

## Council

### Regulation of nursing associates

**Action:** For decision.

**Issue:** Seeks Council's approval of the standards and guidance we will use to regulate nursing associates.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic priority 1: Effective regulation.  
Strategic priority 4: An effective organisation.

**Decision required:** The Council is recommended to approve:

- the amended Code (paragraph 18)
- the Standards of proficiency for nursing associates (paragraph 30)
- the Standards for pre-registration nursing associate programmes (paragraph 42)
- the updating of our policies to reflect that our standards and guidance relating to registration, revalidation and fitness to practise will now apply to nursing associates (paragraph 45)

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Draft Code for nurses, midwives and nursing associates.
- Annexe 2: Draft Standards of proficiency for nursing associates.
- Annexe 3: Draft Standards for pre-registration nursing associate programmes.
- Annexe 4: Background note on protected learning time in pre-registration nursing associate programmes.

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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**Context:**

- 1 The Government has amended our legislation (Nursing and Midwifery Order 2001 ('the Order')) to give us new powers to regulate nursing associates. These came into effect on 12 July 2018.
- 2 The changes to our legislation provide for the regulation of nursing associates to be broadly the same as the approach we take to nurses and midwives.
- 3 To develop our approach to the regulation of nursing associates we have engaged with a wide range of stakeholders including members of our Nursing Associate External Stakeholder Group, nurses, educators, service users, employers and trainee nursing associates. We have also benefited from the close involvement of the Council in the development of our regulatory approach.
- 4 On 9 April 2018 we launched our main consultation on our proposed approach for nursing associate regulation. The consultation was open for 12 weeks. There was a full online consultation and a shorter more accessible consultation. We hosted a series of events across England to provide further opportunities for engagement, and met with specific groups where opportunities arose, such as children's nurses and GP practice nurses. We commissioned focus groups with particular stakeholders, such as people with learning difficulties, to make sure we had the benefit of an inclusive range of perspectives.
- 5 In line with Council's steer, and the changes to our legislation, we consulted on broadly the same regulatory approach which is in place for nurses and midwives and how it may apply to nursing associates. Our consultation covered:
  - 5.1 **Extending current standards and guidance for nursing associates:** The Code (see paragraphs 12-18) and regulatory processes such as the quality assurance of education, registration, revalidation and fitness to practise (see paragraphs 43-45).
  - 5.2 **New regulatory standards for nursing associates:** Standards of proficiency (see paragraphs 19-30), education standards and programme standards (see paragraphs 35-42).

**Four country factors:**

- 6 Health policy and workforce are devolved matters. The NMC is a four country regulator, regulating nurses and midwives in England, Wales, Northern Ireland and Scotland. This is the first instance in which the NMC will regulate a profession only in England.
- 7 From the NMC's perspective, all four countries of the UK retain a

stake in the NMC's approach to regulation, as we are a UK-wide regulator. We sought and received responses to the consultation from stakeholders across the UK and we responded positively to requests for engagement on nursing associates from the devolved administrations. For example, we have provided inputs to directors of nursing in Northern Ireland and other regulators in Wales.

## **Detail:**

### **Consultation summary**

- 8 A total of 1149 respondents answered some or all of the questions included within the full consultation survey. The majority of responses are from individuals, but 113 responses have also been received from organisations – the majority of which are employers or education providers.
- 9 The responses from individuals, can be broken down into the following sub-groups:
  - 9.1 UK registered nurses – 56 per cent, of which:
    - 9.1.1 – 63 per cent adult nurses
    - 9.1.2 – 10 per cent children and young people nurses
    - 9.1.3 – 8 per cent mental health nurses
    - 9.1.4 – 1 per cent learning and disability nurses
    - 9.1.5 – 18 per cent other nurses
  - 9.2 Nursing associate students – 24 per cent
  - 9.3 Nursing educators – 14 per cent
  - 9.4 Others – 6 per cent
- 10 In total, 93 per cent of individual respondents identified their country of residence as England. This is in line with what we expect as the consultation mainly concerns regulation in England and all of the nursing associate student responses will be from England.
- 11 Overall, there was a consistent and strong degree of support for our proposals for the regulation of nursing associates. We analysed all of the comments made in the consultation and incorporated good suggestions where applicable.

### **The Code**

- 12 People on our register are required to uphold the standards in the

Code. The Code sets out public expectations of behaviour and practice on the part of registered professionals. The latest version was published in 2015.

- 13 We proposed a single Code for the professions we regulate, in line with our current practice and that of other multi-professional regulators. This means the public can have confidence that everyone we regulate upholds the same high standards, whatever their level and sphere of practice. The standards in the Code are substantially unchanged but we proposed a small number of textual amendments to make the Code suitable for the regulation of all three professions.
- 14 89 per cent of respondents agreed that the revised introduction explains how the Code applies to nursing associates as well as the other professions the NMC regulates. 90 per cent of respondents felt that the standards within the Code should also apply to nursing associates.
- 15 Following the consultation we have updated the wording of the Code to provide further clarity in some areas.
- 16 The updated Code is at Annexe 1. If agreed, this Code will apply to all the professions that we regulate.
- 17 Many stakeholders commented that people on our register would value more information on delegation and accountability, and we have produced some additional material on this which is available on the NMC website.
- 18 **Recommendation: The Council is recommended to approve the amended Code.**

### **Standards of proficiency for nursing associates**

- 19 The Standards of proficiency are the minimum standards required to join the new nursing associate part of our register. They set out what all nursing associates should know and be able to do when they join the register. In common with other professions, nursing associates can acquire other knowledge and skills pre- and post-registration if supported to do so.
- 20 The Standards of proficiency for nursing associates are derived from the standards of proficiency for registered nurses. Council supported this design principle because it helps to show the synergies and the differences between the two roles, and makes it easy to identify the additional proficiencies required to progress from being a nursing associate to become a registered nurse via a nursing degree.
- 21 Our Standards of proficiency attracted a very high degree of

support across a number of important questions:

- 21.1 82 per cent of respondents agreed that the proposed Standards of proficiency for nursing associates set an appropriate level of knowledge and skill for all nursing associates at the point of registration.
- 21.2 70 per cent of respondents agree that they adequately distinguish the knowledge and skill expected of a nursing associate in comparison to what is expected from a registered nurse.
- 21.3 Furthermore, 74 per cent of respondents agreed 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.
- 21.4 75 per cent of respondents agreed that the Standards of proficiency for nursing associates are appropriate for a generic nursing associate role.
- 22 We also asked whether there were any additional elements that stakeholders felt needed to be included or removed from the Standards of proficiency and the skills annexe. Even though most respondents were of the view that nothing else needed to be included or removed, these questions generated the most comments and we analysed each one in turn to consider stakeholder views and whether any suggestions could usefully be incorporated.
- 23 As a result and following careful consideration of all the consultation comments, we have updated the Standards of proficiency. We have updated the wording to provide further clarity throughout and to align, where appropriate, to the final Standards of proficiency for registered nurses, which were published during the nursing associate consultation period.
- 24 The administering medicines section of the Standards received some comments, specifically in relation to the routes of administering injections, where some stakeholders felt that the intramuscular route injections (directly applied into a muscle) should be included and the intradermal route (situated or applied within the layers of the skin) be removed. We discussed this with a group of clinical and educational experts and have updated the Standards to include intramuscular and have removed intradermal (skills annexe reference - Annexe B, 10.5).
- 25 The nursing associate's role with regard to assessment also generated some comments, where stakeholders were seeking

further clarity on this. The Standards of proficiency include the skills that nursing associates will need to be able to input and contribute to assessment, such as monitoring, evaluation and specific assessment skills, however they do not include Standards relating to primary assessment.

- 26 Even though 75 per cent of respondents felt that the Standards of proficiency are appropriate for a generic nursing associate role, some felt that the Standards were too acute or adult focussed. Where specific examples were given of skills that could be included to address this, we have incorporated them within the Standards. This mainly relates to the communication and relationship management skills in Annexe A of the Standards of proficiency.
- 27 We received some views that venepuncture (process of obtaining intravenous access for the purpose of intravenous therapy or for blood sampling of venous blood) and cannulation (introduce a cannula or thin tube into (a vein or body cavity)) were skills that should be removed from the Standards of proficiency. Having considered these further and discussed with a group of clinical and educational experts, we have proposed that venepuncture remains within the skills annexe, as only a few people specifically expressed concerns about it. However, more people expressed concerns about cannulation and due to the complexity and length of time involved in training someone to cannulate and the view that this skill would not be required by all nursing associates, we have removed cannulation from the skills annexe (skills annexe reference - Annexe B, 1.3).
- 28 It is worth noting that the standards of proficiency set out what all nursing associates need to know and be able to do when they join the register. This does not mean that nursing associates are prohibited from doing things which are not in the standards of proficiency. There is nothing in the NMC's regulatory framework that prevents the acquisition of additional knowledge and skills, pre- or post-regulation. The same applies to nurses and midwives.
- 29 The updated Standards of proficiency for nursing associates are at Annexe 2.
- 30 **Recommendation: The Council is recommended to approve the Standards of proficiency for nursing associates.**

### **Education standards**

- 31 All AEl's, and their practice partners need to meet the NMC's:
  - 31.1 Standards framework for nursing and midwifery education

### 31.2 Standards for student supervision and assessment.

- 32 We asked stakeholders whether our standards for education and training (referred to in 25.1 and 25.2 above) should also apply to providers of nursing associate education.
- 33 91 per cent agreed that the Standards framework for nursing and midwifery education should apply to nursing associate programmes and 90 per cent agreed that the Standards for student supervision and assessment should apply to nursing associate programmes.
- 34 We will now review and update both the Standards for nursing and midwifery education and Standards for student supervision and assessment so that they reflect the regulation of pre-registration nursing associate programmes.

### **Standards for pre-registration nursing associate programmes**

- 35 We also consulted on our proposed standards for pre-registration nursing associate programmes.
- 36 We asked questions on certain aspects of the standards that are specific to nursing associate programmes. In response to these questions we found that:
  - 36.1 65 per cent agreed that a 50 per cent cap on the recognition of prior learning would be appropriate for applicants wanting to join a nursing associate programme.
  - 36.2 Some respondents felt that this cap should be higher or removed, because some assistant practitioners will have completed programmes similar to nursing associate programmes. After careful review our decision is unchanged, because there is no group exemption we could safely apply to assistant practitioners, as their programmes are diverse in terms of content.
  - 36.3 46 per cent agreed and 28 per cent disagreed that the cap for recognition of prior learning should not apply to registered nurses who want to join a nursing associate programme.
  - 36.4 77 per cent agreed that nursing associate programmes should provide an equal balance of theory and practice learning.
  - 36.5 77 per cent agreed that nursing associate pre-registration programmes include at least 2,300 protected theory and practice learning hours in total.
  - 36.6 80 per cent agreed that the academic award associated

with a nursing associate programme should be a Foundation Degree. If Council approves Foundation Degree as the appropriate award, institutions applying for approval to run nursing associate programmes will require Foundation Degree-awarding powers, or have access to those powers through another Foundation Degree-awarding institution.

- 36.7 69 per cent agreed that the standard that specifies that 'students should be provided with learning experiences involving patients with diverse needs, across the lifespan, and in a variety of settings', is at the right level and the NMC does not need to be more prescriptive about how time should be spent. We will however provide some additional supporting information in this regard.

*Protecting learning time on practice placements*

- 37 While our standards are intended to be neutral as to the routes to qualification taken by students, we acknowledge that nursing associates are likely to be the first profession on our register for which apprenticeship is likely to be the most common route. The apprenticeship levy, which is therefore likely to be the principle funding route for nursing associate programmes, can only be spent on training costs and not on related costs incurred by host settings such as backfill. The NMC has been encouraged to consider the possible impact of supernumerary status on the take-up of nursing associate opportunities.
- 38 We asked two questions in the consultation focusing on how learning should be protected in practice and whether the same supernumerary requirement should apply to nursing associate pre-registration students, or whether we should permit other approaches that adequately safeguard patients and students. Both propositions received majority support. Overall 66 per cent agreed with supernumerary being a requirement for pre-registration nursing associate programmes. However, 62 per cent also agree that the NMC should permit a different approach to protecting learning in practice settings.
- 39 We set up a national task and finish group to explore approaches to protecting learning in practice and we propose two options that we believe can protect patient safety and student learning, which are:
- 39.1 Option A: Maintains the status quo and students are supernumerary when they are learning in practice.
- 39.2 Option B: Providers have discretion to demonstrate how they will protect sufficient learning time in practice. Of time spent in practice settings, only protected learning time can



count towards programme hours. There is no change to the requirement that all students must be adequately supervised when they are working towards proficiency. The same minimum programme hours apply to all students regardless of route.

- 40 Option B increases the onus on AEs and partners to ensure that students benefit from appropriate learning opportunities, and on NMC quality assurance. In addition to scrutinising proposals at the point of approval we will conduct an evaluation of Option B starting in 2019.
- 41 Following the consultation analysis, the updated Standards for pre-registration nursing associate programmes are at Annexe 3. These include an updated standard covering protected learning time and Annexe 4 provides further background to this.
- 42 **Recommendation: The Council is recommended to approve the Standards for pre-registration nursing associate programmes.**

### **Core regulatory processes**

- 43 The Department of Health and Social Care (DHSC) consulted on the same core regulatory processes applying to nurses, midwives and nursing associates. It is therefore proposed that we will apply the same guidance as for nurses and midwives relating to these approaches to education quality assurance, registration, revalidation and fitness to practise to nursing associates.
- 44 The consultation showed that:
  - 44.1 93 per cent of respondents agreed that the English language requirements for nursing associates should be the same as they are for nurses and midwives
  - 44.2 Over 90 per cent of respondents agreed that the same revalidation requirements for nurses and midwives should apply to nursing associates
  - 44.3 69 per cent of respondents felt there were no implications of extending our fitness to practice approach to nursing associates and most of those that said that there were implications cited NMC resource and capacity implications rather than regulatory approach implications in their responses.
- 45 **Recommendation: The Council is recommended to approve the updating of our policies to reflect that our standards and guidance relating to registration, revalidation and fitness to practise will now apply to nursing associates.**

### Next steps

- 46 Subject to Council's approval, we will publish the standards in early October 2018, so that programme approvals can begin.
- 47 We also intend to publish on our website a summary report on the outcome of the consultation in early October 2018.
- 48 There is a full communications plan for the publication of the standards.

#### Public protection implications:

- 49 The NMC agreed to regulate nursing associates because we believe we can enhance public protection by doing so. The principle test of our standards and guidance is that they should support us to meet our statutory duties for public protection and public confidence in the professions we regulate.

#### Resource implications:

- 50 The DHSC is meeting costs incurred by the NMC in setting up the regulation of nursing associates.

#### Equality and diversity implications:

- 51 The nursing associate programme is the subject of a full equality impact assessment which is monitored by our Nursing Associate Delivery Board, so that any unwarranted differential impacts can be identified and addressed.

#### Stakeholder engagement:

- 52 The paper details the extensive engagement associated with the development of these standards and guidance.

#### Risk implications:

- 53 There is a risk that if the standards and guidance are not approved, there will be a delay in programme approvals and the registration of the first cohort of nursing associate applicants. We have a statutory duty to open the new part of our register on 26 January 2019.

#### Legal implications:

- 54 We have a legal responsibility to publicly consult prior to approval of any amendments to our Order. To fulfil this obligation we consulted on our standards and associated guidance relating to our future approach to regulation between 9 April and 2 July 2018. Our legislation has been changed to allow us to regulate nursing associates and the standards and guidance presented for approval are aligned to our new powers and duties.

**The Code**  
**Professional standards of practice and behaviour for nurses,  
midwives and nursing associates**

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## About us

The Nursing and Midwifery Council exists to protect the public. We do this by making sure that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK, or a nursing associate in England. We take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

**It is against the law to claim to be, or to practise as, a nurse or midwife in the UK, or as a nursing associate in England, if you are not on the relevant part of our register.**

It is also a criminal offence for anyone who, with intent to deceive, causes or permits someone else to falsely represent them as being on the register, or makes a false representation about them on being on the NMC register.

Publication date: 29 January 2015

Effective from: 31 March 2015

Updated to reflect the regulation of nursing associates: xx/xx/2018

## A note on this version of the Code

All regulators review their Codes from time to time to make sure they continue to reflect public expectations. This new version of the Code is substantially similar to the 2015 version, but it has been updated to reflect our new responsibilities for the regulation of nursing associates. In joining the register, nursing associates will uphold the Code.

The current versions of our Code, standards and guidance can always be found on our website. Those on our register should make sure they are using the most up to date version of the Code.

For more information about the Code, please visit: [www.nmc.org.uk/code](http://www.nmc.org.uk/code)

## Introduction

**The Code contains the professional standards that registered nurses, midwives and nursing associates<sup>1</sup> must uphold. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing<sup>2</sup> and midwifery practice in other roles, such as leadership, education, or research. The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary.**

Our role is to set the standards in the Code, but these are not just our standards. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards shown every day by those on our register.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.

The Code sets out common standards of conduct and behaviour for those on our register. This provides a clear, consistent and positive message to patients, service users and colleagues about what they can expect of those who provide nursing or midwifery care.

The professions we regulate have different knowledge and skills, set out in three distinct standards of proficiency. They can work in diverse contexts and have different levels of autonomy and responsibility. However, all of the professions we regulate exercise professional judgement and are accountable for their work.

Nurses, midwives and nursing associates uphold the Code within the limits of their competence. This means, for example, that while a nurse and nursing associate will play different roles in an aspect of care, they will both uphold the standards in the Code within the contribution they make to overall care. The professional commitment to work within one's competence is a key underpinning principle of the Code (see section 13) which, given the significance of its impact on public protection, should be upheld at all times.

In addition, nurses, midwives and nursing associates are expected to work within the limits of their competence, which may extend beyond the standards they demonstrated in order to join the register.

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<sup>1</sup> Anyone practising as a registered nurse or midwife in the UK, or a nursing associate in England, has to be registered with us. The nursing associate role is being used only in England.

<sup>2</sup> We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

The Code should be useful for everyone who cares about good nursing and midwifery.

- Patients and service users, and those who care for them, can use it to provide feedback to nurses, midwives and nursing associates about the care they receive.
- Those on our register can use it to promote safe and effective practice in their place of work.
- Employer organisations should support their staff in upholding the standards in their professional Code as part of providing the quality and safety expected by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how keeping to the Code helps to achieve that.

For the many committed and expert practitioners on our register, this Code should be seen as a way of reinforcing professionalism. Through revalidation, nurses, midwives and nursing associates provide evidence of their continued ability to practise safely and effectively. The Code is central in the revalidation process as a focus for professional reflection. This gives the Code significance in the professional life of those on our register, and raises its status and importance for employers.

The Code contains a series of statements that taken together signify what good practice by nurses, midwives and nursing associates looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Professional standards of practice and behaviour for  
nurses, midwives and nursing associates  
**All standards apply within your professional scope of practice**

## **Prioritise people**

You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

### **1. Treat people as individuals and uphold their dignity**

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion
- 1.2 make sure you deliver the fundamentals of care effectively
- 1.3 avoid making assumptions and recognise diversity and individual choice
- 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay
- 1.5 respect and uphold people's human rights

(The fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and making sure that those receiving care are kept in clean and hygienic conditions. It includes making sure that those receiving care have adequate access to nutrition and hydration, and making sure that you provide help to those who are not able to feed themselves or drink fluid unaided.)

### **2 Listen to people and respond to their preferences and concerns**

To achieve this, you must:

- 2.1 work in partnership with people to make sure you deliver care effectively
- 2.2 recognise and respect the contribution that people can make to their own health and wellbeing
- 2.3 encourage and empower people to share in decisions about their treatment and care
- 2.4 respect the level to which people receiving care want to be involved in decisions about their own health, wellbeing and care
- 2.5 respect, support and document a person's right to accept or refuse care and treatment
- 2.6 recognise when people are anxious or in distress and respond compassionately and politely

Professional standards of practice and behaviour for  
nurses, midwives and nursing associates  
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**3 Make sure that people's physical, social and psychological needs are assessed and responded to**

To achieve this, you must:

- 3.1 pay special attention to promoting wellbeing, preventing ill-health and meeting the changing health and care needs of people during all life stages
- 3.2 recognise and respond compassionately to the needs of those who are in the last few days and hours of life
- 3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it
- 3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care

**4 Act in the best interests of people at all times**

To achieve this, you must:

- 4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or refuse treatment
- 4.2 make sure that you get properly informed consent and document it before carrying out any action
- 4.3 keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process
- 4.4 tell colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care

(You can only make a 'conscientious objection' in limited circumstances. For more information, please visit our website at [www.nmc-uk.org/standards](http://www.nmc-uk.org/standards).)

**5 Respect people's right to privacy and confidentiality**

As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

- 5.1 respect a person's right to privacy in all aspects of their care



**All standards apply within your professional scope of practice**

- 5.2 make sure that people are informed about how and why information is used and shared by those who will be providing care
- 5.3 respect that a person's right to privacy and confidentiality continues after they have died
- 5.4 share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality
- 5.5 share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand

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Professional standards of practice and behaviour for  
nurses, midwives and nursing associates  
**All standards apply within your professional scope of practice**

## **Practise effectively**

You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay, to the best of your abilities, on the basis of best available evidence. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

### **6 Always practise in line with the best available evidence**

To achieve this, you must:

- 6.1 make sure that any information or advice given is evidence-based including information relating to using any health and care products or services
- 6.2 maintain the knowledge and skills you need for safe and effective practice

### **7 Communicate clearly**

To achieve this, you must:

- 7.1 use terms that people in your care, colleagues and the public can understand
- 7.2 take reasonable steps to meet people's language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people's needs
- 7.3 use a range of verbal and non-verbal communication methods, and consider cultural sensitivities, to better understand and respond to people's personal and health needs
- 7.4 check people's understanding from time to time to keep misunderstanding or mistakes to a minimum
- 7.5 be able to communicate clearly and effectively in English

### **8 Work co-operatively**

To achieve this, you must:

- 8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate
- 8.2 maintain effective communication with colleagues
- 8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff
- 8.4 work with colleagues to evaluate the quality of your work and that of the team

- 8.5 work with colleagues to preserve the safety of those receiving care
- 8.6 share information to identify and reduce risk
- 8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety

## **9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues**

To achieve this, you must:

- 9.1 provide honest, accurate and constructive feedback to colleagues
- 9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance
- 9.3 deal with differences of professional opinion with colleagues by discussion and informed debate, respecting their views and opinions and behaving in a professional way at all times
- 9.4 support students' and colleagues' learning to help them develop their professional competence and confidence

## **10 Keep clear and accurate records relevant to your practice**

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

- 10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event
- 10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- 10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- 10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation
- 10.5 take all steps to make sure that records are kept securely
- 10.6 collect, treat and store all data and research findings appropriately

**11 Be accountable for your decisions to delegate tasks and duties to other people**

To achieve this, you must:

- 11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- 11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
- 11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard

**12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom**

To achieve this, you must:

- 12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice

For more information, please visit our website at [www.nmc.org.uk/indemnity](http://www.nmc.org.uk/indemnity).

Professional standards of practice and behaviour for  
nurses, midwives and nursing associates  
**All standards apply within your professional scope of practice**

## **Preserve safety**

You make sure that patient and public safety is not affected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

### **13 Recognise and work within the limits of your competence**

To achieve this, you must, as appropriate:

- 13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care
- 13.2 make a timely referral to another practitioner when any action, care or treatment is required
- 13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence
- 13.4 take account of your own personal safety as well as the safety of people in your care
- 13.5 complete the necessary training before carrying out a new role

### **14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place**

To achieve this, you must:

- 14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm.
- 14.2 explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family or carers
- 14.3 document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly

(The professional duty of candour is about openness and honesty when things go wrong. "Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress." Joint statement from the Chief Executives of statutory regulators of healthcare professionals)

### **15 Always offer help if an emergency arises in your practice setting or anywhere else**

Professional standards of practice and behaviour for  
nurses, midwives and nursing associates  
**All standards apply within your professional scope of practice**

To achieve this, you must:

- 15.1 only act in an emergency within the limits of your knowledge and competence
- 15.2 arrange, wherever possible, for emergency care to be accessed and provided promptly
- 15.3 take account of your own safety, the safety of others and the availability of other options for providing care

**16 Act without delay if you believe that there is a risk to patient safety or public protection**

To achieve this, you must:

- 16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices
- 16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training
- 16.3 tell someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to tackle the causes of concern if you can
- 16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so
- 16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern
- 16.6 protect anyone you have management responsibility for from any harm, detriment, victimisation or unwarranted treatment after a concern is raised

For more information, please visit our website at [www.nmc-uk.org/raisingconcerns](http://www.nmc-uk.org/raisingconcerns).

**17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection**

To achieve this, you must:

- 17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.
- 17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information

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**All standards apply within your professional scope of practice**

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

**18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations**

To achieve this, you must:

- 18.1 prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs
- 18.2 keep to appropriate guidelines when giving advice on using controlled drugs and recording the prescribing, supply, dispensing or administration of controlled drugs
- 18.3 make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines
- 18.4 take all steps to keep medicines stored securely
- 18.5 wherever possible, avoid prescribing for yourself or for anyone with whom you have a close personal relationship

Prescribing is not within the scope of practice of everyone on our register. Nursing associates don't prescribe, but they may supply, dispense and administer medicines. Nurses and midwives who have successfully completed a further qualification in prescribing and recorded it on our register are the only people on our register that can prescribe.

For more information, please visit our website at [www.nmc.org.uk/standards](http://www.nmc.org.uk/standards).

**19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice**

To achieve this, you must:

- 19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place
- 19.2 take account of current evidence, knowledge and developments in reducing mistakes and the effect of them and the impact of human factors and system failures (see the note below)
- 19.3 keep to and promote recommended practice in relation to controlling and preventing infection

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public

(Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety – Health and Safety Executive. You can find more information at [www.hse.gov.uk](http://www.hse.gov.uk).)

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**All standards apply within your professional scope of practice**

## **Promote professionalism and trust**

You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.

### **20 Uphold the reputation of your profession at all times**

To achieve this, you must:

- 20.1 keep to and uphold the standards and values set out in the Code
- 20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment
- 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people
- 20.4 keep to the laws of the country in which you are practising
- 20.5 treat people in a way that does not take advantage of their vulnerability or cause them upset or distress
- 20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers
- 20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to
- 20.9 maintain the level of health you need to carry out your professional role
- 20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times

For more guidance on using social media and networking sites, please visit our website at [www.nmc.org.uk/standards](http://www.nmc.org.uk/standards).

### **21 Uphold your position as a registered nurse, midwife or nursing associate**

To achieve this, you must:

- 21.1 refuse all but the most trivial gifts, favours or hospitality as accepting them could be interpreted as an attempt to gain preferential treatment
- 21.2 never ask for or accept loans from anyone in your care or anyone close to them

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- 21.3 act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care
- 21.4 make sure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications
- 21.5 never use your status as a registered professional to promote causes that are not related to health
- 21.6 cooperate with the media only when it is appropriate to do so, and then always protecting the confidentiality and dignity of people receiving treatment or care

## **22 Fulfil all registration requirements**

To achieve this, you must:

- 22.1 keep to any reasonable requests so we can oversee the registration process
- 22.2 keep to our prescribed hours of practice and carry out continuing professional development activities
- 22.3 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

For more information, please visit our website at [www.nmc.org.uk/standards](http://www.nmc.org.uk/standards).

## **23 Cooperate with all investigations and audits**

This includes investigations or audits either against you or relating to others, whether individuals or organisations. It also includes cooperating with requests to act as a witness in any hearing that forms part of an investigation, even after you have left the register.

To achieve this, you must:

- 23.1 cooperate with any audits of training records, registration records or other relevant audits that we may want to carry out to make sure you are still fit to practise
- 23.2 tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)

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**All standards apply within your professional scope of practice**

- 23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.
- 23.4 tell us and your employers at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional health and care environment
- 23.5 give your NMC Pin when any reasonable request for it is made

(When telling your employers, this includes telling (i) any person, body or organisation you are employed by, or intend to be employed by, as a nurse, midwife or nursing associate; and (ii) any person, body or organisation with whom you have an arrangement to provide services as a nurse, midwife or nursing associate.)

For more information, please visit our website at [www.nmc.org.uk](http://www.nmc.org.uk).

**24 Respond to any complaints made against you professionally**

To achieve this, you must:

- 24.1 never allow someone's complaint to affect the care that is provided to them
- 24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice

**25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system**

To achieve this, you must:

- 25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first
- 25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken

Throughout their career, all our registrants will have opportunities to demonstrate leadership qualities, regardless of whether or not they occupy formal leadership positions.



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# Standards of proficiency for nursing associates

## Introduction

The standards of proficiency presented here represent the standards of knowledge and skills that a nursing associate will need to meet in order to be considered by the NMC as capable of safe and effective nursing associate practice. These standards have been designed to apply across all health and care settings.

The proficiencies serve a number of purposes:

- They set out for **patients and the public** what nursing associates know and can do when they join the NMC register.
- The standards help **nursing associates** by providing clarity about their role. Read alongside the nursing standards of proficiency, they demonstrate the synergies and differences between the two roles.
- For **nurses and other health and care professionals**, the standards provide clarity on the knowledge and skills they can reasonably expect all nursing associates to have and this will help inform safe decisions about delegation.
- **Employers** understand what nursing associates can contribute to the health and wellbeing of patients and service users, and can make effective decisions about whether and how to use the role
- **Educators** must develop and deliver programmes that equip nursing associates with the skills, knowledge and behaviours needed to meet these standards of proficiency when they qualify.

Nursing associate is a new role being introduced into the health and care workforce in England from 2019<sup>1</sup>. It is a generic role (not defined by a field of nursing) but within the discipline of nursing. Nursing associates are intended to bridge a gap between health and care assistants, and registered nurses.

While the nursing associate role is new, it is particularly important that the public, health and care professionals, and employers can develop an understanding of what nursing associates know and can do.

Nursing associates are members of the nursing team, who have gained a Foundation Degree, typically involving two years of higher education. They are not nurses; nursing is a graduate entry profession and those joining the nursing part of the NMC register require a degree. Nurses also develop additional skills and knowledge within a specific field of nursing.

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<sup>1</sup> The nursing associate role is being introduced and regulated in England from 2019. If other countries of the UK decide to use and regulate the role in future it will require a change to our legislation, and the updating of our standards.

Nursing associates are a new profession, accountable for their practice. These proficiencies set out what pre-registration training will equip nursing associates to know, and do. Once they are practising, nursing associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence as other registered professionals routinely do. The roles played by nursing associates will vary from setting to setting, depending on local clinical frameworks, and it may also be shaped by national guidance.

Nursing associates provide care for people of all ages and from different backgrounds, cultures and beliefs. They provide care for people who have mental, physical, cognitive and behavioural care needs, those living with dementia, the elderly and for people at the end of their life. They must be able to care for people in their own home, in the community or hospital or in any health care settings where their needs are supported and managed. They work in the context of continual change, challenging environments, different models of care delivery, shifting demographics, innovation and rapidly evolving technologies. Increasing integration of health and social care services will require nursing associates to play a proactive role in multidisciplinary teams.

We have designed these proficiencies to align with the latest standards of proficiency for nurses:

- To allow people to understand the differences between the two roles
- To enable education providers to facilitate educational progression from nursing associate to nurse
- To demonstrate how the nursing associate role can support the registered nurse, to allow registered nurses to deliver the NMC's enhanced "Future Nurse" standards of proficiency.

The outcome statements for each platform have been designed to apply across all health and care settings. At the point of registration, nursing associates are required to meet all outcome statements and to demonstrate an awareness of how requirements vary across different health and care settings. As the nursing associate role is generic, students may demonstrate proficiencies in any appropriate context, and there is no expectation that they must be demonstrated in every health and care setting.

In common with all of our regulatory standards and guidance, these proficiencies will be subject to periodic review. The current version of our proficiencies can always be found on our website.

## Standards of proficiency for nursing associates

### Platform 1: Being an accountable professional

Nursing associates act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence based decisions and solve problems. They recognise and work within the limits of their competence and are responsible for their actions.

- 1. Outcomes:** the outcomes set out below reflect the proficiencies for accountable practice that must be applied across all standards of proficiency for nursing associates, as described in platforms 2-6.

At the point of registration, the nursing associate will be able to:

- 1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements
- 1.2 understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice
- 1.3 understand the importance of courage and transparency and apply the Duty of Candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes
- 1.4 demonstrate an understanding of, and the ability to, challenge or report discriminatory behaviour
- 1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health
- 1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care
- 1.7 describe the principles of research and how research findings are used to inform evidence-based practice
- 1.8 understand and explain the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care
- 1.9 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges



- 1.10 demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues
- 1.11 provide, promote, and where appropriate advocate for, non-discriminatory, person-centred and sensitive care at all times. Reflect on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments
- 1.12 recognise and report any factors that may adversely impact safe and effective care provision
- 1.13 demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective practice
- 1.14 demonstrate the ability to keep complete, clear, accurate and timely records
- 1.15 take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills
- 1.16 act as an ambassador for their profession and promote public confidence in health and care services
- 1.17 safely demonstrate evidence based practice in all skills and procedures stated in Annexes A and B.

## Platform 2: Promoting health and preventing ill health

Nursing associates play a role in supporting people to improve and maintain their mental, physical, behavioural health and wellbeing. They are actively involved in the prevention of and protection against disease and ill health, and engage in public health, community development, and in the reduction of health inequalities.

**2. Outcomes:** The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in health promotion and protection and prevention of ill health.

At the point of registration, the nursing associate will be able to:

- 2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people
- 2.2 promote preventive health behaviours and provide information to support people to make informed choices to improve their mental, physical, behavioural health and wellbeing
- 2.3 describe the principles of epidemiology, demography, genomics and how these may influence health and wellbeing outcomes
- 2.4 understand the factors that may lead to inequalities in health outcomes
- 2.5 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing
- 2.6 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes
- 2.7 explain why health screening is important and identify those who are eligible for screening
- 2.8 promote health and prevent ill health by understanding the evidence base for immunisation, vaccination and herd immunity
- 2.9 protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.

### Platform 3: Provide and monitor care

Nursing associates provide compassionate, safe and effective care and support to people in a range of care settings. They monitor the condition and health needs of people within their care on a continual basis in partnership with people, families, and carers. They contribute to ongoing assessment and can recognise when it is necessary to refer to others for reassessment.

**3. Outcomes:** The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in providing and monitoring care.

At the point of registration, the nursing associate will be able to:

- 3.1 demonstrate an understanding of human development from conception to death, to enable delivery of person-centred safe and effective care
- 3.2 demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology, social and behavioural sciences when delivering care
- 3.3 recognise and apply knowledge of commonly encountered mental, physical, behavioural and cognitive health conditions when delivering care
- 3.4 demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions
- 3.5 work in partnership with people, to encourage shared decision making, in order to support individuals, their families and carers to manage their own care when appropriate
- 3.6 demonstrate the knowledge, skills and ability to perform a range of nursing procedures and manage devices, to meet people's need for safe, effective and person-centred care
- 3.7 demonstrate and apply an understanding of how and when to escalate to the appropriate professional for expert help and advice
- 3.8 demonstrate and apply an understanding of how people's needs for safety, dignity, privacy, comfort and sleep can be met
- 3.9 demonstrate the knowledge, skills and ability required to meet people's needs related to nutrition, hydration and bladder and bowel health
- 3.10 demonstrate the knowledge, skills and ability to act as required to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity

- 3.11 demonstrate the ability to recognise when a person's condition has improved or deteriorated by undertaking health monitoring. Interpret, promptly respond, share findings, and escalate as needed
- 3.12 demonstrate the knowledge and skills required to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain
- 3.13 demonstrate an understanding of how to deliver sensitive and compassionate end of life care to support people to plan for their end of life, giving information and support to people who are dying, their families and the bereaved. Provide care to the deceased
- 3.14 understand and act in line with any end of life decisions and orders, organ and tissue donation protocols, infection protocols, advanced planning decisions, living wills and lasting powers of attorney for health
- 3.15 understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies
- 3.16 demonstrate the ability to recognise the effects of medicines, allergies, drug sensitivity, side effects, contraindications and adverse reactions
- 3.17 recognise the different ways by which medicines can be prescribed
- 3.18 demonstrate the ability to monitor the effectiveness of care in partnership with people, families and carers. Document progress and report outcomes
- 3.19 demonstrate an understanding of co-morbidities and the demands of meeting people's holistic needs when prioritising care
- 3.20 understand and apply the principles and processes for making reasonable adjustments
- 3.21 recognise how a person's capacity affects their ability to make decisions about their own care and to give or withhold consent
- 3.22 recognise when capacity has changed and understand where and how to seek guidance and support from others to ensure that the best interests of those receiving care are upheld
- 3.23 recognise people at risk of abuse, self-harm and/or suicidal ideation and the situations that may put them and others at risk
- 3.24 take personal responsibility to ensure that relevant information is shared according to local policy and appropriate immediate action is taken to provide adequate safeguarding and that concerns are escalated.

## Platform 4: Working in teams

Nursing associates play an active role as members of interdisciplinary teams, collaborating and communicating effectively with nurses, a range of other health and care professionals and lay carers.

**4. Outcomes:** The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required to understand and apply their role to work effectively as part of an interdisciplinary team.

At the point of registration, the nursing associate will be able to:

- 4.1 demonstrate an awareness of the roles, responsibilities and scope of practice of different members of the nursing and interdisciplinary team, and their own role within it
- 4.2 demonstrate an ability to support and motivate other members of the care team and interact confidently with them
- 4.3 understand and apply the principles of human factors and environmental factors when working in teams
- 4.4 demonstrate the ability to effectively and responsibly access, input, and apply information and data using a range of methods including digital technologies, and share appropriately within interdisciplinary teams
- 4.5 demonstrate an ability to prioritise and manage their own workload, and recognise where elements of care can safely be delegated to other colleagues, carers and family members
- 4.6 demonstrate the ability to monitor and review the quality of care delivered, providing challenge and constructive feedback, when an aspect of care has been delegated to others
- 4.7 support, supervise and act as a role model to nursing associate students, health care support workers and those new to care roles, review the quality of the care they provide, promoting reflection and providing constructive feedback
- 4.8 contribute to team reflection activities, to promote improvements in practice and services
- 4.9 discuss the influence of policy and political drivers that impact health and care provision.

## Platform 5: Improving safety and quality of care

Nursing associates improve the quality of care by contributing to the continuous monitoring of people's experience of care. They identify risks to safety or experience and take appropriate action, putting the best interests, needs and preferences of people first.

**5. Outcomes:** The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in contributing to risk monitoring and quality of care.

At the point of registration, the nursing associate will be able to:

- 5.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments
- 5.2 participate in data collection to support audit activity, and contribute to the implementation of quality improvement strategies
- 5.3 accurately undertake risk assessments, using contemporary assessment tools
- 5.4 respond to and escalate potential hazards that may affect the safety of people
- 5.5 recognise when inadequate staffing levels impact on the ability to provide safe care and escalate concerns appropriately
- 5.6 understand and act in line with local and national organisational frameworks, legislation and regulations to report risks, and implement actions as instructed, following up and escalating as required
- 5.7 understand what constitutes a near miss, a serious adverse event, a critical incident and a major incident
- 5.8 understand when to seek appropriate advice to manage a risk and avoid compromising quality of care and health outcomes
- 5.9 recognise uncertainty, and demonstrate an awareness of strategies to develop resilience in themselves. Know how to seek support to help deal with uncertain situations
- 5.10 understand their own role and the roles of all other staff at different levels of experience and seniority, in the event of a major incident

## Platform 6: Contributing to integrated care

Nursing associates contribute to the provision of care for people, including those with complex needs. They understand the roles of a range of professionals and carers from other organisations and settings who may be participating in the care of a person and their family, and their responsibilities in relation to communication and collaboration.

**6. Outcomes:** The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in contributing to integrated care to meet the needs of people across organisations and settings.

At the point of registration, the nursing associate will be able to:

- 6.1 understand the roles of the different providers of health and care. Demonstrate the ability to work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams
- 6.2 understand and explore the challenges of providing safe nursing care for people with complex co-morbidities and complex care needs
- 6.3 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings
- 6.4 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives
- 6.5 identify when people need help to facilitate equitable access to care, support and escalate concerns appropriately
- 6.6 demonstrate an understanding of their own role and contribution when involved in the care of a person who is undergoing discharge or a transition of care between professionals, settings or services.

## **Annexe A: Communication and relationship management skills**

### **Introduction**

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to demonstrate the communication and relationship management skills described in this annexe at the point of registration.

The ability to communicate effectively, with sensitivity and compassion, and to manage relationships with people is central to the provision of high quality person-centred care. These competencies must be demonstrated in practice settings and adapted to meet the needs of people across their lifespan. Nursing associates need a diverse range of communication skills and strategies to ensure that individuals, their families and carers are supported to be actively involved in their own care wherever appropriate, and that they are kept informed and well prepared. It will be important for nursing associates to demonstrate cultural awareness when caring for people and to ensure that the needs, priorities, expertise and preferences of people are always valued and taken into account.

Where people have special communication needs or a disability, it is essential that nursing associates make reasonable adjustments. This means they'll be able to provide and share information in a way that promotes good health and health outcomes and does not prevent people from having equal access to the highest quality of care.

The skills listed below are those that all nursing associates are expected to demonstrate at the point of registration.



**At the point of registration, the nursing associate will be able to safely demonstrate the following skills:**

**1. Underpinning communication skills for providing and monitoring care:**

- 1.1 actively listen, recognise and respond to verbal and non-verbal cues
- 1.2 use prompts and positive verbal and non-verbal reinforcement
- 1.3 use appropriate non-verbal communication including touch, eye contact and personal space
- 1.4 make appropriate use of open and closed questioning
- 1.5 speak clearly and accurately
- 1.6 use caring conversation techniques
- 1.7 check understanding and use clarification techniques
- 1.8 be aware of the possibility of own unconscious bias in communication encounters
- 1.9 write accurate, clear, legible records and documentation
- 1.10 clearly record digital information and data
- 1.11 provide clear verbal, digital or written information and instructions when sharing information, delegating or handing over responsibility for care
- 1.12 recognise the need for translator services and material
- 1.13 use age appropriate communication techniques.

**2. Communication skills for supporting people to prevent ill health and manage their health challenges**

- 2.1 effectively share information and check understanding about:
  - preventative health behaviours that help people to make lifestyle choices and improve their own health and wellbeing
  - a range of common conditions including: anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis in accordance with care plans

- 2.2 clearly and confidently explain to the individual and family how their lifestyle choices may influence their health. This includes the impact of common health risk behaviours including smoking, diet, sexual practice, alcohol and substance use
- 2.3 use appropriate materials, making reasonable adjustments where appropriate to support people's understanding of what may have caused their health condition and the implications of their care and treatment
- 2.4 use repetition and positive reinforcement strategies
- 2.5 recognise and accommodate sensory impairments during all communications
- 2.6 support and monitor the use of personal communication aids
- 2.7 address and respond to people's questions, recognising when to refer to others in order to provide accurate responses
- 2.8 identify the need for and manage a range of alternative communication techniques
- 2.9 engage in difficult conversations with support from others, helping people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.

### **3. Communication skills and approaches for providing therapeutic interventions**

- 3.1 identify the need for and use appropriate approaches to develop therapeutic relationships with people
- 3.2 demonstrate the use of a variety of effective communication strategies:
  - reassurance and affirmation
  - de-escalation strategies and techniques
  - distraction and diversion strategies
  - positive behaviour support approaches.

### **4. Communication skills for working in professional teams**

Demonstrate effective skills when working in teams through:

- 4.1 active listening when receiving feedback and when dealing with team members' concerns and anxieties
- 4.2 timely and appropriate escalation
- 4.3 being a calm presence when exposed to situations involving conflict
- 4.4 being assertive when required
- 4.5 using de-escalation strategies and techniques when dealing with conflict.

**5. Demonstrate effective supervision skills by providing:**

- 5.1 clear instructions and explanations when supervising others
- 5.2 clear instructions and checking understanding when delegating care responsibilities to others
- 5.3 clear constructive feedback in relation to care delivered by others
- 5.4 encouragement to colleagues that helps them to reflect on their practice.

## **Annexe B: Procedures to be undertaken by the nursing associate**

### **Introduction**

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to carry out the procedures described in this annexe at the point of their registration. Nursing associates are required to demonstrate an awareness of how requirements for procedures may vary across different health and care settings. As the nursing associate role is generic, students may demonstrate the ability to carry out procedures in any appropriate context, and there is no expectation that this must be demonstrated in every health and care setting. Ideally students will demonstrate skills in a practice setting, but where necessary some procedures may be demonstrated through simulation.

Nursing associates are expected to apply evidence based best practice across all procedures. The ability to carry out these procedures, safely, effectively, with sensitivity and compassion (while demonstrating the communication and relationship management skills described in Annexe A) is crucial to the provision of person-centred care. These procedures must be demonstrated with an awareness of variations required for different practice settings and for people across their lifespan. They must be carried out in a way that reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account.

At the point of registration, the nursing associate will be able to safely demonstrate the following procedures:

### **Part 1: Procedures to enable effective monitoring of a person's condition**

#### **1. Demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration and improvement:**

- 1.1 accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings
- 1.2 use manual techniques and devices to take, record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry in order to identify signs of improvement, deterioration or concern
- 1.3 undertake venepuncture and routine ECG recording
- 1.4 measure and interpret blood glucose levels
- 1.5 collect and observe sputum, urine, stool and vomit specimens, interpreting findings and reporting as appropriate
- 1.6 recognise and escalate signs of all forms of abuse
- 1.7 recognise and escalate signs of self-harm and/or suicidal ideation
- 1.8 undertake and interpret neurological observations
- 1.9 recognise signs of mental and emotional distress including agitation, or vulnerability
- 1.10 administer basic mental health first aid
- 1.11 recognise emergency situations and administer basic physical first aid, including basic life support.

### **Part 2: Procedures for provision of person-centred nursing care**

#### **2. Provide support in meeting the needs of people in relation to rest, sleep, comfort and the maintenance of dignity:**

- 2.1 observe and monitor comfort and pain levels and rest and sleep patterns
- 2.2 use appropriate bed-making techniques, including those required for people who are unconscious or who have limited mobility

- 2.3 use appropriate positioning and pressure relieving techniques
- 2.4 take appropriate action to ensure privacy and dignity at all times
- 2.5 appropriate action to reduce or minimise pain or discomfort
- 2.6 support people to reduce fatigue, minimise insomnia and take appropriate rest.

### **3. Provide care and support with hygiene and the maintenance of skin integrity:**

- 3.1 observe and reassess skin and hygiene status using contemporary approaches to determine the need for support and ongoing intervention.
- 3.2 identify the need for and provide appropriate assistance with washing, bathing, shaving and dressing
- 3.3 identify the need for and provide appropriate oral, dental, eye and nail care and suggest to others when an onward referral is needed
- 3.4 prevent and manage skin breakdown through appropriate use of products
- 3.5 Identify and manage skin irritations and rashes
- 3.6 monitor wounds and undertake wound care using appropriate evidence-based techniques.

### **4. Provide support with nutrition and hydration:**

- 4.1 use contemporary nutritional assessment tools
- 4.2 assist with feeding and drinking and use appropriate feeding and drinking aids
- 4.3 record fluid intake and output to identify signs of dehydration or fluid retention and escalate as necessary
- 4.4 support the delivery of artificial nutrition and hydration using oral and enteral routes.

### **5. Provide support with maintaining bladder and bowel health:**

- 5.1 observe and monitor the level of urinary and bowel continence to determine the need for ongoing support and intervention, the level of independence and self-management of care that an individual can manage
- 5.2 assist with toileting, maintaining dignity and privacy and use appropriate continence products

- 5.3 care for and manage catheters for all genders
- 5.4 recognise bladder and bowel patterns to identify and respond to incontinence, constipation, diarrhoea and urinary and faecal retention.

## **6. Provide support with mobility and safety:**

- 6.1 use appropriate risk assessment tools to determine the ongoing need for support and intervention, the level of independence and self-care that an individual can manage
- 6.2 use appropriate assessment tools to determine, manage and escalate the ongoing risk of falls
- 6.3 use a range of contemporary moving and handling techniques and mobility aids
- 6.4 use appropriate moving and handling equipment to support people with impaired mobility.

## **7. Provide support with respiratory care:**

- 7.1 manage the administration of oxygen using a range of routes and approaches
- 7.2 take and be able to identify normal peak flow and oximetry measurements
- 7.3 use appropriate nasal and oral suctioning techniques
- 7.4 manage inhalation, humidifier and nebuliser devices.

## **8. Preventing and managing infection:**

- 8.1 observe and respond rapidly to potential infection risks using best practice guidelines
- 8.2 use standard precautions protocols
- 8.3 use aseptic, non-touch techniques
- 8.4 use appropriate personal protection equipment
- 8.5 implement isolation procedures
- 8.6 use hand hygiene techniques

8.7 safely decontaminate equipment and environment

8.8 safely handle waste, laundry and sharps.

### **9. Meeting needs for care and support at the end of life:**

9.1 recognise and take immediate steps to respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression

9.2 review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate

9.3 provide care for the deceased person and the bereaved respecting cultural requirements and protocols.

### **10. Procedural competencies required for administering medicines safely:**

10.1 continually assess people receiving care and their ongoing ability to self-administer their own medications. Know when and how to escalate any concerns

10.2 undertake accurate drug calculations for a range of medications

10.3 exercise professional accountability in ensuring the safe administration of medicines to those receiving care

10.4 administer medication via oral, topical and inhalation routes

10.5 administer injections using subcutaneous and intramuscular routes and manage injection equipment

10.6 administer and monitor medications using enteral equipment

10.7 administer enemas and suppositories

10.8 manage and monitor effectiveness of symptom relief medication

10.9 recognise and respond to adverse or abnormal reactions to medications, and when and how to escalate any concerns

10.10 undertake safe storage, transportation and disposal of medicinal products.



## Glossary

**Abuse:** is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of abuse may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

**Candour:** being open and honest with patients when things go wrong.

**Cognitive:** The mental processes of perception, memory, judgment, and reasoning.

**Co-morbidities:** the presence of one or more additional diseases or disorders that occur with a primary disease or disorder.

**Contraindications:** a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

**Demography:** the study of statistics such as births, deaths, income, or the incidence of disease, which illustrate the changing structure of human populations.

**Evidence based person-centred care/nursing care:** making sure that any care and treatment is given to people, by looking at what research has shown to be most effective. The judgment and experience of the nurse and the views of the person should also be taken into account when choosing which treatment is most likely to be successful for an individual patient.

**Genomics:** branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

**Health literacy:** the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

**Human factors:** environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

**Intervention:** any investigations, procedures, or treatments given to a person.

**People:** individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and other within and outside the learning environment.

**Person-centred:** an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan.

**Reflection:** to carefully consider actions or decisions and learn from them.

**Vulnerable people:** those who at any age are at a higher risk of harm than others. Vulnerability might be in relation to a personal characteristic or a situation. The type of harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

DRAFT

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# Standards for pre- registration nursing associate programmes

## Introduction

Our *Standards for pre-registration nursing associate programmes* set out the legal requirements, entry requirements, availability of recognition of prior learning, length of programme, methods of assessment and information on the award for all pre-registration nursing associate education programmes.

Overall responsibility for the day-to-day management of the quality of any educational programme lies with an approved education institution (AEI) in partnership with health and care settings that offer practice experience to nursing associate students.

*Standards for pre-registration nursing associate programmes* follow the student journey and are grouped under the following five headings:

- 1 **Selection, admission and progression:** standards about an applicant's suitability for, and continued participation in, a pre-registration nursing associate programme
- 2 **Curriculum:** standards for the content, delivery and evaluation of the pre-registration nursing associate education programme
- 3 **Practice learning:** standards specific to pre-registration learning for nursing associates that takes place in practice settings
- 4 **Supervision and assessment:** standards for safe and effective supervision and assessment for pre-registration nursing associate education programmes
- 5 **Qualification to be awarded:** standards which state the award and information for the NMC register.

## 1. Selection, admission and progression

Approved education institutions together with practice learning partners must:

- 1.1 confirm on entry to the programme that students:
  - 1.1.1 demonstrate values in accordance with *the Code*<sup>1</sup>
  - 1.1.2 have capability to learn behaviours in accordance with *the Code*
  - 1.1.3 have capability to develop numeracy skills required to meet programme outcomes
  - 1.1.4 can demonstrate proficiency in English language<sup>2</sup>
  - 1.1.5 have capability in literacy to meet programme outcomes
  - 1.1.6 have capability for digital and technological literacy to meet programme outcomes
- 1.2 ensure students' health and character allows for safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and good character in line with the NMC's [health and character decision-making guidance](#). This includes satisfactory occupational health assessment and criminal record checks
- 1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments and that any declarations are dealt with promptly, fairly and lawfully
- 1.4 ensure that the registered nurse or registered nursing associate responsible for directing the educational programme or their designated registered nurse substitute or designated registered nursing associate substitute, are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing associate programme
- 1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for nursing associates* and programme outcomes, up to a maximum of 50% of the programme. This maximum limit of 50% does not apply to applicants to pre-registration nursing associate programmes who are currently a NMC registered nurse without restrictions on their practice, and
- 1.6 provide support where required to students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes

<sup>1</sup> <https://www.nmc.org.uk/standards/code/>

<sup>2</sup> <https://www.nmc.org.uk/registration/joining-the-register/english-language-requirements>

## 2. Curriculum

Approved education institutions together with practice learning partners must:

- 2.1 ensure that programmes comply with the *NMC Standards framework for nursing and midwifery education*
- 2.2 comply with the *NMC Standards for student supervision and assessment*
- 2.3 ensure that all programme learning outcomes reflect the *Standards of proficiency for nursing associates*
- 2.4 design and deliver a programme that supports students and provides an appropriate breadth of experience for a non-field specific nursing associate programme, across the lifespan and in a variety of settings
- 2.5 set out the general and professional content necessary to meet the *Standards of proficiency for nursing associates* and programme outcomes
- 2.6 ensure that the programme hours<sup>3</sup> and programme length are:
  - 2.6.1 sufficient to allow the students to be able to meet the *Standards of proficiency for nursing associates*,
  - 2.6.2 no less than 50 per cent of the minimum programme hours required of nursing degree programmes, currently set under Article 31(3) of Directive 2005/36/EC (4,600 hours)
  - 2.6.3 consonant with the award of a Foundation degree (typically 2 years)
- 2.7 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies, and
- 2.8 ensure nursing associate programmes which form part of an integrated programme meet the nursing associate requirements and nursing associate proficiencies.

## 3. Practice learning

Approved education institutions together with practice learning partners must:

- 3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for nursing associates* to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings<sup>4</sup>

<sup>3</sup> 'Programme hours' are hours protected for learning, in theory and practice. Hours which are not protected for learning, in which students are in effect working in their substantive place of work, do not count towards programme hours.

<sup>4</sup> Nursing associate students are not required to have placements in each field of nursing, but should, through their education programme, benefit from experience of children and adults, and patients/service users with mental health conditions and learning disabilities, and understand the most significant factors to be aware of when providing care to different types of service user.

- 3.2 ensure that students experience the variety of practice expected of nursing associates to meet the holistic needs of people of all ages
- 3.3 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment
- 3.4 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities, and
- 3.5 ensure that nursing associate students have protected learning time<sup>5</sup> in line with one of the following two options:
  - 3.5.1 Option A: nursing associate students are supernumerary when they are learning in practice
  - 3.5.2 Option B: nursing associate students, via work-placed learning routes:
    - 3.5.2.1 are released for a minimum of 20 per cent of the programme for academic study<sup>6</sup>
    - 3.5.2.2 are released for a minimum of 20 per cent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and
    - 3.5.2.3 for the remainder of the required programme hours, protected learning time must be assured.

#### 4. Supervision and assessment

Approved education institutions together with practice learning partners must:

- 4.1 ensure that, support, supervision, learning and assessment provided complies with the *NMC Standards framework for nursing and midwifery education*
- 4.2 ensure that support, supervision, learning and assessment provided complies with the *NMC Standards for student supervision and assessment*
- 4.3 ensure they inform the NMC of the name of the registered nurse or registered nursing associate responsible for directing the education programme
- 4.4 provide students with feedback throughout the programme to support their development
- 4.5 ensure throughout the programme that students meet the *Standards of proficiency for nursing associates*
- 4.6 ensure that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100%

<sup>5</sup> Protected learning time is designated time in which students are supported to learn. All students are appropriately supervised until they have demonstrated proficiency in aspects of care. Supernumerary status is one approach to protected learning time.

<sup>6</sup> The 20 per cent specified here is not the total sum of theoretical learning students will need to undertake, please see standard 2.7 which requires equal weighting of theory and practice in the curriculum

- 4.7 assess students to confirm proficiency in preparation for professional practice as a nursing associate
- 4.8 ensure that there is equal weighting in the assessment of theory and practice, and
- 4.9 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in *Standards of proficiency for nursing associates*

## **5. Qualification to be awarded**

Approved education institutions together with practice learning partners must:

- 5.1 ensure that the minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England), which is typically two years in length, and
- 5.2 notify students during the programme that they have five years in which to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as is specified in our standards in order to register their award



## **Background note on protected learning time in pre-registration nursing associate programmes**

- 1 The NMC has been in dialogue with the Department for Health and Social Care (DHSC) and NHS Employers regarding our requirement that students on NMC pre-registration programmes are supernumerary when they are learning in practice settings. There has been an Education Select Committee inquiry regarding barriers to the take up of apprenticeships and correspondence between the NMC and Ministers in the Department for Education (DfE) and DHSC. There are soundly-based concerns about whether employers will invest in nursing associate apprenticeships if they are perceived as too costly. The apprenticeship levy can only be used to fund training costs, not for wider capacity-building in a setting that hosts students, or for backfill.
- 2 This matters because, unlike nursing, for nursing associates the apprenticeship route is conceived from the outset as the principle route by which people will train to enter the new profession.
- 3 For this reason we asked two questions about supernumerary status in our nursing associate consultation. We asked whether the same supernumerary requirement should apply to nursing associate pre-registration students, or whether we should permit other approaches that adequately safeguard patients and students.
- 4 Both propositions received majority support. Overall 66 per cent agreed with supernumerary being a requirement for pre-registration nursing associate programmes. However, 62 per cent also agree that the NMC should permit a different approach to protecting learning in practice settings.
- 5 As part of our consultation engagement, we set up a task and finish group which met four times between May and August to explore our approach to protecting learning in practice. The group included representatives from employers, education providers, Health Education England (HEE), NHS Employers and DHSC.

### **Option A: Maintain supernumerary status**

- 6 Many stakeholders support the removal of the requirement of supernumerary status altogether, which they suggest is in keeping with our move to outcomes-focused quality assurance of education. Those with a research background in work-based learning supported the view we should not place an artificial divide between 'working' and 'learning'. They point out that other regulators do not get into the contractual status of trainees when they are learning in practice.
- 7 Conversely, others observe that in a hard-pressed health and care system, there were risks that without the NMC setting standards in this area students may not get sufficient learning opportunities. This was some of the early feedback from the test site students, although HEE now has measures in place to make sure all students get access to the required placement learning hours. It was also acknowledged that the NMC has recently overhauled its approach to education

quality assurance and that this was an inopportune moment to pursue wholesale change.

### **Option B: Define protected learning time**

- 8 We have therefore developed a second option for AEs and their practice partners, Option B in the nursing associate pre-registration programme standards (Annexe 3). Under Option B we are silent on supernumerary status and it is for providers to demonstrate how they will protect a defined amount of time to be spent learning in practice. Of time spent in practice settings, only protected learning time can count towards programme hours.
- 9 Option B places a greater onus on NMC quality assurance to scrutinise how learning time will be protected. It also places a greater onus on AEs and their practice placement partners to define and monitor protected learning time, making sure that they have processes in place to evidence protected learning time and identify and address any issues arising.
- 10 Para 3.5 of Annexe 3 sets out the proposed programme standard. With our task and finish group we have developed guidance on Option B to sit below the standard. This guidance covers:
  - 10.1 Releasing students for academic learning and external placements
  - 10.2 Examples of activities that could contribute to protected learning time
  - 10.3 What the NMC will look for when approving programmes via Option B
- 11 In common with supernumerary students, learners engaging in protected learning time will need to be supervised while they work towards achieving competence, and confidence.
- 12 If approved, Option B will only be available for pre-registration nursing associate programmes; supernumerary status will continue to be a requirement for pre-registration nursing and midwifery programmes (where apprenticeship remains a minority route to the register).
- 13 We propose to evaluate the impact of this option in order that we can be sure there are no unintended consequences for patient safety, student learning and equality of opportunity.

## Council

### Nursing associate fees

**Action:** For decision

**Issue:** This paper seeks Council's agreement to amend the Nursing and Midwifery Council (Fees) Rules 2004 so as to include the fees for nursing associates.

**Core regulatory function:** All regulatory functions

**Strategic priority:** Strategic priority 1: Effective regulation  
Strategic priority 4: An effective organisation

**Decision required:** The Council is recommended to:

- approve the proposed fees for nursing associates (paragraph 10)
- make the Nursing and Midwifery Council (Fees) (Amendment) Rules 2018 (paragraph 11).

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Draft Nursing and Midwifery Council (Fees) (Amendment) Rules 2018.

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 To introduce fees for nursing associates we need to make changes to the Nursing and Midwifery Council (Fees) Rules 2004 (Fees Rules). Our legislation requires us to consult before determining or varying our fees<sup>1</sup>.
  - 2 In November 2017, the Council agreed to consult on amending the Fees Rules. This consultation ran from 4 December 2017 to 26 February 2018 (12 weeks).
  - 3 The consultation proposed that:
    - 3.1 The fee structure for nursing associates should mirror that of nurses and midwives.
    - 3.2 Most nursing associates (those who have an NMC approved qualification, and two specific groups of pre-regulation students in England) who apply to join our register should pay £120 to register. All nursing associates then pay a £120 annual retention fee.
    - 3.3 As nursing associates will be regulated in England only, applicants who qualified in Northern Ireland, Scotland or Wales, non-EU/EEA and EU/EEA countries will need to have their qualification evaluated to see if it meets our requirements. The consultation proposed a qualification evaluation fee for these applicants.
  - 4 At its meeting in July 2018, Council reviewed a paper for information (Item 12 NMC/18/61 25 July 2018) which provided an update on the consultation and an overview of the findings. Council members were also provided with a draft of the consultation response. Council is now asked to take a formal decision on the fees for nursing associates. If Council approves the proposed fees, Council is then asked to make the Nursing and Midwifery Council (Fees)(Amendment) Rules 2018 (attached at Annexe 1).
- Four country factors:**
- 5 We regulate nurses and midwives across the UK, but we will only regulate nursing associates in England. This means that applicants to the nursing associate part of the register who trained in Northern Ireland, Scotland or Wales will not have a qualification from an NMC approved provider of nursing associate education. Therefore, we will need to evaluate the comparability of their qualification to determine whether they meet our standards.
- Discussion:**
- 6 As discussed at the previous Council meeting in July, the majority of respondents to the consultation were supportive of the NMC's

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<sup>1</sup> Article 7(3) and Article 47(3) set out our duty to consult.

proposals.

- 7 There was strong support (66% of all respondents agreed) for the overarching principle of the consultation, that the fee structure for nursing associates should mirror the NMC's current fee structure for nurses and midwives.
- 8 A total of 863 respondents answered some or all of the questions in the consultation survey. The majority of responses were from individuals, and we also received 31 responses from organisations such as the Royal College of Nursing (RCN), Unite and Unison.
- 9 At the July meeting, Council noted that the consultation proposed that the fee structure should mirror that of nurses and midwives - as the cost for regulation was the same - and there was no reason to change the approach in light of the responses to the consultation. The Council is now asked to formally approve the fee structure for nursing associates as set out in the consultation and make the Nursing and Midwifery Council (Fees)(Amendment) Rules 2018.
- 10 Recommendation: The Council is recommended to approve the proposed fees for nursing associates.**
- 11 Recommendation: The Council is recommended to make the Nursing and Midwifery Council (Fees)(Amendment) Rules 2018.**

#### Next steps

- 12 If Council approves the proposed fees for nursing associates and makes the fees rules contained in Annexe 1, these rules will be incorporated into a Statutory Instrument. The Statutory Instrument will then need to be approved by the Privy Council before passing through Parliament under the negative resolution procedure. This means that it will automatically become law without debate unless there is an objection from either House.
- 13 We will be aiming for the Privy Council to approve the Statutory Instrument in October 2018. Subject to Parliamentary approval, the changes to the Fees Rules will then come into force in time for the opening of the nursing associate part of the register on 28 January 2019.
- 14 Our report in response to the consultation (which Council reviewed in draft in July) will be published by mid-October.

#### Public protection implications:

- 15 The Secretary of State has taken the decision that statutory regulation of the nursing associate role is required in order to protect the public. Our fees are set at the level required to meet the total costs of regulating the professions on our register.

- |   |    |  |
|---|----|--|
| <b>Resource implications:</b>               | 16 | In agreeing to regulate nursing associates, Council was clear that the costs of bringing a new profession into regulation must not be borne by nurses and midwives. The Department of Health and Social Care has agreed to provide the funds required.   |
| <b>Equality and diversity implications:</b> | 17 | The majority of respondents to the consultation believed that the NMC's proposals will either have a mainly positive impact (23%) or no anticipated impact (48%) on people with protected characteristics (e.g. age, disability, race, etc.).  |
| <b>Stakeholder engagement:</b>              | 18 | The NMC is engaging widely on the introduction of the regulation of nursing associates. In connection with the issues raised in this paper, the NMC has engaged with the Department of Health and Social Care (workforce and policy teams) and members of the Nursing Associate External Stakeholder Group (which includes representatives from professional associations and unions). |
| <b>Risk implications:</b>                   | 19 | In order to join our register, nursing associates will be required to pay a fee. The fees for nursing associates must be included in the Nursing and Midwifery Council (Fees) Rules 2004 and this is contingent on Council approving the proposed fees.  |
| <b>Legal implications:</b>                  | 20 | The NMC has a statutory duty to consult on fees. This duty was met by the public consultation which ran from 4 December 2018 to 26 February 2018.  |
|   | 21 | Subject to Council agreeing the proposed fees and making the rules a Fees Rules Amendment Order will be used to amend the Nursing and Midwifery Council (Fees) Rules 2004.   |

Note: This draft is still subject to DHSC approval and may be subject to technical amendments.

## THE NURSING AND MIDWIFERY COUNCIL (FEES) (AMENDMENT) RULES 2018

The Nursing and Midwifery Council makes the following Rules in exercise of the powers conferred by articles 7(1), 7(2)(c) and 47(2) of the Nursing and Midwifery Order 2001(a).

The Nursing and Midwifery Council has consulted in accordance with articles 7(3) and 47(3) of that Order.

### Citation and commencement

1. These Rules may be cited as the Nursing and Midwifery Council (Fees) (Amendment) Rules 2018 and come into force on 28th January 2019.

### Amendment to the Nursing and Midwifery Council (Fees) Rules 2004

2. In the table in rule 3 (fees) of the Nursing and Midwifery Council (Fees) Rules 2004(b)—
- (a) in the entry of column (2) of row (a), for “(e) or (f)” substitute “(dd), (e) or (f) or article 13A”;
  - (b) in the entry of column (2) of row (c), for “or (d)” substitute “, (d) or (dd)”.

Given under the common seal of the Nursing and Midwifery Council this [xxx] day of [xxx] 2018.



*Philip Graf*  
 Chair

*Sue Killen*  
 Interim Chief Executive and Registrar

(a) S.I. 2002/253 as amended by S.I. 2018/838; there are other amending instruments but none is relevant.

(b) Scheduled to S.I. 2004/1654, as amended by S.I. 2005/3353, S.I. 2007/1885, and 3101, S.I. 2011/2297, S.I. 2012/3026 and S.I. 2014/3139.