

## NMC Consultation on proposed standards for new nursing associate role

### Questions about the Standards of proficiency for nursing associates

**Question 1 - Do you agree or disagree that the Standards of proficiency for nursing associates set an appropriate level of knowledge and skill for all nursing associates at the point of registration?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

**Question 2 - Are there any further areas of knowledge or skill that you would expect all nursing associates to be able to demonstrate at the point of registration?**

- Yes
- No
- **Don't know**

#### **Comments:**

We are unable to comment on the specific proficiencies nursing associates should be able to display. To note, the GMC have similarly been reviewing our outcomes for medical graduates which they need to be able to demonstrate at the point of provisional registration with a licence to practise.

**Question 3 - Are there any areas of knowledge or skill included within the Standards of proficiency for nursing associates that do not need to be included**

**or that go beyond what you think should be expected of all nursing associates at the point of registration?**

- Yes
- No
- **Don't know**

**Comments:**

We were not clear what was meant regarding 'principles of courage' (as below). Unlike transparency and duty of candour, this is not a term we are familiar with. We are not aware that it has been clarified, or that it is clear what this encapsulates for a professional, beyond the general meaning of the word.

*Platform 1: Being an accountable professional - 1.3 understand and apply the principles of courage, transparency and duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes.*

**Question 4 - Do you agree or disagree that the Standards of proficiency for nursing associates are appropriate for a generic nursing associate role?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We note that the NMC have designed these proficiencies to align with the latest standards of proficiency for nurses, which we commented on during last year's consultation. The clarity and mapping of the synergies and differences between the two roles will ensure that their colleagues are clear about the nursing associate role and responsibilities.

**Question 5 - Do you agree or disagree that the Standards of proficiency for nursing associates distinguish the knowledge and skill expected of the nursing associate in comparison to what is expected of a nurse at the point of registration?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

As above, mapping of the similarities and differences between the two roles will help to ensure that colleagues are clear about the nursing associate role and responsibilities, in comparison to the expectations of a nurse.

**Question 6 - We have been asked to ensure nursing associate programmes can provide a progression route to nursing degrees. Do you agree or disagree that the Standards of proficiency for nursing associates, taken together with the new Standards of proficiency for registered nurses, help educators define the additional requirements for programmes that will enable progression to degree-level nursing?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We agree that the clarity and mapping of the synergies and differences between the two roles will support those who want to progress into nursing.

## **Questions about the annexes of the Standards of proficiency for nursing associates**

**Q1. Are there any further core communication and relationship management skills which you would expect of all nursing associates at the point of registration?**

- Yes
- **No**
- Don't know

**Q2. Are there any communication or relationship management skills included in Annex A that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?**

- Yes
- **No**
- Don't know

**Q3. Are there any further core procedural skills which you would expect of all nursing associates at the point of registration?**

- Yes
- No
- **Don't know**

To note, the GMC is currently reviewing the list of practical procedures for newly qualified doctors (medical graduates at the point of applying for provisional registration). This list defines a minimum set of practical skills that doctors must have when they start work for the first time so they can practise safely, and will be published in spring 2019. The list of practical procedures accompanies our *Outcomes for Graduates* (which describes the knowledge, skills and behaviours that new UK medical graduates must be able to show). We are therefore interested in the practical procedures for both nurses and nursing associates.

**Q4. Are there any of the core procedural skills included in Annexe B that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?**

- Yes
- No
- **Don't know**

## Questions about the Code

**Question 1 - Do you agree or disagree that the revised introduction explains how the Code can apply to nursing associates as well as the other professions we regulate?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

**Question 2 - Are there any standards within the Code that you think should not apply to nursing associates?**

- Yes
- **No**
- Don't know

Our understanding of the roles and responsibilities of a nursing associate is limited to the information set out in the consultation document. On this basis we believe that all the standards set out in the Code should apply equally to nursing associates.

## Questions about the Standards framework for nursing and midwifery education

**Question 1 - Do you agree or disagree that the Standards framework for nursing and midwifery education should also apply to providers of nursing associate programmes?**

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We agree with the NMC's proposal that these standards will apply to nursing associate programmes too. We note that the Standards framework for nursing and midwifery education will apply to all NMC approved programmes. They were recently published and based on the GMC's standards *Promoting Excellence*, but revised to be specific to the two professions. We think that this will contribute to a more coherent and co-ordinated approach to regulation, which in turn will make it easier for patients and the public to understand the relationship between the three professions.

## Questions about the Standards for student supervision and assessment

**Q1. Do you agree or disagree that the Standards for student supervision and assessment should also apply to nursing associate education programmes?**

- Strongly agree
- **Agree**
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

As above, we agree with the NMC's proposal that these standards will apply to nursing associate programmes too. We note that the Standards for student supervision and assessment will apply to all NMC approved programmes. They were recently published and based on the GMC's standards *Promoting Excellence*, but revised to be specific to the two professions. We think that this will contribute to a more coherent and co-ordinated approach to regulation, which in turn will make it easier for patients and the public to understand the relationship between the three professions.

**Q2. Do you agree or disagree that registered nurses and nursing associates should be able to fulfil the role of academic or practice assessor?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Don't know**

## **Questions about the Standards for pre-registration nursing associate programmes**

**Question 1 - Do you agree or disagree that a 50 percent cap on the recognition of prior learning is also appropriate for applicants wanting to join a nursing associate programme?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

We are unable to comment as we don't know the evidence base for setting a cap of 50%.

**Question 2 - Do you agree or disagree that for registered nurses there should be no recognition of prior learning cap on to nursing associate programmes?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

**Question 3 - Do you agree or disagree that nursing associate programmes should provide an equal balance of theory and practice learning?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree

- Strongly disagree
- Don't know

**Question 4 - If you answered disagree or strongly disagree to Q3, which of the following do you consider would be an appropriate balance of theory and practice learning?**

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**Question 5 - Do you agree or disagree that this is the right approach to secure appropriate breadth in the learning experiences of student nursing associates?**

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We strongly agree with the proposal that the standards will specify that students should be provided with a broad range of learning experiences, but will not be prescriptive about how time should be spent. We agree on the basis that this approach aligns with that taken for nursing programmes, where the NMC does not provide a detailed specification of time to be spent in different types of learning experiences.

**Question 6 - If you answered strongly disagree or disagree to Q5, which of the following do you think would be a better alternative to make sure approved education institutions provide students with a wide exposure to nursing practice?**

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**Question 7 - In principle, do you agree or disagree that supernumerary status on practice placements should be a requirement for pre-registration nursing associate programmes?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

As this is really a workforce issue, we are unable to comment.

**Question 8 - Do you agree or disagree that the NMC should permit a different interpretation of the supernumerary requirement in the light of work based learning models (such as apprenticeships) provided that patient safety and student learning can still be safeguarded?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

As this is really a workforce issue, we are unable to comment.

**Question 9 - Do you agree or disagree that the academic award associated with nursing associate programmes should be a foundation degree?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

No comment – this is outside our area of expertise.

**Question 10 - Do you agree or disagree that nursing associate pre-registration programmes should include at least 2,300 protected theory and practice learning hours in total?**

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree
- Don't know

No comment – this is outside our area of expertise.

**Question 11 - Do you have any other comments about the Standards for pre-registration nursing associate programmes?**

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## Questions about joining the register

**Do you agree or disagree that our English language requirements for nursing associates should be the same as they are for nurses and midwives?**

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

We cannot envisage circumstances in which nursing associates should be required to reach a different standard of English language to that applied to nurses and midwives given the nature of the role and the importance of communications skills in the care they will provide to patients as well as the need to be able to communicate effectively with the wider healthcare team.

## Questions about Revalidation

**Question 1 - Do you agree or disagree that the following revalidation requirements for nurses and midwives should apply to nursing associates?**

- Confirm the nursing associate has completed a minimum of 35 hours of Continuing Professional Development: 20 of which must be participatory
  - Collect five pieces of practice related feedback
  - Write five reflective learning accounts
  - Hold a reflective discussion with another registrant about their reflective accounts
  - Providing the details of the person who has confirmed their revalidation declarations
- Strongly agree
  - **Agree**
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
  - Don't know

We broadly agree that the types of evidence should be the same in all cases. However the NMC may wish to consider whether the detailed requirements, particularly in terms of the

specific quantities of each type of evidence, are proportionate given the limited responsibilities of the role.

As matter of detail we weren't sure whether the requirements as they are currently drafted allow for the confirmer to be a nurse or midwife as well as a nursing associate.

## Questions about fitness to practise

### **Question 1 - Are there any implications of extending our fitness to practise approach to nursing associates that you think the NMC should consider?**

- **Yes**
- No
- Don't know

We recognise that the NMC's proposal to extend their fitness to practise approach to nursing associates (NAs) has the benefit of ensuring that nurses, midwives, and NAs will be regulated consistently. As we pointed out in our response to the Department of Health (England)'s medical associate professions (MAPs) consultation, we believe that fitness to practise legislative frameworks are inflexible and outdated and it is not ideal to inflict an outdated regulatory model on NAs. However, we recognise that the NMC is limited by the lack of legislative reform to fitness to practise frameworks and can see how this is a suitable short to medium term solution.

However, we believe that there are practical factors that the NMC might want to consider in expanding their existing fitness to practise approach to NAs. Broadly, these include the movement of registrants between the professions, the application of a similar approach to groups with different roles and standards, opportunities for NAs to access training and continuous professional development, the joinder of allegations process, and implications for fees, resources and staff training.

Firstly, the NMC may want to consider how it might regulate movement between nursing and midwifery professions and NA roles. In particular, what view it might take on a registrant moving from a nursing or midwife profession to a NA, and vice versa, where they may have had a previous fitness to practise sanction.

The NMC may also want to consider how they will set and apply thresholds for the different professions. If the same thresholds are applied to both nurses and midwives and NAs, decision makers will need to have a clear understanding of each role and an awareness of the different standards that are expected of each profession in order to apply the threshold. We don't consider there to be an issue in applying the same investigation processes to each group. However, the NMC may wish to consider what should be investigated to ensure that this reflects the standards of proficiency expected of each role, and is proportionate in relation to the professional standards of practice and behaviour outlined in the NMC's Code.

Evidence of remediation is key to fitness to practise considerations. In the early development of the NA profession there may be differences in NAs' opportunities to access training and development compared to other nursing or midwife registrants. This may have an impact on NAs' ability to sufficiently evidence remediation in a timely manner and consideration may need to be given to the evidence of remediation that a NA could be expected to demonstrate. Decision makers might also want to take into account these limitations when setting and applying expectations in relation to evidence of remediation. This issue may also arise in relation to sanctions. The NMC may want to review the current range of sanctions available to its Panels to ensure that they are proportionate and fit-for-purpose, particularly in cases where training or continuous professional development conditions are imposed.

It's unclear whether or not the NMC intends to extend the joinder of allegation process to hearings involving a mix of registrants, including NAs. If so, Fitness to Practise Committee Panels (Panels) would need to be able to accurately assess the fitness to practise of different professionals with different standards within the same hearing. This will be important to ensure that Panels are fair and that registrants aren't held to the wrong standards, whether or not this is deliberate. The NMC may want to think about practical steps such as providing Panel members with training which focuses on how the different standards apply in the fitness to practise context.

Finally, we expect there to be implications around time and resources for the NMC. The NMC's consultation earlier this year sought views on its proposed fees for NAs and, while we await the consultation outcome, we would expect the fees to take account of increased costs for the NMC in regulating NAs and for any additional cost burden not to be placed on existing nursing and midwife registrants.

Teams across the organisation will also need to review and update existing processes and guidance to include NAs which will require additional resources, at least in the short term. The NMC will also need to give thought to training requirements for fitness to practise staff and decision-makers, as it will be fundamental that they fully understand the new NA role and how fitness to practise concerns involving NAs should be approached.

### *The NMC's new fitness to practise strategy*

We note that the NMC is currently also consulting on a new fitness to practise strategy. We are responding to this separately, however, there are a few points that we thought might be useful to highlight here as they could impact NAs.

The NMC's new strategy outlines a move towards increased local resolution of cases. In principle we support this, and the GMC is also exploring a 'local first' approach in relation to concerns about doctors. However, as NAs are a new profession, the shift towards local resolution could raise a question about whether local systems are currently equipped to effectively resolve any concerns in relation to this group. Local systems would need to be able to ensure that concerns could be dealt with appropriately by employers and that

employers also have the capacity to provide role-specific support to enable NAs to effectively address concerns.

The NMC also proposes to remove registrants from the Register in cases of deliberate cover-ups. Particular consideration should be given to the impact of this proposal on NAs. There is a distinction between a deliberate cover-up and cover-ups where a registrant has been pressurised to act as they have, or has noticed but failed to escalate concerns they have about another professional's practice in line with the duty of candour (which we understand is likely to also apply to NAs). If the NMC were to go ahead with this proposal, then they should consider whether there are likely to be any particular impacts on NAs as well as nurses and midwives.

Finally, we are supportive of the NMC's alternative suggestion to develop a consistent methodology for considering contextual factors. This would ensure that the investigation and adjudication stages of a case would recognise the challenges that NAs may face within potentially difficult local settings.

## Questions about equality, diversity and inclusion

**Question 1 - Will any of these proposals have a particular impact on people who share these protected characteristics (including nursing associates, nurses, midwives, patients and the public)?**

- Mainly positive impacts anticipated
- Mainly negative impacts anticipated
- No impacts anticipated
- **Don't know**

We do not consider that introducing a level of professional assurance for nursing associates will in itself impact on any of the protected characteristics. However it is difficult to comment without a clear idea of the demographics of the existing nursing associate cohort.

**Question 2 - How might we amend the proposals to advance equality of opportunity and foster good relations between groups?**

No comment.