



Royal College of Nursing

Shaping nursing since 1916

**Royal College of Nursing response to
Health Education England's consultation:
Building capacity to care and capability to treat –
a new team member for health and social care
March 2016**

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Introduction

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the

NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background

The RCN has engaged widely with its members and key stakeholders through a variety of means including an online survey, through social media, teleconferences and at meetings; these have all contributed to shaping and informing our response.

We are currently experiencing a workforce crisis, and health and social care providers across the UK are struggling to recruit registered nurses (RNs) to fill vacant posts. The RCN has, for many years, stressed that health care support workers (HCSWs) should be enabled to develop and progress within an education and career framework that would offer the choice of a route into registered nursing to grow this workforce, or to progress into more senior HCSW roles to supplement, but not substitute, the registered nurse workforce. We therefore support the principle of a recognised senior support worker role, such as that outlined, but note that similar roles already exist within the current workforce and that these should be explored as part of the solution.

We have responded directly to the questions posed, but also wanted to explore some of the wider implications for the nursing workforce if this role is introduced. The potential introduction of the nursing associate (NA) cannot be considered in isolation from the wider health workforce and the quality of care received by patients. The RCN has responded to this consultation using this perspective.

Whilst we recognise that this consultation is for England, the RCN operates in a four country context and thus our response will reflect a UK perspective.

Overview

The RCN is pleased to see that the care support workforce is recognised for their vital contribution to patient care across a range of care settings. The consultation sets out a number of principles that the RCN supports and believes should be applied to the whole of the current support workforce. These include the recognition of the need for defined principles of practice, supported by a competency framework, clear standards, consistent and meaningful titles and a defined career pathway. We believe there is a need to provide clarity of roles and to agree a standardised framework for the education of all support workers. This consultation on a nursing associate role offers an opportunity to explore the implications of applying these principles to a defined role.

The RCN has identified core principles that support our position on the nursing workforce¹ and the underpinning ideology to inform our response to this consultation:

- the registered nursing workforce should remain an all graduate profession
- the RCN does not support the return of the second level registered nurse
- there are defined accountability and delegation responsibilities for registered nurses (RNs)
- all health care support workers (HCSWs) should be regulated in the interest of public protection
- HCSWs must be supported to develop the knowledge and skills required to deliver competent and compassionate patient-centred care
- a structured career framework for all HCSWs should be developed
- responsibility for the overall nursing care of the patient and clinical decision making lies with the RN and cannot be substituted by an HCSW or assistant practitioner (AP)
- staffing levels and skill mix should be determined appropriately using professional judgement, guidance and tools
- in relation to safe staffing, there is an association between the number of RNs and better patient outcomes.

As the proposal states, this is a 'once in a generation opportunity to transform the way care is supported across health and social care'. We should be striving to create an infrastructure that will enable every member of the nursing team to understand each other's roles whilst allowing sufficient flexibility to suit the needs of patients in a wide range of settings. It is essential to plan for a workforce that can address future health needs, including the prevention and management of long term conditions, a stronger focus on care closer to home and an ability to work with patients of all age groups, who have complex needs across care pathways, including those with mental health issues or learning disabilities for example.

One of the most strongly articulated points throughout our membership and stakeholder engagement has been that a more senior support worker, such as the AP, already exists. We look at the evidence supporting this statement in more detail in our response to the questions posed.

¹ Royal College of Nursing (2015) *Registered nurses and health care support workers: a summary of RCN policy positions* available on <https://www.rcn.org.uk/about-us/policy-briefings/pol-005364>

Stakeholder engagement activities

The RCN utilised a variety of methods to engage as widely as possible during the short consultation period with members and key stakeholders. We conducted an online survey from 14 to 24 February 2016 (see Appendix A), achieving 5,230 completed responses, and held a series of teleconferences with members which reached many groups across the UK. We used social media to engage further, with 162

people contributing to a Twitter chat on 17 February, which at the time was the 38th most talked about topic on Twitter in the UK. We also posted on Facebook four times over the course of the survey being open, reaching a total of 105,235 people. In addition, RCN staff took opportunities at regional meetings and networking events to engage with as many people as possible during the consultation period.

Responses to specific questions

1 What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a care assistant with a care certificate and a registered nurse?

The primary concern is always that the nursing workforce must be able to deliver consistently high standards of care for the people they serve. As already noted, the RCN supports the principle of utilising a higher level, more senior support worker where needed to manage skill mix in the nursing team, and will describe examples below where such roles already exist. What must be stressed is that this role supports, but must not be used to substitute for, the registered nurse.

Patient safety

Growing the number of additional support staff, whilst not simultaneously growing the number of registered nurses, will impact both on staffing levels and skill mix, and this needs to be a primary consideration going forward. A recent study² has confirmed that ward-based registered nurse staffing is significantly associated with reduced mortality for medical patients.

During our engagement exercises, comments about reduction in RN numbers, dilution of skill mix and

staffing level challenges were made frequently. These are major issues for our members and stakeholders and their potential impact on patient safety cannot be ignored. 95% of respondents to our survey, when asked about the perceived gap in the current nursing workforce, thought this is, to a great or certain extent, due to insufficient members of registered nurses. 78% believed that the introduction of a new role would lead to further reduction in registered nurse numbers, and 70% that it would result in a more diluted skill mix.

The role of HCSWs is vital in providing high quality support to RNs and high quality care to patients. Whilst the RCN supports the development of a more senior nursing support role, it does not support the creation of a registered nurse level below that of a first level nurse. There is growing evidence to strongly support the imperative for registered nursing to remain an all-graduate profession.

We need to learn the lessons from the past: the RCN believes that differentiation between a role that assists the RN and the RN needs to be explicit and clearly articulated. This initiative must not lead to a reintroduction of a second level registered nurse. Historically, second level nurses found that some employers narrowly interpreted their roles and failed to take into account qualifications and experience gained after they became second level nurses. They often found themselves either doing restricted tasks with little career prospects, or tasks traditionally done by first level nurses but without the recognition³. Any new support role must have a clearly articulated scope of practice and clear lines of accountability.

² Griffiths P, Ball J, Murrells T, et al. (2015) Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study, *BMJ Open* 2016;6:e008751. doi:10.1136/bmjopen-2015-008751 Health and Social Care Information Centre (2015) Data
³ Seccombe I, Smith G, Buchan J, and Ball J (1997) *Enrolled nurses: a study for the UKCC*, Institute for Employment Studies, Report 344.

Substitution concerns

The RCN has called for the number of nurse education places to be significantly increased in light of the current workforce crisis but, due to financial restraint, progress in this area has been slow. Even if commissions or the supply of student nurses were to increase, it takes at least three years to train a registered nurse and therefore several years to feel the benefit in the labour market.

It is essential to avoid the unintended potential consequence of long-term vacant RN posts and their funding being substituted with new and cheaper care support roles. It is not safe for HCSWs to substitute the clinical decision making of RNs, and the RCN believes that priority should be given to growing the supply of registered nurses.

It is not possible to speak about developing the support staff without considering patient safety and the impact on registered nurses.

Development of any HCSW role must be about supplementation rather than substitution of RNs.

Confusion around nursing roles

The numerous titles for support roles creates confusion for patients and the public about who is providing their care and the standards of care they can expect from the member of the nursing team. Similarly colleagues need clarity on what can be expected from support workers at different levels. In the survey of RCN members, the most likely negative consequences of introducing the new role identified that it would cause confusion around accountability and delegation principles (81%) and create confusion for patients and the public by adding an additional layer to the nursing establishment (also 81%). It is therefore helpful to consider how the established, current senior support roles might offer a useful solution to provide support for registered nurses.

Funding

Respondents raised concerns that this proposal is driven by efficiency savings and will result in cheaper, but not necessarily safer or more effective care. As the consultation has been

introduced at the same time as the proposed removal of the student bursary in England, and a policy commitment to increase apprenticeships across the health sector, the RCN believes that full consideration of the implications and impact for future management of patient care and services is a priority. The issue of funding into the future must be considered, as must the issue of how the education, support, mentorship and ongoing development of any new role will be funded going forward. Increased requirements for supervision will mean that the proposed model will not necessarily prove to be cheaper, and with increasing responsibilities and expectations, equal pay issues will arise.

Education

The RCN believes there should be clearly defined levels for HCSWs at career framework (CF) levels 2, 3 and 4. Education pathways need to be mapped across from educational level 2 in England, Wales and Northern Ireland and level 5 in Scotland, through to foundation degree or equivalent at level 5 (level 8 in Scotland) and on to bachelor's degree (RN) at level 6 (level 10 in Scotland). It is important to note that the use of the term 'degree' level for nurses must clearly differentiate between the level of educational achievement required for different roles; the registered nurse workforce must remain an all graduate profession at bachelor's degree level.

In order to develop an education framework it is essential to explore the roles of all HCSWs more closely, and for these current support workers to be utilised to their full. It is essential that a person operating at a level where they are expected to have a wide understanding of nursing care for all age groups and in all settings, as stated in the consultation, is educated to the level of foundation degree. With increasing numbers of staff already working to this standard across the UK it would seem sensible to utilise this extensive knowledge pool to align these workers onto one consistent and portable education, career and skills framework. There are already examples of HCSW frameworks in place in Scotland⁵ and Wales⁶ which describe the role, the education and career pathways for support workers at CF levels 2 to 4.

⁴ Mid Staffordshire NHS Foundation Trust (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - Executive summary*, London: Crown Copyright. <http://www.midstaffpublicinquiry.com/report>

⁵ <http://www.hcswtoolkit.nes.scot.nhs.uk/>

⁶ <http://www.weds.wales.nhs.uk/sitesplus/documents/1076/e4017%20NIAH-WEDS%20Clinical%20HWS%20document%20%2814%29%20ENG%2025dpi.pdf>

Clarity is also required around the proposal to enable progression from this support role to a RN. If the new role has a requirement for a foundation degree as its educational standard, it is essential to map that across to the requirements for the pre-registration nursing degree standards⁷, which are set at bachelor's degree and should build on the foundation degree standards. Entry and exit points must be articulated clearly and offer meaningful and portable qualifications and opportunities to use recognition of prior learning.

Support for practice-based education is crucial to enable students to achieve competence and to deliver safe, effective and compassionate care. The challenges for mentorship have been clearly identified in our mentorship project report⁸. Lack of robust mentorship impacts on safe and effective care. We would need to understand how mentors will be supported and trained to supervise and assess these students and how this would impact on their workload. In the survey, 61% of respondents indicated that registered nurses would not have capacity to support the practice-based learning and mentoring of this new group of staff. Interestingly, 75% of student nurses believed that registered nurses would not have capacity to support learning; this group has first-hand and current experience of the need for effective supervision and of issues with its availability.

Mentorship issues could also be exacerbated by other changes to nursing education, including the introduction of targets for apprenticeships and the proposed removal of the student bursary, which the government suggests will result in 6,000 more nursing students. There are considerations to be made about whether there will be a sufficient number of placements across a range of clinical settings for more students and if there will be appropriate models of support for practice education to facilitate this range of students in clinical practice.

Current support workforce

It is important to consider how the introduction of a new role will impact on the current support workforce. There are already many support workers with the knowledge, skills and experience ready to be utilised effectively if national principles and frameworks were established. It is important to recognise and value the current contribution of those support workers with relevant qualifications from level 2 to foundation degrees (or equivalent) at level 5 in England.

Further work is needed to identify actual and potential contribution all sectors of the support workforce can offer to meet future needs.

As the consultation notes, we have already seen the creation of new roles, introduced to support the challenges faced by the nursing workforce shortage, such as the AP which already exists in England, Wales and Scotland. The AP role is set at level 4 of the career framework and there is an expectation this has a level 5 foundation degree as its educational route. In fact, as noted by Miller et al⁹, "Stakeholders can clearly articulate the benefits of introducing the AP role, which include improvements in quality, productivity and efficiency. APs are working in a range of clinical, community and laboratory situations; they are increasingly seen in roles that cross health and social care and professional boundaries." We recognise that the AP model is not widely used in Northern Ireland, although their support workforce is enabled to develop through education and work to their full potential, supporting registered nurses at a range of levels.

We will need to understand the impact of introducing this new role and how the proposed changes to pre-registration education funding may impact on recruitment and retention of future student nurse cohorts.

Any new role will need a robust job evaluation and job profile within Agenda for Change and we would like to understand more about the 'step on and step off' implications for career development.

⁷ NMC (2010) *Standards for pre-registration nursing education*
<https://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-nursing-education/>

⁸ RCN (2015) *RCN mentorship project. From today's support in practice to tomorrow's vision for excellence*. Available from:
<https://www.rcn.org.uk/professional-development/publications/pub-005454>

⁹ Miller et al. (2015) *Assistant Practitioners in the NHS in England: Skills for Health* www.skillsforhealth.org.uk

2 What contribution to patient care do you think such a role would have across different care settings?

As the integration agenda develops there is clearly going to be a need for a more flexible workforce at all levels. Miller et al. found that many AP roles are emerging from the creation of new services and patient pathways; with the expansion of new roles being further driven by the focus on community based provision and the drive towards integrated health and social care, so the model is not new.

In the independent sector, where shortages of RNs are of huge concern, there has already been widespread interest in the creation of roles from existing workers to provide knowledge and skills that can support RNs. There are some key issues that need to be considered around such developments that could be addressed by establishing a national career and education framework for support workers. It is essential that the educational standard is robust and leads to that of the foundation degree or equivalent.

The RCN position is very clear in that responsibility for the overall nursing care of the patient and clinical decision making lies with the RN and cannot be substituted by an HCSW or AP. This principle has been identified in the consultation and is the essential bedrock of making any role within the nursing establishment work in a safe, person centred and effective way. This underpins the importance of a consistent approach to describing all support worker roles within nursing. Person-centred care forms an important part of the care certificate in England¹⁰ but we must not forget that HCSWs work at all levels of the career framework from 2 to 4, and their input is crucial at each of these levels.

The need to explore current models of working in a range of support roles, to demonstrate alternative means to manage workforce demands, is illustrated in the following case study. The role described here shows an AP who works at a level between the HCAs and RNs in a wide remit, with a strong public health input, and who complements the practice nursing team, enabling the practice nurses to concentrate on the more complex care of their patients.

Case study: General Practice

Lorraine is an AP in a GP surgery in Kent. She completed her foundation degree in health and social care in 2010 after five years as a receptionist then HCA, and has been working as an AP there for six years.

Lorraine performs ear irrigation, Doppler testing, influenza vaccinations and B12 injections, as well as more routine treatment room activities, delegated by registered professionals and working within practice protocols. She is heavily involved in health promotion and has set up a weight management clinic, writing the protocol and designing a leaflet for patients. She works with patients at the pre-diabetic stage supporting them with lifestyle changes and also works closely with the practice lead on child protection issues.

Lorraine also works as part of the practice nursing advisor team for the regional Commissioning Support Unit, providing advice, education and support for the HCAs and APs in the region.

¹⁰<https://www.hee.nhs.uk/our-work/developing-our-workforce/talent-care/workstreams/get/care-certificate>

3 Do you have any comments on the proposed principles of practice?

The RCN is pleased to see that the need for defined principles of practice is recognised in the consultation, including a recognition of the role of the registered nurse in assessing and planning care. We are also pleased to note the value placed on HCSWs and the commitment to support their development going forward.

The consultation highlights the interdependent and interlinked relationship between care assistants and RNs, and proposes that the introduction of a higher level care role would further enhance the relationship. It also makes it clear that it is the role of the registered nurse to assess and plan care. However, there is minimal discussion of the scope of practice for the nursing associate role which makes it problematic to assess the contribution and limitations of this role.

Evidence¹¹ demonstrates that there is already a role in place which is able to provide this ‘higher level’ care. The AP role is perceived to be beneficial to registered practitioners as it enables greater flexibility of the workforce by freeing up registered practitioners to extend and expand their practice¹². There is also evidence that the introduction of a new role must be supported with a robust change management process¹³. The proposal calls for flexibility but then describes the new role as ‘functioning in a uni-professional capacity’. It is unclear how this will enable true person-centred and flexible working across the wide range of settings described, particularly in mental health and areas of rurality.

The consultation notes the importance of clear role parameters. The RCN position is clear. Whilst there are a wide range of activities that can be undertaken by appropriately trained and competent support workers, the responsibility for

the overall nursing care of the patient and clinical decision making lies with the RN. This is not something that can be substituted by any support worker. Support workers act under delegation from registered practitioners and should not be expected to make ‘stand-alone’ clinical judgements. They should work within guidelines and protocols and should be supervised (to varying degrees) by the registered practitioner. It is worth considering that the distinction between the roles and responsibilities of support workers and RNs have become increasingly blurred and as the Francis Report¹⁴ confirmed, it is often difficult for patients to understand the differences between the roles. This is a matter that needs close consideration and is one of the reasons that we believe utilising the current workforce is an appropriate way to support our registered nurses and provide the experienced, knowledgeable and skilled support workers that we need.

The consultation describes a widening of the nursing career framework, enabling progression from apprenticeship to senior nurse level, with opportunities to ‘step on and off’. The RCN has reiterated its position relating to the support and development of the non-registered workforce¹⁵. This includes the importance of supporting HCSWs to develop their knowledge and skills to enable delivery of safe and effective care, alongside the development of a robust structured career framework. We acknowledge and value the contribution of HCSWs to patient care, but this must occur within a supervisory framework for HCSWs, overseen by the registered nursing workforce. In our policy position paper we state: “Such an approach reinforces the crucial supplementary and support role that HCSWs play rather than creating a second tier or substitute nursing workforce.”

¹¹ Spilsbury K et al. (2011) *Evaluation of the Development and Impact of Assistant Practitioners Supporting the Work of Ward-Based Registered Nurses in Acute NHS (Hospital) Trusts in England. Final report*, NIHR Service Delivery and Organisation programme.

¹² Bungay H et al. (2013) *What are the key factors in the successful implementation of assistant practitioner roles in a health care setting? - A service evaluation*, University of Essex.

¹³ Skills for Health (2015) *Paper 2: The healthcare support workforce - How we can act now to create a high quality support workforce in the UK's health sector?* www.skillsforhealth.org.uk

¹⁴ Mid Staffordshire NHS Foundation Trust (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - Executive summary*, London: Crown Copyright. <http://www.midstaffpublicinquiry.com/report>

¹⁵ Royal College of Nursing (2015) *Registered nurses and health care support workers: a summary of RCN policy positions* available on <https://www.rcn.org.uk/about-us/policy-briefings/pol-005364>

4 Do you have any comments on the aspects of service the proposed role would cover?

The proposed role is extremely broad, covering pre-conception through to end of life care, in every setting and across health and social care. As already noted, APs were also created in order to fulfil a broad remit and it is their flexibility that has seen them working across a wide pathway, following the patient journey to provide person centred care. However, whilst in some organisations the AP role is well established and highly valued, Spilsbury et al.¹⁶ note that the potential of the current role has not been fully realised in all nursing setting. There are some useful lessons to learn so that the principles outlined in this consultation could be used to strengthen the position of an assistant practitioner role for nursing.

Spilsbury et al.'s report recommended that local and national standardisation of training would ensure transferability of skills and competences and lead to opportunities for career development and progression. It also noted the need for national guidance on regulation and registration of APs.

The consultation makes similar considerations for the nursing associate role. APs are already in post in a range of settings and feedback is extremely positive, especially where there is clarity around the role and a supportive environment in which they can work¹⁷. Whilst we note that there are defined accountability and delegation responsibilities for RNs, there is a wide range of supportive activities that people in such a role can perform, under indirect supervision, working within protocols and using their enhanced knowledge and skills to provide aspects of nursing care that support the RNs care provision. This is illustrated in the case study below:

We believe there is now an opportunity to provide national guidance in order to address lessons learned from introduction of this more senior support role. It is important to remember that RNs still need the capacity to delegate to and supervise their support worker colleagues, so maintaining an adequate skill mix remains a priority when delivering care in this model.

Case study: Community

Lindsay works in the community as an AP providing care to a delegated caseload, having completed her foundation degree when working as a senior HCA in endoscopy. Lindsay follows local policies and performs roles including wound care and Doppler tests, insulin and B12 injections and bowel management, allowing the RNS to concentrate on the more complex aspects of the patients requiring palliative care.

Lindsay performs a tissue viability link role within the team, supports and mentors students, trainee APs and HCAs and she also teaches HCAs on the recognition of the deteriorating patient.

¹⁶ Spilsbury K, Adamson J, Atkin K, Bartlett C, Bloor K, Borglin G, et al. (2010) *Evaluation of the Development and Impact of Assistant Practitioners Supporting the Work of Ward-Based Registered Nurses in Acute NHS (Hospital) Trusts in England. Final report, NIHR Service Delivery and Organisation programme.*

¹⁷ Miller et al. (2015) *Assistant Practitioners in the NHS in England: Skills for Health: www.skillsforhealth.org.uk*

5 Do you have any comments on the proposed list of knowledge this role requires?

The consultation's aspiration for a consistent education pathway consisting of both academic and practical components, with protected time to experience care in aligned settings, must be commended and should be the norm for every nursing role.

A move towards greater consistency in education for support workers has been established by the introduction of the care certificate¹⁸ for new health and care support workers in England. The care certificate is based around person-centred care and, although its quality assurance mechanism and lack of educational currency (and therefore true portability) needs to be addressed, it provides the opportunity to start on the road of a consistent approach for all support workers. Quality assured training and education is key to widening opportunities for career progression within a national nursing career and education framework.

The RCN agrees that there should be a robust structure for development, training and education and a linked career framework for support workers. It is essential that training is competence-based, quality-assured, and assessed against nationally recognised standards. However there is also a need to ensure that there is an appropriately funded and resourced workforce to support and maximise achievement of learning in practice. This is a challenge when numbers of RNs remain low and will need to be addressed in order for all support workers to reach their potential.

The consultation proposes a role with a wide scope, providing direct care across a range of population groups, from preconception to end of life and supporting physiological, psychosocial, developmental, sociocultural and spiritual needs. This is not a unique vision – across the UK support workers, despite considerable variation in working practices, pay scales and educational opportunities, are providing patient care in a wide range of settings and have been doing so for many years. However, there needs to be consideration of how the ambition to educate for a role with such a wide remit could be realised. There is a lack of detail regarding what the core competences of this

role would need to address and how the individual would be supported to transition their knowledge and skills to meet the a range of care needs in different settings.

The Trailblazer apprenticeship standards¹⁹ that are under development for HCSWs, senior HCSWs and APs set the beginning of an infrastructure that could enable a consistent approach to practice based education and learning, and it would be sensible to use these standards to start the process of aligning HCSW education in England. Apprenticeships must have a structured career framework linked to regulation to assure quality. Properly funded and trained apprentices have an important role to play in growing and developing the NHS. However, at this time of financial difficulty in the NHS and straitened public finances, as well as uncertainty about the future landscape for nurse education and funding for nurse students, the RCN is warning that public sector apprenticeships must not be viewed as a cheap solution to the issue of staffing levels. There is also concern that unless we are clear in our nomenclature around apprenticeships, this will cause confusion around career progression and education required for different types of roles.

The survey of RCN members found that the most likely positive consequence of the introduction of a new role would be that 'It would provide a work based route into registered nursing for those who wish to progress, using accreditation of prior learning to facilitate this', with 67% of respondents overall, and 80% of HCSWs indicating this would be 'very likely' or 'likely'.

The alignment of the curriculum for support roles with those of the NMC for pre-registration nursing education to bachelor's degree will require careful consideration to maintain consistency and quality of outcomes. Any curriculum will also need to demonstrate that it appropriately prepares the student for their role. As previously noted, it is unclear whether it is envisioned that there will be one curriculum to prepare individuals or whether there may be core learning and specialist routes to meet the vision of flexible working outlined.

¹⁸ <https://www.hee.nhs.uk/our-work/developing-our-workforce/talent-care/workstreams/get/care-certificate>

¹⁹ <http://www.skillsforhealth.org.uk/standards/item/324-healthcare-support-worker-trailblazer>

We will need to understand how the creation of innovative support roles for nursing might impact on recruitment and retention of student nurses and the future career development pathways of the nursing workforce. It is also not clear how continuous learning and development opportunities will be funded for this new role. The lack of access to in-service training, as well as lack of access to continuing education and professional development, can lead to individuals feeling insecure in the status of their role and position. Any new role should therefore create greater role security through significant investment in training and education, which is advocated by the RCN for all HCSWs. Evidence²⁰ suggests that enrolled nurses were far less likely to have a study day than first level nurses. Resource constraints were blamed for this discrepancy and if new support roles, and indeed any health care support workers, are to be afforded a more secure status, their training and professional development should be regulated and consistent and not left to the individual employer's policies.

6 What do you think the title of this role should be?

The title of any nursing role is extremely important. The title must make explicit the difference between a nursing support role and a registered nurse in a meaningful way for patients and the public. The RCN has supported the title “nursing associate” in preference to “associate nurse” because the latter could be seen to suggest that the new role is independent rather than supportive. The RCN is clear that the registered nursing workforce should remain an all graduate profession and that the title of this new role must not create confusion about whether this role aligns with that of a second level registered nurse, which the College does not support.

In the development of any new titles, nursing should follow the same principle as that demonstrated in titles for roles supporting other professions; for example physician assistant/associate is used rather than associate physician. It is important there is consistency in order to avoid further confusion for our patients and the public.

There is already confusion caused by the numerous different titles for support workers. As the overlap between the proposed role and the AP role has become more apparent, a more pragmatic solution to the title issue could be to create the nursing assistant practitioner.

²⁰ Seccombe I, Smith G, Buchan J, and Ball J (1997), 'Enrolled nurses: a study for the UKCC', Institute for Employment Studies, Report 344

7 Please comment on what regulation or oversight is required for this role and which body should be responsible.

Since 2007, the RCN has consistently called for the mandatory, statutory regulation of all HCSWs. The RCN believes that all HCSWs should be regulated in the interests of public safety and is committed to supporting steps towards mandatory regulation. This is supported by our members. Recent studies²¹ have shown that the UK is one of the very few countries in the EU which does not regulate its health support workers.

In our survey, a question was asked about which method of regulation would be most appropriate for such a role, to which 81% believed statutory, mandatory regulation should be used. This supports our position; we believe that regulating a senior nursing support role offers the potential for a phased approach to mandatory, statutory regulation of this workforce. However, for regulation to be effective, the role requires a clear scope of practice to enable the level of risk to public protection to be appropriately managed.

It is essential therefore that the most appropriate model of regulation is chosen for a higher nursing support role. Whilst there is some support amongst our members for the Health Care Professions Council (HCPC) to regulate support workers, this would seem more appropriate for a more generic HCSW. We believe that it is more appropriate for a role that is directly supporting registered nurses to be regulated through a framework that is consistent with nursing values and standards.

The RCN has previously stated that the Nursing and Midwifery Council (NMC) should be the regulator for support workers aligned to nursing, and 64% of respondents favoured the Nursing and Midwifery Council (NMC) as the regulator. However, the current NMC legislation restricts their mandate to nurses and midwives and there is currently no provision for the NMC to regulate a nursing support role. Our understanding is that the NMC would be required to start a legislative process to create a new register, or amend their current

register, to enable them to regulate and register nursing support workers. We need to have more information about proposed timeframes for this and the financial and resource implications for the NMC, support workers and registered nurses. We would not want to see a system where the burden for regulation of support workers was placed on current NMC registrants. Any change to the NMC's regulatory framework will require a period of consultation. We would urge the government to support and fast track the legislative changes required to expedite this.

We are also mindful of the four country context and the implications of this around regulation of this role outside of England. For example, currently the regulation of new groups of health care professionals and those regulated since the Scotland Act 1998 is devolved to the Scottish Parliament. This means that relevant legislation must be approved by the Scottish Parliament. If the 'nursing associate' role is considered to be a new role and there was the desire for the role to be statutorily regulated, and since this would be a devolved rather than a reserved matter, this could mean therefore other countries with devolved powers would not have to regulate the role in the same way as in England.

Any legislative requirements related to the introduction of this role will need to be co-ordinated between the four countries, and should seek to maintain a common regulatory framework throughout the UK, which is sensitive to each country's needs, facilitates cross border movement of staff and aids public understanding.

We recognise that reform will require both legislative change and investment in building the evidence base for regulatory models, but believe the timing is right to influence change. We welcome the indication that, post the Law Commission work, there remains a need for legislative reform. We believe this should be informed by the revised work on 'right touch regulation' undertaken by the PSA²². We would want to work with Government, regulators and relevant UK bodies, including HEE, to ensure an appropriate future framework for regulation.

²¹ SANCO/1/2009: Development and coordination of a network of nurse educators and regulators with particular focus on registration of health care support workers and EU wide competencies for HCAs <http://hca-network.eu/>

²² Professional Standards Authority (2015) *Reviewing right touch regulation. Discussion and overview.*

<http://www.professionalstandards.org.uk/docs/default-source/psa-library/151023-rtr-review-project-discussion-final.pdf?sfvrsn=0>

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The consultation would welcome any further views

We recognise that HCSWs need a cohesive national framework to enable them to provide care safely and effectively, and we welcome the concept of the nursing family delivering care in a more cohesive way, strengthening new models of care and supporting the need for a flexible future workforce. We believe a framework for the proposed role already exists, and would recommend the exploration of an assistant practitioner role for nursing to fulfil the outlined role.

We need to align the current workforce, with the knowledge and skills that the support workers already have, into a clear and consistent framework where there is clarity about what to expect from a person working at band 2, 3 or 4 (or equivalent). This would assist in appropriate delegation, strengthen the caring contribution to integrated and person centred care and address the needs of the nursing workforce in the future, as proposed in the consultation paper.

We support the aspiration of developing a recognised career pathway which offers the option of leading to a registered nursing role for those who have the potential to achieve this.

We believe that this higher level role, as part of the route into registered nurse education, must be set at band 4 of agenda for change (or equivalent) and be educated to the equivalence of foundation degree level. The registered nurse workforce must remain an all graduate profession at bachelor's degree level.

The development of the support workforce should not be about substitution, it is about supplementation.

As the proposal states, this is a 'once in a generation opportunity to transform the way care is supported across health and social care'. We should be striving to create an infrastructure that will enable every member of the nursing team to understand each other's roles whilst allowing sufficient flexibility to suit the needs of patients in a wide range of settings.

We are keen to work closely with HEE and the Government to work together on proposals which help to meet the considerations raised in this document, reflecting our members' and stakeholders' views.

**Royal College of Nursing
March 2016**

Appendix A: Further information about the RCN survey

Methodology

An online survey was used to collect the views of RCN members regarding the key issues raised in the HEE consultation. The survey link was sent out by email to all RCN members currently in employment, and reached approximately 313,000 individuals. Additionally, the link to the survey was shared on various open social media platforms to encourage a higher response. The survey was open between 14 and 24 February 2016, with 5,230 completed responses received. These came from the following access routes:

Tracking Link	Count
Email	4,363
Facebook	562
Twitter	305
Total	5,230

The survey contained 10 questions which aimed to provide insight into members' views on the following elements of the HEE consultation:

- the perceived gap in the current nursing workforce
- positive and negative consequences of introducing the nursing associate role (considering both the 'principles of the new role' and the 'role in practice')
- regulation of the new role
- the education pathway for the new role.

Demographics

The survey contained four questions on the key demographics of the respondents. Typically, respondents were registered nurses, working for an NHS health care organisation, in England, with more than 25 years' experience. Full tables of the demographic responses are below:

Job Role	Count	
Registered nurse	4,200	81%
Student nurse	329	6%
HCSW	236	5%
Other	451	9%
(blank)	14	
Total	5,230	5,216

Organisation Type	Count	
NHS health care employer/provider	4,009	77%
Private sector health care provider/employer	530	10%
Charity/not for profit health care provider/employer	151	3%
Higher education institution	226	4%
Other	279	5%
(blank)	35	
Total	5,230	5,195

Country	Count	
England	4,628	89%
Scotland	221	4%
Wales	186	4%
Northern Ireland	102	2%
Other/outside UK	63	1%
(blank)	30	
Total	5,230	5,200

Years in Nursing	Count	
Less than one year	107	2%
1-2	203	4%
3-5	362	7%
6-10	448	9%
11-15	456	9%
16-25	971	20%
More than 25 years	2,392	48%
(blank)	291	
Total	5,230	4,939

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