In Leicester, Leicestershire and Rutland (LLR), an innovative approach has led to the development of an education programme for nursing associates (NAs) that is both rooted in clinical practice and supported by a robust partnership with a university. A new role calls for a new approach, and the programme shows that education led and delivered by practice staff can ensure NAs have the knowledge, skills and behaviours expected of them.

How the role came to be
When, on 17 December 2015, the then health minister Ben Gummer announced the creation of the NA role in England (Department of Health and Social Care, 2015), responses were mixed. Some felt it would be the answer to the staffing crisis; others felt it was a re-invention of the enrolled nurse and represented a retrograde step that could lead to ineffective care, potentially causing patient harm and increasing deaths.

The NA role is possibly the biggest shake-up of the nursing workforce in recent history and is the first new role to be added to the Nursing and Midwifery Council register in 40 years. Its creation comes in the wake of the Francis report, which highlighted poor levels of patient care (Francis, 2013), and the Cavendish review, which recognised that the bulk of direct patient care was delivered by a workforce that, at the time, was not regulated (Cavendish, 2013). The Shape of Caring report (Willis, 2015) acknowledged that registered nurses were being required to care for increasingly complex cases, and recommended that existing unregistered staff providing direct care be developed. It also highlighted the lack of an existing career pathway for healthcare assistants (HCAs) and healthcare support workers (HCSWs) to develop the skills and knowledge required to address increasingly complex patient care needs. The report called for the development of a role to bridge the gap between unregulated HCAs and HCSWs on
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one hand, and registered nurses (RNs) on the other, suggesting such a role would reduce the risk of further cases like those highlighted in the Francis report. This led to the development of the NA role. It was thought that a work-based apprenticeship route would appeal to HCAs, who may not be able to access a university degree programme.

Early curriculum development
Responsibility for the early development of the NA curriculum lay with Health Education England (HEE). The NMC’s response to the consultation on the role confirmed that, while interest was high, there were also concerns relating to definition and scope of practice (NMC, 2016). It was asked to decide how the role should be regulated, but this would depend on the outcome of the discussion around the scope of practice.

With so many decisions pending, the aim to start training the first cohorts of future NAs in January 2017 may have seemed ambitious, but HEE committed to delivering 1,000 training places by that date and increase them in 2018. Institutions were asked to express an interest in training NAs in the summer of 2016, while the curriculum framework was still being developed; a total of 35 organisations became test sites in the initial phase. The curriculum framework was published in November 2016, with a revised version published in February 2017 (HEE, 2017).

Embedding the role in practice
Retracing how the NA role came to be gives some indication of the speed with which it was created and some insight into the challenges faced by test sites in creating education programmes. In October 2018, the required skills and knowledge identified by HEE were reinforced and refined in the NMC standards of proficiency for NAs (NMC, 2018a). Two years on, the focus now needs to be on how the role will be embedded in practice to ensure its anticipated benefits are realised.

The NA role is intended to be one that is not bound by the four fields of nursing practice, but one that provides an opportunity to develop the skills to care for a range of people across the lifespan in different environments – in hospital, close to home and at home (HEE, 2017).

Innovative training model
The East Midlands Collaborative is a joint NA test site encompassing five universities and their respective practice partners. That test site, the largest in England, had an initial target of recruiting 250 trainee NAs. Discussions around training programmes began in the autumn of 2016 – before the first version of HEE’s curriculum framework was published – with a planned start date of 31 January 2017.

At University Hospitals of Leicester NHS Trust (UHL) – one of the practice partners in the East Midlands Collaborative – it was felt that the new role needed an innovative approach that offered a credible alternative to the university-based education of RNs. Practice staff felt strongly that they wanted ownership of the role, which was designed mainly to develop an existing workforce.

An established working relationship between UHL and De Montfort University (DMU) meant work on a training programme could start promptly. The collaborative approach, led by UHL in partnership with DMU, has resulted in the creation of an innovative training model – this has come to be known as the LLR model.

Developing the programme
The existing collaboration between UHL and DMU had previously enabled the trust to develop degree-level modules for post-registration learners; it was felt this model could be expanded to develop the NA training programme. With the full support of DMU, this process began in November 2016. I was nominated as programme leader; I am an experienced practice learning lead and had previously developed training modules with DMU.

A two-year training programme was devised based on the first version of the HEE curriculum framework. Although there was no pre-existing model that could be used locally, the partnership between DMU and UHL – which allowed post-registration modules to be delivered in house – could be used as a template to develop the programme for nursing associates.

Module leaders were identified from the existing practice learning team and education teams according to expertise and interest. Although they were experts in their fields and had successfully delivered a range of education programmes at the trust, they had limited experience of managing academically accredited modules.

Development of the programme was (and continues to be) a huge learning curve for all involved. Although we are all experienced educators, we had limited experience of developing modules and programmes. Learning outcomes needed to be devised to ensure the programme would reflect foundation degree standards. DMU helped us develop learning outcomes, which were translated into module guides and indicative content. Fig 1 shows the outline of the programme.

First cohort
Initially, we aimed to recruit 35 trainees from regional care providers, including UHL, Leicester Partnership NHS Trust (LPT) and the Leicester Organisation for the Relief of Suffering (LOROS) hospice. Interest turned out to be high and we recruited 41 trainees from across the region, including the local Nuffield hospital. A teaching space had been secured at one of the three main UHL sites and became home to the LLR School of Nursing Associates.

The first cohort started as planned on 31 January 2017. It was clear from the outset that we had recruited a passionate and dynamic set of HCAs and HCSWs from adult and mental health care services, with backgrounds in inpatient and community care. Their experience in healthcare ranged from two to 20 years or more.

Although HEE had not made provision to recruit trainees from children’s nursing, it quickly agreed to help test sites include trainee NAs coming from that field; nine
joined our first cohort in the third week of the programme, receiving additional sessions so they could catch up.

Assessment and tutoring
Few members of the programme team had experience of assessments in a university setting (apart from our own experience as students), which meant another steep learning curve. DMU gave us initial guidance around marking and feedback, and we agreed a standardised approach to providing feedback to learners, as well as sufficient guidance to give them an understanding of academic writing.

Since the start of the programme, it has become apparent that learners come from a broad range of academic backgrounds and do not all have the same ability to meet the required academic standards: some have been away from study for a long time, while others have only recently achieved the level 2 qualifications in English and maths that they require to enrol. We feel it is important to support all learners to achieve the best possible outcomes.

Module leaders deliver taught content with support from care providers to ensure trainees gain an appreciation of the whole patient journey and an understanding of care provision across health and social care.

Members of the programme team support the academic and pastoral elements of the scheme and act as a personal tutor to several trainees. To make sure personal tutors can help trainees understand the main practice areas and apply theory to practice, they are matched to trainees according to their practice education backgrounds. When the new standards for student supervision and assessment (NMC, 2018b) are embedded from September 2019, personal tutors will also act as academic assessors.

Practice learning

Practice learning is integral to the two-year programme so trainees are allocated six blocks of five-week external placements, which are planned so they gain exposure to all fields of nursing. They do 900 placement hours, which far exceeds the minimum 675 hours set by HEE. Trainees already have some experience of practice (which may have informed their choice of career pathway) but all stakeholders felt it essential to maximise opportunities for trainees to gain practice experience. At the start of the programme, we ask trainees to identify areas of interest and areas they prefer not to experience.

The programme team has close links with practice areas. We support mentors – whose role is being revised as per the new standards for student supervision and assessment (NMC, 2018b) – as well as learners, which allows us to optimise the range of placement opportunities. At the start of placements, trainees are received by the practice learning team, which is informed of the objectives that trainees need to achieve. During placements, trainees are supernumerary to ensure they can learn without feeling vulnerable in an unfamiliar environment.

Placements are evaluated to ensure they meet the requirements of trainees and the programme, and the practice learning team will quickly deal with any difficulties. As the NA role is new, there can be issues regarding people’s understanding of its scope of practice, which needs to be constantly emphasised.

First cohort outcomes

By March 2019, there were 397 NAs on the NMC register; 38 of these had completed their training at the LLR School of Nursing Associates from our initial cohort of 50, giving us a 76% success rate. This is something of which we feel proud.

A celebratory event hosted by DMU in March 2018 demonstrated the passion and commitment of our former trainees and programme and module teams. All trainees who have successfully completed the training have been recruited in their original clinical settings as NAs and have started the local preceptorship programme.

The LLR School of Nursing Associates supports its former trainees, bringing them together as alumni to share their experiences and ensure they are settling in.

Moving forward

Since January 2017, the LLR School of Nursing Associates has recruited two further cohorts, which together totalled 108 trainees. Currently, enrolment takes place annually in December, but we intend to start recruiting three cohorts of around 50 trainees per year; our target is to recruit 133 trainees over the next 12 months.

There is an increased demand across UHL and in social care. Several nursing homes in the region that would like to support staff progression while ensuring their residents receive optimum care, have also expressed an interest in the programme.

With an increase in demand and trainee numbers, we will need to increase our resources and facilities. We plan to invest in additional teaching space, including simulation areas, classroom space, conference space and quiet space for learning. We will also need to recruit additional staff.

Regular meetings with stakeholders will ensure the programme’s content is responsive to changing service needs, while regular meetings with trainees will enable us to listen to the ‘learner voice’ and ensure the content, practice and learning environment meet the needs of this diverse group. Service users are integral to the development of the programme and a group of eight service users review content and delivery, then make suggestions for improvement.

Conclusion

The development of the programme has been both challenging and rewarding. Its creation and success would not have been achieved without the close partnership between UHL and DMU. By supporting our workforce to develop and embed the NA role, we have ensured the programme is responsive to need. Members of the programme team are committed to supporting trainees in the practice setting and qualified NAs with their ongoing professional development, so they are able to meet the challenges of today’s health and social care settings. NT