Nursing Associate consultation:  
Frequently asked Questions

Health Education England seeks 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.

Please read the background information about the proposed new post. This will help inform your responses. Background information is available here.

Ways to respond

- Respond online or by email.
- Consultation will close at midnight GMT 11 March 2016
- Territorial extent: This consultation applies to England only
- Issued: 28 January 2016
1. Why create the role?

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

The role is not a substitute for registered nurses. As the consultation makes clear, the new role proposes to support, complement, enhance and empower registered nurses to lead and manage patient care interventions and release them from daily frontline activities, so that they can focus on applying their specialist expertise to deliver high quality patient outcomes.

It is the responsibility of employers to look at the skills mix within their teams to make sure they meet the regulatory guidance as set out by CQC.

2. Is this a substitute for registered nurses?

No. As the consultation makes clear, the new role proposes to support, complement, enhance and empower registered nurses to lead and manage patient care interventions and release them from daily frontline activities so that they can focus on applying their specialist expertise to deliver high quality patient outcomes.

3. How will this role solve the problems with quality frontline safe patient care?

This is not what HEE is proposing, however the role is part of the solution along with other key factors. The quality and safety of care is associated with various factors within systems, organizations, and their work environments—the combination of which influences the type of quality and safety of care provided by nurses. This role will be part of the multi-disciplinary team, supporting nurses to plan, coordinate and deliver care in different settings.

4. Is this new role just a way of saving money?

No. HEE is looking at the new role as a way of building capacity and capability across the care and health nursing workforce, to ensure we have the right people with the right values, skills and behaviours to move forward in this profession. In parallel, we want to be able to create a career pathway and enable job satisfaction for those that want to develop themselves in this important profession. Most importantly, we want to have a supportive role that gives patients the best possible safe, high quality, person-centred frontline care.
5. **What is the difference between the new role and an Assistant Practitioner?**

Assistant practitioners are experienced staff working in support roles in a particular area of clinical practice or specialty ranging from respiratory medicine, mental health dietetics to occupational health. They work alongside qualified healthcare professionals across a range of departments and settings in the NHS and may visit patients in their homes or in residential care settings. The new role proposes to concentrate solely on delivering nursing care to patients and integrated into the nursing workforce. It will also redefine prospects for advancement in nursing for support grades by differentiating the career pathway into registered nursing.

6. **What is the evidence for introducing another support role?**

The [Shape of Caring Review](#) recommends HEE explore the introduction of a new support role. The review itself was based on good practice and evidence of what is working in regards to educating and training the nursing workforce. The subsequent HEE engagement activity on the review recommendations showed support for the idea of a role that could relieve experienced nurses from non-essential paperwork and excessive bureaucracy. Additionally, international evidence and practice in the United States, Canada and Australia shows beneficial impacts to service and patient care where generalist support roles are part of a team and supervised by nurses.

7. **Is this the re-introduction of the State Enrolled Nurse?**

No, this role is driven by a gap in intermediary skills that can provide high quality frontline care to patients so that registered nurses can focus on leading, managing and designing high quality patient care interventions and solutions.

8. **HEE has publicly said the role will be piloted across 30 sites in 2016. What will the selection process be for pilot sites?**

HEE will propose options for how this should be delivered following the consultation exercise.

9. **Will the role be regulated?**

No decisions been made about regulation. HEE will be using the consultation exercise to explore whether the new role requires regulation and if so, what form this will take. We look forward to hearing the views of respondents.
10. What band will the new role be?

For those working in NHS settings, the Banding of this role will need to be decided through the Agenda for Change process. This will be dependent upon several of the issues addressed in the consultation, such as educational level and competencies for the role. We are consulting on whether the role should achieve a QCF level 5 Qualification.

11. What standards and competencies will the new role be required to meet/demonstrate?

HEE has published the scope of the role which includes the proposed standards competencies and assessment frameworks that the new role will be required to meet.

12. Will the new nurse role be introduced across the UK?

Any plan to introduce a new role will be introduced in England only. However, as education and training issues operate and are regulated within a UK wide context, HEE will ensure the role does not adversely impact on its partners in Scotland, Wales and Northern Ireland.

13. How will the education and training of the new role be funded?

No decisions have been taken on funding; however HEE expects to devolve funding for the education component for the new role, as with other health professions, to providers and employers.

14. What will the employment terms and conditions of the new role be?

As with all NHS staff, individuals fully trained to the appropriate education level will be employed under the terms of conditions of the Agenda for Change NHS Terms and Conditions of Service Handbook.

15. What are the career prospects for this new role?

HEE wants to develop an education and training system which recognises the benefits support roles can bring to the nursing profession. This is not to undermine the quality or the academic achievement of the graduate nurses, but to say that as long as support grades meet the standards of entry and follow a clear education and career pathway, there are ways to develop a local ‘home-grown’ workforce. This new role will have a clear training pathway and distinct qualification and will allow registered nurses to be confident in delegating and patients confident in receiving care.