Content

1. Situation Statement for Austria

(presented by Gerhard Patzner, Gesundheit Österreich Gesellschaft (GÖG) and Dir. Barbara Zinka, Pflegeakademie der Barmherzigen Brüder Wien)

Current situation

Austria has two types of HCA/AP which are working by order and under the supervision of upper grade certified nurses, one of them (Heimhelfer/-in) with an education of 400 hours and the other (Pflegehelfer) with an education of 1600 hours within one year. Both educations are based on legal regulation. Education can be done consecutively and might be followed by a shortened education in nursing. Graduates are entitled to work in organizations which are led by physicians or nurses. Most of the graduates of the 400 hours education work in home care and increasingly in nursing homes; graduates of the 1600 hours education work both in home care and nursing homes as well as in hospitals to a certain extent.

The 'Heimhelfer's scope of work is confined to activities in the primary care. The 'Pflegehelfer' has a more extensive field of work. Both occupational groups work mostly in care homes and in homes for the elderly as well as in the mobile care – the' Pflegehelfer' operates very partially also in the acute care and in hospitals.

Successes and failings

The engagement of HCA/AP in nurse-led units are successful, if there are multiprofessional teams with nurses, who are responsible for the coordination and assignment of the HCA/AP. Even more nurses have to be well trained in professional leadership and competent in delegation of tasks. HCA/AP are yet not adequately trained to work in acute care hospitals. Therefore HCA/AP need more training to match the specific challenges in acute care.

Developing trends

A shortage in financing the health care system will presumably lead to engage more HCA/AP in all sectors, which means in home care, nursing homes and acute care hospitals. As mentioned above HCA/AP will need more training. To meet the expectations nurses have to be trained as well. At this time it is uncertain if the education of HCA/AP will be more extensive or the education will be focused on one of these sectors.

Situation statement for Belgium

(presented by Anne Lekeux, FINE – European Federation of Nurse Educators, FEDESUC – Federation of higher education of French speaking communities)

Current situation

Two levels of nurse: a professional bachelor degree and a diploma degree. Some aspects of nurse education differ between the Flemish, French and German-speaking Communities as each Community's education department holds competence in this area.

The diploma degree programme is organized through a three-year vocational training programme following secondary school. The programme is organized in five chronological modules: initiation on nursing; basic nursing care; general health care orientation (elderly care and metal health care); orientation elderly care and mental health care (general health care); and applied nursing.

The bachelor degree programme is organized by nursing schools at university college level(Haute Ecole/Hoge School) and comprises three years of training for a minimum of 180 European Credit Transfer System (ECTS) units. (based on framework of competences)

Both the diploma degree and the bachelor degree programme are based on Directive 2005/36/EC on the recognition of professional qualifications and therefore include 4600 hours with a balance of theoretical and practical instructions. Since 2002, diploma degree nurses can obtain the professional bachelor degree through a shortened educational pathway of 60 to 120 ECTS units(Flemish Com.), depending on previous professional experience.

Concerning HCA :

HCA can be employed in hospital, elderly institutions and home care; recognition of Aide soignante AR (Royal law) in 2006.Registration of about 65.000 Aide soignante/HCA in Belgium at this time.

The program of education depends of secondary education, after 6 years, at level 7°professional /vocational training: Diploma of Aide soignante/HCA :1 year full time education.

Access to the profession also after the first year of Diploma of nurse (second level of nurse) and after the first year of Bachelor level of nursing.

Successes and failings

Successes:

- Recognition of Aide soignant (HCA) in Belgium (AR 2006) with a limited function , depended directly of a nurse delegation.
- Recognition legally in hospital , for elderly and home care.
- Network of nurse educators at a national level working together

Failings:

- 2 different levels of nurse(level 5/6) in BE with the title of nurse; moving to one title of nurse??
- Need to identify the LOs /Learning outcomes and adapted linking course

Trends

- Working on the integration of Health workers in the EQF
- Waiting the results of Reviewing/modernisation of EC Dir36/2005 ;publication of Green Paper end 2011 and new law in 2012
- Using EQF for better visibility on qualifications/competences of health professionals to increase their mobility and recognition of qualifications.
- Building of linking course related with LOs, ongoing education ,CPD and LLL
- A shortage in financing the health care system will lead to increase the ratio/number of HCA in hospital (at this time about 10%)

2. Situation statement for Bulgaria

(presented by Prof. Lidia Georgieva , Medical University Sofia)

Current situation

Regulation for competences of nurses, midwifes and other associated medical specialists and health assistants was accepted on 8 February 2011. This regulation describes very precisely the professional activities that the above mentioned specialists can perform on doctors' order or without supervision. This regulation is based on the Decree for Professional organization of nurses, midwifes and other associated medical specialists from 2005. The degree for health assistants is not included here, for the first time it is included in the regulation that is now issued.

Medical assistant (3221) according to National Classification of Professions and Jobs in Republic of Bulgaria -2005 (NCPJRB) the position – Felsher – provide consultancy, diagnostic, preventive and treatment medical tasks, with lower complexity and range than medical doctors. They work independently or under supervision and control of a doctor. As a part of the health care they can work mainly with the diseases that are with high prevalence in their region.

Health assistant (sanitar) – servicing the patients by assisting them in feeding, toilet, transport, providing comfort and good hygiene in the patients' room. I think our project is more focusing on this health assistant.

Education for Medical assistants is provided in Medical colleges in the Medical Universities and it is a bachelor degree.

Education for Health assistants is provided in Medical colleges in the Medical Universities as qualification courses, as well as, at the working place according to the specification of the work.

Employment at governmental and private medical institutions for primary health care, hospitals, emergency care, dispensers, homes for medico-social care etc.

Successes and failings

Success: First school for health assistants was open in Varna in the hospital "St. Marina" and Medical University in 2008.

Need to be changed: A requirement for training before the start of work for health assistants to be introduced. There are difficulties due to very low payment and social status of the profession. Because of this, no one actually goes purposely on HCA-courses. So everyone who wants to become a HCA is accepted without any requirement to former education. Even though there are not enough people willing to do this. The tasks of HCA are often done by people of minorities like ex prisoners of a special programme are trained for HCAs.

Developing trends

Regulation for competences of nurses, midwifes and other associated medical specialists and health assistants that was accepted on 8 February 2011 have to be applied and assessed.

Questions and discussion

Question: Is paediatric nurse care part of the training or is there a separate programme for that?

Answer: There is a separate programme for nurses who want to work in paediatric nursing but not for HCAs. They can have such a training while they are working, but not before.

3. Situation Statement for the Czech Republic

(presented by Karolina Moravková, Medical College Prague)

Current Situation

Health assistants can work in hospitals and ambulant. Every assistant has to do at least a 14 days' course in an accredited hospital. When he ends this course she/he must pass an exam. She/he gets a certificate that she/he has the minimum competencies for working as a healthcare assistant. But after a few years she/he has to be licensed anew. During socialism, we had nursing schools where you could do a nursing education already at the age of 14-18 years. These schools are nowadays not anymore for registered nurses but only open for healthcare assistants with fewer competencies.

For becoming a registered nurse, you have to do a three-year education whereupon you have a Bachelor degree. As an admission requirement they have to have a high-school diploma. They work where the healthcare assistants cannot work: in homecare, hospices, caritas or in Alzheimer centers.

For the healthcare assistants, there is a law in the Czech Republic, stipulated by the ministry of health and the ministry of education, stating that she/he is can for example wash the patients or help with the medication – but a healthcare assistant is only allowed to work under the supervision of the registered specialized nurse. Furthermore, the assistant can give a subcutaneous or intramuscular injection but never an intravenous injection nor can she/he administer medicine by her-/himself. These are tasks of the specialist nurse.

Nursing, paramedic and hospital attendant in Czech Republic

1. Medical asistent, studys 4 years / from 15 to 18 year/ in medical school of nursing.This school finished with Abitur.

   This person - carry working according to Czech legislativ, only under supervision nurse RN, Bc.,Mgr.

2. Bc + Mgr.,+ PhDr. /same EU/
3. Czech.Rep.: Ministry of Health preapeare new Regulations,new autority.On this regulation participace CNNA / Czech National Association of Nurses /.

   We preapeare new adress,name,title for this worker." Medical asistent,diplom nurse/RN/.

4. Hospital attendant work only under umbrella nurse,Bc.

   Hospital attendant has spezial acreditation course /14 days/and after exam obtain the certifikate.

5. In intensiv area working nurses they are Bc., or minimal with postgraduate education in Institut for paramedical workers / 2 years/.

Czech Rep.has 10 500 000 population, nurses are 80 000.

Employment: In towns nurses have relativ more posibillity to work.But exist regions for example north of Bohemia,or same part of Moravia,where are nurses without work.

But they have posibillity to work privat in Home care, Hospic, Senior houses etc.

Successes and failings

There are well-controlled national standards for the education and work for the registered nurses and for the healthcare assistants with clear distinction lines.

Developing trends

Since 1989 many things have changed:

1. EU Edukation + higher competences
2. Publicity in society /nurse was ministry of health,nurse is direktor.in univ.hospital by Charles Univ. ,nurse recived honour privileg from president Czech.Rep.Klaus/
3. Possibility to study in foreign countries
4. To work in forreign countries
5. Better financial evaluation

4. Situation statement for Denmark

(presented by Inger Just, Nursing Education University College Lillebælt)

Current situation

Social and health education was started in 1991 and reformed in 2002. The 2 courses will replace training for care home assistants, nursing assistant and assistants in psychiatry. There are still people with these programs at Danish workplaces, but they are about to disappear, either because these individuals leave the labor market or because they receive a credit to train as social - and health care assistant or helper,

Social and health education will have the overall objective that the students through school education and job training acquire knowledge and skills in the following broad fields of competence:

1) Practical and personal help.

2) Personal care nursing tasks.

3) Health promotion and prevention activities.

4) Coordination, supervision and instruction.

5) Activity and rehabilitation.

The program includes the step:

Social and health service (step 1).

The program ends with the thesis: Social and Healthcare assistant (HCA) (step 2).

Program step 1, social and health service, is a sandwich with at least 3 school periods and at least 2 training periods. School teaching is 24 weeks.

The program steps 2 HCA is a sandwich with at least 4 school periods and 3 internship periods. School teaching is 32 weeks.

The internship program is organized so that 1 / 3 of total clinic time usually take place within the somatic area and 1 / 3 usually takes place in a municipality. Depending on the organization of the mental training is the last 1 / 3 of the training time in the psychiatric field in a region or a municipality.

Several studies have shown that social and health education has a relatively high dropout rate of around 20% and it happens often in connection with the initial training period.

The program is regulated by municipalities.

The HCA can be employed in both municipalities and hospitals. The Health care service can only be employed in the municipalities.

Successes and failings

The labor market for HCA is characterized by a number of challenges. Core area for HCA is care and development of people and consists of a series of practical tasks, planning tasks and relationship to other people. Work is also characterized by often physical but also psychosocial stress. It is also characterized by prolonged absences and problems retaining staff. Hospitals restructured treatment efforts intensified with a focus on shorter hospitalization and outpatient services. Simultaneously there is a specialization of the hospitals and work with new therapies. It has the effect to move a number of treatment and care tasks in primary care.

The community and primary care is also a large workspace for HCA in the care of elderly. With structure reform, there is currently great interest in resource use and the relationship between resources and quality. This leads to reorganization and establishment of viable residential units, which must be based on the older person's resources and wishes of the elderly, for example, to participate actively in the daily household. In this context there is a new development in jobs and an emerging new skill needs. Structural reform and the changes happening in the context of the task - and responsibility between county (region) and municipality leads to changes of tasks to be performed. Prevention and rehabilitation are examples of areas where to put new limits, these changes lead to increased demand for skills in comparison to more specialized knowledge of complex disease, people with mental illness and dual diagnoses.

Currently, many dismissed from hospitals because of cost savings but also because there is a political strategy aimed that citizens in Denmark should be less time in hospitals, it means that there will be some nursing tasks in municipalities as this group depends undertake. Demographic also show that there will be an increased number of elderly in their own homes.

Some HCA have been long time on specific departments where they have been trained to perform specific tasks and thus have an increased competence. That competence cannot be taken to another department, so you experience any times that an HCA / AP is the one who has been on the ward for the longest time. In this way they come to draw the department in time they will be replaced by nurses

Some HCA is taking additional academic courses to get into the nursing program where they can get credits equal to 1 year.

Developing trends

Especially in the home, you sense that the hospitals patients print faster than ever before. That means that there are citizens with a larger and different care requirements than previously.

That means the provision of increased demands on employees' skills. There is now a desire by HCA for courses in nutrition, palliative care and psychiatric patients. They want The contents of the courses at the same level as the content of nursing education but without a final exam.

There is currently also working solution among nurses in Denmark, so right now there is no difficulty in recruiting nurses. So how the future looks like for HCA, it's hard to say right now

Questions and discussion

Question: What is the difference between the 2 year and 1 year program?

Answer: The 1 year program is the first step and after 2nd year you are a nurse. Healthcare and service assistant is the same.

Question: Does the programs done on university level?

Answer: Healthcare Assistants have their own schools, nurses are on highschool.

5. Situation statement for Finland

(presented by Taina Viiala, Laurea University of Applied Sciences and Annele Ranta, Vantaa Vocational College Varia)

Current Situation

In Finland employees who are working in healthcare assistant area are mainly Practical Nurses. In some places there is working also Care Assistants.

Regulation:

The **profession of a licensed practical nurse (LPN) is regulated by law.** National Supervisory Authority for Welfare and Health (Valvira) authorises the use of the occupational title.

A person may work as a LPN even without authorisation from Valvira. If a person works without authorisation, then he/she **is not allowed to use the occupational title** of a licensed practical nurse. Most Finnish employers hire only those who have been authorised by Valvira to use the occupational title of a LPN. Those who work without occupational title are called **care assistants**. Care Assistants don't have official education system. Many of Care Assistants have studied parts of Practical Nurse education.

National Supervisory Authority for Welfare and Health may approve a foreign applicant's education and grant him/her the right to use occupational title of a licensed practical nurse. When approving education and granting the right to use the title Valvira will add the applicant's information to the Finnish Central Register of Health Care Professionals.

In the territory of a province the activities of health care professionals are guided and supervised by the competent Regional State Administrative Agency.

Education:

The National Board of Education has drawn up the national core curriculum. Three-year studies give general eligibility to apply for studies at universities and polytechnics. The training includes a minimum of 29 credits of on-the-job learning in practice

Vocational Qualification in Social and Health Care (Practical Nurse, 3 years, 120 credits)

Common vocational parts (2 years)
1 Support and guidance of growth of the qualification
2 Nursing and care
3 Rehabilitation support
Elective vocational parts (1 year)
4 Emergency care
5 Rehabilitation

6 Children's and youth care and education
7 Mental health and substance abuse welfare work
8 Nursing and care
9 Oral and dental care
10 Care for the disabled
11 Care for the elderly
12 Customer services and information management

We have had this kind of education already for 20 years. The students start after comprehensive school. So the students are between 16 and 20 years old. They study 3 years altogether. The first 2 years they have common studies where everyone studies the same. And then in the 3rd year they can choose between 9 different areas to continue: there is f. ex. caring for old people or for children or rehabilitation. Our practical nurses can even work in kindergardens and special schools but many of them work in hospitals and old people caring and nursing homes.

The idea of our education system is that they get very wide basic studies. So when they are in the working life it is more flexible to move from one place to another. As we have a lack of working people in the healthcare sector. Our practical nurses get very well employment places.

In Finland, one can also do only parts of the education and thus get no final exam. One can go to the working life then, but one cannot use the title practical nurse but maybe HCA. In Finnland, we have tried in our healthcare sector to have only registered nurses and practical nurses. There are only few care assistants. We try to keep that quite clear, there are not many levels of nurses. Very regulated and curriculums are very similar in every school. A very important part of our education is on-job-training, minimum of one year.

Successes and failings

Practical Nurse:
+ Common vocational parts provides good employment
- Expertise skills are weaker in some areas

Developing trends

Thousands of health care workers will retire in the near future, **new employees are needed** to ensure the availability of health care services.

Today practical nurses works mostly for public sector and are employed by municipalities. In the future more are **working for private service provides**. Some will be self-employed professionals.

The ageing population will increase the need for social and health care services. The proportion of **care for the elderly will increase** and diversify to a significant extent. The need **for lifting the retirement age.** Well-being at work will play more important role.

Questions and discussion

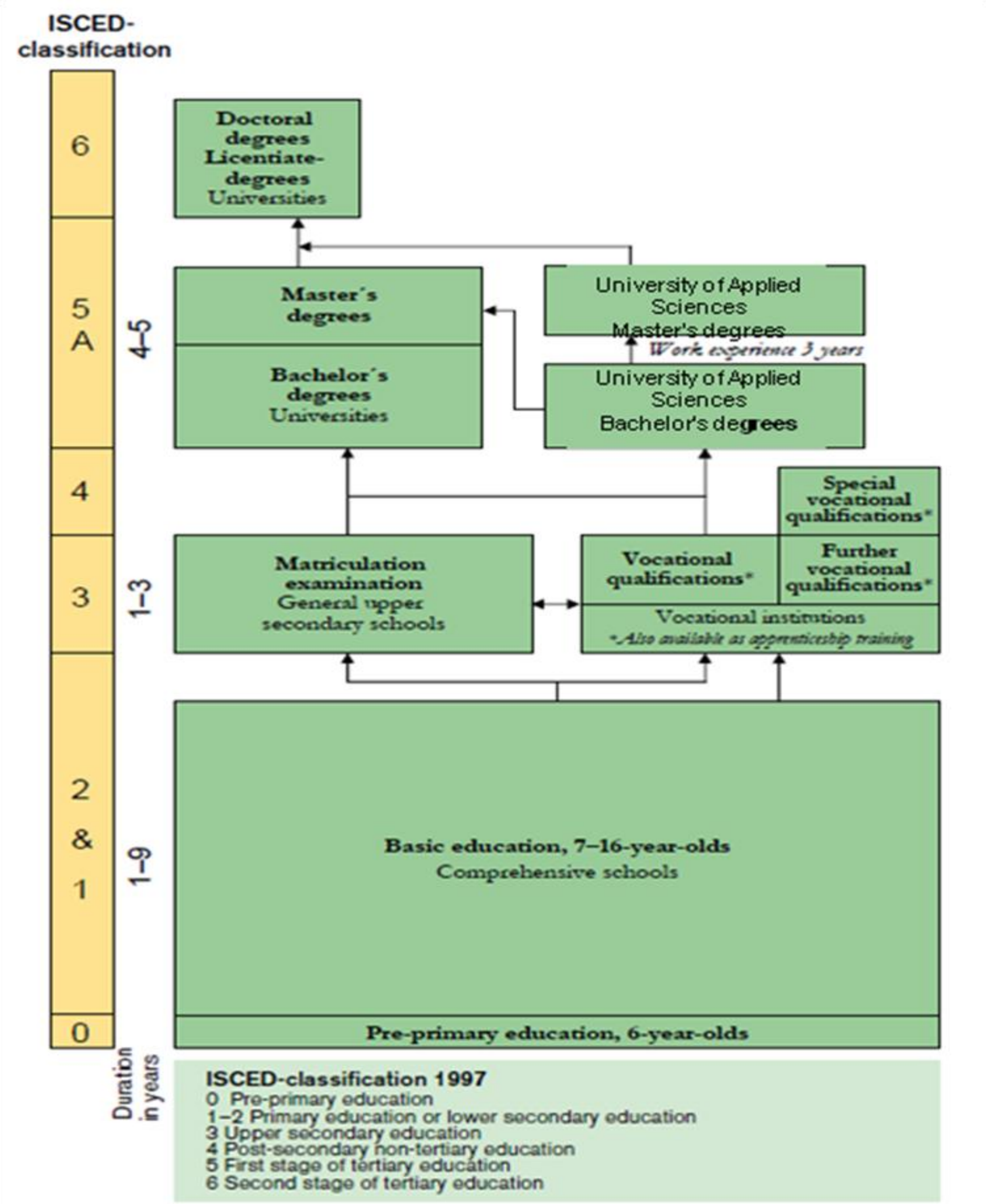
Question: Are these study programs additional to the basic education? Can I choose only one of them? Or do I have to do all of them?

Answer: You chose one of them in the last year of the 3-year education. And even later you can choose another one. If you are not willing or it is not possible to you any more to work with old people than you can do the specialization for the youth care or the kindergarden.

Question: Is the permeability bound to further training periods?

Answer: If you study at Bachelor level, you can have some courses recognized in the extended vocational/further training.

Question: How high has the elementary education for these programs to be? For the practical nurse training, the students must have a 9-year elementary education. In order to take the Bachelor degree to be a registered nurse, you need 12 years of elementary school. As admission requirement also the practical nurse training can be counted – parts of it can even be recognized for the Bachelor degree study progamme so that the study period can be shortened.



The Finnish education system consists of pre-school education, comprehensive school, post-comprehensive general and vocational education, higher education and adult education.

Higher education is provided by 16 academic universities and 25 universities of applied sciences.

Source: Ministry of Education

6. 1st Situation statement for Germany

(presented by Jens Reinwardt, Akademie der Gesundheit Berlin/Brandenburg e.V.)

Current situation

Currently, there exists the vocational training “Healthcare Assistant” (Krankenpflegehelfer) in some of the federal states of Germany only. This vocational training is a very low key qualification and takes only one year to perform. This qualification is generally accepted to take part in a “Registered Nurse” (Gesundheits- und Krankenpfleger/in) course (duration: three years). Concerning the very basic character of the curriculum of “Healthcare Assistant”, this qualification is not recognised in many of the federal states of Germany, especially in Berlin.

Therefore we would like to prefer a different vocational training with a minimal duration of two years to obtain the qualification of “Nursing Practitioner” (Pflegeassistent) – like it is actually done in Lower Saxony (Niedersachsen) - instead of performing the vocational training for a “Healthcare Assistant”, because this qualification doesn´t have neither a common German nor a European acceptance and is a very basic qualification in health care.

Successes and Failings

We would like to harmonize our vocational training scheme with the aims of the “Bruges Communiqués on enhanced European Cooperation in Vocational Education and Training for the period 2011-2020”. Therefore, we prefer the two-year-long vocational training of “Nursing Practitioners”. This qualification is far more professional and not so basic than that of “Healthcare Assistants”. In our opinion “Nursing Practitioners” can help to minimize the current shortage of well qualified practitioners in health institutions like hospitals and also in residential care homes for the elderly.

“Nursing practitioners” could more easily obtain the special competences and specific skills that are necessary to begin a further vocational training to obtain the status as a “Registered Nurse”.

For hospitals, clinics and residences for the elderly could that also mean, that they can better ensure a coherent qualification process for their employees und to win them as permanent staff members for their business venture.

In our opinion, there could be an initial phase of parallel existence of both professions -“Registered Nurses” and “Nursing Practitioners”. That could create a little bit of a competitive situation, but, the experience is, that after a while, the “skills grade mix” will be well adopted and integrated and there would be a good overall acceptance of both professions.

Developing trends

Due to the ongoing demographic development, health institutions will be in a need for well qualified employees whose can easily adept to many new developments in medicine and nursing science and whose are able to fulfill the needs of permanent change management. They will also have to obtain new key competences and specific, different skills.

To meet this challenge, vocational training schemes must be of such kind, that potential participants with a basic education level can start with a basic vocational training firstly, and afterwards continue to a more specialized vocational training - in all federal states of Germany- and in the whole European Union, to obtain a (higher-leveled) qualification of a “Registered Nurse”.
There is a similar trend in the field of Occupational Therapy and Physiotherapeutics, too.
Occupational Therapists and Physical Therapists will get a better chance in the European Union, if they begin with an occupational training as, for instance, „Occupational therapist assistant“ or „Physiotherapeutical assistant“ and continue their training with undergraduate studies to obtain a Bachelor of science in Occupational Therapy or Physical Therapy.

7. 2nd Situation statement for Germany

(presented by Dr. Dag Danzglock, Ministry of Education and Cultural Affairs in Lower Saxony)

Current Situation

Until the year 2002 the Federal Government had the power to regulate the education of HCA / AP in a nation-wide law. In 2002 the Federal Constitutional Court ruled that the responsibility for the arrangements for the training of HCA / AP lies in the individual states of Germany.

This verdict means that in Germany each individual state is responsible for their own standards of education/training of HCA / AP. Currently, consultations are ongoing to define minimum standards through a contract. But, in principle, everyone in Germany may work as a kind of HCA / AP without a controlled training! The HCA / AP are not part of the group of health care professionals.

Depending on the rules of the state the training of HCA / AP lasts 1 - 2 years, access requires a nine-year general secondary education. In some states the participants of the programmes also receive a higher secondary general education degree in addition to the vocational training degree.

The HCA / AP are usually employed in a nursing home for elderly people and the outpatient-care/ community-care. In hospitals, their employment rate is lower. However, there is a rise in the employment of HCA / AP as a whole in hospitals too.

Note: In the elderly care facilities at least 50% of the nurses need to be experts (training three years in nursing for elderly people (geriatric nursing) or nursing). In hospitals nearly 90% of the employees (outside administration, special medical facilities and medical doctors) are nurses according to EU Directive 2005/36/EC. However, there share is dimishing steadily.

Successes and failings

Traditionally, in Germany HCA / AP had been trained in Germany in three areas of nursing: hospitals, nursing homes, care and nursing of people with handicaps (each 12 month). In some states the education was extended as a training of generalist HCA / AP, covering the three areas, which takes between 18 and 24 months.

The distinction of tasks of nurses and HCA / AP is difficult, because in Germany the tasks of nurses are not regulated by law. In principle, there are no tasks that must only be fulfilled by nurses.

Dr. Dag Danzglock adds that the German system is quite physician-centered, nursing is not considered a relevant part. The notion still predominates that nurses only assist the physicians. That is why we have an underdeveloped care system. There is not this kind of understanding in many other countries.

8. Situation Statement for Italy

(presented by proxy by Prof. Jacqueline Filkins, independent advisor and project partner)

Mr. Gennaro Rocco, the vice president of the regulatory body of Italy, is a participant in this project but could unfortunately not make it to the workshop. Jacqueline Filkins, who met him in Rome a few weeks ago, presents the Italian situation statement instead:

Current situation

Healthcare Assistants are referred to as support workers.
They are employed to make beds, washing patients, help them to mobilise.
The duration of their training is 1000 (one thousand) hours and takes place in schools that are accredited by individual regions. There is some variance in the quality of the control of the accreditation.

HCA can progress to the next step which leads to specialised support worker for which they have to undertake 300 hours additional study. However, they are not yet in position/employment due to the uncertainties on the effect on the nursing profession. It used to be very easy to become a nurse in the past but the hard won present nursing educational situation could easily be upset if one does not proceed with care. None of them is employed yet as a specialized support worker, because the regulators are concerned under this present financial climate that it would undermine the very hard situation they have at present for the registered nurses. So they are holding back the training programme for the 300 extra hours because of the present situation.

Successes and failings

The agreement for a 1000 hours curriculum is viewed as a success and the two professions (registered nurses and healthcare assistants) have clearly defined boundaries).

Developing trends

The trend is to have more HCA and retain the number of trained nurses, but being careful about the skill mix.

9. Situation Statement for the Republic of Ireland

(presented by Maria Neary, An Board Altranais)

Current Situation

- HCAs are not regulated in the Republic of Ireland. But all our nurses are protected and registered.
- Education is not mandatory.
- However, HCAs may undergo education programmes, some of which may be at Level 5 (www.nqai.ie) as provided by FETAC (www.fetac.ie)
- HCAs can also be called attendants, house parents or assistants. They work at all different levels: in home, community care and in hospital settings.

Successes and failings

- From a nursing/midwifery perspective, the concept of delegation to HCAs has met with difficulty from a regulatory perspective.
- One of the reasons underpinning such a difficulty has been that HCAs are not regulated and that an agreed and structured education programme is not mandatory.
- It would seem unfair to expect HCAs to demonstrate skills and competencies (including decision-making) without the necessary education, regulation and supervision.
- An Bord Altranais has no role regarding HCAs in terms of education or regulation.

10.Situation statement for The Netherlands

(presented by Anna van Luijn, VU Amsterdam, and Maud Pellen, University Medical Centre Utrecht)

Current situation

There are 5 levels within the Dutch Health care system that take care of e.g. patients and individuals in elderly homes, care for individuals with an (intellectual) disability and some levels also maternity care. Level 5, the highest level and level 4 are nurses. Level 3 is called (translated) "Carers individual Health care" and performs some technical nursing procedures, but is mainly responsible for the activities of daily living. Level 2 is called "assistants Health and welfare". Level 1 is called "care assistant". All three levels work complementary to each other on wards but also under responsibility of the level above them (when applicable). See appendix for overview in table 1.

For this workshop, I determined level 1, 2 and 3 as Nursing- and Health care assistants.

All three levels are on the level of intermediate vocational education, which is organised by one of the regional education centres in The Netherlands, acknowledged by the Ministry of Education, Welfare and Sports. Each level has an own duration and realization to fulfil the end term of the levels. Level 3 is a 3 years track, Level 2 is a maximum of 2 years and level 1 is a one year track. Here you do not need a highschool degree, for all the other levels you need one. All combine education and work in greater of lesser extend but all work in accredited health care institutions. Calibris is the organization in the Netherlands that lead these accreditations. There is no legal registration for those three levels which causes the biggest problems for level 3, because they do perform some technical nursing procedures. So the levels 3 and 4 are a bit unclear.

Successes and failings

The challenges that can be found are mainly in work pressure due to shortages; also with the introduction of the Care packages (see trends). Calibris[1] announced in 2009/2010 that for all levels, the need in society for the professionals in these levels is higher then the number of students that start the several programs. For level 3, the level that works the most in elderly care homes, had a shortage of 35% of starting students[2],[3]. For level 2, there were 4800 vacancies open in 2010[4]. The workers who are in the sector are faced with a high amount of work pressure due to these shortages and face several dilemma's in their work[5], such as giving more care then indicated, work longer if there is understaffing or working more when a colleague is ill. Also the amount of patients per professional is high. My own experience in an elderly home was that at an evening shift there was one level 3 and one level 2 professional per 19 clients, from whom only 1 client was self-reliant. Of

[1] Calibris Landelijke Kwalificaties MBO Verzorgenden IG, 2011-2012
[2] Calibris Landelijke Kwalificaties MBO Verzorgenden IG, 2011-2012
[3] Arbeidsonderzoek Nu '91
[4] Calibris Landelijke Kwalificaties MBO Zorg en Welzijn, 2011-2012
[5] TvZ Tijdschrift voor verpleegkundigen 2010, nr.

course this is not generalizing for all homes. Other challenges are e.g. ageing (more elderly in homes), elderly who live longer at their own home (challenge for staff home care organisations).

Developing trends

The trends within the field of nursing and health care assistants are the further development of the in 2009 introduced "care packages" (zorgzwaartepakketten, zzp) that determines per client how much care they can receive (with respect to financing). The introduction was done in the current health system so many care institutions have to adapt their care to the patients. Also, they expect more shifts in tasks and responsibilities between the levels[6]. Also the ageing is beside a challenge, also a trend. Modern lifestyles makes people live longer (higher survival rate, average age of females in care homes is 82) but also has as a result that more people are younger when they need care (e.g. welfare diseases).

More people will make use of a form of care and nursing in the future, in The Netherlands they expect an increase of 1.2% per year till 2030[7].

Table 1

Level	**Profession and education and** *Dutch translation*
5	**Nurse (Higher vocational education, 4 yrs)** *Verpleegkundige (HBO, 4 jaar)*
4	**Nurse (Intermediate vocational education, 4 years)** *Verpleegkundige (MBO, 4 jaar)*
3	**Carers individual Health care (Intermediate vocational education, 3 years)** *Verzorger Individuele Gezondheid- VIG (MBO, 3 jaar)*
2	**Assistants Health and Welfare (Intermediate vocational education, maximal 2 years)** *Helpende zorg en welzijn (MBO, maximaal 2 jaar)*
1	**Care assistant (Intermediate vocational education, 1 year)** *Zorghulp (MBO, 1 jaar)*

Questions and discussion

Question: There are 5 different nursing educations in the Netherlands which are not identical with the European qualification framework. What are the admission requirements for these educations?

Answer: Level 5 you can do after the 11th grade (one year more than the intermediate high school), level 4 you can do after the 10th grade (after 4 years of high school), after 6 years of basic school you can go on with levels 2 and 3 - you have done in total about 9 years of schooling then, admission requirement for level 1 is none.

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[6] Calibris Landelijke Kwalificaties MBO Verzorgenden IG, 2021-2012
[7] Vergrijzin, Verpleging en Verzorging 2005-2030, Sociaal en Cultureel Plan Bureau, 2009

11.Situation statement for Poland

(presented by Prof. Waszkiewicz and Dr. Ewa Kuriata, Medical University of Wroclaw)

Current situation

In Poland the most equivalent workforce for hca is the medical care giver. This profession was implemented by the legal act in 2007. And it is something separate from the nurses. So we will not concentrate on the nurses but only the medical care givers. Education of this profession is based on the legal act that defines the curriculum for this profession. Education can go two separate ways: one is based on a 2 years course on vocational school. The other one is a post high school education and it's a 2 semester education. All graduates have to set exams by the central examining board that gives you a diploma when you pass the exam. The central exam is both theoretical and practical. And our evaluation of today is that there are about 6000 diplomas that have been handed out. The medical caregivers can either be employed by the medical institutions or social institutions. They are mainly employed by the social institutions. The competencies of this professional group are strictly defined in the curriculum. As there is no accreditation for schools conducting the programme we can say that the results of the schools are very comparable with each other. We experience a deficit in nursing staff. We appreciate that profession entering the polish health care system.

I. The legislation history in brief

- 2007 – Ministry of Health – Establishment of a **Health Care Assistant** (**HCA)** as a new profession in Health Care System (HCS)
- 2007, June 26– Ministry of National Education MNE adding the **HCA** profession to the Classification of Occupations (Annex to the Regulation of the Minister of National Education of 26 June 2007 on the classification of vocational education Coll. Laws No. 124, item 860). Education in the **HCA** started on a academic year 2007/2008 on the basis of the profession's school.
- 2010 April 27 - The Ministry of Labour - the location of the medical profession in the *elementary group* - supporting medical personnel Annex to the Decree of the Minister of Labour and Social Policy. (Pos. 537) Classification of Occupations [Coll. No. 82. Pos. 537].
- The previous curriculum of 2007 was replaced by Regulation of the Minister of National Education of 21 January 2011 on the curricula of education in the **HCA** profession, which sets out detailed requirements for the program and educational conditions for this occupations.
- 2011 August – Due to the reform of education system and the closing down the adult's profession school from academic year 2012/2013 onward, HCA qualification courses for adults is likely going to be conducted by post-secondary schools and for people without secondary education it should be made possible to enter a State Exam confirming acquired qualifications.

II. Place of the HCA in the HCS

Medical guardian has been added to the group supporting medical personnel. The group consists of other medical supporting professions:

- nursing assistant - training on the basis of 2-year school of nursing assistants until mid 60's, later nursing studied in nursing schools to become nurses. Currently it is not implemented in the education profession nursing assistant, but still entered the profession to the list. Although the need for supporting nursing personnel increases jet no initiative was taken to restore the education in this profession.
- nursing home assistant – training in post-secondary schools takes 2 years - 4 semesters, or as courses of down to 60 hours. The task of nursing home guardian is: stimulate the activities people in the nursing homes with various methods of rehabilitation or therapy. Nursing home guardians are included in professional activities to implement the work plan and individual assistance to a in a nursing home or other institution. The duties of the guardian in the nursing home include: assistance and support in daily activities in the field of self-care and personal hygiene, care and attention to health and personal care of a sick or dependent person, provide advices on budgeting, organizing time off.
- assistant of a disabled person - 2 semesters of education in the high school. Graduates are qualified to support and care for older people who do not have enough support from the family or other people. The task of assistant is to activate with the use of rehabilitation or therapy. Tutor helps the person in daily home activities. He is caring for health, personal hygiene of a sick or dependent person. Assistant can be employed by elderly houses, social welfare centers and all other care institutions.
- elderly person guardian – complying a 2 year program in post-secondary school. Guardian is expected to conduct supporting functions for the elderly both in the home environment and geriatric hospitals.
- home assistant – complying a 2-semester course in the high school. Assistant is prepared to provide care for the chronically ill, lonely, dependent, people who do not have enough support from the family or others. Assistant can be employed: Centres of Social Welfare, single mothers houses, home environment.

III. Education: competencies and skills represented by HCA profession.

Out of all professions mentioned above the HCA is most competent one, incorporating a wide range of activities both medical and institutional regarding social assistance and it has broadly defined competences.

Training content indicated in the Annex to the Regulation are contained in three program blocks of education, together with the minimum number of hours in a block as a percentage. The name of the program block	The minimum number of hours over education (in%)
professional medical grounds	30
Care for a sick and dependent person	55
Basics of business administration	10
Total	95*

*The remaining 5% of the hours is intended to be distributed by the authors of the curriculum to adapt programs to labor market needs.

In the education mode, a graduate of one or two-year curriculum, should be prepared to perform the following professional activities:

1. Identifying and solving problems of nursing and care of a sick or dependent person with different degrees of disease severity and age.

The graduate should:

a. be able to identify nursing and care problems of sick or dependent person;
b. have a ability to use various sources of information

2. Helping a sick or dependent person in meeting basic biological needs.

The graduate should:

a. assist a sick or dependent person to perform needs related to nutrition;
b. assist sick or dependent person to perform needs related to excretion;
c. be able perform hygiene procedures associated with maintaining the purity of the body in a sick person and a dependent;

3. Helping a sick or dependent person in maintaining social activity.

The graduate should:

a. encourage a sick or a dependent person to maintain and make new contacts;
b. be able to help a sick or dependent person in the adaptation to living conditions in the hospital and to changes associated with chronic illness or old age;
c. be able to help sick or dependent person in communicating with family, therapeutic group and other patients

4. Activating a dependent person to increase one’s independence in life.

The graduate should:

a. be able to help a sick or dependent person in maintenance of physical activity;

b. be able to help a sick or dependent person in the use of orthopedic and rehabilitation equipment;
c. be able to help the sick or dependent person in meeting basic life needs;

5. Ensuring a sick or dependent person's physical and mental safety.

The graduate should:

a. be able to provide a sick or dependent person a safety during treatments;
b. be able to provide emotional support to the sick or dependent person and his/her family;
c. be able to provide first aid in life or health emergency situations.

6. Providing a sick or dependent person with a hygienic environment.

The graduate should:

a. be able to perform activities associated with maintaining the cleanliness and aesthetics of the bed and the closest surrounding of a sick or dependent person;
b. comply with sanitary regulations when performing professional tasks;

7. Performing nursing treatments.

The graduate should:

a. carry out the instructions of the nurse and physician regarding and care of a sick or dependent person;
b. run the documentation of treatments and care activities

8. Cooperation with the therapeutic and care-giving team.

The graduate should communicate with participants of the work process;

9. Assisting nurse while performing nursing procedures.

The graduate should be assisting during the performance of nursing procedures;

10. Use of equipment, accessories and tools to perform the treatments.

The graduate should be able to use of the equipment, utensils and tools necessary when performing nursing;

11. Maintenance of utensils and tools used to perform nursing procedures.

The graduate should be able to disinfect and maintain utensils and tools used perform nursing procedures.

12. Popularization of healthy behavior

13. In addition, graduate should:

    a. apply the law related to conducted professional duties;

b. comply with the rules and principles of occupational health and safety, fire aid regulations and environmental protection;
c. organize the workplace in accordance with the requirements of ergonomics;
d. use of the Labour Code concerning the rights and obligations of employee and employer;
e. acquire basics in business administration

A person who has completed a HCA curriculum should perform activities consistent with acquired professional skills.

Medical caregivers have skills to work for all kinds of health care institutions: social assistance, which carry out the, for hospitals (all wards), care and treatment institutions , nursing and care institutions, long-term care hospitals, hospices, nursing homes, rehabilitation centers, the patient's home environment, foundations and associations.

IV. Diploma

Diploma confirming qualifications in the HCA profession is obtained through taking an external exam (theory and practical), organized annually by the Central Examination Commission in Warsaw.

Number of issued diplomas: Since 2009, graduates from approximately 30 schools both public and private in Poland had obtained the HCA Diploma:

• 2009 - 1503,
• 2010 - 2247
• 2011 - 2443rd

Due to the lack of requirement to register the representatives of this profession, it is not possible to clarify the actual number of contractors of this profession.

Successes and failures

The biggest success lays in the curriculum in the Legal Act, it defines very clearly what is expected by these people and what education they should receive.

V. Adapting health care institutions to implement a new profession

Act of 15 April 2011, the therapeutic activity (OJ 2011 No 112 item. 654) indicates that the manager of a medicinal entity sets rules of procedure and order, specifying the organization and tasks of individual organizational units, including the scope of the activities of workers and conditions interaction between these bodies to ensure the viability of the entity. This is tantamount to separation of jobs in the entity performing the specified range of benefits.

Thus, only when the rules or the welfare of a medicinal entity will be listed medical supervisor position, it can be cited. Position to hire a person who is qualified and will ensure full implementation of assigned tasks. Skills necessary to perform the job shall be construed as professional qualifications and should be reflected in the duties entrusted to a separate position in the organizational structure of the institution.

A failure is the underrepresentation of this profession on the labor market and there is low interest in doing the education. One reason could be that there are low salaries for these people. The polish healthcare system is undergoing change and much what happens with this group depends on the managers of the healthcare institutions. It is up to their decision whether they give a working place to this group or not.

Developing trends

VI. The observed and expected changes in the profession of medical caregiver

Currently in preparation is the initiative to enter the above. Profession to the Minister of Health and Social Welfare of 29 March 1999 on the qualifications required of employees in various types of jobs in public health care establishments (Journal of Laws No. 30, item 300, as amended. amended.). - A draft of the new regulation is at the stage of opinions.

Guardian medical profession was included in the draft law about some medical professions and rules for obtaining a specialist in other fields of application in health care. Entry into force of this legislation will allow for statutory regulation of the above. profession, which will significantly improve the situation of the profession in the labor market (including the arrangement for a range of vocational training based on private schools, which currently does not require the consent of the Minister of Health to launch a register of education and medical caregivers with all the consequences continuing education to maintain licenses).

Announced the introduction of social care insurance should be another legal normalization, which will expand the market for health care services and nursing care and hygiene. Unfortunately, the position of the Ministry of Health confirmed that it was only from 2015 these benefits will be able to be contracting with the payer, after entry in the list of guaranteed benefits from public funds. Currently, the payer does not treat this specific range of benefits, as a separate element of the contract, and therefore does not stimulate the health managers to extract the positions of medical caregivers and do not hire them.

Given the changes in the law on the education system (project phase opinions), cycle training in vocational schools will be extended to 3 years. This may on the one hand affect the quality of education and professional qualifications obtained, however, can also weaken young people's interest in this form of qualification, which also at a low level of remuneration of the professional group, decide on the slowdown of supply of medical caregivers in the labor market. Labor needs associated with caring for sick people increases due to the reform of the hospital, part of the existing institutions to develop into a long-term care providers, medical care facilities, rehabilitation hospitals and others that are going to support services for chronically ill persons, which will require an adequate number of healthcare professionals. Currently in Poland, however, still felt a deficit of long-term care providers and those that are struggling with serious problems associated with insufficient staff and under-funding. At the same time fewer and fewer nursing graduates will supply the labor market, and professionally active nurses are aging, which gradually deepened the deficit will be nursing staff on the system. In this situation, an important task to improve the availability of care services and improving the quality of the education of qualified staff, who will be able to provide care for chronically ill patients, and incapable of independent existence; people who need help even with the seemingly simplest of daily activities and increasing efforts to incorporate a permanent guardian for medical therapeutic composition of the teams in the health care system.

12.Situation statement for Portugal

(presented by Manuel Silva and Rui Ines, Ordem dos Enfermeiros)

Current situation

Everything in Portugal is being questioned right now. So we are not sure what is going to happen. Especially, because the national health system is mainly public and it is under public service to decide where the major cuts and changes are going to happen. The ministries are working on a number of reforms but we do not really know what is going to happen in the future. One condition that complicates the situation is that in this area, there are four ministries working separately in this area. These are the Health, social care, education and labor ministry. They may be working on same issues but does not communicating with each other.

Recently new legislation and regulations for the Health Sector were published in Portugal, and this has introduced new names for these categories of staff. In this present transition phase we use three “official” names to refer this them:

- “Auxiliar de Acção Médica” – Auxiliary of medical action
- "Assistente Operacional” – Operational assistant
- “Técnico Auxiliar de Saúde” - Health auxiliary technician

All three occupational groups should work under the supervision of health professions. Mainly nurses but also others could supervise their actions.

Auxiliary of medical action was the name originally given to the professional profile and career, created by Decree-Law 109/80, of 20 October, and integrated on “*general services careers*”. This staff worked under orientation and supervision of health professionals, and particularly nurses.

In 2008, a new regime of public careers was established, and the *Auxiliary of Medical Action,* as others *general services careers,* were integrated on a new general career, with the new designation of *Operational Assistant*. The *Operational Assistant* career includes several professional profiles, one of whom is related to the extinct *Auxiliary of Medical Action*. However, in many of the health institutions the name of *Auxiliary of medical action* is still used to differentiate and identify the *Operational Assistant* who works in direct contact with patients.

In 2009 the Health Ministry started to build and validate a new professional competences profile and educational program to support the qualification of the today called - *Health auxiliary technician.* The Health auxiliary technician profile and educational programs are already established, published and ready to be used by certified professional educational centers/schools. To become a Health auxiliary technician*,* the development of this educational preparation program is required.

We add the information that so far 22 courses have started but they haven’t been finished yet by the students. For becoming a HCA (includes all 3 above groups – the term HCA is used for reasons of simplification) in future, everyone must do such an educational programme. So we are not sure if they will be employed in hospitals with these courses or not. There is no mandatory requirement form a ministry, on which requirements they are hired. What happens so far is that a hospital which needs a HCA opens the position and anyone who has the minimum qualification can apply and is hired and then she/he gets inhouse training.

There is no specific professional regulation for all of these categories of staff.

Today we have a similar situation like Spain. We have a high number of nurses and a lower number of HCAs in hospitals. And it is vice versa in the private sector – there are only a few nurses and lot of HCAs.

Successes and failings

No information to submit at this moment. The country is under major reform and it is impossible to foresee the future developments.

Developing trends

No information to submit at this moment. The country is under major reform and it is impossible to foresee the future developments.

Questions and discussion

We have heard other countries saying that HCAs could save money. But we are not sure if that really is the case. We ask ourselves do they have the ability like a nurse to take care of persons with several chronic illnesses needing various medicines. Or do we spend more money because of the resulting complications?

13.Situation statement for Slovenia

(presented by Brigita Skela Savič, College of Nursing Jesenice; Martina Škrabec, Nurses and Midwives Asociation Slovenia, and Miha Okrožnik, Nurses' and Midwives' Association Slovenia)

Current Situation

Our nursing education is on two levels – on secondary and tertiary level. The tertiary level means education on the university colleges and faculties. This level is comparable with the European directive. We have this programme since 2004 when Slovenia joined the EU. After this programme, there is also the possibility to do a master degree. For the HCAs the focus lays on the secondary level. We have a secondary school for nurse assistants or HCAs (we didn't select the right name yet). This is the vocational and technical education and it complies with the European quality framework (EQF) level 5, whereas the faculty programme complies with level 6 of the EQF. On secondary level the students must complete a 4-year educational programme and the students are 15 years old so they are very young. When they finish this programme they go to the clinical area and have 6 months of preparation in the clinical area and then take their final exam. With that exam they can work independently.

In this country the competencies for assistant nurses and for registered nurses are clearly defined. We have national registration and license system for both occupational groups. This means that the nurses on secondary level have to prove their knowledge and skills anew every 7 years. By doing so the assistant nurses have the opportunity to develop their career on the bachelor or master level.

Then we have also a 3 years education which ends with a degree as nursing assistant. Whereas the 4 year-students can work everywhere in the healthcare system, the 3 years-students are mostly for social care and nursing homes. The 3 years-students can study 2 years more. Then they officially have the 4 years level. And the students of the 4 years education can go further on colleges for nursing.

Successes and failings

As for our education and regulation system becoming compatible with the European levels, we had to make many changes and reforms. The language is a problem has been a problem and the job titles have changed.

Questions and discussion

Question: When the students are starting at this young age, how much does the curriculum has to do with care and how much of it is general education?

Answer: Students of 4 years level have 3 parts: the general, the theoretical and the practical education. Students of 3 years level: the general education is shorter. This part and the theory together constitutes one half and the praxis the other half of the education. Before that, they have had 9 years of primary school and four years of secondary school.

14.Situation statement for Spain

(presented by Teresa Moreno Casbas, Unidad de coordinación y desarrollo de la Investigación en Enfermería (Investén-isciii))

Current Situation

EDUCATION AND COMPETENCES OF NURSING ASSISTANTS IN SPAIN

A brief history

The first auxiliary nurses appeared during the 60´s. During those years, it wasn´t necessary any academic training, they worked under the functional dependency of **"ATS",** a Spanish acronym of **"Nurses without University Training"** and their principal functions were to meet the basic needs of the patients.

In 1973 was approved a health worker´s statue called *Estatuto de Personal Sanitario No Facultativo de la Seguridad Social* (Ministerial order of the 26th of April of 1973) , that collected for first time the role of the Auxiliary Nurse in a legal framework.

The training of the auxiliary nurse began in 1975 when the vocational studies started in the healthcare area (in Spain called **FPI**). In 1984 it was mandatory to those auxiliary nurses that wanted to work in health organizations of the Spanish National Insurance.

With the order of 26th of December of 1986 of the Ministry of Health, it was created the Nursing assistant category; this category substituted the Auxiliary Nurses, integrating this new category in the nursing teams.

During the middle of 90´s, the law "Educational system general organization act (LOGSE)"produced important changes in the accredited studies of vocational training in Spain. Through the orders in councils of the 546/1995 and 558/1995, it was established the training curriculum and a new name of this category: Nursing Auxiliary Technician.

Nowadays, the nursing assistants demand a professional reclassification from Middle Grade to Superior-level Training Cycles studies, referring to the performed duties during their daily practice and the acquired knowledge.

Types of studies

In Spain, the studies to be a certified nursing assistant are called "vocational studies". These types of studies are a non-degree education and are aimed at acquiring skills in a specific working environment. The training is called "Middle Grade Training Cycle" and the certificate obtained is "Nursing Auxiliary Technician".

Studies access

They are allowed to have access to these studies those who have:

- General Certificate of Secondary Education
- Technical assistant Course
- To have passed the second course of the Spanish Baccalaureate

- Another equivalent academic studies/ training.

Another way to access to these studies is to pass an exam that receives the name of “Access to vocational training for students over 16 years old”.

Functions and competences

The functions and competences of these professionals are collected in the Spanish legislation:

- R.D. 546/95 that establishes the certificate and minimum education
- R.D. 558/95 that establishes the curriculum.

They mostly work in hospitals, where we have mostly one hca working for 3-4 nurses. In nursing homes it is the other way round: we have 3-4 hcas led by just one nurse. Or they work in primary healthcare centers. They never work at home or in communities, not in schools or preventional sites. All have the same training.

<u>General competences:</u>

Nursing assistants are health professionals that provide auxiliary care to the patients and act according to the health situations of their environment under the supervision of a registered nurses or a doctor. Therefore, the main role of these professionals is the clinical practice, although they have administrative tasks (planning, organizing and evaluating the work units) and even teach (teaching programs of training courses or about self-care) or research (collaborating with analysis teams and studies).

<u>Specific Competences:</u>

- Provide health care to the patients/clients applying basic nursing techniques.
- Provide equipment and assist technically with the dental and stomatology interventions.
- Obtain and register vital signs records and represent them in a graphic way through an adequate format.
- Recognize and select material, instrumental and equipment necessary to provide a correct assistance in a medical center or in healthcare services.
- Select and apply techniques of prevention and protection of infections in hospital settings and maintain the hygiene and the patients comfortable.
- Participate actively in the development of health programs and act as sanitary agents, transmitting healthy messages and information to the general public.
- Understand and explain the different results of the patient´s state of mind in special situations and try to humanize as much as possible the clinical practice.
- Apply first aid techniques and health care during different type of situations of urgency.
- Provide cleaning and hygiene techniques and procedures in hospital and home settings.
- Apply adequate cleaning and sterilization techniques with the material provided.

- Assist with the decision-making process and with the development of x rays in the mouth cavity.
- Describe and understand the structure of the public health system and distinguish between the levels and types of assistance that the system provides.
- Apply techniques of administrative management and elaborate commercial documents in private medical centers.
- Understand and, in this case, transmit technical messages with a specific language of the sector.
- Understand the legal, economic and organizational framework that regulates and determines the professional activity, identifying the rights and obligations that come from the labour relations.

<u>It is forbidden to the nursing assistants the following tasks:</u>

1. Parenteral medication administration.
2. Scarifications, punctures or any other diagnostic or preventive technique.
3. The application of curative treatments that are not related with medication.
4. The administration of medication or any specific medication when it is necessary to use equipment or nursing trained skills.
5. Assist the medical staff during a surgical intervention.
6. Assist the doctor with the external consultation.
7. In general, make any task or duty of the Registered General Nurses.

Successes and failings / developing trends

The role of HCAs is not very well recognized of the population because of their low education and they have not as good chances on the job market than studied nurses coming from university. But we want to change this. We are now in our Ministry's Union for Healthcare Assistants discussing steps for a better status of these people. Nurses and HCAs have a tense relation because the role of each one is not clear. We have to define it more. As there is an abundance of HCAs we have therefore to give more role to them in order also to save money. We also want to send more people to universities.

15.Situation Statement for Switzerland

(presented by Sophie Ley, Hôpital du Valais (RSV), and Roswitha Koch, Swiss Nurses Association SBK-ASI)

Current Situation

Education:

The Directive 36 of the EU is now also implemented in Sitzerland, so is compulsory for us in the frame of the bilateral agreements. During the last decade the responsibility for the education in the health field (except medicine, dental medicine and pharmaceutics which have always been organised differently) was transferred from the Swiss Red Cross SRC to the Federal Office for Professional Education and Technology OPET, in the Federal Department of Economic Affairs (national ministry of economic affairs). Nurses for example are now

being educated at tertiary level at Universities of Applied Sciences UAS (Fachhochschulen) or nursing schools (Höhere Fachschulen). In order to integrate the

education of health care assistant HCA in the general national education system, a three years vocational education and training VET was put in place. VET replaced the former SRC courses of 1 or 2 years. During the three-year VET programme (secondary II level), students have the option of attending general education courses to prepare for the Federal Vocational Baccalaureate Examination VBE.

OPET works closely with the cantons and professional organisations to coordinate and regulate vocational education and training. OPET is responsible for the following areas: Supervision and enactment of VET ordinances (formerly referred to as training regulations); continued development of VET programmes; Establishing regulations for the VBE. The education is well-regulated because there is only one title in the whole country for the three language parts. There is a clear curriculum, there are clear competencies the hcas have after their education, they have a protected title. The national level and cantons – we have a very decentralized healthcare system - share the responsibilities of quality control and supervision.

The Cantons are responsible for the following fields: supervision of the vocational education; coordination between all parties (employer, school and trainee) . The cantons are also responsible for the quality of the schools, final exams and the respect of the contracts. There are clear regulations for the education of educators, in practice and at schools. At the end there is a nationally recognised protected title. People having obtained this title can work as health care assistants and furthermore have direct access to nursing schools and to UAS in nursing, physiotherapy, midwifery, etc., after passing a Federal Vocational Baccalaureate Examination.

More information: http://www.bbt.admin.ch/themen/grundbildung/index.html?lang=en

Regulation:

Currently there is no formal regulation and no register for health care assistants in Switzerland. There is even no active register for health professionals educated at Universities of Applied Sciences. I have to add that also for nurses and other health professions except physicians and pharmacists there are no such procedures, no regulator, no register. The SRC has been keeping a register of diplomas. There are no fit for practice procedures or regulations about continuous professional development in place. Recently the different Swiss authorities involved started a law project and a project on regulation for non-medical health professionals, educated at UAS. It will take several years until such a system is put in place and running. The HCAs, however, are not the priority for the coming new law, first come the professionals.

Employment:

According to the curriculum framework for Health Care Assistants, they always have to work under the responsibility and supervision of a registered nurse. If something goes wrong, the responsibility have to be shared, tribunals will have to decide on the matter. There is no general list of tasks, indicating what HCAs are allowed to do or not. In the health field we work with sick or vulnerable people being more or less dependent of their carers. Additionally patient situations can change rapidly, therefore the decision about the HCAs activities and responsibilities in a specific situation must be taken by a nurse who is able to evaluate complex situations. In practice it is up to the institution / the nurse in charge to decide on the activities to delegate to a HCA, always -of course- within the scopes of competences attained during her or his education. In areas without direct patient involvement (logistics, housekeeping, administration) HCAs can work more independently.

Successes and failings

It is positive to have a solid nationwide training with one curriculum in a country with three linguistic and cultural regions. All educated HCAs have similar competences and a nationally recognised title, independent of the place of training. Due to a permeable system a HCA can access to a nursing school or to a nursing programme at a university of applied sciences, after passing a professional baccalaureate. Thanks to this system more young people chose an activity in health care, after finishing obligatory school.

However, it is a challenge to offer satisfactory jobs to the HCAs and to find the right set of activities and responsibilities in any field of practice. They are not helpers and not nurses, the specific job profile must be created in every unit they work. Nurses in charge need solid competencies to delegate und supervise HCAs in an adequate manner. According to a recent survey, only 12% of the interviewed third year's trainees want to stay in a HCA assistant role on the long run. The positive information is that 50% of all students interviewed want to stay in the health field and go for further education in nursing, physiotherapy, etc. the critical outcome is that it is not yet proven that the HCAs will find their place in practice.

In situations of nurse's shortages or financial restrictions there is an increased risk that HCAs have to work beyond their competencies with negative consequences for patient security and quality of care.

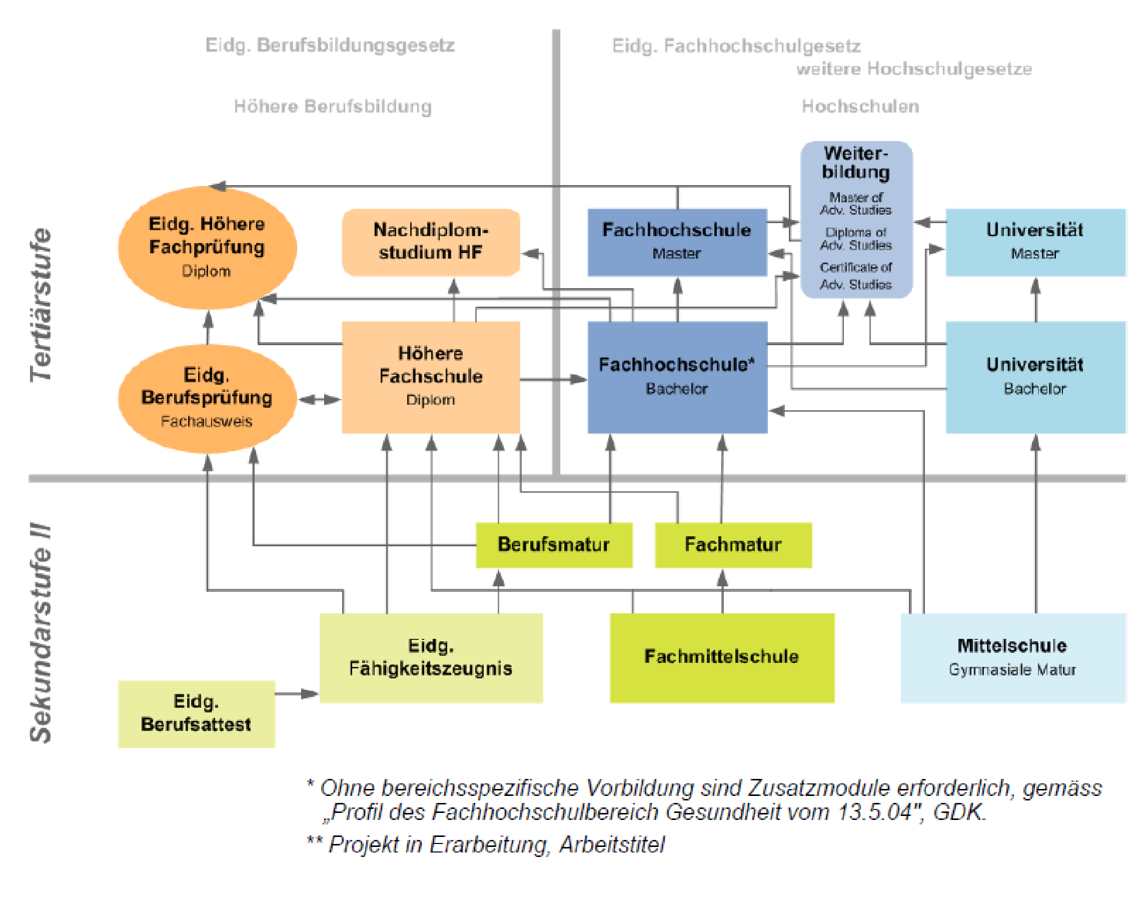
Developing trends

As there is a trend to more regulation and possibly a register and standards for continuous professional development for nurses, there might be a move to a register and some continuous professional development for HCAs at a later stage.

In the future 50% of HCA trainees are expected to attend general education courses to prepare for the Federal Vocational Baccalaureate Examination and enter into Universities of Applied Sciences UAS.

Summary

The education of health care assistants is nationally regulated and there are different elements to control and develop quality. No other regulatory instruments are in place.



Die Bildungssystematik der Schweiz

Health Care Assistants obtain a Eidgenössisches Fähigkeitszeugnis (light green) at secondary level II.

Questions and discussion

Question: Concerning your explanation for the education of support workers/HCAs: it is applicable in hospitals and in the community – but is the same education system, regulation applicable also for nursing homes /Pflegeheime?

Answer: Yes it is the same in all settings.

Question: You talked about the HCAs being able to continue with their education in nursing, physiotherapy f. e. Do you experience that the Baccalaureus is a pathway for further studying?

Answer: Yes it is an attractive way as an access to apply to universities.

16.1st Situation statement for the United Kingdom

(presented by Mary Gobbi, University of Southampton)

UK HCA/AP and their relationship to Higher Education Institutions

I am aware that there will be presentations from the UK regulator and RCN advisor on HCA, so this presentation focuses on the interface between Higher Education Institutions and the HCA/ Assistant Practitioner grades.

Current situation

Higher Education Institutions (HEIs) normally design and award courses at the equivalence of EQF levels 6, 7 and 8. Within the nursing sector, since the l990s, they have awarded a sub cycle award at Diploma in Nursing level (equivalent to the second year of an EQF level 6 first cycle or bachelor's programme). From 2015, student nurses exiting their programmes will be required to have a first cycle/bachelor's degree. Accreditation of Prior learning (APL) or Recognition of Prior Learning, (RPL) has been used successfully in nursing programmes for some years. This enables HCAs/AP who have accredited relevant vocational qualifications and demonstrable work based learning competences to have these achievements recognised to either *enter* the RN programmes or to be *exempted* from a part of them. The UK Nursing and Midwifery Council regulate how RPL mechanisms may contribute towards registration programmes. Each HEI will have its own regulations determining the quality mechanisms and percentage of the programme for which RPL may apply.

Successes and failures

Where HCA/AP have undertaken robust qualifications that prepare them clinically and academically, then suitable individuals have successfully entered RN programmes by virtue of holding an equivalent qualification to the normal entry requirements. In addition, some individuals have demonstrated that they have met the learning outcomes and competences for the early part of the RN programme (e.g. the first year) and have demonstrated equivalent training. In these cases they enter the RN programme during the second year. Usually HCA qualifications form an alternative route to *enter* the RN programme, whereas the AP qualifications are at a higher level and therefore are more like to contribute towards RPL for the programme.

Where training programmes for HCA and AP have been explicitly linked to the standards expected at NMC/ HE level, then suitable candidates have succeeded and gained their RN status. Those who struggle tend to have poor academic skills or find it difficult to work at the generic level required. The provision of opportunities for individuals to further develop their careers in care has been greatly advanced by the introduction of qualification frameworks; competence/learning outcome based education and clearly articulated RPL mechanisms by the regulator and academic institutions.

Developing trends

With the move to graduate output of the RN programme, and the gradual changes in skill mix for assistant grades, the better exploitation of the interface between vocational and higher educational RPL mechanisms will be required. The national qualifications framework enables such movement, but the work based learning competences of the employers are not always well aligned to the regulator and academic frameworks.

The diversity of emerging roles may cause difficulties if there are not clear articulations and common understandings of competence and learning outcome/skills and clinical decision making standards. This will need to apply in context specific or population based environments. Should the grades be regulated, then the interfaces may be easier to manage.

17.2nd Situation statement for the United Kingdom

(presented by Tanis Hand, Royal College of Nursing)

Current situation

There are over 300,000 HCAs and APs working in the NHS in the UK, with an estimated similar number working in the independent sector. (Griffiths & Robinson 2010). Support workers are long established in the UK workforce but in more recent years their numbers have increased and they are now present in many areas of healthcare (Kessler et al 2010).

Regulation: Currently health care support workers are not regulated. The government is proposing a system of assured voluntary registration (HMSO 2011) on the basis that this is the most proportionate method related to the risk to the public. The RCN believe that statutory regulation is a much more appropriate option in the interest of public safety. http://www.rcn.org.uk/development/health_care_support_workers/regulation

Education: This varies considerably from place to place. There are no nationally recognised pathways for training although the NVQ system has been used in the past at levels 2 and 3 and the foundation degree is the most commonly used preparation for the AP role, although each course also varies in content from very generic (e.g. health & social care) to specific (e.g. mental health). Apprenticeships in health were introduced in 2009 at levels 2 & 3, and there is interest in higher apprenticeships as a route to AP status. Many workplaces train their HCAs in house, some using competence frameworks based on National Occupational Standards and others much more ad hoc methods. However, some workplaces do very little even by way of induction training, which is again a key issue and together with the variation in training at all levels adds weight to the call for nationally agreed standards and regulation.

Employment: HCAs and APs are employed in every area of health care from the acute hospital setting, community, mental health, learning disabilities, maternity, general practice, nursing homes.

Successes and failings

When skill mix has been investigated and set according to the many factors that define who is needed to perform what role it is clear that the HCA is an integral part of the team and the mix works successfully. However cost efficiencies frequently lead to an increase in support roles and reduction in registered staff and the skill mix becomes less effective and resulting patient care suffers.

When workplaces have planned their support worker role and development programme and are led by nurses with clear goals and aspirations, all staff understand the role boundaries and nursing teams work well toward a common goal. However if there is no common training and development of support workers it is much more difficult for registered nurses to delegate appropriately as they will have less knowledge of their support staff's competence levels.

When nurses and support workers have a good understanding of accountability this assists registered nurses in appropriate delegation and gives confidence to all members of the nursing team. There remains a great deal of confusion around accountability and the RCN has produced guidance on this www.rcn.org.uk/hcaacountability

Developing trends

The role of the HCA is developing not only in the number of different settings but in the complexity of tasks HCAs are performing, ranging from aspects of fundamental care to cannulation, medicines administration, catheterization and more. The AP is becoming more common in pockets across the UK (RCN 2011) and the AP in some areas is making assessments within protocol based limits with minimal supervision from registered staff, while others are performing as senior HCAs still.

Therefore probably one of the biggest challenges for the support workers in the UK is consistency and continuity. Their training may not be transferable as each setting has a different requirement, and without national guidance and regulation this will continue to be the case. In the NHS in Scotland from Jan 2011 there are in place mandatory induction standards, a code of conduct for HCSWs and a code of practice for employers. In Wales there are also assurance codes and the Welsh government is preparing guidance on induction which will include signposting to resources such as the RCN's "First steps for HCAs" www.rcn.org.uk/hcafirststeps . In Northern Ireland the health and social care services are integrated. There is an independent health and social care regulatory body, the Regulation and Quality Improvement Authority (RQIA) who inspect and review all health and social care services providers. As yet there is no mandatory regulatory process for individual support workers. However, the Northern Ireland Social Care Council has a voluntary register for those providing social care.

References:

Griffiths P, Robinson S (2010) Moving Forward with Healthcare Support Worker Regulation. National Nursing Research Unit, London

Kessler I, Dopson S, Heron P et al (2010) The Nature and Consequences of Support Workers in a Hospital Setting. NIHR Service Delivery and Organization, Lond*on.* http://www.sdo.nihr.ac.uk/files/project/155-final-report.pdf

HMSO (2011) Enabling Excellence Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers

RCN (2011) Assistant Practitioner *Scoping project* http://www.rcn.org.uk/__data/assets/pdf_file/0003/379155/003880.pdf