scope of Practice for Nursing (An Bord Altranais, 2000) also identified non-nursing duties as clerical, portering and general work that detracted from what was seen as ‘core caring’ nursing functions, and stated that nurses were sometimes perceived as ‘jack of all trades’.

Although there is clearly support for reallocating activities that nurses/midwives currently undertake to an assistant, it is critical that a clear distinction is made between those activities that lie inside and outside the parameters of nursing care (Savage, 1997). There is no substitution for the skilled expertise of the qualified nurse who must remain central to the assessment, planning, implementation and evaluation of patient-care and to the supervision and delegation of all activities related to patient-care.

In summary, nurses and midwives in Ireland have over the last 50 years been engaged in many duties and tasks that can be described as non-nursing duties. Irish nurses and midwives have consistently stated that these activities detracted from their work in providing holistic patient-centred care. There is, however, limited Irish published evidence to substantiate the effect that this would have in enhancing the quality of care provided.

2.5 Site Visits

The working group undertook a number of selected site visits in areas where it was known that health care assistants were currently employed in institutional and community care areas in Sligo and Dublin. A list of the sites visited is included in Appendix 2. A report of the main findings is presented below and is reflective of the conclusions of the teams who visited the other sites at St. Mary’s Hospital Phoenix Park, The Royal Hospital Donnybrook, and East Coast Area Health Board Community Care Area 1.
Mater Hospital, Dublin

The Mater Hospital introduced care attendants as a new grade of staff to the hospital in April 1997. Initially the care attendants received a three-week orientation and introduction programme prior to their commencement on the wards. Since 1999 care attendants undertake a pilot six-month course. Discussion regarding the impact of the role of care attendants by 20 nursing staff at the Mater Hospital outlined the following issues:

- a definite need for care attendants in the health service
- care attendants reduce non-nursing duties for nurses
- a more defined role for care attendants was identified for specialised areas
- an educational programme is necessary for all care attendants including agency staff
- nurses should be involved in training of care attendants.

The nursing staff were very positive about the role of care attendants and viewed their role as important in supporting nurses in the provision of patient care.

The National Maternity Hospital, Dublin

In general the introduction of care attendants was seen as a positive development at the National Maternity Hospital in supporting midwives in the provision of non-midwifery tasks thus allowing midwives to focus on the provision of optimum professional care for patients and clients. Care attendants have been working for a number of years throughout the hospital including specialised areas such as the labour wards where the support role to midwives was viewed as extremely important. This finding supports the recent study addressing skill mix and the introduction of care attendants into the Irish Maternity Hospitals carried out by Professor Mc Kenna et al (2000) at the Rotunda Hospital Dublin, which demonstrated a positive benefit from the introduction of care attendants into the maternity services.

Sligo General Hospital

Ward orderlies have been employed at Sligo General Hospital to support nurses and midwives for over 20 years. A formalised training programme for ward orderlies is not currently organised, however opportunities exist for ward orderlies to attend study and development days locally within the North Western Health Board. Nurses and midwives value the role of ward orderlies especially the support they provide in non-nursing duties. However the hospital supports, welcomes and acknowledges the opportunities that will exist to develop the role of ward orderlies/health care assistants in the future through the possible development of an NCVA Level 2 course.

Our Lady’s Hospital for Sick Children, Crumlin, Dublin

Nurse’s aides have been employed in Our Lady’s Hospital for Sick Children since the early 1980’s. A formal training programme began in 2000 facilitated by a nurse recruited from recent clinical practice. Traditionally the role of nurse’s aides centred on non-nursing duties. However, the philosophy of the new training programme has been to promote the integration of nurse’s aides as part of the paediatric nursing team. Evaluation of the course will be conducted 3-6 months post completion of the training programme.
The collective views of both nurses/midwives and health care assistants are outlined as:

- Health care assistants are essential to the efficient functioning of the health services
- Health care assistants are an integral part of the health care team
- Health care assistants are most appropriately positioned within the supervisory remit of the nursing and midwifery function
- Inclusive mechanisms for communication are required to ensure that health care assistants receive appropriate information
- There is also substantial evidence to support the employment of health care assistants within certain specialist areas of nursing

In essence the introduction of support workers should allow nurses to spend more time engaged in direct patient care. Hence the strongest argument for reliance on health care assistants is that a supervised health care assistant allows registered nurses and midwives to focus upon what they are educated to do. The role and function of the health care assistant must be in addition to and complimentary to the professional nursing and midwifery role.

It therefore becomes apparent that the Irish nursing workforce is ready to embrace a new member of the care team to assist in the provision of patient-care and allow the registered nurse/midwife the flexibility to engage in role development through expansion associated with becoming more expert, competent, reflective practitioners, developing skills to meet patients’ needs (An Bord Altranais, 2000, p.11).

2.6 The Development of the Nursing and Midwifery Function

A number of key issues have significantly impacted on the development of the nursing and midwifery function. Of particular importance in this instance are changes in the educational preparation of the profession and developments in the scope of practice for nurses and midwives.

The introduction of Project 2000 in the United Kingdom revised pre-registration nurse education within the context of the third level sector, and established supernumerary status for student nurses. To augment the initiative the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1989) introduced a new category of support worker called the health care assistant. Developments in nursing education in Ireland mirror the U.K. experience. The introduction of the pre-registration nursing diploma programme marked a change in the status of student nurses from employee to a position where the students are supernumerary to the workforce. The working group agreed that the role of health care assistant requires development within the context of nursing and not as a replacement for the nursing function.

The American Nurses Association (ANA, 2000) adopted a Position Statement in 1992 for Registered Nurse Utilisation of Unlicensed Personnel, which described the employment of unlicensed assistive personnel to support the provision of direct and indirect patient care under the direction of a registered nurse. The position statement described direct and indirect patient care activities as follows:
Direct patient care activities assist the patient/client in meeting basic human needs within the institution, at home or other health care settings. This includes activities such as assisting the patient with feeding, drinking, ambulating, grooming, toileting, dressing and socialising. It may involve the collecting, reporting, and documentation of data related to the above activities. This data is reported to the Registered Nurse who uses the information to make a clinical judgement about patient care.

Indirect patient care activities are necessary to support the patient and their environment, and only incidentally involve direct patient contact. These activities assist in providing a clean, efficient, and safe patient care milieu and typically encompass chore services, companion care, transporting, clerical, stocking and maintenance tasks, ANA 1992.

In summary it appears that the introduction of health care assistants has the potential to enable nurses and midwives use their time more effectively in patient care. It is suggested that more than one type of assistant may be required to undertake the array of non-nursing duties identified. Hence the role of the health care assistant needs to be considered in light of the various needs of clients/patients in each care setting. The direct patient care activities which care assistants may undertake following delegation by a registered nurse/midwife are duties related to general patient hygiene, basic nutrition assistance, ambulation and mobilisation. The indirect activities relate to housekeeping, transporting/escorting, and maintaining stock.

2.7 Terminology

The term health care assistant as used in the Irish context has many equivalents within the literature. In the United Kingdom a vast array of terms are employed to describe the non-professional nursing helper. These include auxiliary, ward clerk, health care assistant or support worker, generic support worker, clinical support worker, healthcare support worker, care team assistant, nursing assistant, ward assistant, community care worker, home carer, scientific helper, doctors assistant and even bed maker.

In the United States there is evidence to support the use of up to 65 terms to describe this function. The predominant title used is unlicensed assistive personnel. In Australia this person is known variously as assistant in nursing, personal care assistant and direct care worker assistants in nursing and personal care attendants.

In this country there is a similar diversity of titles employed to describe the healthcare role, which supports the nursing function. These include nurse’s aide, auxiliary, care attendant, ward attendant and care assistant.

The U.K.C.C.’s position (1992) in relation to support roles is that health care assistants should work under the direction and supervision of registered nurse/midwife practitioners and not be expected to work beyond their level of competence. The registered nurse/midwife must be involved in developments so that the support role can be designed to ensure that their professional skills are used most appropriately for the benefit of the patients and clients.
In summary although a variety of titles is used to describe the health care assistant the uniformity associated with all the titles is in the assistive function they perform with a registered nurse and midwife.

2.8 Recommendations

**Recommendation 2.1**
It is recommended that the grade of health care assistant/maternity health care assistant be introduced as a member of the healthcare team to assist and support the nursing and midwifery function.

**Recommendation 2.2**
It is recommended that the title of health care assistant be adopted and employed uniformly across all healthcare settings.

**Recommendation 2.3**
It is recommended that a national core job description for the health care assistant’s role be developed. This job description must be broad enough to accommodate the tasks appropriate to the relevant health care settings.

**Recommendation 2.4**
It is recommended that health care assistants engage in both direct patient care and indirect care activities following delegation by and under the supervision of a registered nurse or midwife.

**Recommendation 2.5**
It is recommended that in carrying out their tasks/duties health care assistants report to and take direction from a registered nurse/midwife.

**Recommendation 2.6**
It is recommended that the nursing/midwifery function remain the preserve of nurses and midwives.
INTEGRATION OF HEALTH CARE ASSISTANTS INTO THE HEALTHCARE ENVIRONMENT

3.1 Introduction
The process of integrating health care assistants into the health care environment requires efficient and effective management. This is predicated on effective preparation of existing staff, which should focus, in particular, on the following themes: professional accountability, processes for delegation and organisation of nursing care. The successful integration of health care assistants is reliant on nurses and midwives having a clear understanding of the role, responsibilities and training of health care assistants.

3.2 Professional Accountability
The professional accountability of nurses and midwives is clearly defined (An Bord Altranais, 2000). They are accountable for their individual professional practice, including appropriate delegation.

It is essential that health care assistants are accountable to the nurse/midwife. The health care assistant is also accountable to clients/patients and to their employer for performing all tasks and responsibilities, including those delegated to them, to the best of their ability. The nurse/midwife should be satisfied that the health care assistant is competent to give the care required and should provide adequate support and supervision. It is recognised that this process of change may require additional resources to facilitate/educate the profession for the change and role.

Nurses and midwives should be central to the determination of the ratio of qualified staff to health care assistants in the work place. Accountability also extends to ensuring adequate staffing levels and skill mix to secure provision of safe quality care. In this respect the working group recognised the need to address the second term of reference as a matter of urgency, which is to examine the development of appropriate systems to determine nursing staffing levels. It is agreed that the quality and quantity of nursing and midwifery care required by any patient/client must always be determined by the registered nurse/midwife.

3.3 Delegation
Delegation is generally recognised as entrusting the performance of a selected task to an individual who is qualified, competent and able to perform such a task. In relation to nursing An Bord Altranais (2000) in the Review of Scope of Practice document has defined delegation as “the transfer of authority by a nurse or midwife to another person to perform a particular role/function” (p. 31).

Nursing judgment is an essential element in every delegation decision. Five basic principles of delegation have been identified, as set out below.

- **Right Task** - one that is suitable for delegation.
- **Right Circumstances** - appropriate patient setting, available resources, and other relevant factors considered.
- **Right Person** - is delegating the right task to the right person to be performed on the right person.
• **Right Direction/Communication** - clear, concise description of the task, including its objective, limits and expectations.

• **Right Supervision** – appropriate monitoring, evaluation, intervention, and as needed, feedback (Sheehan, 1998).

Reference to these principles should aid a nurse/midwife to answer some of the questions and issues to be considered when delegating. It is considered that in delegating tasks, nurses/midwives should consider the following factors:

• potential for harm;
• complexity of the task;
• requirement for problem-solving and critical thinking;
• unpredictability of outcome;
• level of caregiver-patient interaction; and
• the practice setting (AACN, 1996).

Tasks that involve clinical nursing and midwifery judgement and assessment of patient care must not be delegated.

There is a significant difference between delegating to another registered nurse/midwife and delegating to a health care assistant.

### 3.4 Integration of Health Care Assistants

The organisation of nursing and midwifery care is a local issue but effective communication within the team is central to the successful utilisation of the health care assistant function. In this regard health care assistants should be included, as appropriate, in the care planning and evaluation processes undertaken by nurses and midwives. Ideally in a nursing organisation, care is delivered according to some structured methodology. A nursing delivery system is a set of concepts defining four basic organisational elements: clinical decision-making, work allocation, communication and management. There is no one universal model for care delivery. Some of the systems commonly used in Ireland are: task allocation; team nursing; primary nursing and case management. It is the considered opinion of the working group that the health care assistant function would complement any of the above methods of organising nursing care.

The effective integration of health care assistants is contingent on a number of factors. These include:

• a universal understanding of the nature and scope of professional nursing practice.
• a clear definition and understanding of the health care assistant role.
• health care assistants working under the direction of a registered nurse/midwife.
• nurses/midwives accepting accountability for the appropriate delegation and supervision of care delivery.
• nurses/midwives being satisfied that health care assistants are competent for the tasks.
• opportunities existing for health care assistants to obtain a National Vocational Award at level 2.
• balanced skill-mix allowing for high standards of client/patient care, being maintained and monitored.
3.5 Preparation for the Introduction of Health Care Assistants as Members of the Team.

An essential ingredient for the effective introduction of the health care assistant is planned preparation. The basis of the programme should be to provide nurses and midwives with a clear understanding of the role of a health care assistant. These programmes should include management and leadership issues to equip the nurse/midwife with the knowledge, skills and attitudes required for delegation and supervision. To avoid potential role confusion such programmes must also focus on the distinction between the professional responsibility of the nurse/midwife and the vocational role of the health care assistant.

It is also important that health care assistants are prepared and educated to work with nurses/midwives and have a clear understanding of the role of nurses and midwives. This issue is addressed in the training programme for health care assistants and is discussed in more detail in Chapter 4 of the report.

Representatives of nurses and midwives must be involved in developing the content and delivery of training programmes for health care assistants and in particular the evaluation of the impact of their contribution to patient care. Nurses and midwives must be involved in the individual assessment of the competency of health care assistants.

3.4 Recommendations:

Recommendation 3. 7
It is recommended that in all circumstances nurses/midwives retain accountability for nursing/midwifery practice and that a clear line of accountability be established between the grade of health care assistant and clinical nurse/midwifery manager.

Recommendation 3. 8
It is recommended that nurses and midwives are involved in the selection process for health care assistants.

Recommendation 3. 9
It is recommended that registered nurses/midwives be facilitated to explore the concept of delegation at local level and develop appropriate guidelines.

Recommendation 3. 10
It is recommended that employers work with existing staff to enable the smooth integration of the health care assistant into the work environment.

Recommendation 3. 11
It recommended that employers commit additional resources to the integration of health care assistants, where necessary.
Chapter 4

PROPOSED EDUCATION AND TRAINING OF HEALTH CARE ASSISTANTS

4.1 Introduction
This section provides an outline of the proposed National Council for Vocational Awards (NCVA) Training Programme for health care assistants. It also includes a draft role summary for the position.

A framework for the implementation of the training programme, criteria for choosing the pilot sites and an evaluation of the pilot programme is also included.

4.2 Development of the programme
During 1998-1999 significant work was undertaken in relation to developing a national approach to the training of health care assistants.

In keeping with current educational trends a number of educational institutions were considered with a view to gaining certification/accreditation of the course. The following criteria were developed to focus the decision making process.

- **Access**
  This criterion recognises the need for a wide gateway of entrance to the course to facilitate applicants with diverse educational backgrounds.

- **Flexibility**
  This refers to the need to ensure that the course can be structured and delivered in a flexible manner to facilitate work-based learning.

- **Progression**
  This acknowledges the importance of life-long learning and the need to develop courses in a manner that builds on previous experience/education and supports future developments of this nature.

The decision to approach the National Council for Vocational Awards (NCVA) was guided by the fact that the NCVA approach to course certification is informed by the following principles.

- Quality
- Access
- Progression
- Recognition
- Partnership
- Balance

The NCVA will soon carry out its work under the direction of a new awarding body, National Qualifications Authority of Ireland (NQAI) and a new Council, Further Educational and Training Awards Council (FETAC). An overview of the structure and function of the NVCA is included in Appendix 3.
The NCVA makes awards at four levels and all certificates are designed to provide access to employment and progression to further education and training.

1. National Foundation Certificate
2. National Vocational Certificate Level 1
3. National Vocational Certificate Level 2
4. National Vocational Certificate Level 3

The NCVA advised that the proposed care assistant course could be developed at level two. Courses delivered at level 2 are designed to prepare candidates to work under direction. Each level two award comprises the following:

- Vocational modules (including both mandatory and electives)
- 2 General Studies modules (one of which must be Communications)
- 1 Work Experience module

The majority of level 2 modules have a credit value of 1 and a Level 2 Certificate is awarded to a candidate who reaches the required standard in modules whose total value is at least 8 credits. Each level two module is designed for completion within a directed learning time. Entry requirements to modules at this level are based on any of the following three criteria:

1. National Vocational Certificate Level 1 and/or
2. Leaving Certificate or judged equivalent and/or
3. Relevant life or work experience

In keeping with the work processes of the NCVA a core-working group was convened to develop mandatory modules of study and a work experience module. A number of specialist groups, as detailed below, were convened to develop elective modules. The purpose of the core-working group was to develop mandatory modules for certification. The purpose of the elective groups was to develop modules that captured specialist areas of practice/learning considered essential for working in that particular setting or with a particular client/patient group. The members of both the core working group and the elective groups worked in close partnership with the NCVA and attended a module writing workshop provided by the NCVA.

The Elective Working Groups devised modules for:

- Maternity Care,
- Palliative Care
- Intellectual Disability
- Paediatrics
- Theatre
- Community Care (the working group concluded that sufficient relevant content was already included in the mandatory modules).
4.3 NCV A level 2 Certificate Content

The certificate was designed to develop core competencies necessary for health care assistants across care settings and client populations. The certificate is made up of eight stand-alone modules, which are assessed independently. Each module is made up of a number of units. The course comprises three mandatory modules, two elective modules, two general studies modules and one work experience module as demonstrated below:

**Mandatory Modules (3)**
- Care support
- Care skills
- Safety and Health at work

**General Studies (2) one of which is always communications**

The two general studies modules are drawn from the general studies list approved by the NCVA (See Appendix 4).

**Elective Modules (2)**
- Maternity Care
- Palliative Care
- Intellectual Disability
- Paediatrics
- Theatre

**Work Experience Module (1)**

**Consultative Process**

Each of the modules was circulated for comment to the following relevant personnel/agencies and revisions were made accordingly:

- Employers
- Course providers
- NCVA external examiners
- Representative organisations in the care area
- Third level institutions
- Government Departments

**Certification**

The modules were presented to and approved by the NCVA Board of Studies in April 2000. All modules, through the pilot courses, will be certified by the NCVA. An example of the certification framework used is included in Appendix 5.
4.4 Proposed Structure and Processes for Implementation in 2001:

It is proposed to introduce a national programme of training for health care assistants on a pilot basis in Autumn 2001. Implementing such a programme requires support at both structural and process levels.

Pilot Programme:

The Pilot Programme will be dependent on structures already in place. This will facilitate pilot schemes of delivery with some training being offered on-site and some off-site. It is recommended that the theory elements of the programme be delivered in the nurse education centres.

The Directors of the Nursing and Midwifery Planning and Development Units of the Health Boards and the Eastern Regional Health Authority, in consultation with the Directors of Nursing in the hospitals and community, will determine the service planning requirements in relation to the number and distribution of health care assistants on a regional basis. A Co-ordinator of Education and Training of Health Care Assistants will assume responsibility for the overall co-ordination and delivery of the practical and theoretical training required for the programme. It is envisaged that the co-ordinator will be a nurse/midwife with a background in education.

Evaluation:

It is envisaged that the major stakeholders will be involved in the evaluation processes. It is recommended that the introduction of the care assistant be monitored and evaluated in the short, medium and long term.

Evaluation will have two stages. The first will follow the pilot programme from the introduction to the conclusion of the programme.

The second stage must be to evaluate the outcome of the introduction of health care assistants with the NCVA Level 2 Certificate to the health services.

4.5 Criteria For Choosing The Pilot Sites:

Selection of the pilot sites should be guided by the following criteria.

1. The availability of a nurse/midwife to lead and manage the overall project
2. Representative of all divisions of the nurses/midwives register;
3. Rural and urban distribution
4. Geographical representation of each Health Board
5. Representative of Teaching / Non-Teaching Hospitals;
6. The Number of Sites for Evaluation Purposes will be in the range of 10-15
7. Sites must have the resources to run a Programme in November 2001 which includes – Training Facilities;
   Training Personnel;
   Co-ordinator.
Suggested areas for Pilot Sites:

- Midwifery
- General Training
- General Non-Training
- Community
- Mental Handicap
- Theatre
- Paediatrics
- Psychiatry
- Elderly Care
- Palliative Care

The working group agree that in relation to psychiatry further detailed consultation work would be required with all interested parties prior to development of an elective psychiatric module and the acceptance of the mandatory modules.

4.6 Role Summary for Health Care Assistant:

The role of the health care assistant is to assist nursing / midwifery staff in the delivery of patient care under the direction and supervision of the Clinical Nurse Manager 2/1, Staff Nurses/Midwives/ Public Health Nurses and community Registered General Nurse as appropriate.

Title:

A uniform title of health care assistant should be used nationally.

Educational Qualifications:

Health care assistants will be required to successfully complete a system of training certified by the National Council for Vocational Awards (NCVA) at Level 2. Each candidate must have attained such standard of education as to enable him / her to discharge the duties of the post satisfactorily and be in accordance with the criteria for receiving an award from the NCVA. The programme will consist of 8 modules each comprising of a number of individual units of study.

To achieve a National Vocational Certificate, Level 2 a candidate must combine: 5 vocational modules, 1 communications module, 1 general studies module, and 1 work experience module.

Accountability:

Health care assistants are accountable for their actions in the delivery of patient care for which they have been trained and must not undertake any duty for which he / she is not trained.

Personal Conduct:

Health care assistants should conduct themselves in a manner that conveys respect of the individual and ensures safe patient care. The personal characteristics that indicate these principles include:

- Confidentiality
- Courtesy
- Accountability
Patients/clients require assistance in some or all activities of daily living. It is the duty of the nurse/midwife to assess, plan, implement and evaluate the care required by the patient. The primary role of the health care assistant is to assist the nurse/midwife in the implementation of the care plan as determined by the registered nurse/midwife.

Duties assigned to the health care assistant will vary depending on the care setting and will include the following functions:

- Assisting the patient in the activities of daily living under the supervision of a nurse/midwife.
- Assisting the nurse/midwife in the provision of quality nursing service.
- Assisting the nurse/midwife in duties associated with the delivery of care and management of the ward/healthcare environment and other support duties as appropriate.

The health care assistant must report to and work under the supervision and direction of the nursing/midwifery staff in relation to all duties/tasks.

Nursing/midwifery staff will allocate duties in accordance with their professional judgement and the health care assistant’s competence as determined by the registered nurse/midwife.

The nursing/midwifery staff must not allocate any duty to the health care assistant for which he/she has not been trained.

The health care assistant must be integrated into the ward/area team.

4.7 Recommendations

Recommendation 4.12
It is recommended that an NCV A Level 2 qualification be the preparation required for employment as a health care assistant.

Recommendation 4.13
It is recommended that registered nurses/midwives receive training to understand the principles of NCV A assessment; appreciate the role of the health care assistant as related to NCV A criteria; and increase the qualified nurses’/midwives’ knowledge and awareness of accountability in relation to delegation and supervision of health care assistants prior to the implementation of any programme.

Recommendation 4.14
It is recommended that nurses/midwives lead the development and delivery of the NCV A programmes for health care assistants.

Recommendation 4.15
It is recommended that the introduction of the health care assistant be monitored and evaluated in the short, medium and long term.
Appendix I

LITERATURE REVIEW

Terms of Reference
To conduct an international literature review of the use of care assistants and other non-nursing personnel in the performance of non-nursing tasks, in relation to the effective utilisation of the professional skills of nurses and midwives. This review should be placed in the context of contemporary health and related policy in Ireland and should include recommendations.

Objectives
Evaluate the role of care assistants and other non-nursing personnel in the performance of non-nursing tasks, in relation to the effective utilisation of the professional skills of nurses and midwives in Ireland.

Identify the ways in which contemporary health and related policies in Ireland influence this development.

Formulate a discussion document and identify recommendations based on the literature reviewed.

Executive Summary
This international review examines the pertinent factors associated with the effective utilisation of the professional role of nurses and midwives in Ireland.

Irish nurses and midwives have over the last 50 years engaged in many duties and tasks that can be described as non-nursing duties. Irish nurses have consistently stated that these activities detracted from their work in providing holistic patient centred care. There is however an absence of published evidence to substantiate the effect this would have in enhancing the quality of care provided. It therefore becomes apparent that the Irish nursing workforce are ready to embrace a new member of the care team to assist in the provision of patient-care and allow the registered nurse/midwife the flexibility to engage in role development through expansion associated with becoming more expert, competent, reflective practitioners developing skills to meet patients’ needs (An Bord Altranais 2000, p.11).

The emergence of the unlicensed assistive personnel (UAP) role in the US was introduced for different reasons than here in Ireland. The main reasons being policy implementation in relation to restructuring of the health services workforce and for reported fiscal reasons. The U.K. experience is similar to our own in that the impetus for introducing a healthcare assistant grade with NVQ training was the change in nurse education.

Consideration should be given to a standardisation of titles used for care assistant, giving an outline of clearly defined roles, job descriptions and organisational structures that support RGN/RM roles. The care assistant should be provided with training and orientation programmes that reflect the requirements of the practice setting (Huston 1996 cited in Barter et.al. 1997).

A review of studies suggests that the use of support workers should relieve some of the workload from nurses to allow them to use their time more effectively in patient care and more than one type
of assistant may be required to undertake the array of non-nursing duties identified. Hence the role of the care assistant needs to be considered in light of the various needs of clients/patients in each care setting. The direct patient care activities which care attendants may undertake following delegation by a registered nurse are duties related to general patient hygiene, basic nutrition assistance, ambulation and mobilisation. The indirect activities relate to housekeeping, transporting/escorting, and maintaining stock. Rushforth et. al. (1999) have cautioned that nursing must be closely and proactively involved in ongoing decisions about the boundaries of practice of healthcare assistants, carefully considering the appropriateness of each role they undertake in terms of its impact on care delivery. This involvement includes a key role in influencing proposals and developments in relation to the educational preparation in an attempt to ensure that the supporting workforce has received appropriate preparation.

While the issues at an implementation level for midwifery practice are most definitely different the principles associated with delegation and supervision are the same for midwives and nurses. Nurses and midwives need to appreciate that their professional roles in delegation and supervision sustain the vocational function the care assistant performs. The organisation of nursing/midwifery care is a local issue but effective team communication appears as the kernel to successful utilisation of the care assistant.

Examining the effective utilisation of the professional skills of nurses and midwives presents Irish nurses and midwives with an opportunity to embrace a changing and expanding professional role while keeping the core values of nursing and midwifery within the practice of nursing and midwifery.
Appendix 2

SITE VISITS

As part of the consultative process a series of site visits were conducted in eight practice areas where it was known that health care assistants were employed. The following agencies were engaged:

- Royal Hospital Donnybrook
- St. Mary’s Hospital Phoenix Park
- Mater Misericordiae
- East Coast Area Health Board, Community Care Area 1, Dun Laoghaire
- National Maternity Hospital, Holles Street
- Stewart’s Hospital, Palmerstown
- Sligo General Hospital
- Our Lady’s Hospital for Sick Children, Crumlin
Appendix 3

Comhairle Náisiúnta na gCáilíochtaí Gairmoideachais
National Council for Vocational Awards

1. Background

- The NCVA, an agency of the Department of Education and Science, was established by the Minister for Education in 1991 to set, monitor and certify standards in vocational education and training in the further education sector.

2. Key principles

- The Council’s approach to the establishment and implementation of its certification framework has been informed by a number of key principles:

Access: The framework of awards allows access to certification at a number of levels. All awards are modular, enabling credits to be accumulated towards certification. Modules are described in terms of the outcomes which must be demonstrated by the learner and the criteria which must be satisfied for achievement to be credited. A record of achievement is awarded for any module successfully completed.

Progression: The NCVA framework provides a ladder of qualifications offering a clear route of progression from level to level. The levels articulate with programmes and qualifications in mainstream education, in the broad vocational education and training sector and in higher education. The framework is also broadly in line with current international practice. Awards at all levels are designed to give access to employment, further training or higher education. Any level of award, therefore, has an integrity and completeness in itself and, depending on the individual, can represent either a first or a final step on the ladder.

Recognition: Ensuring national and international recognition of NCVA awards involves building the credibility of the system with key groups: learners, employers, providers, higher education and training interests, as well as the wider public. It also involves negotiating routes of access for holders of NCVA awards to employment, further training and higher education, both in Ireland and abroad. It is important to ensure that national developments are consistent with current international practice, in order to make available the widest possible range of opportunities for qualified Irish people.

Quality: The commitment to the delivery of a high quality certification system has a number of important dimensions. Firstly, national standards of achievement are set and closely monitored in partnership with the relevant groups. Secondly, development and support systems are put in place to encourage and build on good practice. Finally, the NCVA aims for excellence in all aspects of the service it provides.
Partnership: In order to ensure the continuing relevance and acceptability of the certification system, the involvement of various partners is essential. The Council includes representation from a wide range of vocational education and training interests, including the Minister for Education and Science, the Dept. of Enterprise, Trade and Employment, school management authorities, employers, teachers, parents and training organisations. Boards of Studies and working groups are similarly broadly based, including in addition members from higher education institutions and professional bodies. Widespread dialogue and consultation have taken place during the development and implementation phases of the Council’s work.

Access to higher education is available via the Higher Education Links Scheme. This scheme provides the holder of an NCVA Level 2 certificate with access to higher education, by offering approximately 2000 places on over 250 designated certificate and diploma courses in the Institutes of Technology. The Central Applications Office processes applicants for these places.
### National Vocational Certificate Healthcare Support

#### Vocational modules (5)

**Mandatory (3)**
- Care Skills D20163
- Care Support D20164
- Safety and Health at Work D20165

**Elective (2)**
- Human Growth and Development D20032
- Anatomy and Physiology D20001
- Child Development D20007
- Caring for Children 0-6 yrs D20159
- Caring for Children in Hospital D20171
- Intellectual Disability Studies D20169
- Operating Department Care Skills D20168
- Maternity Care Support D20167
- Palliative Care Support D20170

**An appropriate module developed or approved by the NCVA**

**General Studies Modules (2)**
- Communications and one other General Studies Module G20001

**Work Experience Module (1)**
- Work Experience W20008
GENERAL STUDIES MODULES

Communications G20001 is a core module for all certificates.

The Communications G20001 has been revised and will operate from September 2000. All centres registered with NCV A must now use the revised module. The revised Communications G20001 module no longer includes a “hands on” word processing information technology section. The ESF requirement for 40 hours information technology may be satisfied by learners taking the Information Technology Skills B10135 module, or any one of a range of other Level 1 or 2 modules that include computer/information technology skills. The second General Studies module is intended to

• provide breadth and balance in the curriculum
• enhance personal development
• complement the area of vocational study.

The second General Studies module may be:

• chosen from the list of NCV A Level 2 modules, provided that it is not an elective vocational module for that certificate
• developed by the course provider and approved by the NCVA.
Appendix 5

CERTIFICATION FRAMEWORK

• All decisions regarding certification framework and standards; implementing policies etc. are made by the NCV A Council which comprises fifteen members: industry; trade unions; course providers; parents; Dept. Enterprise, Trade and Employment; CERT; FÁS; Minister’s nominees and Chair.

• The NCV A provides a framework of qualifications from Foundation Level to Level 3 which incorporates the needs of the learner, the economy and society.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Foundation Certificate</td>
<td>: prevocational</td>
</tr>
<tr>
<td>National Vocational Certificate Level 1</td>
<td>: work under supervision</td>
</tr>
<tr>
<td>National Vocational Certificate Level 2</td>
<td>: work under direction</td>
</tr>
<tr>
<td>National Vocational Certificate Level 3</td>
<td>: independent, supervisory</td>
</tr>
</tbody>
</table>

Modules are developed through a consultative process by expert working groups in conjunction with relevant Board of Studies, and approved by Boards and the Council.

NCVA certification covers a wide range of vocational areas. Specific areas have been grouped, and specialist Boards of Studies set up to: research skills needs; develop modules and monitor changes/new developments in industry standards. The five Boards of Studies are

• Art, Craft and Design
• Business and Administration
• Science, Technology and Natural Resources
• Services, Leisure and Tourism
• Communications, Performing Arts and General Studies

Each Board comprises representatives from teacher unions, general unions, awarding bodies, employers, parents, course providers and learners.

• The modular structure allows learners to accumulate credit over time. Standards for modules and awards are set, by the Council, in partnership with course providers, social partners and sectoral experts.

• To achieve a full certificate, candidates must achieve the standard specified in a particular number and range of modules. Candidates are awarded a Record of Achievement for every module successfully completed and can combine results from a number of Records of Achievement to gain a full certificate.
References


Notes