

Valuing Health-Care Team Members

Working with Unregulated Health Workers

A Discussion Paper

**Pan-Canadian Planning Committee on
Unregulated Health Workers**



This document has been prepared by the Pan-Canadian Planning Committee on Unregulated Health Workers (Canadian Nurses Association, Canadian Physiotherapy Association, Canadian Home Care Association, Canadian Pharmacists Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada, and Canadian Psychological Association) to provide information. The information presented here does not necessarily reflect the views of the Planning Committee's respective Boards of Directors.

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© Canadian Nurses Association

50 Driveway

Ottawa, ON K2P 1E2

Tel.: 613-237-2133 or 1-800-361-8404

Fax: 613-237-3520

www.cna-aiic.ca

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Executive Summary

Policy directions within the health system indicate a move to working together with all health-care team members. This becomes critical with the increasing number of unregulated health workers (UHWs). It is in this context that the Canadian Nurses Association, Canadian Physiotherapy Association, Canadian Home Care Association, Canadian Pharmacists Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada and Canadian Psychological Association have come together to identify common opportunities and challenges related to the integration and best use of UHWs in their assistive roles, working within health-care teams.

This paper provides a synthesis of current reports and studies identified by project partners. It outlines the issues that affect UHWs working within a team-based approach. Several themes emerge across professions as the integration of UHWs within the care team is considered. These include position titles, lack of statistics on UHWs, education and training, standards of practice, delegation, liability, staff mix and reflection of community needs. These issues can be challenging when human resource planning and modeling are undertaken, and giving them full consideration will help move such activities forward.

This approach envisions health-care team providers engaged in activities suited to their abilities, who are supported in their practice according to principles of trust and respect, effective communication, responsibility and accountability among all team members. It assumes that all members (unregulated and regulated) of the care team have the required knowledge and skills, and will work together in a cooperative and coordinated fashion to achieve the best outcomes for their patients or clients.

In Canada, collaborative practice involves regulated providers. Unregulated workers are on the health-care team in assistive roles. Facilitating effective teamwork that encompasses regulated and unregulated health workers will not only maximize health human resources but will also improve outcomes for clients, providers and systems.

Many of the issues are inter-related and contribute collectively to varying degrees of UHW utilization. They are also dependent on the health-care context. The increased use of team-based care can be an important element of a more comprehensive solution to improving patient access to care and better utilization of existing health human resources. There is an opportunity to increase the quality of care through partnerships across professions and disciplines, jurisdictions and sectors. But this is new terrain. There are still many unknowns that need to be addressed. Any reforms will require the full participation of all stakeholders, including regulators, employers, providers, governments, unions, associations and educators, as well as members of the public.

Introduction

The term “unregulated health worker” is used throughout this paper to describe the variety of health-care providers who are not licensed or regulated by any professional, governmental or regulatory body. These workers assist health professionals in providing care to patients and clients in various settings (acute, long-term, rehabilitation and home or community care) and regions across Canada.

The increasing reliance on unlicensed and/or unregulated health workers (UHWs) in all areas of health care is related to an increased need to manage health costs, a shortage of regulated health personnel and the changing approaches to health-care delivery necessary to meet the needs of an aging population. The setting of health-care delivery is moving from the hospital to the home and community: as clients are discharged to home care and long-term care earlier than before, their acuity upon discharge is higher and the care they require is more complex. The range of services provided outside hospitals has correspondingly become more complex, and more health workers are needed to assist in managing these new cases. At the same time new health-care delivery models envision teams of health-care providers working together to meet the needs of patients and their families. Health professionals and employers are being asked to promote greater interdisciplinary collaboration in the interests of achieving better patient outcomes, greater flexibility and more effective use of all health-care providers.

A growing body of research suggests that teams of health providers working within a collaborative framework will help manage increasing workloads, reduce wait times and improve outcomes for patients (Canadian Health Services Research Foundation, 2006). However, to date the research has focused on the relationships among regulated health professionals. The increased use of UHWs raises questions as to what is their most effective use within a team-based approach to care. What are the implications of teams made up of both regulated and unregulated health workers? What are the strategies to support and optimize the role of both the regulated and unregulated health worker? Are there common issues that cut across disciplines, settings and jurisdictions?

The Canadian Nurses Association, Canadian Physiotherapy Association, Canadian Home Care Association, Canadian Pharmacists Association, Canadian Council for Practical Nurse Regulators, Registered Psychiatric Nurses of Canada and Canadian Psychological Association have come together to identify common opportunities and challenges related to the integration and optimization of the role of UHWs who work in health-care teams. This paper provides a synthesis of current reports and studies examining the role of UHWs and their relationships with regulated health professionals. The documents were identified by the project partners and were supplemented by others from the World Wide Web.*

* The complete list is in the References and the Appendix. It is not intended as a comprehensive review but, rather, as illustrative of the issues related to unregulated health-care workers in the context of health-care teams.

Valuing Health-Care Team Members: Working with Unregulated Health Workers has been prepared as a background document to help frame the issues and raise questions for further discussion within and across health disciplines.

Who Is a UHW?

UHWs are valuable members of many health-care teams. According to Statistics Canada, in 2003 there were approximately 188,000 people working in assistive occupations in support of health services in this country (Pyper, 2004). The UHW may answer to numerous position titles, work in a variety of settings and perform diverse health-care functions. UHWs assist regulated or licensed health professionals in the delivery of health care to clients. Titles may include, but are not limited to, community health worker, health-care aide, home attendant, home support worker, nursing assistant, patient care assistant, personal support worker, physiotherapy support worker, psychiatric assistant, pharmacy technician, rehabilitation assistant, respite aide, visiting homemaker, palliative care worker, unit aide and ward aide. UHWs may also include internationally educated health workers, such as nurses,¹ pharmacists and physicians who are awaiting or attempting licensing and/or registration in their respective professions in Canada and are therefore working within the limited range of duties of a UHW rather than in their intended profession.

Many professional health-care groups, including nursing, pharmacy, medicine, midwifery, dentistry, occupational therapy, physiotherapy, audiology and speech pathology groups, use the title of “assistant” or “technician” to describe UHWs’ roles. Others who might be considered to be UHWs could include paramedics and laboratory technicians. Some service providers in the home and community care sector have applied the generic term of “unregulated care provider” in describing employees who are home support workers. This contributes to a lack of clarity regarding roles and responsibilities.

The role and function of the UHW varies among settings and has expanded greatly in some of those settings. UHWs work in diverse contexts in both the public and private systems, in traditional and non-traditional health-care settings, and with a wide range of clients who have a broad spectrum of conditions and health needs. Duties range from assistance with the activities of daily living, such as basic personal hygiene and personal care, to more clinical skills, such as administering medication, changing dressings or performing controlled medical acts under delegation by a licensed health professional. In hospitals the UHW may work in acute care, rehabilitation, complex continuing care or in the pharmacy under the direction of a regulated health professional. In a community care setting UHWs are often employed by agencies to work in clients’ homes. The UHW may be the primary attendant or caregiver for a client in a home or a facility, where he or she follows a prescribed care plan. The UHW may play a particular role within specific communities or in certain locations; an example are the community health representatives employed in Aboriginal communities, where they are able to relate to clients in a more culturally appropriate manner.

¹ In this document, *nurse* refers to regulated nurses in Canada, i.e., registered nurses, licensed/registered practical nurses and registered psychiatric nurses.

Common Issues

The documents reviewed for this report explore the role of unregulated workers in specific disciplines (nursing, pharmacy and physiotherapy) or settings (acute care, long-term care and home or community). This synthesis focuses on issues related to the relationship between UHWs and regulated health professionals. It has been prepared as a background document to help frame these issues and raise questions for further discussion within and across health disciplines.

Although the context of practice, competency, and authority of the individual UHW to perform procedures will have an impact on the specific role, there are a number of common themes that appear to be relevant across disciplines.

Position Titles

A myriad of position titles have been developed by employers to capture the various roles that UHWs play in the health system. Often these titles have been created in the absence of a provincial/territorial or national framework that would support consistency and clarity. What one employer may call a technologist may be deemed to be a technician in another facility. A home care aide in one agency may not be the equivalent of a home care aide in another and may, in fact, be the equivalent of a home support worker in another. Such a system creates confusion for UHWs as they move between employers, for other health-care workers who work with them, for employers themselves and for clients.

Lack of Information on UHWs

The lack of statistics on unregulated workers in most sectors makes it difficult to obtain an accurate picture of the workforce, thus limiting planning and modelling for health human resources. It is unclear how many UHWs are currently working in Canada, where they are working, in what disciplines, and whether they are being used to replace or complement the work of other health-care professionals. The Canadian Institute for Health Information does not currently collect data on unregulated health workers. However, Statistics Canada, through the Labour Force Survey, does provide some information, although the variety of titles makes accurate estimations difficult. Some professional groups have attempted to collect these data within their professional area, but with limited success: the Nova Scotia Association of Health Organizations has stated that “without [a] registration process, it is impossible to track mobility among organizations and the attrition rate from the occupation” (2005, p. 3). Better information is necessary to support effective workforce planning and policy making. A mechanism could be developed to enumerate the type and number of UHWs in each province and territory.

Education and Training

In Canada, UHWs learn about their assistive roles by a variety of methods. UHWs may be formally trained through instructional or vocational training or may have received training on the job, or there may be a combination of these. Some UHWs have previous experience in related occupations; others may have received training in other countries, and it is often difficult to determine whether that training is equivalent to programs in Canada. Programs may be offered by community colleges, boards of education, private colleges and not-for-profit organizations. Certification and/or examinations may form part of the formal training expectations, but this varies across the country and within occupations.

Although there has been standardization of the curriculum for certain UHW roles in some jurisdictions – for example, community care aides in Nova Scotia and health-care aides in Alberta – significant differences remain among, as well as within, jurisdictions. In settings with standardized curricula and roles, professionals generally report having a clearer understanding of, and therefore more confidence in, working with UHWs. The National Association of Certified Caregiver Personal Support Workers has begun to promote the standardization of a curriculum at the national level.

Educational requirements set by employers for UHWs to work in facilities or agencies also vary across the country and from sector to sector. Publicly funded facilities must abide by legislation, regulation and government policies, which set broad-based minimum care standards or expectations for care, whereas privately funded agencies do not.

Since patients and clients have increasingly complex care requirements, UHWs require an understanding of specific care issues associated with many chronic illnesses. Advances in technology and procedures require ongoing training. Lifelong learning is important for UHWs, just as it is for regulated health professionals.

The need for appropriate skills and training may result in UHWs having increased income expectations that could challenge the ability of health-care managers to deliver high-quality services in the face of tight budgets. “To ensure [that] providers have appropriate education, skills and competencies and to facilitate worker mobility, governments and stakeholders must better align educational curriculum and credentialing criteria with health systems needs” (Canadian Healthcare Association [CHA], 2006, p. 8).

Furthermore, the education or training that UHWs receive is not necessarily consistent with evolving job expectations. New models of care, new technologies and advances in knowledge have affected the roles and responsibilities of home support or personal support workers. There is some concern that these support workers do not have enough training – particularly about medication – to either recognize the adverse side effects of medication or administer medications. Pharmacy technicians echo comments about the need for more training (Vision Research, 2007).

The following descriptions illustrate how the education of home support workers, personal support workers and pharmacy technicians varies across the country.

Home Support Workers

A number of provinces have implemented systematic training and competency evaluations for home support workers; however, they are not consistent across jurisdictions. Examples include a 22-week community college program in British Columbia; a pre-employment program and two-year on-the-job training by community colleges and private vocational schools in Saskatchewan; and 960 training hours from a community college in Quebec.

New Brunswick requires the completion of a home care worker program at a community college or similar certified program. Nova Scotia's education program for continuing care workers (CCA) encompasses responsibilities in both home care and continuing care sectors (NSAHO, 2005, p. 9). Nova Scotia requires all graduates of their CCA program to write a provincial examination, although personal care workers or home support workers currently in the field do not have to upgrade to a CCA certificate.

In some provinces, such as Nova Scotia, Ontario, Manitoba and Alberta, there have been movements toward standardized curricula based on core competencies within the respective jurisdictions for certain types of UHWs (Canadian Nurses Association [CNA], in press). Entry requirements vary from completion of grade 10 to a high school diploma. A Prior Learning Assessment Review process can be used to meet the entry requirements in some jurisdictions, but not in others.

Personal Support Workers

A review of personal care workers in Ontario estimated that only 20 per cent of these workers have received formal education, and the remainder received on-the-job training. This has led to uneven skills and competencies in this particular occupational group (Health Professions Regulatory Advisory Council, 2006). In rural areas, training programs may not be available, and workers there may be unable to meet the skill demands expected.

Pharmacy Technicians

A national study has revealed that the level of education among pharmacy technicians ranges from formal college or private institution training to on-the-job training. Almost two-thirds have completed a community college diploma or certificate, although it may not necessarily relate to pharmacy (Vision Research, 2007). A significant percentage (30%) have been out of school for 20 years or more.

Standards of Practice

For the most part, the work of UHWs is not covered by legislation, although some aspects, such as delegation, may be covered by regulations or legislation pertaining to regulated health professionals. In some instances there are references in the regulations to ensure that labour standards are met. UHWs are accountable to their employers. Employers are responsible for the performance of their UHWs, and must ensure that mechanisms and measures are in place for routine monitoring and evaluation.

Physiotherapist Support Worker

The Canadian Alliance of Physiotherapy Regulators and the Canadian Physiotherapy Association have developed a national competency profile of physiotherapist support workers. Its purpose is to “attain a common understanding ... regarding physiotherapist support workers and promote communication about [this] role ... across Canada” (CAPR & CPA, 2002, p. 1-2). While physiotherapist support workers have moved to national competencies, other health professions have not.

Home Support Worker

Established standards for home support workers are minimal. It has been suggested that there is a desire, although it is unknown how widespread this may be, to see unregulated home support workers become regulated or adhere to a provincial or territorial set of standards to work in home care in Canada (Canadian Association for Community Care, CARP, & Canadian Pharmacists Association, 2004).

Pharmacy Technician

Standards of practice for pharmacy technicians have taken a number of forms, “ranging from defined education and training through to statutory regulation involving regulated practice, registration and certification” (Flint, 2006, p. 21). A study conducted for the Canadian Pharmacists Association found that 85% of pharmacy technician respondents expressed support for national accreditation of community college programs (Vision Research, 2007, p. 35). The absence of recognized uniform standards may also have an impact on the mobility of workers. In addition, it has been noted that a lack of common terminology and standard service delivery models across jurisdictions prevents individual jurisdictions from benefiting from collective initiatives across Canada (CNA, in press).

Delegation

Delegation is a critical element in health-care team members working together (Canadian Nurses Protective Society, 2000). The move to a team-based approach raises questions about the delegation and assignment of duties to UHWs. Delegation is “understood to be a process whereby a regulated health professional, authorized to perform a controlled act procedure under a health profession act confers that authority to someone – regulated or unregulated – who is not so authorized” (Federation of Health Regulatory Colleges of

Ontario, 2007). Assignment, on the other hand, refers to distributing care, activities, tasks and functions that are within the worker's scope of practice or range of duties; it thereby passes the responsibility and accountability from one individual to another without going beyond the individual's scope of practice.

Many jurisdictions and professions address the issue of delegation in some form. There are variations in a number of key factors, such as who delegates, what is the process of delegation, and what is the delegated act. Some jurisdictions use different words that imply different meanings. For example, in British Columbia, the practice standard for delegation is described as the sharing of authority, which raises questions about responsibility and accountability.

Some jurisdictions state that it is the responsibility of the regulated health professional to know the role and job description of the UHW, and other jurisdictions include the assessment of the individual UHW by the regulated professional as a step in the delegation process.

There are concerns about assessing the skills on which the delegation is based and on the lack of clarity in the process of delegation. In some cases delegating actually has the effect of increasing the legal responsibilities of regulated health professionals, who may remain accountable for client outcomes.

Different legislation, regulations and policies govern home care programs from province to province. Where legislation prohibits UHWs from administering medications, the task may still be delegated by a regulated health professional to an unregulated health-care worker.

In pharmacy, the role of the unregulated pharmacy technician is clearer. Provincial and territorial regulatory colleges indicate which tasks can be delegated by a pharmacist within the standards of practice for pharmacists and also offer tools to help pharmacists delegate tasks to technicians. Provincial and territorial legislation outlines what can be delegated by a pharmacist. At the national level the Canadian Society of Hospital Pharmacists does stipulate what can be delegated to pharmacy technicians.

Liability

Liability is of major concern to providers and to employers. Each member of the team must be assured that colleagues have the skill and competencies needed to carry out assigned tasks. Liability concerns can result in the under-utilization of UHWs and may decrease client access to health services. The current legislative and regulatory framework emphasizes individual accountability. A culture that focuses on patient safety and risk management is required in today's health-care environment. The accountability and liability of regulated and unregulated health-care providers working in collaboration pose challenges and require careful consideration.

This is of particular concern for those regulated health professionals working with UHWs. The Canadian Medical Protective Association and the Canadian Nurses Protective Society, although supportive of collaborative care, have raised liability concerns with respect to collaboration. In a joint statement, the two organizations recommend that “all members of the collaborative health care team and the institution or facility must have appropriate and adequate professional liability protection to protect themselves and the patients they treat” (CMPA & CNPS, 2005, p. ii). However, unlike regulated professionals, UHWs for the most part do not have individual liability coverage. Consequently, liability coverage is the responsibility of their employers.

Established scopes of practice help mitigate accountability risks within the collaborative practices of regulated health professionals. The CMPA argues that “a legislated environment in which all health professionals must have and maintain adequate professional liability protection as a condition of licensure would remove a major barrier” to interprofessional collaboration. This has important implications for the current health-care model and even greater implications for a model based on collaborative care teams (CMPA, 2006, p. 7). Moreover, the presence of unregulated workers in care teams may raise other questions.

Staff Mix and Safety

Commitment to patient safety and provision of high-quality care are central objectives for all health-care providers and are important considerations when determining staffing needs. Changes in staff mix have, in some situations, led to blurring of roles. This lack of clarity raises concerns about patient safety.

The potential overlap in roles can leave both regulated health professionals and UHWs unclear about their responsibilities in specific work environments. Nurses have expressed concerns that changes to staffing are often made without evaluation of how the decisions will affect patient safety and that they may have adverse outcomes for patients, nurses and organizations (CNA, 2005, p. 1).

CNA, the Canadian Practical Nurses Association, the Canadian Council for Practical Nurse Regulators and the Registered Psychiatric Nurses of Canada assert that “employers are accountable to make the best use of regulated nursing professionals, and to appropriately assign unregulated care providers, in the public interest.” They further state that “client, nurse and system outcomes are affected by other health professionals and by unregulated care providers” (CNA, CPNA, CCPNR, & RPNC, 2005, p. 2). These organizations have developed and encouraged the use of an evaluation framework to guide staffing decisions and thus to promote positive client outcomes, including patient safety.

A number of studies have looked at the impact of different staff mixes on patient safety, albeit primarily from a nursing perspective. Most of these studies do not capture the details of these models of care, including the skills, competencies and qualifications of UHWs, nor do they delineate roles and activities within the models.

Reflection of Community Needs

Cultural competence, in addition to technical competence, is critical to the delivery of safe, ethical care. Unique community needs, such as cultural and community norms, may not be readily understood or met by regulated health professionals. They could, however, be addressed by the use of health providers (including UHWs) from within the cultural community. The importance of health professionals being culturally competent within their repertoire of skills has been recognized (Registered Nurses Association of Ontario, 2007). The Aboriginal Health Human Resources Initiative has specifically identified cultural competency as key to improving health services and health outcomes (Health Canada, 2007). “Remote northern and Aboriginal communities have much experience... with collaborative care teams,” including professionals and unregulated health workers (that is, “local community health representatives, health and social providers, family service workers, mental health workers... as well as traditional healers, elders, band counselors and clergy”) (CMPA, 2006, p. 4).

Collaborative Care and the UHW

Collaborative care seeks the active participation of each discipline in patient and client care. Although there is agreement on what collaboration generally is, there is no clear consensus on the definition. Collaboration has been defined as follows:

“...process of communication and decision-making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/partner care provided” (Way, Jones, & Busing, 2000, p. 3).

The literature has identified a cohesive set of principles that together support collaboration in a wide range of community settings and in public and private practice (Anderson, 2004, p. 15). Anderson identifies six core components of a collaborative practice model:

- a common group of patients
- common goals for patient outcomes and a shared commitment to meeting these goals
- member functions appropriate to the individual’s education and expertise
- an understanding by team members of each other’s role
- a mechanism for communication
- a mechanism for monitoring patient outcomes (2004, p.15)

There is no optimal configuration or composition of different providers, nor is there an ideal model of collaborative care. It will be specific to the external and internal contextual factors. However, there is a set of values or behaviours that is the foundation of a collaborative practice model. The following elements must be present and have been identified as critical to establishing collaboration and teamwork in order to achieve the best health outcomes for clients (Anderson, 2004, p. 16):

- mutual trust and respect among all team members
- knowledge
- responsibility and accountability, which involves both independent and shared accountability
- effective communication
- cooperation and coordination that promote the use of the skills of all team members

The CHA has noted that “interdisciplinary collaboration in the delivery of care is growing [and] will most likely continue to increase with more home-based and community care” (CHA, 2006, p.6). Well-functioning teams have great promise to deliver superior care and contribute to greater patient safety. To date, research and pilot projects have focused on the relationships among two or more regulated health professionals in a variety of different health settings, but increasingly care is being provided by health-care teams in which UHWs are in assistive roles and are now considered part of the staff mix.

This approach envisions health-care team providers who are engaged in activities suited to their abilities and who are supported in their practice according to principles of trust and respect, effective communication, responsibility and accountability among all team members. It assumes that all members (unregulated and regulated) of the care team have the required knowledge and skills, and will work together in a cooperative and coordinated fashion to achieve the best outcomes for their patients or clients.

Trust and Respect

Trust is a central value of collaborative care. It is important for all members to have an understanding of each member’s role and to have confidence in each member’s skills. Every provider must be able to depend upon the integrity of other members. Mutual trust and respect among all team members establishes a high-quality working relationship that evolves as team members become better acquainted with one another.

However, with the broad range of position titles and roles that currently exist, it is not always clear what the duties and responsibilities of UHWs might be. There may be unintentional and confusing overlap of work because of unclear roles and responsibilities. Common terminology or consistent titling is important to reduce public confusion and to inform the public about who is providing its health care and what can be expected from these providers. The lack of consistency in titles, duties, responsibilities and roles tends to erode trust, in that not all members of a health team will know “who can do what.” It is important for regulated health-care professionals working with unregulated workers to understand what they can expect from these workers and to clarify their own professional accountabilities and responsibilities (Anderson, 2004).

Knowledge

Knowledge is a necessary component for the development of trust. For a collaborative approach to work, health-care providers know and have confidence in the competencies and skills of other members of the team. The health-care needs of the client base are met while the various scopes of practice are respected, and each individual team member’s duties and responsibilities are appropriate to their education and expertise.

Yet many regulated health-care providers and employers are concerned that UHWs may not have the appropriate competencies to deliver high-quality care. “There can be tremendous variability in the education, skills and competencies within and between provider groups, posing problems for developing appropriate team-based care” (CHA, 2006, p. 6). Competencies need to be clearly defined and a process established for assessing them.

Efforts are under way to standardize and identify competencies for the UHW who is associated with individual professions. For example, the Canadian Physiotherapy Association, in partnership with the Canadian Alliance of Physiotherapy Regulators, has developed a competency profile for two categories of physiotherapy support workers. The competency profile is designed to assist in the development of a curriculum and an accreditation program for training physiotherapy support workers.

The development of core competencies for the various types of UHW will help in setting up curriculum and accreditation standards, which in turn will help standardize expectations. In response to stakeholder requests, the Canadian Pharmacy Technician Educators Association has developed national educational outcomes, which are to provide “a benchmark for curriculum design and program structures for colleges, institutions, or other entities involved in the training of future pharmacy technicians” (CPTEA, 2007, p. 4). Furthermore, the Canadian Council for Accreditation of Pharmacy Programs has made a commitment to develop national accreditation standards for pharmacy technicians (Blackburn, 2006). “Accreditation has been shown to be an effective lever for change in achieving better care environments for providers and patients” (HealthForce Ontario, 2007, p. 28).

There is recognition among pharmacy technicians that greater standardized training for the UHW is needed. A survey of pharmacy technicians suggests that national recognition is of interest, as many technicians worry about wide acceptance and “portability of their credentials” (Vision Research, 2007, p. 38).

For professionals the question remains, “What is the core knowledge required for an unregulated health worker to assist in delivering the care I am responsible for?” Additionally, many UHWs would benefit from ongoing training that addresses the increasingly complex needs of patients (Home Care Sector Study Corporation, 2003, p. 19). Skills will have to be maintained and expanded to keep abreast of advances in medicine and the introduction of new information and communications technology.

Responsibility and Accountability

UHWs work in an assistive role under the supervision of a regulated health professional and do not exercise autonomy. Defined protocols and guidelines that establish accepted procedures could help eliminate uncertainties and provide a supportive framework specific to the setting and patient or client population.

For safe care, regulated health professionals must be sure about the role of UHWs. Health professionals will naturally be concerned about their accountability and responsibility, particularly with regard to delegation of tasks or procedures to UHWs.

The scope of employment and of areas of practice of UHWs is often vague and imprecise. In some settings the role and scope of employment of UHWs is defined by the employer and provincial educational standards rather than through standards for delegation by regulated professionals. It is important to have a clear understanding of regulated and unregulated health worker roles. If health professionals are unclear about respective roles and responsibilities when UHWs are introduced into the staff mix, individuals may experience confusion about their roles, and this could affect the coordination, communication and quality of care.

A number of regulatory bodies and professional associations have developed tools or protocols to provide guidance, such as the *Practice Guideline on Utilization of Unregulated Care Providers*, prepared by the College of Nurses of Ontario, or *Decision Making Standards for Nurses in the Supervision of Health Care Aides*, developed by the College and Association of Registered Nurses of Alberta, the College of Licensed Practical Nurses of Alberta and the College of Registered Psychiatric Nurses of Alberta. However, these protocols are not widespread in Canada. For some groups, such as the pharmacy technicians, the regulators as well as the professional bodies have had input into the range of practice. The Canadian Society of Hospital Pharmacists has developed guidelines for the delegation of functions to pharmacy technicians. Again, these initiatives are not broadly based across sectors and jurisdictions.

Effective Communication

“The ability to present information in a manner that is relevant, concise and timely is critical to the development of a collaborative relationship” (Way, Jones, & Busing, 2000, p. 5). Communication requires effective listening and a willingness to express one’s views. Individuals must be aware of the other members’ styles of communication and thought processes. In a health-care team whose members have many differences – in discipline focus, professional versus unregulated status, educational level and possibly differences in age, culture and language – communication challenges are to be expected. It is important to determine what UHWs and regulated health professionals need so that effective communication skills for the team can be developed and maintained. Some of these skills may be learned in educational programs, but others may be learned only by working together as a team.

Cooperation and Coordination

A team approach is intended to maximize the skills of all team members, prevent duplication of service delivery and enhance the productivity of the workforce. Responsible health-care professionals need to make joint decisions about who will do what to ensure that duplication of effort is reduced and fragmentation does not occur. All team members, including UHWs, should actively participate in quality improvements that could lead to changes in the delivery of care.

Conclusion

As these and other issues are addressed, UHWs' roles will be clarified and put to the best use across professions and settings. This process is in the early stages, as there are many unanswered questions that will require further discussion and research.

This paper has identified some of the challenges facing regulated and unregulated health-care providers in working together:

- Multiple and inconsistent titles
- Widely varying educational preparation
- Non-standardized roles and standards
- Inconsistent understanding of delegation
- Liability
- Lack of research on staff mix
- Enhancement of cultural competence
- Factors in effective teamwork: trust and respect, appropriate knowledge base, responsibility and accountability, communication

Facilitating effective teamwork that encompasses regulated and unregulated health workers will not only maximize health human resources but will also improve outcomes for clients, providers and systems.

Many of the issues are inter-related, but how they appear depends on the health-care context. Together, they contribute to the varying degrees of UHW utilization. The increased use of team-based care can be an important element in a more comprehensive solution to improving patient access to care and better utilization of existing health human resources. There is an opportunity to increase the quality of care through partnerships across professions and disciplines, jurisdictions and sectors. Any reforms will require the participation of all stakeholders, including regulators, employers, providers, governments, unions, associations and educators, as well as members of the public. Further discussion is required to develop a cohesive and comprehensive strategy.

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