

Regulation of nursing associates

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Regulation of nursing associates

Background

- Shape of Caring review 2015
- Vision for the role developed by HEE in 2016
- Education and training programmes began in January 2017
- NMC agreed to regulate the nursing associate profession in January 2017

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Aspirations

- A “bridge” between a healthcare support worker and registered nurse
- Provide additional skills and better training
- The role should support, but not substitute registered nurses
- Part of a progression route to registered nursing
- NMC regulation appropriate/responsible

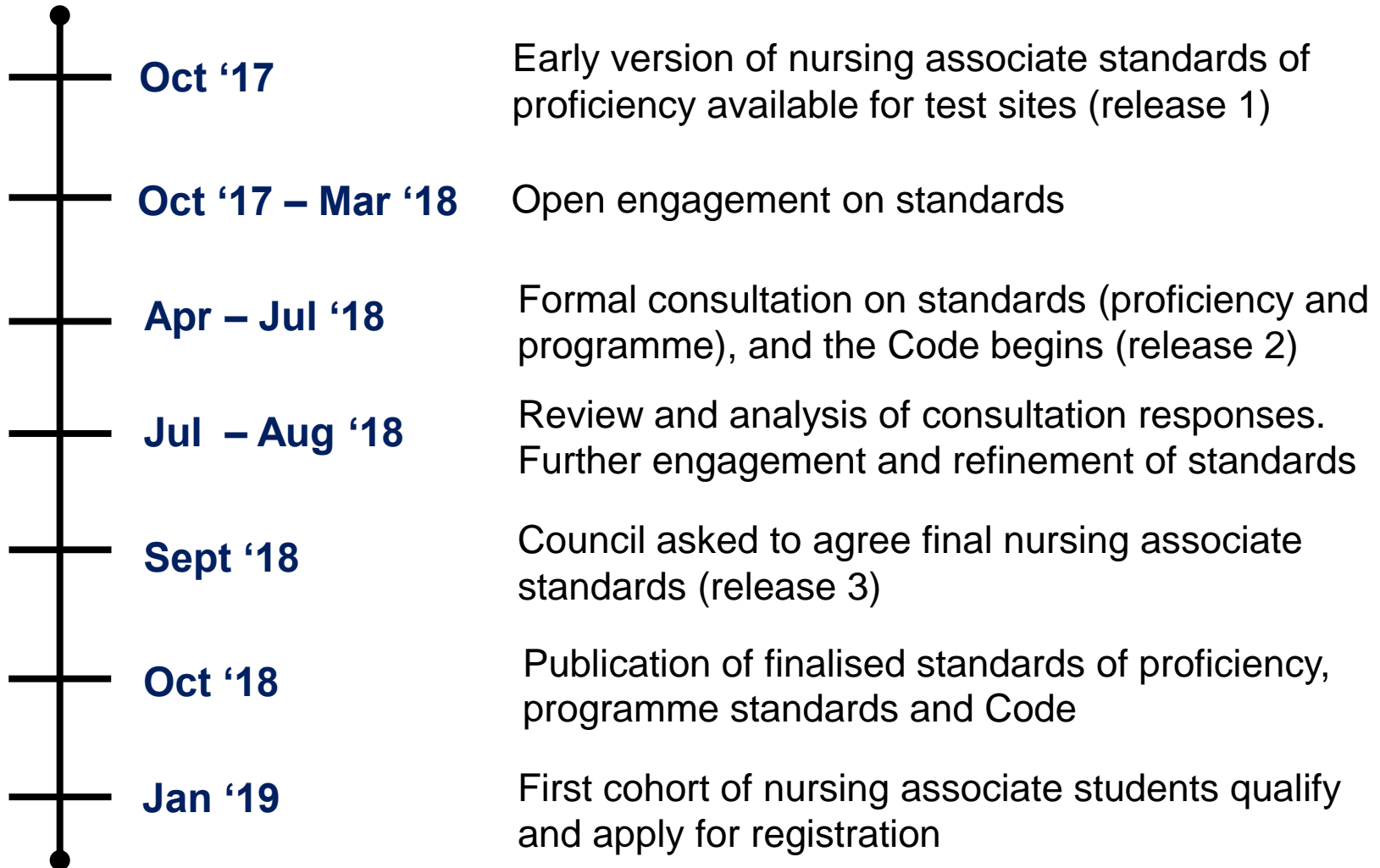
Regulation of nursing associates

Regulation

- A Code
- Standards of proficiency
- Standards for providers of education and training
- Registration
- Revalidation
- Fitness to Practise

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Background to the standards



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The consultation

The consultation ran for 12 weeks from 9 April to 2 July

Category	Examples
1. Areas where we proposed applying the existing regulatory approach for nurses and midwives	<ul style="list-style-type: none">• The Code (as amended)• Standards of education and training• Revalidation• Registration, English language and fitness to practise requirements
2. New nursing associate specific resources	<ul style="list-style-type: none">• Standards of proficiency for nursing associates (including the skills annexe)• Nursing associate Programme Standards

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Response overview

- 1,149 respondents accessed the consultation
- Most popular question received 732 responses
- Majority of responses received from individuals
 - 93% of individual respondents resided in England
 - 56% of responses from UK-registered nurses
 - 24% of responses from nursing associate students
- 113 organisational responses

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Summary of changes

Summary of changes - all nursing associate standards						
	Consultation standards	Proposed standards	New standards	Standards removed	Refined / strengthened	No change
Standards of Proficiency*	170	168	5	7	76	87
Programme Standards	30	30	0	0	8	22
The Code	109	109	0	0	3	106
Total	309	307	5	7	87	215

Standards where existing
approach to nurses and
midwives will be
extended to nursing
associates

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Existing approach

Standards framework for nursing and midwifery

- 91% agreement

Standards for student supervision and assessment

- 90% agreement

Other areas

- >90% agreement for the same English language and revalidation requirements
- 69% agreement in applying the same fitness to practise approach to nursing associates

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The Code

- 90% felt that all the Standards in the Code should apply to nursing associates
- Comments were made about the importance of accountability and delegation being clear. This is covered at a high level within the Code and we have already published further supporting information on this
- **Conclusion:** the current code, with wording changes to accommodate nursing associates, should apply to all of our registrants

Standards where a new
approach has been
developed for nursing
associates

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Standards of proficiency

- What nursing associates need to know and be able to do at the point of registration
- Aims:
 - Appropriate level of skill and knowledge to support the registered nurse
 - Appropriate skills annexes
 - Generic in nature
 - Demonstrates the “clear blue water” between the role of the registered nurse and nursing associate
 - To facilitate educational transition from nursing associate to registered nurse for those able

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Standards of proficiency

Nursing associates

Six platforms

1. Be an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

Nurses

Seven platforms

1. Be an accountable professional
2. Promoting health and preventing ill health
3. Assessing needs and planning care
4. Providing and evaluating care
5. Leading and managing nursing care and working in teams
6. Improving safety and quality of care
7. Coordinating care

- Appropriate level of skill and knowledge to support the registered nurse - 82%
- Appropriate skills annexes - 70%
- Generic in nature - 75%
- Demonstrates the “clear blue water” between the role of the registered nurse and nursing associate - 70%
- To facilitate educational transition from nursing associate to registered nurse for those able - 74%
- **Conclusion:** Proficiencies largely acceptable to respondents

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Standards of proficiency – Comments

- Even though there was broad agreement for the proposed Standards of proficiency for nursing associates, we have considered all comments made by respondents
- Themes that we have discussed further:
 - Assessment
 - Generic nature of Standards
 - Medicines – intramuscular and intradermal routes
 - Venepuncture and cannulation
- **Action:** further discussion with stakeholders

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Standards of proficiency – Comments

Medicines

- Some respondents felt that administering medicines via intramuscular route should be added
- Some respondents felt that administering medicines via intradermal route should be removed
- We discussed this further with stakeholders and the majority felt that intramuscular should be added and intradermal removed because:
 - intramuscular is vital for roles in GP, community and mental health settings
 - intradermal is a more specialist intervention

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Standards of proficiency – Comments

Venepuncture and cannulation

- Some respondents felt that these should be removed
- Most comments related to concerns with cannulation rather than venepuncture
- We discussed this further with stakeholders
- Venepuncture to remain within the standards
- Cannulation to be removed on the basis not all nursing associates will need this skill, and training implications are significant
- (Important to recognise that additional skills can be developed after registration)

Regulation of nursing associates Programme Standards

- Programmes should have an equal balance of theory and practice - 77%
- Standard requiring breadth of learning experiences was at the right level of detail - 69%
- Programmes should include at least 2,300 protected theory and practice learning hours in total - 77%
- Academic award for a nursing associate qualification should be a Foundation Degree* - 80%

* This will mean that those organisations that have Foundation Degree awarding powers can apply for approval and deliver nursing associate programmes

Regulation of nursing associates Programme Standards - RPL

- 50% RPL cap for students wanting to join a nursing associate programme - 65%
- Suggestion that a higher or no RPL cap was needed for Associate Practitioners (APs). As AP education is not standardised, a 'group exemption' is not feasible
- 45% agreed (28% disagreed) with an unlimited RPL cap for nurses who are on the register or lapsed within 5 years

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Programme Standards – Protected Learning Time

- We asked two questions about placement learning in our consultation and both received majority support
- 66% agreed and 21% disagreed with supernumerary being a requirement for pre-registration nursing associate programmes
- 62% agreed and 13% disagreed that the NMC should permit a different approach to the protection of placement learning time

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Programme Standards – Protected Learning Time

The NMC is proposing the following draft standard in the nursing associate Programme Standards on learning in practice:

Approved education institutions (AEIs) together with practice learning partners must ensure that nursing associate students have protected learning time in line with one of the two options permitted by the NMC:

Option A: nursing associate students are supernumerary when they are learning in practice.

Option B: nursing associate students via work-placed learning routes:

a) are released for a minimum of 20 per cent of the programme time for academic study

b) are released for a minimum of 20 per cent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role

c) for the remainder of the required programme hours, protected learning time must be assured

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Programme Standards – Protected Learning Time

- Providers could seek approval for programmes where the conventional approach to supernumerary status applies OR programmes in which practice based learning is delivered through a blend of external placement time, academic study time, and time 'on the job' but protected for learning
- Partners would need to agree what proportion of on the job time could be protected for learning and this would have a bearing on programme length
- For nursing associate work based learning programmes only
- We will evaluate and review learnings before we consider any wider application

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Next steps

- Council is asked to agree the standards
- If agreed:
 - publish nursing associate standards in October 2018
 - NMC nursing associate programme approvals can begin from October 2018

Thank you