

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 of 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.)

Mr.

2. First Name

Edward

3. Second Name

Tynan

4. Email

Edward.Tynan@hcpc-uk.org

5. Address

Policy and Standards department, Health and Care Professions Council (HCPC), Park House,
184 Kennington Park Road, London, SE11 4BU.

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:

Health and Care Professions Council (HCPC)

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)

The HCPC recognises the enormous contribution that clinical support staff, including care assistants, make to the health service. Clinical support staff and others will play an increasing role in providing person-centred care as the NHS in England continues to implement new models of care. We would welcome further evidence of the need to develop this proposed new care role as set out in the HEE consultation, including any perceived gap between an 'advanced' care assistant and a registered nurse which the new role could address. We would also support a clear differentiation between the scope of the proposed nursing associate role and that of an 'advanced' care assistant, which could reduce the risk of a potential duplication of roles. We understand that it was initially proposed to pilot the nursing associate arrangements before considering further whether this new role is required across England. We continue to support this approach. Furthermore, as health is a devolved competency to the four countries, HEE should also consider the impact that developing a new nursing associate role in England only would have across the UK.

(181 words)

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

We recognise that in the organisation and delivery of new care models, nursing associates could potentially play an important part in different care settings (including in the community and in hospitals) based on local population needs. However, there is a lack of detail about the role in the consultation document to fully assess the potential contribution to patient care.

If the proposed new role is taken forward, we would be supportive of further work to identify whether there is a need or scope for similar change within the health services in the other three countries.

(95 words)

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 are supportive of the principles set out in the consultation document. Further work will be needed to identify the necessary skills and competencies for this proposed new profession in addition to principles. We recognise that the proposed nursing associate's role or scope will be firmly grounded in direct care provision.

(51 words)

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.

See our response to questions one and three above. We would also welcome further clarification on the scope of the proposed nursing associate role with that of a registered nurse including the role of the latter in leadership and accountability arrangements. For example, we understand that the proposed nursing associate role will work 'in partnership' with a registered nurse. Furthermore we would welcome additional information on oversight arrangements in this area including the responsibility for delegated tasks such as the administration of medicines under a patient specific direction / instruction.

(90 words)

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

We consider that the proposed list of knowledge for this role as set out in HEE's consultation document is appropriate. However, we would welcome further information on one aspect of this – support management of long term conditions including acute episodes – and its interaction with the scope of practice of a nursing associate versus that of a registered nurse. For example, we would welcome further clarity on the proposed nursing associate's role regarding rehabilitation and reablement; and how this relates with the other professionals involved in delivering service user care including therapists and allied health professionals (AHPs).

(96 words)

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

Please list your suggestions below.

We recognise that there is a plethora of titles used in the wider care and clinical support staff workforce, and consistency of titles would help with clarity about different roles. However, we would welcome further evidence for the rationale of introducing another title in this area and how this is deemed necessary. For example, could this issue be approached by differentiating and ensuring more consistent use (and accompanying education requirements) for 'advanced' care assistants; or alternatively the more consistent and appropriate use of 'assistant practitioner' with the development of an appropriate new structure? (Shape of Caring, 2015, p. 38). Similarly further consideration is required on whether the introduction of this proposed new role and accompanying title could lead to a potential duplication of the scope and role of those already working in this area, for example, advanced care assistants.

(139 words)

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

We are surprised that Health Education England, which has no remit over professional regulation, is asking a consultation question on this topic. In general, it is difficult to comment fully on this issue given that this role does not currently exist and therefore there is no occupation or profession that can be regulated at this time. We also consider this question is somewhat premature, given that pilots have yet to take place and therefore a final assessment has not yet been reached about whether there is a widespread need and support nationally for this role.

The current position of the UK Government, as set out in 'Enabling Excellence', remains that statutory regulation will only be considered in exceptional circumstances where voluntary registers are not considered sufficient to manage the risk and where it is possible to demonstrate a 'compelling case' on the basis of public safety risk. Given that the nursing associate role does not currently exist in the workforce, it is impossible to reach an assessment at this time whether the risks associated with this role would be sufficient to justify statutory regulation. At the appropriate time, a risk-based approach, such as that set out in the Professional Standards Authority for Health and Social Care's (PSA) 'Right-touch regulation', should be adopted in considering whether and how this new role should be statutory regulated. It will be important for HEE to make sure that its stakeholders are aware

that the extension of statutory regulation to a new profession is a decision for ministers and ultimately the UK Parliament.

The Shape of Caring review also argued that before regulation is considered further for care assistants that clear and consistent standards of education, training (including competency standards) and quality improvement processes need to be in place. (Shape of Caring, 2015, p. 37). We also understand that some work has taken place at European level to define the core competences for healthcare assistants. Further information is available here: www.nivel.nl/en/cc4hca Therefore we would suggest that a clear and consistent training route and competency framework for the new nursing associate role would need to be in place before any decisions about regulation can be made.

The proposed nursing associate role is an England only development. However, from a professional regulation perspective it is important to note that statutory regulation for most of the health professions generally operates on a UK-wide basis. Careful consideration would need to be given to the effect on overall UK wide policy on regulation of any decision to regulate this new role on an England only basis.

Another issue worth considering is how the proposed nursing associate role will interact with other professions and professionals who deliver care to service users, for example, the allied health professions. The consultation document refers to the proposed education and training for this new role covering rehabilitation and reablement issues. This is also a particular issue which the various therapy professions focus on. Does HEE propose developing an alternative route for a suitable qualified nursing associate to become a regulated AHP?

Finally, we consider that any decision about whether this role should be regulated should be taken in the context of a clear statement of overall policy on the regulation of other parts of the existing support worker and assistant practitioner workforce – in both health and social care. In other words, there needs to be a clear justification for regulating this role but not other parts of the existing health and social care workforce. We note that even if statutory regulation was introduced for nursing associates, it would not in any event prevent someone who was struck off from being able to work in another care assistant or assistant practitioner role.

We have previously recommended the establishment of a 'suitability scheme' for adult social care workers in England as a more reasonable and proportionate means of ensuring public protection. Further information is provided here: [www.hcpc-uk.co.uk/assets/documents/100049BFHCPCPolicystatement-RegulatingtheadultsocialcareworkforceinEngland\(Nov2014\).pdf](http://www.hcpc-uk.co.uk/assets/documents/100049BFHCPCPolicystatement-RegulatingtheadultsocialcareworkforceinEngland(Nov2014).pdf). This model of regulation was suggested in part because we recognised the difficulties of regulating a large, relatively low paid workforce. Should a decision be made to regulate nursing associates in the future consideration would need to be given to whether they can or should be regulated on the same basis as other professions, or whether alternative models such as this might be more appropriate. This should in part consider the ability of nursing associates to pay registration fees on the same basis as existing registered colleagues.

(737 words)

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

We have no further comments.

(5 words)

Thank you for taking part in the consultation.