

# Nursing Associate Frequently Asked Questions

## **Q1. Why has Health Education England (HEE) established test sites to implement the Nursing Associate role?**

- A. The two-year programme aims to test the ability of education and service providers to deliver a high quality and innovative work based learning programme of education and training for Trainee Nursing Associates. This is important to:
- ensure the role can successfully support Registered Nurses in a variety of settings to care for patients and the communities they serve
  - ensure the ongoing sustainability of the role and its alignment with work-based learning routes such as graduate nurse apprenticeships
  - support progression into pre-registration nursing programmes for those who wish to pursue a career in nursing.

In all there are currently 2,000 trainees in training at 35 test sites across England.

Eleven sites were chosen to deliver the first wave of training and run over a two-year period. The sites bring together a wide range of organisations including educational institutions, care homes, acute, community and mental health trusts and hospices, representing the variety of places where Nursing Associates will eventually provide care for patients. The first 1,000 trainees began in January 2017.

A further 24 test sites were chosen to carry out training for the second wave of Nursing Associates who began a two-year programme for a cohort of 1,000 trainees from April 2017.

In addition to the 2,000 Nursing Associates already in training this year at pilot sites, the Secretary of State announced in October 2017 that 5,000 more will begin in 2018 and 7,500 every year from 2019 onwards. Half of the group is expected to begin by April and the remaining 2,500 will start by September 2018. This year new trainees are expected to be taught through an apprenticeship, which will mean they need to complete an additional assessment at the end.

It is estimated that up to around half of each year's cohort of nursing associates will go on to further training to become a registered nurse after they have completed the initial two-year associate programme.

This is expected to result in around 4,600 extra nurses by 2022, according to government estimations.

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## **Q2. Is there a danger these new roles will be used to replace registered nurses on wards?**

- A. No. HEE's response to the Nursing Associate consultation and the indicative scope of practice makes clear that this new role will support Registered Nurses to deliver fundamental care to patients and will not replace nurses. Employers will be expected to deploy this role as a support role to Registered Nurses, who will delegate and assign tasks to Nursing Associates.

## **Q3. Will the role be regulated?**

- A. Yes. Our consultation showed strong support for regulation of the role and it is something that we agree with.

On 26 January 2017, the formally agreed to a request from the Department of Health to be the regulator for the new Nursing Associate role.

[The announcement can be read here.](#)

## **Q4. What are the benefits of the Nursing Associate role?**

- A. HEE sees the new role as a positive workforce development within the nursing and care professions. A greater staff and skill mix within the nursing discipline yields benefits for the patient, profession and employer if utilised in the right way.

## **Benefits to the NHS**

- The Nursing Associate will be delivering a higher proportion of fundamental care nationally, at scale and pace.
- It will be a defined role with clear national education and training standards to ensure consistency and continuity in the quality of care, supporting Registered Nurses to deliver and manage caseload effectively and safely.
- The shift towards new and local care models has meant the delivery of NHS funded services will be devolved at the local level through Sustainability and Transformation Plans, making the delivery of care bespoke to local need. This is why a bridging role between a care assistant and a Registered Nurse has emerged as a crucial addition in the delivery of high quality and responsive fundamental care.

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- The role will support the shift in the balance of care of long term conditions into the community – **focus** (emphasis towards preventative medicine and more care in the community), **locality** (shifting the location of services and care in order to improve access to treatment and support **and responsibility** (shifting the current view of patients/clients as passive recipients of care towards full partnership in the management of their conditions).

## Benefits to the nursing and care workforce

- The new role provides an access route to nursing and a career ladder for the support workforce - strengthening opportunities to create a “home-grown” workforce.
- Provides a bridge between the care assistant and registered nursing workforce through defined and funded training and development model - enhancing the quality of hands on care offered by the support workforce.
- Strengthens the support available to nursing staff, releasing registered nurses to focus on care planning and management, advancing their practice and utilising their high level skills.
- Creation of a defined curriculum framework for a key section of the support workforce standardises the role and its parameters of practice, enabling employers and registered professionals to confidently utilise and deploy the role.

## Benefits to patients and the public

- A role firmly grounded in direct care provision working with patients, families and carers within communities.
- Able to deliver care in a range of settings in primary, secondary, community and social care.
- Able to work across a range of population groups and conditions to a defined level of competence with a greater emphasis on community and public health perspectives.
- Aware of their boundaries of competence and expertise.
- Able to work within multidisciplinary teams allied to patient pathways to deliver holistic and person centred care.

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*Health Education England*

## Education and training

### **Q5. Will there be a national curriculum for the new role?**

- A. Yes. HEE has produced a national curriculum framework to be delivered at level 5 in partnership with Skills for Health and Skills for Care which is designed to ensure nationwide uniformity of content and standards in education. The framework has been informed by the outputs from the Nursing Associate workshops on the role's scope of practice held in July 2016.

The curriculum will be reviewed as we work with our test site partners to ensure the final curriculum reflects the lessons learned.

### **Q6. What will the education and training model look like?**

- A. This is a work-based learning model that will enable the trainee Nursing Associates to gain the technical knowledge and real practical experience, along with the functional and personal skills, required both for their immediate job role and to prepare them for their long-term career. These are acquired through a mix of taught days in the education setting, placement days and practice days to embed new skills in a real work context.

### **Q7. Who will be supervising and mentoring trainees?**

- A. Employers will be responsible for the supervision and mentorship of the trainee programme. HEE's test site criteria require test site partnerships to demonstrate how trainee Nursing Associates will be supervised and mentored.

### **Q8. Why is the programme two years - can it be shorter?**

- A. Patient safety in this role is of paramount importance to ensure the role can deliver care effectively and safely. For this initial phase, the programme duration will be two years to produce highly trained outstanding practitioners with the skills and competences equivalent to a level 5 qualification that will deliver the scope of practice. As the programme develops APEL opportunities will be fully explored.

### **Q9. Will Nursing Associates administer medicines?**

- A. Administration of medicines was identified by stakeholders as one of the top three functions of the new role to bridge the gap between a care assistant and a registered nurse. Given the patient safety element, it was also cited by the majority of stakeholders as a core reason for the role to be statutorily regulated.

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Based on HEE's view that the role should be regulated, we have developed a standardised model of education and training which reflects the clinical competencies required to ensure the Nursing Associate can administer medicines safely and effectively upon completion of the programme. As such the current curriculum specifically states that in regard to medicines and medication, qualified Nursing Associates will:

- Correctly and safely undertake any/all delegated routine medicine calculations;
- Administer medicines safely and in a timely manner; (N.B. nursing associates will only administer medicines, if suitably trained and competent, in settings where it is deemed appropriate and where this is guided by organisational medicines management policies )
- Communicate and/or act upon any concerns about or errors in the administering of medicines
- Work within the legal and ethical frameworks that underpin safe medicines management.

HEE will continue to review the curriculum framework throughout the pilot programme.

## **Q10. The Royal College of Nursing and others expressed concern that nursing Associates may be able to administer controlled medicines.**

### **What is HEE doing to address these concerns?**

- A. HEE recognises the strength of views in relation to the administration of controlled drugs by Nursing Associates and will convene a task and finish group in the New Year consisting of membership from across the health and care system to provide evidence-based guidance on this specific function. The Group will build on the guidance published in April 2016 by the Department of Health and University of Leeds on the administration of medicines in care homes.

It is important to emphasise that the management of medicines is governed by legislation, regulation and professional standards, which are monitored and enforced by different regulatory organisations across England, Wales and Northern Ireland.

A range of guidance has been published for the management of medicines in care homes, where Nursing Associates may be delegated to administer [medicines](#):

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*Health Education England*

- [Administration of medicines in care homes \(with nursing\) for older people by care assistants](#), April 2016, Department of Health guidance
- [CQC guidance for providers on meeting the regulations](#) (This guidance sets out how registered providers must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (Part 4). Regulation 12 requires providers to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.)
- [Managing medicines in care homes](#) (2014) NICE guideline SC1
- [Pharmaceutical services to social care settings](#) (2016) Royal Pharmaceutical Society.

## **Q11. Will Nursing Associates carry out invasive procedures without direct supervision?**

- A. Upon qualification, Nursing Associates will be educated and trained to understand the appropriate and safe use of invasive and non-invasive procedures such as inserting a cannula or a urinary catheter, medical devices, and current technological and pharmacological interventions under the direction of a registered nurse or registered professional.

Healthcare organisations providing NHS-funded care will already have local safeguarding and clinical governance policies together with audit and compliance procedures that encompass safe standards for invasive procedures as part of the patient pathway. We also expect employers to have developed Local Safety Standards for Invasive Procedures (LocSSIPs) that are created by multi-professional clinical teams and their patients, and are implemented against a background of education in human factors and working as teams.

## **Q12. What type of placements will they need?**

- A. Test site partnerships are required to provide practice placements in a variety of health and care settings and provide exposure to different patients and care pathways, in home, near home and in hospital. This will ensure the trainees develop skills and competences across different care environments, enhancing the skills portability of the role.

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## **Q13. What sort of skills or behaviours do you expect Nursing Associates to have?**

- A. Test site partners will use values based recruitment approach when interviewing applicants to assess their suitability for the role. This will be based on the skills required to successfully complete the training and demonstrate the values required of people working in the NHS, which align with the values of the NHS Constitution.

## **Q14. Do you expect the Nursing Associate role to be introduced in Wales, Scotland and Northern Ireland?**

- A. That would be a decision for the devolved administrations.

## **Q15. What about people who wish to apply for Nursing Associate training now?**

- A. Recruitment to this trainee role is the responsibility of the test site partners. Prospective applicants are advised to visit the careers and job sections of lead partners' websites and the NHS Jobs website.

## **Q16. Will Nursing Associates work for private care home and third sector providers?**

- A. It is our expectation that Nursing Associates will train and work in a variety of care settings. The first wave test site pilot programme includes private care providers and charities as placement partners.

## **Q17. What will the recruitment, training and introduction of the Nursing Associate cost in total?**

- A. HEE has provided a per capita amount to the test site for the trainee Nursing Associate. Employment costs are for providers to absorb.

The first two waves were supported with an allocation of £6,750 per year (for two years) for education, training and placements.

## **Q18. Is there a standard job description for the Nursing Associate role?**

- A. A model trainee job description for the Nursing Associate role has been developed by the HEE Implementation Group which includes NHS Employers and trade unions. The NHS Staff Council's Job Evaluation Group will make an assessment of the pay banding applicable to these roles under the Agenda for Change rules. The expectation would be that national terms and conditions should be followed, whilst allowing flexibility for Trusts to apply their own recruitment and employment practices. The job description will be reviewed in 6 months. A job description for the qualified nursing associate will be considered in the light of the evaluation.

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## **Q19. Accountability – does it sit with Registered nurse?**

- A. The NMC Will consult in the standards of proficiency for the Nursing Associate on entry to the register. Employers will then decide, as they do with all roles, how they deploy Nursing Associates and how they assure themselves and the systems regulator that this is safe Practice.

## **Q20. Is the pace of programme delivery going to cause a problem?**

- A. The development of this new role has involved widespread consultation and engagement with stakeholders from across health and social care, with the safety of patients and the public being paramount.

There is a clear demand for this role in England by the service and by the nursing and care workforce which is why we want to pilot the training programme to deliver the right role with the right skills to secure high quality outcomes.

HEE, NHS Improvement, NHS England and Public Health England believe the new role has clear benefits for registered nurses, providing additional support and releasing time to provide the assessment and care they are trained to do, as well as undertake more advanced tasks. This will ensure we use the right skills in the right place and at the right time.

## **Q21. Will there be jobs available once trained?**

- A. HEE expects test site partnerships to have concrete plans in place to support qualifying Nursing Associates progress into employment Partnerships will also need to demonstrate their plans for scalability in the long term to accommodate growth in this area. HEE's monitoring and evaluation of the programme will review employer plans and progress in this area throughout the two-year pilot.

## **Q22. How will the role and the training be evaluated?**

- A. The Office for Public Management (OPM) has been commissioned by HEE to conduct an independent evaluation of the introduction of the Nursing Associate role. As well as running a survey of trainees and supervisors and interviewing national stakeholders, OPM will sample 6-8 test sites and carry out 'deep dives' over the first and second years of the programme to understand impact and process learning in specific contexts.

Ends