

## 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](mailto: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](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](mailto: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](mailto:HEE.nursingassociateconsultation@nhs.net)

**Contact information**

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

Ms

**2. First Name**

Liz

**3. Second Name**

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**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):

41T

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

Tick here

**7a. Please name the organisation you represent:**

Action against Medical Accidents (AvMA)

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

Representative of a patient group or campaign group

## '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)**

- The fundamental consideration about any new role is that it provides safe and effective care. It is important that this is not about substituting the role of registered nurses with a cheaper alternative. It should be about improving the quality and safety of patient care through establishing assured standards for nursing support roles; the proposed role should complement the care provided by registered nurses and not act as a replacement.
- It is essential that both the proposed new role of nursing associate, and if retained, that of healthcare assistant should be brought within mandatory regulation; the regulation of HCAs was a key recommendation of the Francis inquiry and is necessary for public protection<sup>i</sup>.
- That there is a clear distinction between the role of nursing associate and that of registered nurse so that there is clarity about roles and responsibilities, particularly around clinical decision making which should remain the domain of registered nurses.
- There is a question as to whether the new role of nursing associate should in fact replace that of healthcare assistant in the light of the recommendations of the Cavendish Review and the recommendations around upgrading this role.
- The importance of establishing a training programme on nationally agreed standards with a consistent and robust process of assessment and supervision and within a structured career framework. This should apply to both HCAs and the proposed new role.
- That introducing an additional tier is not seen as the solution to a shortage of qualified nurses; that problem needs to be solved separately by addressing the significant failings in work force planning and examining alternative routes to qualification e.g. the Open University B.Sc (Hons) degree route to a nurse qualification<sup>ii</sup>.
- Before introducing any new role/grade the NHS needs to make sure that it has maximised the skills of the existing workforce.
- It is also important not to create a situation where registered nurses are increasingly divorced from front line care and are no longer applying the skills and knowledge for which they were trained.

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

The role of nursing associate, if based on assured levels of competence and knowledge, should help to raise standards of front-line care but this should not be to the detriment of maintaining safe levels of registered nurses.

Research demonstrates a correlation between increased numbers of registered nurses in a care setting and improved patient safety. The same effect does not appear to apply with an increase in

healthcare support workers<sup>iii</sup>. Further research is needed to develop clear guidance on the optimum safe staffing levels and skill-mix within any given care setting. Nursing associates should be there to complement the role of registered nurses not to replace it.

**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.

We would question whether any training would equip not just nursing associates but any healthcare professional to be able to provide safe care in such a diverse range of care settings. This might provide for a flexible workforce but many of those roles require specific knowledge and specialist skills. A broad based training covering many areas is one thing but actually being equipped to work safely and effectively in the individual areas is quite another. It is essential that healthcare support workers are protected from being placed in roles which they are not competent to fulfil safely.

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

Yes

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

Having clearly defined parameters will be very important to avoid blurring of lines between registered nurses and the role of nursing associate. With the budget restraints on our health services there will always be pressure to employ healthcare support workers outside their areas of competence and training. Having a strong code of conduct and statutory regulation, should help individuals to resist such pressures but it also needs to be overseen by regulators including the CQC.

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

Yes

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

The proposal appears to focus on teaching technical skills whereas any nursing role should be far more than this.

As set out above, the expectation that nursing associates will represent a flexible workforce able to work across all care settings, risks spreading their knowledge too thinly and not adequately equipping them for any one area.

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

Please list your suggestions below.

Nursing assistant.

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

The nursing associate role should be subject to statutory regulation through the NMC.

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

We currently have a somewhat perverse situation where we have a highly regulated and trained body of healthcare professionals at one end of the scale and at the other, an unregulated body of individuals with no consistent standard of training who are providing a very significant proportion of frontline care. This is completely anomalous in terms of protecting the public and reinforces the view that cost has been a greater priority than quality and safety. The lack of regulation and lack of consistent training is perhaps indicative of a general denigration of the caring role and the failure to recognise that many of these individuals are both skilled and compassionate carers who deserve to have their skills formally recognised. It also means that patients cannot be confident that they are being cared for safely and competently, particularly given the increasing clinical responsibilities that are placed on unregulated healthcare workers.

If the role of nursing associate is to be introduced, then this should either replace the role of healthcare assistant or should go hand in hand with mandatory regulation and a nationally recognised structured training programme for healthcare assistants. The introduction of the Care Certificate in 2015 has begun that process by providing a more consistent approach to induction into the role but it is only the first step. It is unfortunate that the Cavendish Review specifically excluded consideration of regulation but did address the need for a nationally recognised standard of training<sup>iv</sup>.

It is important to be mindful of the risks of delegating increasing aspects of clinical care to staff with a much more limited level of training who lack the broader clinical context for the tasks they are undertaking. AvMA has for example seen cases where patients have suffered significant harm or death as a result of early warning scores being incorrectly completed.

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<sup>i i</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: recommendations 207- 213  
<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

<sup>ii</sup> Open University - Nursing <http://www.open.ac.uk/health-and-social-care/main/nursing#>

<sup>iii</sup> Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study <http://bmjopen.bmj.com/content/6/2/e008751.full>

<sup>iv</sup> The Cavendish Review  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/236212/Cavendish\\_Review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf)