



# Nursing and Midwifery Council (NMC) - Nursing associates: consultation on the regulation of a new profession

## Council of Deans of Health written submission – July 2018

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents the 83 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

### Key principles

1. The regulation of nursing associates must assure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures public protection.
2. Stakeholders have worked to ensure a clear distinction between the roles of registered nurse and registered nursing associate. The NMC and other regulators must have assurance of this and continue to monitor the relationship between these two roles.
3. The Council recognises that nursing associates will operate in and be regulated in England only. There is a need to continue to monitor the potential effect of this role on the other three nations of the UK.
4. Regulation must assure an equivalence of educational quality and outcome, irrespective of route or funding model.

### Questions about the standards of proficiency for nursing associates

1. Do you agree or disagree that the Standards of proficiency for nursing associates set an appropriate level of knowledge and skills for all nursing associates at the point of registration?

Agree, with the caveats in response to questions 2 and 3 below.

The Council agrees that the standards of proficiency for nursing associates are, in general, set at an appropriate level of knowledge and skill for all nursing associates at the point of registration.

The Council welcomes the inclusion of platform 1 – ‘Being an accountable professional’ – in the standards of proficiency for nursing associates, which will help to ensure that nursing associates have ownership of their role within a wider workforce. We also particularly support the inclusion of platform 1.8 – ‘describe the principles of research and how research findings are used to inform evidence based practice’ – which will embed the importance of evidence-based practice in the work of nursing associates and enhance the provision of safe, effective, evidence-based care.

**2. Are there any further areas of knowledge or skill that you would expect all nursing associates to be able to demonstrate at the point of registration?**

Yes.

There are several standards which we believe should be revisited and clarified. There is a need for greater clarity at platform 5.3, which requires nursing associates to ‘accurately undertake risk assessments, using established assessment and improvement tools’. It is not clear if this refers to patient-related or staff-related risk assessments or both.

Platform 5.5 states that nursing associates should be able to ‘recognise when safe care may be jeopardised due to inadequate staffing levels and escalate concerns appropriately.’ This should be amended to state that nursing associates should ‘recognise when inadequate staffing levels impact on the ability to provide safe care and escalate concerns appropriately’.

Platform 5.2 could be developed to include a requirement for nursing associates to contribute to service more generally and not just quality improvement strategies.

There should be a reference in the standards to nursing associates being able to reflect on decision making. Nursing associates will undertake a support role, but they will have to make some decisions, especially about escalating information to registered nurses and others to ensure they are proactive. The inclusion of a standard on decision making would improve these proficiencies and better reflect on the realities of practice. This could be included in platform 4.8, which currently states: ‘contribute to team reflection activities, to promote improvements in practice and services.’

The standards of proficiency for nursing associates do not refer to nursing associates acting as role models. It is referred to for all professions regulated by the NMC in the NMC Code at 20.8. It is also included in the standards of proficiency for registered nurses in platforms 1, 4, and 5. It should therefore be included in the standards of proficiency for nursing associates. Whilst these standards delineate specific knowledge, skills, and appropriate professional behaviours, everyone can be a role model and it should be integral for all registered professionals. Nursing associates will also need to act as role models if they are to undertake the roles of practice and academic assessor. A reference to nursing associates acting as role models could be included in platform 1.16 and/or 4.2.

Finally, we could not find reference to being able to undertake accurate observations in Platform 3. A requirement for this should be added.

3. Are there any areas of knowledge or skill included within the Standards of proficiency for nursing associates that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?

Yes.

Platform 3.12 refers to end of life care. This proficiency requires a very high level of knowledge and skill in order to have independent competency. Not all trainee nursing associates will experience end of life scenarios and these decisions are very complex and require high level decision making, so this standard should be removed.

Platform 4.5 should be revisited. Nursing associates should be able to demonstrate an ability to prioritise and manage their own workload, but delegation should be the responsibility of registered nurses.

4. Do you agree or disagree that the Standards of proficiency for nursing associates are appropriate for a generic nursing associate role?

Agree.

This is secured via Platform 4.1, which states that nursing associates must 'understand the four fields of nursing, explain the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team, and their own role within it.'

5. Do you agree or disagree that the Standards of proficiency for nursing associates distinguish the knowledge and skill expected of the nursing associate in comparison to what is expected of a nurse at the point of registration? (Refer to the new [Standards of proficiency for registered nurses](#)).

Agree.

The Council agrees that the standards of proficiency for nursing associates distinguish the knowledge and skill expected of nursing associates in comparison to what is expected of registered nurses.

The fact that the nursing associate standards are informed by the 2018 registered nurse standards offers confidence in the level of this new role and the ability of registered nursing associates to support registered nurses. The differentiation between the six platforms for nursing associates and the seven platforms for registered nurses helps. The distinction between the roles is further emphasised through the differentiation in the skills annexes for the two professions. It is also clear that it will be registered nurses and not registered nursing associates who will have primary responsibility for assessing patients and that this will not be in the scope of practice for nursing associates.

6. We have been asked to ensure nursing associate programmes can provide a progression route to nursing degrees. Do you agree or disagree that the [Standards of proficiency for nursing associates](#), taken together with the new [Standards of proficiency for registered nurses](#), help educators define the additional requirements for programmes that will enable progression to degree-level nursing?

Agree.

The comparison between the two sets of platforms and the skills annexes does enable this.

### Questions about the annexes of the Standards of proficiency for nursing associates

1. Are there any further core communication and relationship management skills which you would expect of all nursing associates at the point of registration?

Yes.

Annexe A should include an explicit requirement for nursing associates to be cognisant of equality and diversity, and mindful of protected characteristics; to understand the importance of inclusive communication in underpinning practice; and to take this into account when caring for patients.

Also, skill 1j refers to nursing associates demonstrating the ability to clearly record digital information and data. They should also be able to contribute to the analysis of this information.

2. Are there any communication or relationship management skills included in Annexe A that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?

No.

3. Are there any further core procedural skills which you would expect of all nursing associates at the point of registration?

No.

4. Are there any of the core procedural skills included in Annexe B that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?

Yes.

The following procedural skills should be removed from Annexe B:

8e – ‘implement isolation procedures.’

9b – ‘review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate.’

9c – ‘work within organ and tissue donation protocols, forensic and infection protocols.’

These skills should not be included in the annexe as trainee nursing associates may not gain exposure to scenarios that would enable them to gain competency in these skills in their training.

Furthermore, skill 7e – ‘manage airway and respiratory processes and equipment’ – is already covered by skills 7a-d. It should either be listed at the top of this section or removed.

### Questions about the Code

1. Do you agree or disagree that the revised introduction explains how the Code can apply to nursing associates as well as the other professions we regulate?

Agree.

The Code is about conduct which should be universal across professions registered by the NMC. Standards of proficiencies not the Code itself demarcate different levels of knowledge and skills between professions. This is made clear on page 5 of the Code.

2. Are there any standards within the Code that you think should not apply to nursing associates?

No.

### Questions about the Standards framework for nursing and midwifery education

1. Do you agree or disagree that the Standards framework for nursing and midwifery education should also apply to providers of nursing associate programmes?

Agree.

### Questions about the Standards for student supervision and assessment

1. Do you agree or disagree that the Standards for student supervision and assessment should also apply to nursing associate education programmes?

Agree.

2. Do you agree or disagree that registered nurses and nursing associates should be able to fulfill the role of academic or practice assessor?

Agree.

Regulation should allow for both registered nursing associates and registered nurses to undertake the role of practice assessor and assess trainee nursing associates. This is also the case for academic assessors. Registered nursing associates should also be permitted to act as practice supervisors for trainee nursing associates, but not for any other profession.

### Questions about the Standards for pre-registration nursing associate programmes

1. Do you agree or disagree that a 50 percent cap on the recognition of prior learning is also appropriate for applicants wanting to join a nursing associate programme?

Agree.

The Council is supportive of a cap of 50% on recognition of prior learning for nursing associate programmes.

- 2. Do you agree or disagree that for registered nurses there should be no recognition of prior learning cap on to nursing associate programmes?**

Agree.

Registered nurses should be proficient in the knowledge and skills to undertake the nursing associate role. There should therefore be no cap on recognition of prior learning. However, registered nurses should not automatically be able to join the nursing associate register or practise as a nursing associate. Registered nurses who are employed in nursing associate posts should be required to pass a separate nursing associate assessment which would enable them to join the nursing associate register. Individuals may have joint registration, but should not be able to simultaneously practise as both a nurse and a nursing associate. This will help to maintain the distinct nature of these roles and their separate registers.

- 3. Do you agree or disagree that nursing associate programmes should provide an equal balance of theory and practice learning?**

Disagree.

It is unnecessary for all nursing associate programmes to provide an equal balance of theory and practice learning. The majority of programmes will be delivered via the apprenticeship route, where apprentices should be allowed the opportunity to work whilst they learn. We would expect these individuals to undertake one day in a higher education setting, one-two days a week where they would have both supernumerary learning time and non-supernumerary protected learning time and two-three days a week where they may be employed as a trainee nursing associate at their home employer. The imposition of an equal balance of theory and practice learning is not realistic for work-based learning routes.

However, it is crucial that these individuals experience a wide range of practice environments to acquire the necessary breadth of learning to join the register. This will be the responsibility of both providers and employers and can be monitored by the NMC's quality assurance processes.

- 4. If you answered disagree or strongly disagree to Question 3, which of the following do you consider would be an appropriate balance of theory and practice learning?**

A definitive split should not be set by the NMC.

- 5. Do you agree or disagree that this is the right approach to secure appropriate breadth in the learning experiences of student nursing associates?**

Agree.

The flexibility proposed will enable providers and employers the ability to determine the course specification and practice placement allocation at a local level, whilst ensuring that trainee nursing associates enjoy a broad range of practice experiences to acquire the necessary competencies to join the register and ensure

public protection. The breadth of placement settings need not be defined beyond the options of: in hospital, at home and close to home.

6. If you answered strongly disagree or disagree to Question 5, which of the following do you think would be a better alternative to make sure approved education institutions provide students with a wide exposure to nursing practice?

The Council supports the approach of the NMC on this issue. However, if the NMC chooses an alternative option, we would recommend rigorous monitoring through the quality assurance of nursing associate programmes.

7. In principle, do you agree or disagree that supernumerary status on practice placements should be a requirement for pre-registration nursing associate programmes?

Disagree.

Please see the below answer to question 8.

8. Do you agree or disagree that the NMC should permit a different interpretation of the supernumerary requirement in the light of work based learning model (such as apprenticeships) provided that patient safety and student learning can still be safeguarded?

Agree.

The Council would support the NMC permitting two pathways for trainee nursing associates.

One pathway would see trainee nursing associates as supernumerary at all times. It would require students on this pathway to complete the necessary number of hours and complete a foundation degree qualification, which would normally be no less than two years in length.

A second pathway would be for trainee nursing associates undertaking a work-based learning route, such as via an apprenticeship. These students would not be supernumerary at all times. They would experience a blend of supernumerary and non-supernumerary protected learning time during practice placements.

For example, one day a week would be spent in a university setting and this would naturally be supernumerary. The rest of the time would be spent in a practice setting. During these remaining four days, the apprentice would be supernumerary one day a week. They would normally also undertake training on another day of the week, which would be set aside for protected learning time, but they would not be supernumerary on this day. Learning in practice would therefore account for up to two days per week on average across a year. During some of these hours trainees would be supernumerary and at other times they would be counted in the staffing numbers, but undertaking work that would allow them to develop required proficiencies. The remaining two days in an average week would involve an apprentice being included in employment figures and working as a trainee nursing associate.

This mixture of supernumerary and non-supernumerary practice learning would be combined with learning in a university setting to account for the 2,300 hours that it is intended will be necessary to acquire registration. Rigorous NMC quality assurance procedures would ensure that local arrangements between employers and providers would enable trainees to acquire the necessary skills to join the profession and ensure patient protection.

The amount of non-supernumerary protected learning time will have a bearing on the length of time it will take students to complete the programme. Only supernumerary practice hours would be able to be utilised for recognition of prior learning into nursing degree programmes.

Providers and employers would work collaboratively to ensure that the necessary protected learning time is recorded and that students are developing skills and knowledge to progress. New standards of learning and assessment, which will include the roles of practice and academic assessors will better enable this.

9. Do you agree or disagree that the academic award associated with nursing associate programmes should be a foundation degree?

Agree.

10. Do you agree or disagree that nursing associate pre-registration programmes should include at least 2,300 protected theory and practice learning hours in total?

Agree.

11. Do you have any other comments about the Standards for pre-registration nursing associate programmes?

N/A.

### Questions about joining the register

1. Do you agree or disagree that our English language requirements for nursing associates should be the same as they are for nurses and midwives?

Agree.

### Revalidation

1. Do you agree or disagree that the following revalidation requirements for nurses and midwives should apply to nursing associates?

Confirm the nursing associate has completed a minimum of 35 hours of Continuing Professional Development: 20 of which must be participatory

Agree.

Collect five pieces of practice related feedback

Agree.

Write five reflective leaning accounts

Agree.

Hold a reflective discussion with another registrant about their reflective accounts

Agree.

Providing the details of the person who has confirmed their revalidation declarations

Agree.

### Questions about fitness to practise

1. Are there any implications of extending our fitness to practise approach to nursing associates that you think the NMC should consider?

No.

### Questions about equality, diversity and inclusion

1. Will any of these proposals have a particular impact on people who share these protected characteristics (including nursing associates, nurses, midwives, patients and the public)?

No impact is anticipated.

2. How might we amend the proposal to advance equality of opportunity and foster good relations between groups?

N/A.