

Nursing Associate Consultation

Building capacity to care and capability to treat - a new team member for health and social care: Consultation

Thank you for taking part in this consultation.

The deadline for responding is 00.00 GMT on 11 March 2016.

Health Education England is seeking views on the proposals for the introduction of a new *Nursing Associate* role to support the Registered Nurse workforce in providing high quality care across health and social care settings, in particular to:

- Identify the potential for a new role to sit between a Care Assistant with a Care Certificate and a graduate Registered Nurse.
- Identify the principles for the proposed new care role.
- Consider the learning outcomes that will need to be assessed to assure quality, safety and public confidence in the proposed role.
- Identify what academic achievement would be required, alongside the practical skills and how this learning should be best delivered and assessed.
- Consider whether or not the proposed role should be regulated – and if so, how and by whom.
- Agree the title of this new role.

How to respond:

Throughout this document we ask a series questions on a proposed new *Nursing Associate* role and seek your views on all aspects of the role. Your response will be most useful if it is framed in direct response to the questions posed, although further comments and evidence are also welcome. Health Education England will send an acknowledgement by email to all responses received.

You may respond by completing this response form and send it to:

HEE.nursingassociateconsultation@nhs.net

or post to:

Nursing Associate Consultation, Directorate of Education and Quality,

Health Education England, Blenheim House, Duncombe Street, Leeds LS1 4PL

Please read the background information about the proposed new post: This will help inform your responses. The background information is available [here](#).

Issued: 28 January 2016

Respond by: 00.00 11 March 2016

Territorial extent: This consultation applies to England only.

About you

Confidentiality and data protection

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with access to information legislation (primarily the Freedom of Information Act 2000 and the Data Protection Act 1998).

If you would like the information that you provide to be treated as confidential, please say so clearly in writing when you respond to question 6 below. It would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded by us as a confidentiality request.

We will summarise all responses and place this summary on our website. This summary will include a list of names or organisations that have responded but will not give personal names, addresses or other contact details.

Quality assurance

This consultation has been carried out in accordance with the Cabinet Office Consultation Principles, which can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492132/20160111_Consultation_principles_final.pdf

If you have any complaints about the consultation process (as opposed to comments about the issues that are the subject of the consultation), please address them to: HEE.nursingassociateconsultation@nhs.net

Representation of opinions

We would be grateful if you could complete the section on the consultation form that asks about your role, in as much as detail as possible so that we know, for example, whether you are responding on behalf of an organisation or as an individual.

Contact point for further information

If you have any further questions about the contents of this consultation, please email HEE.nursingassociateconsultation@nhs.net

Contact information

1. Title (Mr, Mrs, Ms, Dr etc.)

Ms

2. First Name

Louise

3. Second Name

Coleman

4. Email

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5. Address

The Society and College of Radiographers
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London
SE1 2EW

6. Please tick here if you want your response to be confidential. (Please see the information on page 2)

Tick here

6a. Please give your reasons below (this must be completed if you have requested confidentiality):

[Click here to enter text.](#)

7. Please tick if you are responding on behalf of an organisation:

Tick here

7a. Please name the organisation you represent:

The Society and College of Radiographers

8. Please tick the option below that most closely applies to you:

- Patient or user of health and care services
- Registered Nurse
- Care Assistant or similar role in health service
- Care Assistant or similar role in social care

- Student nurse or Care Assistant
- Potential student nurse or Care Assistant
- GP
- Provider of education for health and/or social care
- Provider of training for health and/or social care
- Representative of a trade union, royal college or professional body
- Representative of a patient group or campaign group
- Representative of a regulatory body
- Representative of an NHS 'Arm's Length Body'
- Representative of a research or policy body
- Member of the general public
- NHS health care employer/provider
- Health care provider/employer (private sector)
- Health care provider/employer (charity/not for profit)
- Social care provider/employer (NHS)
- Commissioner of health services
- Commissioner of social care services
- Social care provider/employer (local authority)
- Social care provider/employer (charity/not for profit)

'Nursing Associate': consultation questions

Q1. What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a Care Certificate and a Registered Nurse? (Maximum 250 words)

- 1.1 There must be harmony between this new role and other support roles across nursing and allied health professions as a priority.
- 1.2 The difference between the health care assistant and this new role isn't clear.
- 1.3 The education level of this role will be key. It isn't clear what this level will be. The suggested pathway towards 'degree-level apprenticeship' implies that a foundation degree is equivalent to the first year of an undergraduate programme rather than a Cert HE.
- 1.4 The FAQ document refers to a "QCF level 5 Qualification" [sic]. The QCF ceased to exist on the 1st October 2015. It was replaced by the RQF and the FHEQ.
- 1.5 The argument in the FAQ regarding the difference between the 'nursing associate' and an assistant practitioner is not well made. It appears that the 'nursing associate' will be a nursing assistant practitioner, working within the nursing workforce. Radiography assistant practitioners fulfil the same function working within the radiography workforce just as occupational therapy assistant practitioners work within the occupational therapy workforce. The distinction still isn't clear.
- 1.6 There are already assistant roles within AFC bands 3, 4 and 5. It isn't clear how this this new role can be differentiated from the existing roles?
- 1.7 With regards FAQ 13, education funding must be clarified. Currently employers *may* fund assistant practitioner training but it is becoming more frequent for this to be carried out "in house" rather than in education institutions providing formal qualifications. This is due to the cost. From September 2017 pre-registration professional programmes will not be funded at all by HEE. Who will pay for the career framework transition from 'nursing associate' to registered nurse? The employer? The individual via a loan? What will the impact of loans be to the widening participation agenda mentioned in section 3.3?
- 1.8 The knowledge and skills of this new role need to be clarified. Are the skills uni-professional (nursing) or are they core skills across a wider group of professionals? If core skills, could this be a learning platform/foundation that could be shared for other professions beyond nursing therefore bridging between support workers and the Allied Health Professional registered workforce? This could help with the provision of small profession programmes which have small numbers due to finances and lack of consistently sufficient numbers of students.
- 1.9 This is a jigsaw that requires clarity at all levels as there are already numerous support roles in existence.

Q2. What contribution to patient care do you think such a role would have across different care settings? (Maximum 250 words)

- 2.1 For this role to be beneficial AFC band 4 would be most useful freeing up more experienced nurses to undertake more complex roles. "Nursing associates" could work in the community providing home visits for dressings and health care prevention and education.
- 2.2 This role could enable upwards skills development to support the nursing and medical workforce and also support new innovations, treatments, technologies, research etc., if it is properly planned and implemented with regards the existing multiprofessional workforce.
- 2.3 NHS medical doctors and consultants work with and rely on assistant practitioners with nursing backgrounds to do many of the tasks for which there are not enough registered staff. These include chaperoning, direct patient care and communication after procedures etc. These are not care assistants. There are staff who were care assistants who have significant experience and/or have done qualifications, they have a multitude of profession specific titles. Clarity and harmony is needed throughout the workforce to enable career progression and appropriate reward.
- 2.4 This role appears to be very much like the Assistant Practitioner role for radiographers. As such, I think it would be advantageous to many services to have a recognised, transferable position for these staff. My only concern would be that a number of staff who are doing such roles that they have developed locally will be excluded, and demoted, rather as the SE Nurses were.
- 2.5 A community setting, nursing homes and day centres would be appropriate as this would potentially allow more care in the home and not hospital. However, it must be recognised that each individual location would need to assess its staff requirements based on local need.

Q3. Do you have any comments on the proposed principles of practice?

Yes

No

Please add your comments here. (Maximum 250 words). If you have no comments, please go to the next question.

- 3.1 The current principles are very broad. We suggest some additional principles:
 - 3.1.1 Protocol driven work, i.e., work within predetermined boundaries/scopes of practice
 - 3.1.2 Will work under the leadership of a registered nurse
- 3.2 The proposed principles are broad. How will the huge diversity across health and social care be addressed?
- 3.3 We are concerned that the proposed role may be too generic. Do service users *really* want their care delivered by those without specialist skills and knowledge?
- 3.4 Will the "nursing associates" have sufficient skills and knowledge to be able to work across the whole range of principles? Or will they develop areas of specialism. The generalist/specialist questions need answering.

Q4. Do you have any comments on the aspects of service the proposed role would cover?

Yes

No

Please add your comments here. (Maximum 250 words). If you have no comments, please go to the next question.

- 4.1 It is stated in FAQ 6 that ‘nursing associates’ could be used to “relieve experienced nurses from non-essential paperwork and excessive bureaucracy”. Surely the answer is to get rid of non-essential paperwork and excessive bureaucracy. Maybe it is systems that need reviewing and not the workforce.
- 4.2 It is excellent that the career progression of care assistants is being considered. What has gone wrong with their current career framework that it needs the addition of another tier of practitioner to enable them to advance?
- 4.3 The addition of another tier of practitioner may lengthen the time it takes for care assistants to reach registered nurse if they have to negotiate the ‘nursing associate’ tier before reaching the entry requirements for pre-registration training.
- 4.4 Section 4.15, “Widening of the nursing career framework...”. The career framework isn’t being widened. The top and bottom points are remaining the same. The addition of another tier will squash the career framework – more elements into the same space.
- 4.5 There is much repetition in this section of what is already in place within the current career structure. If it isn’t working at the moment, what will be different about this new role?
- 4.6 There is no indication of the level of supervision that ‘nursing associates’ will require.

Q5. Do you have any comments on the proposed list of knowledge this role requires?

Yes

No

Please add your comments here. (Maximum 250 words). If you have no comments, please go to the next question

- 5.1 The education and training section is not very specific about the curricula, the education and training level, method of delivery or the education institutions that will provide the education and training.
- 5.2 The generalist versus specialist education and training requirements need to be addressed.
- 5.3 The document indicates that ‘nursing associates’ could work across clinics, homes, surgeries, wards, primary care, social care etc., etc. The overview of academic knowledge provided is far too limited and broad to address all of these localities.
- 5.4 We need care and thus education and training across health and social care pathways not professions.
- 5.5 Apprentices are suggested which is a good idea but these should be undertaken with Annex U – Arrangements for pay and banding of trainees.

Q6. What do you think the title of this role should be?

Please list your suggestions below.

- 6.1 The term ‘nursing associate’ does not fit with the introduction of the physician’s associate. Physician’s associates are educated at FHEQ level 7 and should expect to get paid on AFC band 7 (<https://www.healthcareers.nhs.uk/explore-roles/physician-associateassistant/physician-associate>). The term “associate” will lead to confusion and misunderstanding.
- 6.2 Whatever title is chosen it should be consistent and harmonised with other support roles at this level.

Q7. Please comment on what regulation or oversight is required for this role and which body should be responsible. (Maximum 250 words).

- 7.1 In order to avoid repetition of the tragedies and horrors reported by Francis (2013) in the *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry*, all roles which involve aspects of patient care should be regulated within their scope of practice. As the aim of this ‘nursing associate’ role is primarily being introduced to affect patient care, it is unequivocal that it should be a regulated role.
- 7.2 We believe that registration should support standards of practice, equity, transparency and that there should be a requirement of continuing professional development to support evolution of the individual’s practice.

The consultation would welcome any further views (maximum 250 words).

- 7.3 The only medical doctor listed in section 8 of this consultation response document is “GP”. Our College Board of Trustees wish us to bring this oversight to your attention.
- 7.4 The distinction between the proposal and the Senior Enrolled Nurse role has not been made clear.

- 7.5 There is concern that skills will be compressed and that there could be fewer registered nurses and more 'nursing associates'. Assurances must be made that staffing models must continue to meet local need and that a "one model fits all" approach will not be encouraged.
- 7.6 The widening participation agenda must continue to be at the forefront of the proposed practitioner and their career framework and the proposal may attract those who are put-off by large levels of student debt to be associated with pre-registration education programmes from September 2017.
- 7.7 The proposal could help to bridge the skills gap created by the introduction of graduate nurses.
- 7.8 Coherent and consistent workforce planning is required to ensure that appropriate skills mix is maintained.
- 7.9 The document contains lots of jargon and we feel that this has been done to promote a role that is undefined. We feel we would be better able to judge this new role with clear details of the job itself.
- 7.10 To make such a change meaningful and credible within the nursing profession, it should be part of a structured career / development pathway (similar to the 4 tier system) with clear evidence of the equivalence and quality of the level of education achieved in meeting the standards for the protected title of registered nurse.

Thank you for taking part in the consultation.