

Nursing associates

Consultation on the regulation of a new profession

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About us

The [Nursing and Midwifery Council](#) (NMC) is the independent healthcare regulator for nurses and midwives in the UK.

We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards. From 2019, we will also regulate nursing associates in England.

Why are we consulting?

We want to find out what you think about how we will regulate the new nursing associate profession.

This consultation will run from 9 April 2018 to 2 July 2018. We welcome responses from any interested organisations and individuals.

Background

The [Shape of Caring review](#) (Health Education England, 2015) identified a skills gap between the roles of health and care assistants and registered nurses. In October 2015, the Government announced the creation of a new healthcare role in England called a nursing associate to bridge this gap and help meet the changing health and care needs of patients and the public.

Nursing associates will work as members of interdisciplinary teams supporting the delivery of nursing care across a wide range of health and care settings. The role will be a profession in its own right and it will provide a progression route into graduate level nursing degree programmes.

Following the Government's announcement of the new role, Health Education England (HEE) worked with education providers and employers to develop a pilot programme to train 2,000 nursing associates in England. The first nursing associate programmes started in January 2017, and we expect the first nursing associates to qualify in early 2019. The student nursing associates on the pilot programmes are training according to a framework developed by HEE, which was informed by a public consultation on the role. They will need to meet the NMC's nursing associate standards of proficiency to qualify as nursing associates and apply to join the register.

The Government has determined that statutory regulation of the nursing associate profession is required to protect the public. In January 2017, our Council agreed to the Department of Health and Social Care's request to regulate nursing associates in England.

How will we regulate nursing associates?

Regulation helps to ensure that people benefit from safe and effective care when they use the services of professionals such as nurses, midwives, dentists and doctors.

Our role, functions and powers as a regulator are set out in the [Nursing and Midwifery Order 2001](#) (the Order). The Order is the main legislation that allows us to regulate nurses and midwives. To take on the regulation of nursing associates in England, our legislation needs to be updated.

The Government is now in the process of amending our legislation to give us new powers to regulate this new profession in time for the first nursing associates to join our register at the beginning of 2019. The Department of Health and Social Care [consulted on changing our legislation](#) in December 2017 (*Regulation of Nursing Associates in England*). When published, the outcome of that consultation will be available on the [Government's consultation web page](#). Parliament will review the proposed updates to our legislation, and if approved, the changes will become law.

The Department of Health and Social Care's consultation proposed that the approach to **the regulation of nursing associates will be broadly the same as the approach that applies to nurses and midwives**. The proposed changes to our legislation will give us a range of powers in relation to nursing associates. In particular, the proposed legislation will:

- Create a new part of our register for nursing associates in England. This allows us to **register qualified and competent nursing associates** and identifies them as a distinct profession.
- Enable us to **set the Standards of proficiency and Standards for nursing associate programmes** that we think are necessary for safe and effective practice, and to approve nursing associate education providers.
- Create **routes to allow individuals with NMC approved nursing associate qualifications to apply to join our register**. It will also provide routes to registration for individuals who have a qualification awarded from outside of England.
- Introduce a **route to registration for individuals who have started on or completed a HEE pilot programme or apprenticeship** by 26 July 2019.
- Allow us to **apply our fitness to practise procedures to nursing associates** so that we can deal with any concerns should a nursing associate fall short of our standards.
- Help us to protect the public by creating offences in England relating to:
 - using the title 'nursing associate' in England without being registered as a nursing associate with us
 - falsely claiming to be on the nursing associate part of the register
 - falsely claiming to have nursing associate qualifications.

How we have developed our proposals

Our proposals have been developed in the context of the Department for Health and Social Care's consultation.

In preparation to regulate nursing associates, we have spoken extensively with people who have an interest in the new profession, including patients and service users, employers, educators, nurses and student nursing associates. Through stakeholder workshops, meetings and focus groups we have developed the proposals we set out in this consultation.

How we regulate

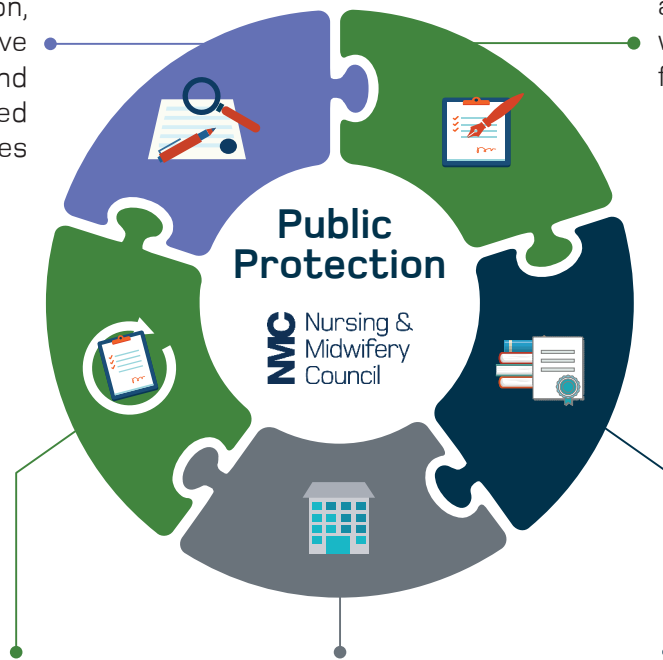
The diagram below illustrates our key functions.

Fitness to practise

When an individual is alleged to be unsafe or otherwise unsuitable for continued registration we take action, so that the public can have confidence in the quality and standards of care provided by nurses and midwives

Registration

We maintain a register of all nurses and midwives who meet the requirements for registration in the UK



Revalidation

Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC

Education

We approve and assure programmes of nursing and midwifery education

Code and standards

We set standards for education, training, conduct and performance so that nurses and midwives are able to deliver high quality healthcare consistently throughout their careers

How will this consultation work?

What we will ask you about

We would like to get your views on the standards and processes that will allow us to regulate nursing associates.

Our approach can be split into two main areas:

1. Areas where we propose to broadly apply the approach we currently have for nurses and midwives to nursing associates. These include:
 - the *Standards framework for nursing and midwifery education*
 - the *Standards for student supervision and assessment*
 - the Code
 - registration requirements, including returning to practice, English language competency, and the routes to registration for EEA-trained and other overseas applicants
 - revalidation requirements
 - fitness to practise processes.
2. Areas where we have developed new standards specifically for nursing associates. These include:
 - the *Standards of proficiency for nursing associates* (including the annexes)
 - the *Standards for pre-registration nursing associate programmes*.

We will cover the following content in this consultation:

- [*The new Standards of proficiency for nursing associates*](#)
- [*The revised Code*](#)
- [*Education and training*](#)
 - [*Standards framework for nursing and midwifery education*](#)
 - [*Standards for student supervision and assessment*](#)
- [*The new Standards for pre-registration nursing associate programmes*](#)
- [*Other regulatory requirements:*](#)
 - [*Registration, revalidation and fitness to practise*](#)

What we won't ask you about

We won't revisit questions asked by the previous three consultations relating to nursing associates. Prior to this consultation:

- HEE consulted on the [proposal to introduce a new nursing support role](#) and sought views on regulation (January to March 2016)
- The [Department of Health and Social Care consulted](#) on the approach to regulation and the changes to our legislation to give us new powers to regulate nursing associates (October to December 2017)
- [We consulted on the fees we will charge nursing associates](#) to join our register (December 2017 to February 2018) and will be publishing our response later this year. Parliament will need to agree the changes before they become law.

These consultations gave people the opportunity to comment on:

- the need for the role, in England
- whether the role should be regulated
- the nature of the role
- changes to our legislation
- nursing associate fees.

How to respond to this consultation

We appreciate you taking your time to read and respond to our consultation. You are free to answer some or all of the questions.

In each section of this consultation we will outline:

- where we propose to take the same approach to regulating nursing associates as we do to regulating nurses and midwives
- where we propose something different for nursing associates, and why.

After each question there are text boxes to provide comments should you wish. For some questions, we will ask you to read some relevant material before you give us your response.

You can [respond to this consultation through our website](#).

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format. You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name. Therefore you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

The consultation will run from **9 April 2018 to 2 July 2018**. Any responses received after this time won't be included in the analysis of the consultation responses.

Standards of proficiency for nursing associates

The standards of proficiency set out for patients, service users and the wider public what nursing associates know and can do when they join our register.

They are the minimum standards required to join the new nursing associate part of our register. The *Standards of proficiency for nursing associates* are designed to apply across all fields of practice and a range of health and care settings. Approved education institutions, with their practice placement partners, will need to ensure that nursing associate education and training programmes enable students to demonstrate these proficiencies and qualify as nursing associates.

What is new?

The Standards of proficiency for nursing associates are entirely new. They are derived from the latest *Standards of proficiency for registered nurses*. This is so that it's easy to see the difference in the expectation of skill and knowledge between nurses and nursing associates at the point of registration, and identify, for those who have the aspiration and ability to do so, what is needed to progress to become a registered nurse.

The nursing associate proficiencies are structured under six headings, which describe the key components of the role. In comparison, the new registered nurse proficiencies are structured under seven headings which set higher expectations in a number of areas but predominantly around primary assessment, developing care plans, oversight of care, and leadership/management.

Standards of proficiency for nursing associates:

1. Be an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

Standards of proficiency for registered nurses:

1. Be an accountable professional
2. Promoting health and preventing ill health
3. Assessing needs and planning care
4. Providing and evaluating care
5. Leading and managing nursing care and working in teams
6. Improving safety and quality of care
7. Coordinating care

In developing the *Standards of proficiency for nursing associates*, we have taken account of the curriculum framework that HEE put in place to shape the training at the initial test sites piloting nursing associate programmes. We also looked at frameworks for health and care assistants, and those applying to other health and care roles at similar academic levels and/or pay bands to those proposed for nursing associates.

The Department of Health and Social Care's intention is that nursing associates support the delivery of nursing care across a wide range of health and care settings and practice fields. Nursing associates are generic practitioners across the fields of nursing so their education needs to give them understanding and experience of working with children and adults, and with people with learning disabilities and mental health conditions.

Questions about the Standards of proficiency for nursing associates

To answer the questions below, please refer to the [Standards of proficiency for nursing associates](#).

Q1. Do you agree or disagree that the Standards of proficiency for nursing associates set an appropriate level of knowledge and skill for all nursing associates at the point of registration?

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

If you have any comments please state these below.

Q2. Are there any further areas of knowledge or skill that you would expect all nursing associates to be able to demonstrate at the point of registration?

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the knowledge or skills you believe are missing from the Standards of Proficiency and why they should be included.

Q3. Are there any areas of knowledge or skill included within the Standards of proficiency for nursing associates that do not need to be included or that go beyond what you think should be expected of all nursing associates at the point of registration?

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the knowledge or skills you believe do not need to be included or go beyond what should be expected of nursing associates at the point of registration and why.

The Department of Health and Social Care intends that the nursing associate will be a generic nursing role within the field of nursing. Nursing associate programmes will need to provide students with the breadth of experience appropriate for a generic role, and the nursing associate part of our register will not be sub-divided by fields. We would not expect nursing associates to be able to demonstrate all of the proficiencies in every field of nursing, but we want students to have a grounding in how the application of nursing knowledge and skill can vary across the lifespan, and according to specific needs.

Q4. Do you agree or disagree that the Standards of proficiency for nursing associates are appropriate for a generic nursing associate role?

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

If you have any comments please state these below.

The *Standards of proficiency for nursing associates* have been designed to align with the new *Standards of proficiency for registered nurses*. The registered nurse standards have recently been updated to reflect the enhanced knowledge and skill that will equip nurses to meet the public's future health and care needs. The two sets of proficiencies, when viewed together, are designed to allow people to understand the differences between the two roles.

Q5. Do you agree or disagree that the Standards of proficiency for nursing associates distinguish the knowledge and skill expected of the nursing associate in comparison to what is expected of a nurse at the point of registration? Please refer to the new [Standards of proficiency for registered nurses](#).

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

If you have any comments please state these below.

Q6. We have been asked to ensure nursing associate programmes can provide a progression route to nursing degrees. Do you agree or disagree that the Standards of proficiency for nursing associates, taken together with the new Standards of proficiency for registered nurses, help educators define the additional requirements for programmes that will enable progression to degree-level nursing?

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

If you have any comments please state these below.

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

The annexes of the *Standards of proficiency for nursing associates* sets out the communication skills and procedures that must be demonstrated by nursing associates at the point of registration. As the nursing associate role is generic, the annexes have been drafted to enable nursing associates to demonstrate skills that can be applied in a range of health and care settings and to care for people with different needs. These skills do not need to be demonstrated in every setting or across all stages of the life-span.

[Annexe A](#) of the standards of proficiency outlines the communication and relationship management skills required of nursing associates (please refer to Annexe A when answering the following questions).

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

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the communication and relationship management skills you believe are missing from Annexe A and why they should be included.

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

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the communication or relationship management skills in Annexe A you believe do not need to be included or go beyond what should be expected of nursing associates at the point of registration and why.

[Annexe B](#) of the standards of proficiency outlines the procedural skills required of nursing associates (please refer to Annexe B when answering the following questions).

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

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the procedural skills you believe are missing from Annexe B.

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

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please provide examples of the procedural skills in Annexe B you believe do not need to be included or go beyond what should be expected of nursing associates at the point of registration.

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

[Our Code](#) outlines the professional standards that people on our register must uphold to practise in the UK. It was published in 2015, and is well known and positively regarded by nurses and midwives.

We are proposing to update our Code in response to nursing associates becoming a regulated profession in England, but not to fundamentally change the standards set out in the Code. We have drafted a new introduction and made a small number of amendments to make sure the wording is fit for the purpose of regulating three different professions.

We have the same expectations of professional behaviour for nurses and midwives – the professions we currently regulate – and that is why we have one Code. We believe having one Code helps patients and the public to be confident that the same high standards of behaviour apply to everyone on our register.

Other UK health and care regulators also have one Code of conduct, ethics and behaviour for the different professions they regulate. It is accepted practice for regulators that regulate an established profession (like pharmacy, or dentistry) along with newer, supportive professions (like pharmacy technicians, or dental hygienists) to apply the same Code across related professions which work at different levels. It is positive for collaborative working.

Preserving safety

Nurses, midwives and nursing associates will uphold the Code within the limits of their competence. The professional commitment to work within one's competence is a key underpinning principle of the Code which, given the significance of its impact on public protection, should be upheld at all times.

Like nurses and midwives, nursing associates will have their own distinct standards of proficiency, setting out their specific knowledge and skills. But standards of behaviour, such as candour, confidentiality and collaboration will apply to all within the limits of their competence, which is shaped by their education, training and experience.

Delegation and accountability

People have told us that more information on delegation and accountability would be useful for those working with and delegating activities to nursing associates – we have provided some explanatory material about the delegation standards in the Code.

You might find it helpful to read our proposals for [the Code](#) alongside the [Standards of proficiency for nursing associates](#), and our new material on [delegation and accountability](#).

What is new?

- We updated the introduction of the Code to explain the differences and commonalities between the three professions we will regulate.
- We made a small number of changes to the text where we feel these are needed to make sure the Code works for all three professions that we will regulate. These changes are shown in red text.

What remains the same?

- The professional standards set out in the Code are fundamentally the same.

Questions about the Code

The new introduction to the Code explains that the NMC sets common standards of behaviour for people on our register. It explains that whilst people in different professions will have different levels of knowledge, skill and responsibility, one Code provides a clear and consistent message to the public about what can be expected from those who provide nursing or midwifery care.

Please refer to the [full version of the updated introduction](#) when answering this question.

Q1. Do you agree or disagree that the revised introduction explains how the Code can apply to nursing associates as well as the other professions we regulate?

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

If you have any comments please state these below.

Q2. Are there any standards within the Code that you think should not apply to nursing associates?

- Yes
- No
- Don't know

If you have any comments please state these below. If you answered yes, please let us know which standards you think should not apply to nursing associates and why.

Education and training

Our role in education

We want to ensure that nurses, midwives and nursing associates are consistently educated to a high standard. This means that they are able to deliver safe and effective care at the point of entry onto our register, and throughout their careers.

There are two standards that apply to all approved educations and their practice placement partners, no matter if they're delivering nursing, midwifery or nursing associate programmes. These are the:

- [Standards framework for nursing and midwifery education](#)
- [Standards for student supervision and assessment](#)

In addition to the above, which apply to all NMC approved programmes, we set some specific standards for each of the programmes we approve.

Standards framework for nursing and midwifery education

The *Standards framework for nursing and midwifery education* covers:

- Learning culture
- Educational governance and quality
- Student empowerment
- Educators and assessors
- Curricula and assessment.

Standards for student supervision and assessment

The *Standards for student supervision and assessment* sets out what we require for student learning and supervision in the practice environment. They also set out how educators will assess students across theory and practice. These standards are designed to apply to all NMC approved education programmes.

We consulted on the *Standards framework for nursing and midwifery education* and *Standards for student supervision and assessment* between June and September 2017 as part of our programme of change for education.

What is new?

- The *Standards framework for nursing and midwifery education* and the *Standards for student supervision and assessment* are designed to apply to all the education programmes that we approve. We propose that these standards will apply to nursing associate programmes too.
- In common with nurses and midwives, nursing associates on our register will be able to act as a supervisor for students on an NMC approved programme.
- In common with nurses and midwives, nursing associates on our register will be able to act as a practice assessor or academic assessor for nursing associate students.

What remains the same?

- We propose that most of the *Standards framework for nursing and midwifery education* and the *Standards for student supervision and assessment* will apply to nursing associate programmes. However, this consultation will ask for your views on the supernumerary status of nursing associate students in the practice learning environment and this may mean that we need to consider changes to some of our definitions of supported learning time.

Questions about the Standards framework for nursing and midwifery education

The *Standards framework for nursing and midwifery* includes standards which apply to all approved education institutions and their practice learning partners that are delivering NMC approved programmes.

Q1. Do you agree or disagree that the Standards framework for nursing and midwifery education should also apply to providers of nursing associate programmes?

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

If you have any comments please state these below.

Questions about the Standards for student supervision and assessment

The *Standards for student supervision and assessment* set out our expectations for the learning, support and supervision of students in the practice environment.

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

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

If you have any comments please state these below.

The *Standards for student supervision and assessment* specify that a nursing associate student will be assigned an academic assessor and a practice assessor who can be a registered nurse or nursing associate.

We are proposing that both nurses and nursing associates can perform these roles because we recognise that it will be some time before there is an available pool of nursing associates to act as academic and practice assessors.

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

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

If you have any comments please state these below.

Standards for pre-registration nursing associate programmes

The [Standards for pre-registration nursing associate programmes](#) set out the specific requirements that apply to all pre-registration nursing associate education programmes.

In order to be approved to run pre-registration nursing associate programmes, approved education institutions, together with their practice placement partners, must meet these standards, and the requirements within our [Standards framework for nursing and midwifery education](#) as well as the [Standards for student supervision and assessment](#).

The Department for Health and Social Care envisages that nursing associate education and training will take place through apprenticeships.

Our standards have been developed without reference to programme funding or delivery approaches, because we need to provide a framework within which diverse approaches may be taken, provided that our standards are met.

What is new?

- The *Standards for pre-registration nursing associate programmes* are entirely new. They are presented under the following headings:
 - Selection, admission and progression – standards about an applicant’s suitability and continued participation in a pre-registration nursing associate programme
 - Curriculum – standards about the content, delivery and evaluation of the pre-registration nursing associate programme
 - Practice learning – standards specific to learning that takes place in practice settings
 - Supervision and assessment – standards for safe and effective supervision and assessment on pre-registration nursing associate programmes
 - Eligibility to apply to the register – standards which specify the award and set out information for the NMC register.

Questions about the Standards for pre-registration nursing associate programmes

The standards permit approved education institutions to recognise the prior learning of applicants wishing to join nursing associate programmes up to a cap of 50 percent of the programme.

This means that an approved education institution cannot offset prior learning against more than 50 percent of a nursing associate programme.

Q1. Do you agree or disagree that a 50 percent cap on the recognition of prior learning is also appropriate for applicants wanting to join a nursing associate programme?

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

If you have any comments please state these below.

We have considered whether there should be any exceptions to the 50 percent cap on the recognition of prior learning.

We propose no cap on recognition of prior learning for registered nurses (or those who have been registered as nurses within the last five years) who for any reason may want to join a nursing associate programme.

Anyone who previously qualified as a nurse who wishes to practise as a nursing associate would need to meet the nursing associate standards and gain a nursing associate qualification to be able to apply to join the nursing associate part of the register.

Removing the cap on recognition of prior learning for registered nurse applicants to nursing associate programmes would mean that an approved education institution could, if appropriate, offer assessment-only routes to nursing associate qualification for this specific group, who meet our nursing standards and have successfully qualified via NMC approved programmes, or equivalents.

Q2. Do you agree or disagree that for registered nurses there should be no recognition of prior learning cap on to nursing associate programmes?

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

If you have any comments please state these below.

The *Standards for pre-registration nursing associate programmes* propose an equal balance of theory and practice in the curriculum. This mirrors the requirement set out in the EU Directive that adult nursing programmes must have an equal balance between theory and practice. The NMC applies this to all nursing programmes. We propose that the same approach should apply to nursing associate programmes, to facilitate progression to nursing degrees.

This requirement does not mean that students must spend half of their programme hours in an educational institution and half in a practice learning environment. It is about the content of the learning, not the location.

Q3. Do you agree or disagree that nursing associate programmes should provide an equal balance of theory and practice learning?

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

If you have any comments please state these below.

Q4. If you answered disagree or strongly disagree to Q3, which of the following do you consider would be an appropriate balance of theory and practice learning?

- More theory and less practice learning
- More practice learning and less theory
- No requirement set by the NMC

To ensure the nursing associate can work across a range of settings and fields, the *Standards for pre-registration nursing associate programmes* specify that students should be provided with learning experiences involving patients with diverse needs, across the lifespan, and in a variety of settings. We do not propose to be more prescriptive about how time should be spent, preferring to give our approved providers flexibility to develop appropriately broad learning experiences. When we approve and monitor programmes, we will look at whether learning experiences are sufficiently broad to give students a sound basis for generic practice. This aligns with our approach to nursing programmes, where we do not provide a detailed specification.

Q5. Do you agree or disagree that this is the right approach to secure appropriate breadth in the learning experiences of student nursing associates?

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

If you have any comments please state these below.

Q6. If you answered strongly disagree or disagree to Q5, which of the following do you think would be a better alternative to make sure approved education institutions provide students with a wide exposure to nursing practice?

- Setting a specific requirement for hours per field/setting in the standards
- Provide guidance on what would be appropriate
- Monitor this through quality assurance of nursing associate programmes
- Other – please specify

Practice-based learning is essential for people who will join our register. This must be managed in a way that is safe for the people in their care, and which ensures that students have time and support to learn when they are on placements. For pre-registration nursing programmes, we require students to be supernumerary.

By supernumerary we mean that students must be additional to the staffing levels required for safe and effective care delivery in a setting. It does not mean that students cannot deliver care, and the amount of supervision they require will change as they gain proficiency and confidence.

Q7. In principle, do you agree or disagree that supernumerary status on practice placements should be a requirement for pre-registration nursing associate programmes?

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

If you have any comments please state these below.

Some stakeholders have suggested that we should consider other approaches to supporting student learning in practice, now that professional education is more frequently provided in different modes.

Q8. Do you agree or disagree that the NMC should permit a different interpretation of the supernumerary requirement in the light of work based learning models (such as apprenticeships) provided that patient safety and student learning can still be safeguarded?

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

If you have any comments please state these below. If you answered strongly agree or agree that the supernumerary requirement should be interpreted differently, please describe in brief how this can be achieved without detriment to patients and/or to student learning.

The *Standards for pre-registration nursing associate programmes* propose that students successfully completing a nursing associate programme should receive a foundation degree based on the Regulated Qualifications Framework (England), which is typically two years in length.

HEE's nursing associate test sites were able to award any English Level 5 qualification, although very few have opted for anything other than a foundation degree. On the basis that there was low take up of alternatives, we see benefit in specifying a common qualification for all nursing associate programmes. It should assist with public understanding of the level of programmes, and with progression onto nursing degrees. From the NMC's perspective, it will allow us to take account of the wider quality assurance processes that providers are subject to in order to achieve foundation degree awarding powers. The Government's intention is to liberalise access to degree awarding status, so we do not believe setting nursing associate qualifications at foundation degree level will prove unduly restrictive.

Q9. Do you agree or disagree that the academic award associated with nursing associate programmes should be a foundation degree?

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

If you have any comments please state these below.

The *Standards for pre-registration nursing associate programmes* specify that programmes include at least 2,300 programme hours – that is the hours protected for learning, whether in education institutions or practice settings. Our expectation is that programmes leading to the award of foundation degree are typically two years long. We do not set two years as a requirement because we want to enable different modes of delivery, but we would give close scrutiny to any proposals for shorter programmes. We would need to be assured that the standards of proficiency could be met, and that the award of foundation degree could be merited.

If we permit a different interpretation of supernumerary status, we would need to consider whether the proposed number of programme hours is still appropriate.

Q10. Do you agree or disagree that nursing associate pre-registration programmes should include at least 2,300 protected theory and practice learning hours in total?

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

If you have any comments please state these below. If you answered strongly disagree or disagree, what do you think the number of hours should be and why?

Q11. Do you have any other comments about the Standards for pre-registration nursing associate programmes?

Joining our register

We maintain a register of the people qualified and eligible to practise as a nurse or midwife in the UK. We will open a new part of our register for nursing associates in 2019.

The Department of Health and Social Care's consultation proposed extending our current registration powers to nursing associates:

- There will be routes to registration for individuals who trained in England on an NMC approved nursing associate programme, and those that trained outside of England.
- For those who trained in the EEA/EU only the General Systems route will be available.
- There will also be a route for specific groups who started their training before the end of July 2019 on nursing associate programmes that are not approved by the NMC.

In addition to our initial registration process, there are [other registration related processes](#) that apply to nurses and midwives. These include:

- readmission to the register following a lapsed period
- readmission to the register following a fitness to practise sanction
- returning to practice
- leaving the register
- renewal of registration, including revalidation. See the [next section](#).

The requirements for these registration processes are set out in our legislation. The Department of Health and Social Care consulted on these legal requirements last year. When published, the outcome of that consultation will be available on the [Government's consultation web page](#).

We are currently reviewing our registration processes for people who trained overseas, including [English language requirements](#). Any changes we make will apply to nursing associates as well as nurses and midwives, and will be the subject of a separate consultation.

What is new?

The Department for Health and Social Care consulted on our registration processes for nurses and midwives applying to nursing associates in England. We will need to assess the comparability of qualifications obtained by applicants to the register who have undergone similar training in Wales, Northern Ireland and Scotland.

In this section we are only seeking your views on our English language guidance as this did not form part of Department for Health and Social Care's consultation.

What remains the same?

- All our registration processes and requirements for nurses and midwives will apply to nursing associates.

Questions about joining the register

As part of the registrations process, applicants must demonstrate the necessary knowledge of the English language. The NMC currently has three different routes by which this can be achieved:

- Studying a recent pre-registration nursing or midwifery programme that has been taught and examined in English
- Achieving the required minimum score of 7.0 in IELTS (International English Language Testing System) or the other English Language test accepted by the NMC (a minimum score of B in the Occupational English Test, OET).
- Registration and one year's practice with a nursing or midwifery regulator in a country where English is the first and native language and where a language assessment was required for registration.

Q1. Do you agree or disagree that our English language requirements for nursing associates should be the same as they are for nurses and midwives?

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

If you have any comments please state these below.

Revalidation

What is revalidation?

In April 2016, we introduced a [new system of revalidation for nurses and midwives](#). Revalidation is the process by which people on our register demonstrate that they continue to be capable of safe and effective practice. Nurses and midwives revalidate every three years to renew their registration. To revalidate, they have to:

- confirm they have practised for at least 450 hours for each registration they hold
- confirm that they have completed at least 35 hours of continuing professional development (CPD), 20 hours of which must be participatory
- collect five pieces of practice related feedback
- write five reflective learning accounts
- hold a reflective discussion with another registrant about their reflective accounts
- update their health and character declaration
- update their professional indemnity arrangement declaration
- provide the details of someone who has confirmed their revalidation declarations.

[Evidence to date](#) tells us that revalidation is working well and has been positively received by nurses and midwives.

Many of the revalidation requirements are set out in our legislation. These include the requirement to practise for at least 450 hours for each registration a person holds, declarations of health and character and the professional indemnity arrangement declaration. In 2017, the Department of Health and Social Care consulted on applying these provisions to nursing associates. When published, the outcome of that consultation will be available on the [Government's consultation web page](#).

In this section we will only seek your views on the elements of revalidation that are not set out in our legislation and were not covered in the Department of Health and Social Care's consultation. These requirements for continuing professional development as part of the revalidation process are set out in [How to revalidate](#), which we will revise to apply to nursing associates.

What is new?

- Nursing associates will be expected to revalidate in the same way as nurses and midwives do.

What remains the same?

- We propose that the revalidation requirements for nursing associates will be the same as those for nurses and midwives. The reasons that nurses and midwives need to confirm periodically that they are capable of safe and effective practice apply equally to nursing associates.

Q1. Do you agree or disagree that the following revalidation requirements for nurses and midwives should apply to nursing associates?

- Confirm the nursing associate has completed a minimum of 35 hours of Continuing Professional Development: 20 of which must be participatory

Please select one of the options below

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

- Collect five pieces of practice related feedback

Please select one of the options below

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

- Write five reflective learning accounts

Please select one of the options below

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

- Hold a reflective discussion with another registrant about their reflective accounts

Please select one of the options below

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

- Providing the details of the person who has confirmed their revalidation declarations

Please select one of the options below

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know

If you have any comments please state these below.

Fitness to practise

What is fitness to practise?

If people are concerned about the conduct or practice of a nurse or midwife they can refer them to us.

We will look into serious concerns and decide whether there is a case to answer. We may find that a nurse or midwife's [fitness to practise](#) is impaired and we can impose a sanction if one is necessary to protect the public or maintain public confidence in the professions. In the most serious cases, a nurse or midwife can be removed from the register.

We are consulting on a new [fitness to practise strategy](#).

What is new?

- The Department for Health and Social Care has already consulted on our fitness to practise powers being extended to nursing associates.
- When published, the outcome of that consultation will be available on the [Government's consultation web page](#).

What remains the same?

- All our fitness to practise policies and procedures for registered nurses and midwives will be extended to apply to nursing associates. Therefore in this section we are only seeking your views on the impact of these provisions.

Q1. Are there any implications of extending our fitness to practise approach to nursing associates that you think the NMC should consider?

- Yes
- No
- Don't know

If you have any comments please state these below.

Equality, diversity and inclusion

Since the beginning of the nursing associate programme in January 2017 we have considered equality and diversity issues on an ongoing basis. We are developing equality impact assessments (EQIA) of all key policy issues in the programme. The purpose of these is to identify any instance where the proposed approach may adversely impact on those with protected characteristics, as defined in the Equality Act 2010. Where potential impacts are identified, we assess whether there are any existing arrangements in place to address this, as well as exploring any new actions that may be needed.

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Race
- Religion or belief
- Sex
- Sexual orientation
- Pregnancy and maternity

The EQIAs also include assessments of the implications of a policy with regard to Welsh language and relevant legal obligations.

We would be grateful if you would complete these questions because this evidence supports our equality and diversity work and will help us to finalise our assessment.

Q1. Will any of these proposals have a particular impact on people who share these protected characteristics (including nursing associates, nurses, midwives, patients and the public)?

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

Please give a reason for your answer.

Q2. How might we amend the proposals to advance equality of opportunity and foster good relations between groups?

Please complete this survey about your background and the views you/ your organisation represent.

We are committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation (such as the Human Rights Act 1998) and we will use this information to better understand if we are engaging with a diverse and broad range of people.

Q1. Are you responding as an individual or on behalf of an organisation?

- As an individual. If yes [go to Q2](#)
- On behalf of an organisation. If yes [go to Q12](#)

Responding as an individual

Q2. Please tick which one of the following best applies to you:

- UK-registered nurse
- UK-registered midwife
- Overseas registered nurse and/or midwife
- Other healthcare professional
- Employer or manager
- Nursing associate educator
- Nursing educator
- Nursing or midwifery student
- Nursing associate trainee
- Member of the public, service user or carer
- Other – please specify
- Prefer not to say

Q3. If you selected UK-registered nurse, please tick which type of nurse describes you best:

- Adult nurse
- Children's nurse
- Mental health nurse
- Learning and disability nurse
- Specialist community public health nurse
- Health visitor
- Occupational health nurse
- School nurse
- Family health nurse
- Specialist practice nurse
- District nurse
- General practice nurse

Q4. In your main job do you work:

- Full time (30 or more hours per week)
- Part time (below 30 hours per week)
- Prefer not to say

Q5. What is your gender?

- Female
- Male
- Non-binary
- Prefer not to say

Q6. Which age group describes you best?

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over
- Prefer not to say

Q7. What is your country of residence?

- England
- Northern Ireland
- Scotland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where)

Q8. Disability – Please select one option to indicate whether you consider yourself to have a disability or long term health condition.

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial long-term effect (at least 12 months) on a person's ability to carry out normal day to day activities.

- Yes
- No
- Prefer not to say

Q9. Please select your ethnicity.

A: White

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or Irish traveller
- Any other white background, please specify

B: Mixed or multiple ethnic groups

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed or multiple ethnic background

C: Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

D: Black, African, Caribbean or black British

- Caribbean
- African
- Any other black, African, or Caribbean background

E: Other ethnic group

- Arab
- Any other ethnic group

F: Prefer not to say

Q10. Please select your religion.

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

Q11. Please select your sexual orientation.

- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say

Group or organisation

Q12. Which best describes the type of organisation you work for?

- Government or public body
- Regulator
- Professional organisation or trade union
- NHS employer of nurses or midwives
- Independent sector employer of, or agency for, nurses and midwives
- Education provider
- Consumer or patient organisation
- Charity/voluntary sector
- Other – please specify

Q13. Please give the name of your organisation.

Q14. Would you be happy for your comments to be attributed to your organisation in reporting?

- Yes. I am happy for your comments to be attributed to my organisation.
- No. Please keep my responses anonymous.

Q15. Please state your name.

Q16. Please state your job title.

Q17. Please state where your organisation mainly operates.

- Across the UK
- Great Britain
- England
- Northern Ireland
- Scotland
- Wales
- Other – please specify

Q18. Does your organisation officially represent the views of nurses/midwives and/or the public that share any of the following protected characteristics?

- Older
- Younger
- Disabled
- Ethnic minorities
- Gender
- Lesbian, gay and bisexual
- Transgender
- Pregnancy/maternity
- Religion or belief