

**Analysis of Regulation for
Continuing Care Assistants in
Nova Scotia and the Implications
for Professional Nursing**

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Presentation Objectives

- 1.) Provide an overview of the unregulated care provider (UCP) in Canada.
- 2.) Regulation and CCA's.
- 3.) Implications for professional nursing.

Significance of the Issue

Given the evolving role of the Unregulated Care Provider (UCP) in health care it is anticipated that their utilization in **continuing care services** will increase and expand; necessitating examination of whether regulation is appropriate.

UCP Definition

Globally: unregulated health care workers are broadly defined as any unlicensed or unregulated personnel who provide some form of health service (CNA, 2006)

family member, household member, volunteer, or paid individual who are neither licensed nor registered by a regulatory body and who have no legally defined scope of practice (CRNBC, 2007; CRNNS, 2005)

Activities

- Literature review
- Cross jurisdictional review of Canada and the UK. Some info from US and Australia:
 - structure of home and long term care
 - professional associations and colleges
 - agencies
 - federal and provincial legislation
 - education/training programs

What I found

- Very little research on UCPs and their contribution/outcomes for continuing care services.
- Common themes:
 - Variance in preparation
 - Variance in roles
 - Often work alone
 - Little supervision
 - Liability for registered nurses
 - No tracking mechanism for support workers
 - Nursing profession see them as separate

Regulation

- Modes 1.) Licensure 2.) Certification
3.) Roster/Register
- Models
 - 1.) Volunteer
 - 2.) Self-regulate
 - 3.) Council
 - 4.) Attach to another
 - 5.) Employer led
 - 6.) Government

UCP and Regulation

- Little documentation
- Not regulated anywhere
- One position statement from CNA
- HPRAC reviewed PSW (concluded- NO)
- Scottish Executive piloting employer-led regulation for UK. To be evaluated in Dec. 07.
(nothing published yet)

...Continued

- ICN & RCN recommend including UCPs
- NMC initially did then changed to employer-led
- Professional nursing associations and colleges in Canada see them as separate from nursing.

Recommend for CCAs

- Today--Nothing –existing regulations and employer responsibility is enough for degree of risk today.

Futures perspective:

- Develop an association and move toward another college
- Plan for future as self-regulated

Reasons Professional Nursing Separates Themselves

- Critical thinking and ethical behavior part of professional practice.
- Colleges and associations focused on branding and behavioral competencies.
- CCA are task orientated
- Can't own tasks – SOP defines providers not tasks

Implications for Nursing

- UCP role has gotten far enough that regulation comes up; without professional nursing plotting the course.
- UCPs not nursing but positioned to assume the work (more clinical).
- Evolving nursing practice
 - Problematic when nurses do not decide how best to devolve practice
 - Expanding role of nurses often technical
 - Lack of emphasis on relationship building, advocacy, and empowered care.
 - Advocacy is taught not present by virtue.
- Focus on tasks ➡ consideration for scope of professional nurses absent.
- Opposes CNA Code of Ethics

Take Home

- We have a worker who is positioned to assume tasks nurses once did.
- Regulation would not cause inappropriate use of UCPs.
- Need to be either in control of or heavily influencing the way this occupation develops.
- Caution in removing ourselves as a profession from the development of this worker.