

**Headline:** Nursing associate: a new role to enhance care

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**Standfirst:** If the nursing profession chooses to adopt the Nursing Associate role then we must value them as key members of the team and invest in their education and career development

ASK FOR A HIGH RESOLUTION PICTURE OF HER

Workforce planning and development are big business. There are many involved at a strategic level nationally, regionally and locally to ensure that we recruit and retain sufficient staff to deliver high quality, person-centred care. Yet despite this, there is a serious national shortage of nurses. The government in England and the nursing profession are having to think creatively to avoid some of the workforce challenges. They are doing so not only to support the ideals of person-centred, compassionate and evidence-based care but to address the health promotion and public health issues that Wanless<sup>1</sup> warned us to heed, in order to prevent the burden of avoidable illness. While the community workforce has increased by over 30% over the past 10 years, in general, 60% of 'hands-on' care is delivered by non-registered support workers.<sup>2</sup> Although it is clear that nursing assistants are a crucial part of the healthcare workforce, the Cavendish review<sup>3</sup> reports them feeling undervalued and overlooked. However, numbers only represent half of the story. Understanding the skill mix required within the community is essential to ensure safe and effective care where patients are empowered to take more responsibility and control over their own treatment and staff are given time to care.

On 17 December 2015, the government in England announced the introduction of the new role of nursing associate (the title is yet to be confirmed). Then, at the end of January 2016, Health Education England began consultations **with the profession**, with the promise of reporting back by June 2016. **The report will make recommendations on the title and feasibility of this new role, the expectations, education preparation and whether it should be regulated.** So, what is a nursing associate? With the ongoing radical change required by the NHS and the necessity to deliver greater levels of out-of-hospital care, a new role is needed. This new role, the nursing associate, will offer a higher skillset than the current nursing assistant and will be able to offer greater support to the registered nurse (RN) and strengthen the nursing contribution to the delivery of high quality person-centred care. In principle this sounds perfectly reasonable. However, we must ask ourselves: what might be the difference between the new nursing associate and the existing assistant practitioner role and between the new role and the archived enrolled nurse? Are we in danger of revisiting our mistakes of the past and finding

ourselves in the position of the nursing associate feeling just as undervalued as the existing assistant workforce and in reality a role that becomes marginalised with little or no investment? It might be worth considering the differences in turn.

### **Nursing associate vs assistant practitioner**

The difference as I see it between the new nursing associate and the current assistant practitioner is that the assistant practitioner is a role which spans different professional boundaries. While both roles will be graded as Agenda for Change Band 4,<sup>4</sup> the assistant practitioner role will focus particularly on nursing thus complementing nurses' work, be specifically educated with the knowledge and skills of nursing to supplement the role of the RN, and truly support the nursing leadership in the delivery of high quality person-centred care. It is anticipated that both roles will be educated through an apprenticeship model to foundation degree or equivalent, so they will both have higher levels of knowledge and critical thinking skills than healthcare assistants. Additionally, they will be prepared with higher skills and competence than nursing assistants (Bands 2 and 3)<sup>4</sup> both will contribute to the vision articulated in the *Five Year Forward View*.<sup>5</sup>

### **The nursing associate vs enrolled nurse**

The difference between the nursing associate and the now obsolete enrolled nurse is that the new role is suggested to be deliberately linked to the first two years of the RN programme in terms of outcomes. This will enable nursing associates to progress to RNs by accrediting their learning and competence against the undergraduate programme, should they wish to do so. Career progression was not a feature of the enrolled nursing role. They were an able part of the nursing workforce, yet they were prevented from realising their potential to develop themselves with no real career opportunities except for ultimately being encouraged to undertake a bespoke 'conversion' to registration. The nursing associate will offer greater flexibility to the nursing workforce and, with a clearly defined scope of practice and education pathway, support the profession's capability to deliver high quality care. With the move to an all-graduate intake for students wishing to become RNs, there are likely to be able individuals with the potential to succeed at foundation degree level and remain in a more senior role than a nursing aide, or progress to registration at a slower pace than the current graduate programme requires. This new approach would serve the profession well and offer opportunities for those unsure of their academic ability yet are keen to enter the world of work at a higher level than the healthcare assistant role.

The one area the profession needs to consider is whether this role, which is more advanced than the healthcare assistant role, should be regulated. The previous enrolled nurse role was regulated by the Nursing and Midwifery Council (NMC). Formal regulation would offer a level of public protection. Lord Willis in his *Shape of Caring* review<sup>2</sup> strongly supports regulation for this level of practitioner but is something that we in the profession need to influence. Whatever we think, we have had the opportunity

to give our views and we await the recommendations. Most importantly however, is the need for RNs, as leaders of care, to recognise the importance of our workforce at all levels and to invest in them. We each have a responsibility to recognise good practice and reward it, both in terms of praising our colleagues when we see good care but also to invest in their education and training to support their career progression and raise morale.

RNs play such an important role in community services and, given the predominance of autonomous practice within primary care, RNs will be required (I have re-words here, is this correct) to develop a range of advanced practice skills such as prescribing, diagnostic reasoning skills and complex pain relief interventions,<sup>2</sup> fairly soon after qualifying. This will impact on the need for a skilled associate workforce which will be able to plan and deliver care for people in their own homes with complex long-term conditions, and who require a level of intensity that was previously managed in the acute care sector. The nursing associate will be well placed to work differently, supporting the registered nursing workforce through the use of digital technologies, new ways of working and through new models of integrated care.

Comment [ER1]: I am not sure what your question is? You could always change the second 'RNs' to 'Registered nurses'

If we, as the profession have accepted the nursing associate through the consultation then we need to embrace the role, support our colleagues and, through collective leadership, empower our teams with the confidence to enhance the quality of care and to challenge appropriately.

## References

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