NHS Employers’ response to the Nursing and Midwifery Council’s nursing associate regulation consultation

June 2018

Introduction

NHS Employers is a national organisation which acts on behalf of NHS trusts in England. We represent workforce leaders across the NHS in national negotiations and policy development, and provide advice, guidance and good practice on workforce issues. We maintain sustained and regular engagement with employers across the NHS in England, and therefore speak authoritatively on behalf of employers in this response to the Nursing and Midwifery Council’s (NMC) consultation on the proposed approach to regulating the nursing associate role.

In this response we have summarised the key points highlighted by employers during our consultation activity. To inform this response we have discussed the consultation with our workforce supply reference group, which is made up of 24 workforce directors, and undertaken engagement activity with 85 employers through three consultation events. We have also discussed the proposals in this consultation with employers individually.

In addition, we have raised awareness about the consultation through our communications channels and encouraged individual organisations to respond directly to the NMC.

Our response articulates a clear message from employers that the proposals in this consultation regarding the education and training of trainee nursing associates (TNAs), in particular the proposal that trainees will be supernumerary, will have a significantly negative impact on the service’s ability to make best use of this new role across the NHS.

This response highlights:

- the appetite of the service to make best use of this new role in a range of care settings, providing a supportive regulatory approach is taken
- broad support for most of the proposals set out in the consultation
- the significant concerns employers have shared regarding the proposed supernumerary status of TNA and the impact this will have on scale up of the role
- an alternative proposal to supernumerary status, which would provide the TNA with high quality learning experiences.

Employer appetite for the nursing associate role
Employer appetite to build this new role into the workforce is high. In our recent survey of employers regarding their current and future plans for the nursing associate role, 82 per cent of respondents shared that the nursing associate will feature in their future workforce strategies. However, employers have highlighted serious concerns that the approach taken to regulation of the role might significantly hinder their ability to use this role to its full potential. Employers have said that, if regulated in a supportive way, the introduction of the nursing associate role provides opportunities to:

- make more effective use of the band 5 nursing workforce and improve the skills mix within teams to enable staff to work to the top of their license
- offer career development options for bands 1-4 of the workforce
- develop a stronger supply of registered nurses through conversions of nursing associates to registered nursing education programmes
- provide improved patient safety and experience.

Employers have also shared their views on the key challenges associated with the scale up of the nursing associate role. Respondents highlighted current difficulties in securing the investment required to support TNA programmes at a local level, and raised concerns that if the investment required for these programmes was to increase, the introduction of this role either would not be viable or the numbers of TNAs organisations could support would be reduced significantly.

Employers raised concerns regarding the additional costs associated with the supervision required to support TNAs in the workplace. This, in addition to salaries and any backfill, adds to the overall significant cost to the employer and investment required. Employers are keen to seek ways to reduce these costs through alternative approaches to training, as outlined below, and national financial support to manage supervision costs.

In addition, employers perceived there to be a lack of clarity about the scope and practice of the role. The NMC’s consultation and subsequent regulation of the role is welcomed and employers believe that this process will help to provide some clarity regarding the nursing associate role.

**Broad support for the proposed approach to regulation**

Aside from the key areas of concern explored further below, employers were broadly in support of the approaches to regulation set out in the consultation document.

**Education and training proposal: significant employer concerns**

**Supernumerary status during training**

Employers have voiced significant concern about the proposal that TNAs will be supernumerary during practice learning hours as set out in the consultation document. In our consultation activity with employers no participants have supported the proposed approach set out by the NMC.

Employers have been clear that the proposed approach would present a required level of investment for that is too high, and as a result, organisations would be forced to scale down their planned numbers of nursing associates, or remove the programme altogether.
In our research (as part of this consultation response), we have calculated that the proposed approach from the NMC would require investment from the employer of over £26,000 per TNA. While employer appetite to support the role is high, the financial context in which many trusts are operating means the investment required is too great to be sustainable or affordable.

Employers have also highlighted concerns about the underpinning principle of the NMC’s proposal, which suggests that for some portion of their time the TNAs will be ‘working in their substantive role’. Employers are clear that any time spent in the workplace delivering care has the potential to provide learning experiences that will enhance their understanding of theory. These individuals are employed and work as full time TNAs, which helps to develop their professional identity and provide clarity about their role. Any alternative approach to this would be confusing for the learner, other members of the care delivery team, and patients.

**Recognition of prior learning**

Feedback from our engagement activity has also shown that some employers have concerns about the proposed 50 per cent cap on Recognition of Prior Learning (RPL). Some employers intend to convert their existing unregulated assistant practitioners into nursing associates, and therefore feel that the 50 per cent cap would not fully take into account the range of prior learning and experience these individuals would possess. Employers have asked for greater flexibility in the cap specifically for existing assistant practitioners.

**Proposed alternative approach**

**Approach development**

NHS Employers welcomes the opportunity presented by this consultation to provide an alternative option to the supernumerary approach to training nursing associates.

To inform the approach outlined below, we have held in-depth discussions with employers that have well-established, work-based learning programmes, and have drawn upon relevant research undertaken by Dr Claire Thurgate, director of the Centre for Work-Based Learning and Continuing Development at Canterbury Christchurch University.

Following development, we have tested this approach with 35 employers through our consultation events, and received support for the proposed approach as an alternative to the supernumerary route.

Here we have set out an approach which we refer to as *supported work-based learning*. The intention of the proposed approach is to provide an alternative route for training which can provide assurance to the NMC that TNAs are enabled to access and make best use of learning opportunities while working in a clinical environment during their training, and ensuring the quality and safety of patient care.

**Supported work-based learning**

Our suggested alternative approach is based on the delivery of supported work-based learning. By this term, we mean time where a TNA is in the workplace and providing care, but has the space to
understand, make sense of, and apply learning. The TNA is released to undertake learning opportunities and is supported to understand how to derive learning from each contact with patients or service users. This approach would enable the TNA to learn and develop skills while being part of the staffing numbers and delivering care, rather than being supernumerary.

Supported work-based learning approaches are already applied in the training of other parts of the workforce, such as assistant practitioners. Examples exist where the NMC has approved programmes which enable existing training hours undertaken in assistant practitioner training (in a similar approach to that outlined below) to be applied to RPL on to shortened registered nursing training programmes. This demonstrates that the NMC has previously recognised the value and training hours undertaken through work-based learning approaches, and has set a precedent to take a similar view for the training of nursing associates.

The approach outlined below puts into place mechanisms by which the experience of the TNA is reviewed, and takes steps to address any instances where supported work-based learning is not being maintained effectively, thus managing the risk of poor quality training experience.

This approach consists of actions to be taken by the Higher Education Institution (HEI) and employer to set the conditions for supported work-based learning. These actions fall into the following categories which are explored further below.

1. **Frameworks and structures**
2. **Communication**
3. **Empowered learners**
4. **Support structures**

1. **Frameworks and structures**

The following frameworks and structures would need to be established to ensure that supported work based learning is being maintained.

- A learning agreement signed by the TNA’s manager and the TNA which sets out the commitment required from both parties, including the requirement to release the TNA for learning opportunities. Managers need to sign up to support the role in their team, which includes agreeing to support the TNA’s learning experience through a supported work-based learning approach.

- A learning log is completed which captures learning experiences accessed by the TNA. This log is where hours of learning undertaken are recorded. The learning log is then regularly reviewed by both the TNA’s supervisor and the HEI to ensure that sufficient, quality learning opportunities are available and being accessed. The learning log also enables the TNA to make sense of their learning and development, and identify future learning needs. Responsibility must be taken by the HEI and practice learning facilitator/education team to tackle any instances where learning opportunities are not being made available or not being accessed by the TNA.

- A list of example learning opportunities is set out, to provide clarity for the TNA and manager about what is to be recorded in their learning log (these could include workplace supervision/shadowing/mentoring, visits to other areas, reflective learning accounts etc).
2. Communication
The following actions would need to be taken to ensure that the supported work-based learning approach is understood and accepted by the TNA and all members of the care delivery team they are part of.

- Steps are taken to ensure that the area hosting the TNA is familiar with the scope of the role and approach to training. This is to ensure that the work environment can enable experiential learning, and existing staff are active participants in the supported work-based learning approach.
- Managers have realistic expectations about the amount of release time and the way the individual will be learning, through the learning agreement signed by the manager.
- TNAs have a visual distinction from other team members (uniform, badge or other visual cue). This visual distinction between staff and TNAs will remind team members that the TNA is in training. This will prompt them to release the TNA for learning opportunities and support them to identify and share learning opportunities in the workplace.

3. Empowered learners
Our research showed that supported work-based learning is most effective when the learner is empowered to seek, identify, understand and proactively engage with learning opportunities in their workplace. The below actions would help to empower learners in this way.

- HEIs must put in place steps to provide TNAs with skills to recognise learning through the use of reflection in- and on-action’, through activity such as training modules or scheduled time spent on empowering TNAs to understand how they can glean learning from every experience, including tasks which may have been part of their previous roles.
- These skills are monitored through learning logs and regular contact and discussions with supervisors and the education team.

4. Support structures
Our research shows that robust support structures must be in place to ensure that the TNA has the space and support to raise concerns about their learning experience if required. The HEI, in partnership with the employer, will take steps to review and improve the situation. This support may be provided through:

- workplace visits and support from the placement facilitator to ensure learning opportunities are available and being accessed and asked for
- a TNA forum where experiences and learning can be shared
- enhanced tutor visits from the HEI
- supervisor and manager support to understand the different approach taken to supported work based learning for nursing associates.

Assurance of quality learning experience
The above approach sets out a training programme for TNAs, which enables the TNA to be a productive member of the care delivery team, while being supported to access learning opportunities to develop their skills.

NHS Employers proposes that the above actions are incorporated into the NMC approvals process for accrediting nursing associate training programmes and therefore would require HEIs (in partnership with employers) to provide evidence of how they will ensure the above steps and structures are in place to support TNAs.

**Employer feedback**

In our testing activity employers were positive and supportive of a proposal in which 60 per cent of the TNAs time would be in supported work-based learning, and the remaining 40 per cent would be split between supernumerary spoke placements and academic learning time with the HEI. This approach would therefore require an employer investment for backfill for at least 40 per cent of the TNAs time. Employers welcome this reduced level of backfill requirement, however it is important to stress that even with this approach the nursing associate remains an expensive training programme to support.

While still considered expensive, employers described this approach as a workable solution and shared that this approach provides the environment for opportunistic learning and takes advantage of the value of true work-based learning.

**Regulation considerations**

Existing sections R3.6, R3.7 and R3.18 of the *Standards framework for nursing and midwifery education* and sections 7.1, 7.3 and 7.6 of the *Standards for student supervision and assessment* support the principles of our proposal. However, in order to take forward the above approach, there will need to be amendments made to specific sections of the *Standards for student supervision and assessment*. The existing standards are explicit about the learner being supernumerary during practice or work-based learning. This would not align with the above proposal and therefore would need to be rephrased to encompass the above approach.

It may also be preferable for the NMC to incorporate further responsibilities for the practice supervisor, student and HEI into these standards to ensure release of the student to undertake learning experiences during their supported work-based learning time.

**Conclusion**

Our engagement activity with employers has demonstrated clearly that there is a need to explore alternative options to supernumerary status during TNA training if the service is to take full advantage of this new role.

Employers are keen to embed this role in their future workforce models, and see the introduction of the nursing associate as an opportunity to think differently about the skill mix and routes to registered nursing. However, the current proposal of supernumerary status for TNAs during practice
learning hours would require significant employer investment which, in turn, will inhibit numbers of TNAs supported across the NHS.

Above we have set out a safe, achievable and flexible model which would enable the TNA to access learning opportunities in a range of settings, in a way that complements service delivery.

**Contact**

NHS Employers is keen to engage with the NMC on developing the above proposed approach further, to collaboratively take forward a solution which supports the scale up of this role in a safe and practical way.

If you would like to discuss the content of this response further, or you require any clarification on the points raised, please contact Robyn Swain, programme lead, at robyn.swain@nhsemployers.org