

## The proposal by Health Education England to introduce a new nursing role: the 'Nursing Associate'

### Introduction

In January 2016 Health Education England (HEE) opened a consultation on the development of a new health and social care role, with the provisional title of 'nursing associate'. The consultation and background is at <https://www.hee.nhs.uk/sites/default/files/documents/Nursing%20Associate%20consultation%20document.pdf> *Building capacity to care and capability to treat – a new team member for health and social care*. The proposal for a care role with a skill level between existing Healthcare Support workers and registered nurses was one of 34 recommendations from the Raising the Bar report, 2015, available here: <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review>.

### Claimed benefits

HEE claims the benefits of the proposal to be increased local workforce capacity and the creation of an additional route into registered nursing. Those planning to introduce supporting/lower paid/quicker to train/more flexible workers into any setting need to reassure established professionals that the advantages of the new role outweigh the threats. One approach is to emphasise that the support role may raise the status of the remaining professionals because they will become concentrated on valuable, technically complex or 'core' work—though the reality may be that their work becomes increasingly managerial and administrative. One professional fear is that the existence of new assistant grade workers reduces demand for professionals and threatens their status if lesser trained workers are able to take on aspects of their work. If such occurs then the profession and the regulators need to be mindful of any unintended consequences, like the incidence of higher patient mortality which has recently been shown to occur by Griffiths et al (2016) when those lesser trained than the ward-based registered nurse assume a greater care burden. Those promoting new roles typically emphasise limits and accountability processes to try to counter such arguments. A pattern in nursing education and professional-



ism is that increases in educational status of the registered nurse are followed by increased attention to skill mix in the service.

The public and patient interest groups will want reassurance concerning the implications for patient safety including potential confusion on the part of patients about who is ultimately accountable for caring for them, the registered professional or those who are lesser trained.

### **The consultation**

HEE's consultation concerns the actual nature of the proposed new role—what the new worker will do; what type of training they will need, and whether the new role should be regulated. Regarding the scope of the role, existing support and assistant workers already take on a range of duties that vary greatly across settings and also to vary in the degree to which such work is delegated, and supervised. In terms of training, The Council of Deans points out that the Government is currently consulting on plans to deliver three million apprenticeships by 2020 with the proposal that all public bodies with 250 or more employees in England will be set targets for apprenticeships. NHS Trusts will be included in this initiative. The nursing associate programme will be one way Trusts can comply with this possible imperative (<http://www.councilofdeans.org.uk/wp-content/uploads/2016/02/Briefing-paper-on-nursing-associate-consultation-for-website.pdf>). Existing student nurse placements already put the system of learning on the job in the NHS under great strain with attrition in nursing high compared to other professional programmes. The introduction of apprenticeships into the NHS needs careful quality assurance and support of clinical staff who are expected to supervise and assess these apprentices. Careful monitoring of apprenticeship work would need to reassure patients and their families that their care was not being put at risk. Their level of training will affect their banding and affordability. Regulation is seen to assure the quality and raise the accountability of a profession and to promise client/patient safety. Paradoxically however if such a worker were unregulated, as with health care assistants, this would sharpen the status divide between them and registered nurses which some in the profession may prefer.

**HEE's consultation closes on 11th March 2016. Institutions and individuals are invited to respond.**