



Nursing associate policy update

Nursing associate policy – November 2017

This policy update outlines recent developments in nursing associate education.

Background

The Shape of Caring Review published in March 2015 recommended exploration of the need for a defined care role to act as a bridge between the unregulated healthcare assistant workforce and the registered nursing workforce. The Government announced plans to create a new nursing support role in December 2015 and a public consultation was carried out shortly after.

Nursing associates will not have a field of practice specified on their register entry but will be trained to an academic level 5 qualification to work across all four fields. Nursing associates are intended to extend the capacity of the nursing workforce by working with healthcare assistants to deliver hands on care allowing registered nurses to concentrate on more specialist care and advanced practice. Nursing associates are also intended to support registered nurses in the assessment, planning and evaluation of care.

Health Education England funded and managed the first two cohorts of 1,000 nursing associates through 35 'test sites' across England. Multiple employers across local health economies came together with universities and sometimes further education providers, at very short notice, to recruit and train nursing associates. The first nursing associate trainees started their education in December 2016 and January 2017. Education was based on a curriculum framework developed by Health Education England. Nursing associate trainees are employees working as healthcare assistants with protected time for education. This need not currently be supernumerary.

A [nursing associate apprenticeship standard](#) was approved for delivery on 20 November 2017. This will be used to fund future cohorts of trainees.

All three devolved administrations are planning to assess how the role is implemented and utilised in England.

Government aims

In October 2017, the Secretary of State announced that an additional 5,000 nursing associates would be trained through the apprenticeship route in 2018 with an additional 7,500 being trained in 2019. We understand that there is widespread support from politicians across Government for the nursing associate role.

This is an ambitious goal announced with, apparently, little formal market testing of employers or universities. The Government actually has very limited ability to determine the number of nursing associates trained through an apprenticeship route as apprenticeships are employer driven and also

reliant on apprentice recruitment and the involvement of education providers. As with other apprenticeships, employers have to fund backfill and employment costs and procurement rules are complex. Employers' plans for nursing associate expansion appear to vary with some already planning new cohorts for January 2018 funded through the levy and others intending to wait before recruiting further or first cohorts.

It is assumed that the Government's announcement implies some incentive or levers for nursing associate growth beyond the apprenticeship levy. Health Education England is expected to have a role in this expansion but the shape of this involvement has still to be determined. It could include the subsidisation of costs relating to placements, recruitment, employment or back-fill. We are likely to know more soon.

Funding

Training for the first 2,000 nursing associates, starting in 2017, was centrally funded by Health Education England. It is expected that going forward nursing associate training will be funded primarily through the apprenticeship levy. Levy funds are tightly governed with strict rules on expenditure.

Nursing associate apprenticeships will be funded at £15,000 including, we understand, some sort of allowance of £2,500 for employers for placement funding. This aspect of the funding arrangements is enormously complicated as placement funding arrangements are likely to involve subcontracting, which is also mired in strict apprenticeship funding rules. Education providers will be required to meet the costs of End Point Assessment from the remaining £12,500. In line with other apprenticeships, 20 percent of available funding will be held back from education providers pending successful completion of the end point assessment. Several members of the Council have been involved in developing this funding policy and have in some cases submitted evidence on costs to the trailblazer group. This does not imply Council or individuals' endorsement. We understand that some Council members are concerned about this level of funding, particularly given the costs to HEIs associated with regulated professions.

One of the biggest unknowns is what proportion of nursing associates will aspire to go on to become nurses and, perhaps more importantly, whether employers want to pursue this policy primarily to gain permanent nursing associate staff or to grow the nursing workforce. Philip Dunne, Minister of State for Health has said that the Government assumes 50% of nursing associates intend to go on to become as nurses.

Nursing associate regulation

The Department of Health is currently [consulting](#) on amendments to the Nursing and Midwifery Order 2001 to regulate nursing associates in England by the NMC. Regulation of health professionals is a devolved matter in Northern Ireland. In Scotland regulation is devolved for new groups of healthcare professionals and those regulated since the Scotland Act 1998. Both Northern Ireland and Scotland have decided not to introduce or regulate the nursing associate role at this time. The Welsh Government has also made it clear that it does not want to implement or regulate the nursing associate role in Wales at the moment.

The NMC is working on its regulatory framework and is consulting the Council in this work. This will encompass the full suite of regulatory tools – code and standards, education quality assurance, registration, revalidation and fitness to practise. The NMC will formally consult on standards (proficiency and programme), code and guidance from April 2018. It is expected to approve the final nursing associate standards in October 2018. The NMC will open its nursing associate register in January 2019 just as the first cohorts of nursing associates qualify.

As a separate exercise, the Department of Health is [consulting](#) on proposals to reform the overall system of professional regulation in the UK. In time this review could have implications for the regulation of nursing associates.

Our policy position

At least two clear matters of principle remain in relation to nursing associates; the impact of the new role on safe staffing and quality assurance of regulatory standards.

In practical terms, it remains to be seen how expansion of nursing associate education at this scale will affect the work and capacity of nurse educators and mentors. The Council is calling publicly for proper investment in the professional development of the existing nurse workforce to support increased numbers of nursing students and nursing associate apprentices. The considerable expansion in apprenticeships for healthcare workers, probably primarily through the nursing associate role, could affect the delivery of healthcare education over time. The Government says as part of the expansion of nursing staff, it intends to 'explore opportunities for higher education institutes to deliver formal classroom teaching in a more innovative way in employers' facilities'.

Transitional regulatory arrangements are being made for the first nursing associates training through the test sites and for the first apprentices who will also commence training before the NMC assumes a regulatory role. The NMC has released an early version of the draft standards of proficiency to test sites to help ensure that the first nursing associate students are covering the necessary content. HEE is also working with the NMC to support its pilot cohorts to meet the NMC's required standards. The NMC will have the power to insist on further education and training and a test of competence if it considers this to be necessary. Ultimately consideration will also need to be given to arrangements for Assistant Practitioners and those with qualifications from other countries wishing to move into nursing associate roles.

The Government has emphasised the role of nursing associate as 'a work-based route into nursing for existing health and care staff or new recruits who may not be able to give up work to study full-time at university'. Employers may in fact want to train staff primarily to operate in this new role as higher level support workers. Where they do want to use the nursing associate role as a route into nursing, there is likely to be pressure to allow nursing associates to APEL as far into the nursing degree as possible. This will become more apparent as the first nursing associates qualify at the start of 2019. For now, the NMC is expecting to allow nursing associates to APEL into 50% of the nursing degree course/nursing degree apprenticeship.

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