

WORKING DRAFT

Standards of proficiency for nursing associates

1. Introduction

This document outlines the way that we have developed the standards of proficiency for the new role of nursing associate. It describes the background to the development of the role, together with the rationale for the principles which we have applied to developing the standards to this point. A draft of the proposed standards is included in this document, which is the basis for wider engagement.

2. Background

2.1 Launch of the role

The nursing associate role was announced by the Department of Health in 2016, creating the role in response to workforce needs in the English health and care context.

Health Education England (HEE) led the development of the role, and used the results from the national consultation on the role and a series of consensus building workshops to develop the Nursing Associate Education and Training Curriculum and learning outcomes. These reference our 2010 Registered Nurse Standards of Proficiency as a source. Test sites started training future nursing associates in January 2017.

In response to a request from the Secretary of State for Health, we decided to regulate the new role in January 2017. We immediately launched an extensive programme of work to engage stakeholders, establish regulatory principles, and seek the changes to our legislation that would enable us to regulate the profession. We also started work to establish the required standards of conduct, proficiency and education.

At the current time there are no plans for a regulated role at this level in the devolved administrations of the UK and it is likely that the legislation will reflect this.

2.2 Department of Health's policy specification

Before we were asked to regulate the nursing associate role, the Department of Health had already determined that:

- the nursing associate part of the register would not be split into fields – the nursing associate would be a generic practitioner within the field of nursing
- nursing associates will work in the full range of settings across health and care
- the role should act as a “bridge” between existing unregulated health and care support workers and registered nurses
- those who have successfully undertaken nursing associate training should be able to progress to qualify as nurses if they are able
- the government intends to develop an apprenticeship standard for nursing associates

2.3 Sector responses

The genesis of the nursing associate role was in HEE's Shape of Caring report which drew on the views of clinical and workforce leads in health and care. There are a number of initiatives to make better use of well-trained support staff within the sector. The majority of stakeholders responding to the HEE consultation on nursing associates supported the creation of the role and its regulation by the NMC. There were many applications to be considered as a test site for nursing associate trainees.

We have engaged with test sites and educators throughout the development of the draft standards of proficiency. At this point the majority of feedback has been positive and there is agreement on the 'direction of travel' from those currently training nursing associates.

As the professional regulator, we exist to protect the public. This is achieved through the Code, which outlines professional standards of practice and behaviour, and the standards of proficiency for the professions we regulate. We will listen to the full range of stakeholders' opinions, and to weigh the relevant evidence before arriving at the right Code and standards for nursing associates.

3. Standards development – principles

Our approach to the development of the draft standards has followed the principles below:

3.1 The draft (2017) nurse standards have been used as a basis for development of the nursing associate standards. The rationale for this is:

- to enable easier comparison between the competencies of the NA in relation to the nurse
- to meet the ambition of the nursing associate role being a 'bridge' between the unregulated health and care support worker and the nurse
- to enable educational institutions to more easily facilitate educational progression from nursing associate to nurse for those nursing associate who are able in the future.
- to set the standards in the context of the future nurse.

3.2 Early drafts of the standards have been mindful of, but not directly influenced by, other existing education and training curricula for unregulated support workers, and the HEE curriculum. The rationale for this is:

- the nursing associate role is a new, generic role. Standards must therefore be the threshold standards that all nursing associate, in any health and care setting, must be capable of meeting in order to access the nursing associate register.

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- HEE used the 2010 nurse standards as one of the sources to develop the curriculum and these standards are currently being replaced.

3.3 In line with the description of the nursing associate role, the standards assume that nursing associates will be working under the guidance of a registered nurse.

- Issues of delegation and accountability are key to the working relationship between the nurse and nursing associate, but the standards of proficiency are not the vehicle through which these will be addressed. These will be dealt with elsewhere.

3.4 A limited number of stakeholders, including some test sites, have seen the standards, but drafts have not yet been widely circulated. The reasons for this are:

- they are incomplete (see section 6)
- Council Members need sufficient opportunity to discuss and comment on the standards
- the new nurse standards have not yet been published
- the perceived risks of excessive exposure of early drafts of the standards, which may change
- there will be more engagement from October 2017 through to the consultation in spring 2018
- we have committed to providing the test sites with a pre-consultation working draft of the standards in autumn 2017, so that they have plenty of time to address any areas that may need further attention. We will be clear that the working draft will be subject to change. We will need to take account of the feedback we receive about the new nurse standards and ensure appropriate alignment between these and the nursing associate standards.

4.0 Development of the nursing associate standards of proficiency

In view of the principles identified above, to summarise, the standards of proficiency presented here are considered the threshold standard 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. They have been designed to apply across all health and care settings. The standards will also provide the means of communicating the skills and knowledge expected of a nursing associate to other professionals, service users, and members of the public.

Those who educate nursing associates are responsible for ensuring that the educational preparation they provide will equip nursing associates with the skills, knowledge and behaviours needed to meet these standards of proficiency at the point of registration.

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The standards are currently structured under similar headings to those in the future nurse standards. The rationale for this approach is to show:

- the proficiencies required of the nursing associate in order to gain entry to the nursing associate register
- how the proficiencies differ from those required to become a registered nurse
- the relationship between the two roles, for the benefit of service users and the public.

This presentation also makes clear the additional proficiencies the nursing associate would need to acquire in order to progress to become a registered nurse if they have the potential and desire to do so.

5.0 Establishing clarity between the registered nurse and nursing associate

Clarity between the role of the nurse and nursing associate is a key issue in standards development. The vision for the role of the nurse is encapsulated in the future nurse standards. Nurses play a vital role in meeting people's needs for high quality, safe care. They are accountable for providing, leading and coordinating nursing care which is evidence based, compassionate and tailored to the individual needs of each person. They do this by working autonomously as well as in partnership with other health and care professionals to meet the health and nursing care needs of people, families, communities and populations.

In comparison with the nursing associate, the education to become a nurse is of a higher academic level, is in greater depth and is longer. As a result, the starting point for nursing associate standards development was that registered nurses would have the knowledge and skills to apply a higher level of decision making, leadership, problem solving, clinical complexity, political awareness and research.

As a result of their more extensive training, nurses have the skills to make primary and accurate assessments of people's needs and identify the nursing care and intervention that is needed. The nurse role-models the fundamental elements of expert nursing practice, and assesses the strengths and capabilities of the nursing associate, in order to delegate and supervise those elements of care that the nursing associate can provide. The nursing associate will have the skills and knowledge to monitor and review the care they deliver, identify when the care plan needs amendment, and refer back to the nurse when necessary. The nurse will make a judgement about what can be delegated to the nursing associate and the degree of oversight and supervision required. This will be influenced by the experience of the nursing associate and the level of complexity of the care or intervention.

In common with nurses, nursing associates must possess the professional and caring behaviours and the communication skills required to deliver care appropriately. Nursing associates must also demonstrate an understanding of, and sensitivity towards, people from a range of backgrounds and cultures and those with different beliefs, to make sure that the care they offer is effective, personalised, person centred and acceptable. The

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qualified nursing associate will have the skills and knowledge to provide support to the nurse in delivering fundamental care, and to improve the quality of care for people.

6.0 Points to note in reviewing the draft standards of proficiency

The following items are still being discussed and developed.

- The Code has been reviewed for applicability to nursing associates and we are exploring a number of approaches to ensure the Code is suitable for the new profession.
- The draft future nurse standards include skills annexes identifying the skills proficiencies that future nurses will be expected to have practiced at the point of registration. There will also be a proposed nursing associate skills annexe. This is currently being developed.
- The precise standards of proficiency for medicines management and administration are being developed. There is a general view that nursing associates should have proficiency in medicines administration. We are working with senior stakeholders and HEE to define an appropriate level of proficiency for the nursing associate.
- It is proposed that our proficiencies will not be a definitive list of what nursing associates can and cannot do. They will encapsulate what every nursing associate on our register has been trained to do, safely and effectively. Nursing associates may undertake further training and work within clinical frameworks that equip them to undertake tasks above this threshold, just as nurses and midwives do. It will be for clinical governance and system regulation to ensure the new role is deployed safely in different contexts.
- Further technical advice on the wording of the standards (taxonomy) will be sought.

7.0 Comments and feedback to date

We have shared early versions of the nursing associate standards of proficiency with Council Members, senior external stakeholders and representatives of nursing associate test site. Many of the suggestions and changes have already been incorporated into the attached draft.

Some suggestions of possible proficiencies that should be included in the standards are listed here. We believe that these require further debate to come to a view on whether this level of knowledge and skills is (a) appropriate, (b) achievable and (c) should be included in the standards of proficiency.

- Nursing associates demonstrating an understanding of research ethics and governance.

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- Nursing associates demonstrating critical thinking, problem solving and decision making skills.
- Nursing associates demonstrating knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing.
- Nursing associates being able to critically appraise and apply information about health outcomes.
- Nursing associates being able to explain and demonstrate the use of up to date approaches to behaviour change.
- Nursing associates being able to identify and assess the needs of people and families for care at end of life.
- Nursing associates being able to demonstrate the ability to undertake procedures involved in the coordination of care and the management of safe discharge home or transfer of people between care settings.
- Nursing associates understanding the principles of effective leadership, group dynamics and human factors as appropriate to their role.
- Nursing associates understanding how the quality and effectiveness of nursing care can be evaluated in practice and demonstrate how to use findings to bring about continuous improvement.
- Nursing associates being able to explain and understand how to apply the principles of partnership, collaboration and multi-agency working across all sectors of health and care.
- Nursing associates understanding health legislation and current health and care policies.

The draft nursing associate standards of proficiency

At the point of registration, a nursing associate will:

1: Be accountable for their practice

- Be responsible and accountable for their actions.
- Act in the best interests of people, put them first, and provide care that is person centred, safe and compassionate.

2: Promote health

- Support people to improve and maintain their mental, behavioural, cognitive and physical health and wellbeing.
- Support and enable people at all stages of their lives to make informed choices about how to manage and improve their current health and prevent ill health.

3: Provide and monitor care

- Provide care and support, and deliver nursing interventions as delegated by the registered nurse.
- Ensure that the care delivered is compassionate and safe.
- Continually monitor people who they have been assigned to care for, to identify any changes which require reassessment or a change of the plan of care by the registered nurse.
- Take into account the personal situation, characteristics, preferences and wishes of people, their families and carers when providing care.
- Accept that people and families become expert in their own care and ensure they have the resources at their disposal to assist them to make informed decisions and that plans for intervention, care and support are tailored to their individual needs and preferences.
- Ensure that plans of care continue to be appropriate, referring to the registered nurse if changes are required, when there are changes in the personal situation and characteristics, and the preferences and wishes of people, and their families and carers.

4: Work in teams

- Play an active role in multidisciplinary teams of professionals, collaborating and communicating effectively with colleagues, and with people and families to help them to manage their own care.

5: Improve safety and quality of care

- Make a contribution to continually improving the quality of care and treatment given, and improving people's experience of care
- Be able to identify and assess any risks to patient safety or experience, and take appropriate immediate action to manage those, putting the best interests, needs and preferences of people first, referring to others where longer term strategies are needed to manage risk.
- Understand how to manage and/or report risks in own practice settings.

6: Contribute to integrated care

- Understand the skills and abilities required to play an appropriate role in delivering care to people with complex needs in an integrated care setting.
- Engage with a variety of health care and other agencies and professionals, in order to support the delivery of complex care pathways and packages of care.

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Standards of proficiency

1: Accountable for practice

Nursing associates, as qualified and skilled registered professionals, recognise and work within the bounds of their competence and are responsible for their actions. They act in the best interests of people, putting them first and providing nursing care that is safe and compassionate. They use their knowledge and experience to make evidence based decisions and solve problems.

At the point of registration, the nursing associate will:

- 1.1 Understand and act in accordance with the NMC's Code of professional standards of practice and behaviour for nursing associates to fulfil all registration requirements.
- 1.2 Understand and apply relevant legal and regulatory requirements, governance requirements, policies, and ethical frameworks and guidelines to all areas of practice.
- 1.3 Understand and apply the principles of candour, courage and transparency, recognising and reporting any situations, behaviours or errors that could result in poor outcomes of care and treatment.
- 1.4 Acknowledge and articulate 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.
- 1.5 Understand the professional responsibility for adopting a healthy lifestyle and maintain a level of personal fitness and wellbeing required to meet people's needs for mental and physical care.
- 1.6 Understand and explain the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care.
- 1.7 Demonstrate effective communication using a range of skills and strategies with colleagues and with people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges.
- 1.8 Demonstrate the skills required to develop, manage and maintain appropriate relationships with people, their families and carers and colleagues.
- 1.9 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflect people's values and beliefs, diverse backgrounds, cultural characteristics, needs, and preferences, taking account of any necessary reasonable adjustments for people with disabilities.
- 1.10 Recognise and report external factors that may unduly influence care provision.
- 1.11 Demonstrate the literacy, digital literacy, technological literacy and numeracy skills required to ensure safe and effective practice.

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- 1.12 Describe the principles of research and how research findings are used to inform evidence based practice.
- 1.13 Take responsibility for the continuous development of their professional knowledge and skills, seeking and responding to support and feedback.
- 1.14 Act as an ambassador for the nursing associate role and promote public confidence in health and care services.

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Standards of proficiency

2: Promoting health

Nursing associates play a key role under the delegation and supervision of a registered nurse in supporting the registered nurse and contributing to the agreed care plan to help individuals manage and improve their own health and wellbeing in the settings in which they work.

At the point of registration, the nursing associate will:

- 2.1 Understand the aims and principles of prevention of ill health, health improvement and promotion and contribute to the delivery of planned care for individuals, and families.
- 2.2 Be able to explain preventive health behaviours to people to help them make lifestyle choices to improve their mental, physical, cognitive and behavioural health and wellbeing.
- 2.3 Explain why health screening is important and identify those who are eligible for screening.
- 2.4 Have an awareness of genomics and how this may influence health and care.
- 2.5 Describe the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices throughout the life cycle, to health outcomes and explain how they shape an individual's ability to achieve mental and physical health and wellbeing.
- 2.6 Understand the principles of immunisation and vaccination when engaging with individuals and families to promote health and avoid ill health.
- 2.7 Understand and apply the principles of infection prevention and control, antimicrobial resistance and communicable disease surveillance to help individuals avoid ill health.

Standards of proficiency

3: Provide and monitor care

Nursing associates provide evidence based, compassionate and safe interventions, care and support to people in a range of care settings, in line with the care plan constructed by the registered nurse. They monitor the condition and health needs of people within their care on a continual basis in partnership with people, families, and carers and are able to recognise when a person's condition has unexpectedly changed and where it is necessary to proactively refer to the registered nurse for reassessment and adaptation of the care plan. They demonstrate an understanding of when to seek expert help and advice to solve problems or achieve better outcomes of care.

In situations assessed by the registered nurse, to be of greater risk and complexity, they provide care in partnership with, and under more direct supervision of other registered professionals.

At the point of registration, the nursing associate will:

- 3.1 Have a basic understanding of human development from conception to death, to enable delivery of person centred care safely.
- 3.2 Demonstrate and apply an understanding of what is important to people and how their needs for dignity, privacy, sleep, safety and comfort can be met, and know when to refer to the registered nurse for expert help and advice.
- 3.3 Work in partnership with people, to encourage shared decision making, in order to support individuals and their families and carers to manage their own care when appropriate.
- 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 Demonstrate the knowledge, skills and ability required to provide compassionate care in order to meet people's needs related to nutrition, hydration and elimination in line with the care plan developed by the registered nurse.
- 3.6 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 in line with the care plan developed by the registered nurse. Demonstrate knowledge of when to escalate to the registered nurse for expert help and advice.
- 3.7 Demonstrate the knowledge and skills required to support people with a range of mental health, behavioural, cognitive and learning challenges and physical symptoms including anxiety, confusion and pain, escalating appropriately to others where review or change in the nursing care plan is indicated.
- 3.8 Demonstrate the ability to deliver sensitive and compassionate end of life care, information and support for people who are dying, families, carers, the deceased and others who are bereaved.

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- 3.9 Demonstrate the ability to recognise, promptly respond to and accurately record the signs of deterioration or distress in mental, physical, cognitive and behavioural health, and escalate appropriately to others where a change in care plan or treatment may be required.
- 3.10 Demonstrate the knowledge and ability to perform a range of nursing procedures and manage devices, in accordance with their proven competence, to meet people's needs for effective interventions and person centred care.
- 3.11 Understand the principles underpinning first aid procedures and immediate life support, and demonstrate the ability to perform these effectively.
- 3.12 Demonstrate the principles of safe and effective optimisation and administration of medications. Recognise signs of allergy, drug sensitivity and adverse reaction.
- 3.13 Understand the different mechanisms whereby medicines can be prescribed.
- 3.14 Demonstrate the ability to safely administer specified medications by a variety of different routes, for example inhalation, topical, oral, subcutaneous, per rectum)¹
- 3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor the effectiveness of all agreed nursing care plans. Document progress and report outcomes to the registered nurse or wider multidisciplinary team who can make decisions and readjust goals as necessary, in partnership with those receiving care.
- 3.16 Understand and apply the principles underpinning partnership in care, allowing people to share in decision making about how care is delivered, for them to participate in self-care.
- 3.17 Demonstrate the ability to recognise changes in a person's capacity which might affect their ability to continue to make sound decisions about their own care and to give or withhold consent. Where people do not have capacity, understand where and how to seek guidance and support from others to ensure that the best interests of those receiving care are upheld.
- 3.18 Recognise the signs of deterioration in relation to mental distress, vulnerability and physical symptoms and understand how these could be anticipated. Know what immediate actions to take in order to reduce the risk of harm to the person and others and when and how to seek further support.
- 3.19 Undertake basic health monitoring, in order to ascertain when a person's condition has deviated from their normal condition. Interpret and share findings as needed and seek advice when reassessment, care plan review, or intervention(s) may be required.

¹ Medication administration routes to be considered as part of the consultation.

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- 3.20 Demonstrate an understanding of co-morbidities and the demands of meeting people's needs when prioritising care delivery.
- 3.21 Demonstrate knowledge of when and how to refer people safely to other health and care professionals and how to escalate concerns where there is a risk to patient safety or public protection.
- 3.22 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, pharmacology, social and behavioural sciences, in order to continuously monitor a person's condition. The nursing associate will ensure the ongoing applicability of the nursing care plan to identify whether a further assessment of the person and a care plan review by the registered nurse is required.
- 3.23 Recognise commonly encountered biomedical, mental, physical, cognitive and behavioural health conditions to determine the ongoing applicability of the care plan, and identify whether a further assessment of the individual and care plan review by the registered nurse is required.
- 3.24 Recognise people at risk of harm and situations that may put themselves and others at risk. Take personal responsibility to ensure that relevant information is shared according to local policy and that appropriate action is taken to provide adequate safeguarding.

Standards of proficiency

4: Working in teams

Nursing associates are members of multidisciplinary teams which may include a range of registered health and care professionals of other disciplines, unregistered workers from the health sector or other sectors, volunteers and lay carers. They work predominantly with registered nurses who are responsible for delegating appropriately to them. They play an active role in the multidisciplinary team, collaborating and communicating effectively with a range of colleagues.

At the point of registration, the nursing associate will:

- 4.1 Understand and describe ways in which they can improve their own personal performance and the quality of care they provide.
- 4.2 Understand and explain the roles, responsibilities and scope of practice of all members of the nursing and multidisciplinary team, the four fields of nursing and their role within it.
- 4.3 Demonstrate an ability to support and motivate other members of the care team and interact confidently with them.
- 4.4 Effectively and responsibly access, input, share and apply information and data using a range methods including digital technologies within multidisciplinary 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 non-registered colleagues, carers and family members.
- 4.6 When a nursing associate has delegated aspects of care to others, demonstrate the ability to monitor and review the quality of care delivered, provide challenge and constructive feedback.
- 4.7 Support and coach nursing associate students, health care support workers and those new to care roles, appraising 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.

Standards of proficiency

5: Improving safety and quality of care

Nursing associates ensure that risks are identified, quality of care is continuously monitored, and people's experience of care is continually improved, putting the best interests, needs and preferences of people first.

At the point of registration, the nursing associate will:

- 5.1 Participate in data collection to support audit activity, and contribute to the implementation of quality improvement strategies.
- 5.2 Demonstrate the ability to work with people, their families, carers and colleagues, implementing any improvement strategies, sharing feedback and taking time to reflect on their practice, learning from mistakes, contributing to incident reviews, adverse events and positive experiences.
- 5.3 Accurately undertake risk assessments, using established assessment and improvement tools.
- 5.4 Understand and apply the principles of health and safety regulations in maintaining safe work and care environments, identifying the need to make improvements and proactively responding to, and escalating, potential hazards.
- 5.5 Recognise inadequate staffing levels and escalate concerns appropriately.
- 5.6 Understand and act in line with local and national organisational frameworks, legislation and regulations to assess, manage and report risks, and implement actions as instructed, following up and escalating as required.
- 5.7 Understand what constitutes a near miss, a critical incident, a major incident and a serious adverse event.
- 5.8 Understand when to seek more senior advice to manage a risk appropriately to avoid compromising quality of care and health outcomes.
- 5.9 Recognise uncertainty, and demonstrate an awareness of strategies to develop resilience in themselves and 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.

Standards of proficiency

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 the responsibilities in relation to communication and collaboration.

At the point of registration, the nursing associate will:

- 6.1 Explain 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 multidisciplinary teams.
- 6.2 Understand and explore the challenges of providing safe nursing care for people with complex co-morbidities and multiple care needs.
- 6.3 Demonstrate an understanding of the complexities of managing the provision of mental, cognitive, behavioural and physical care needs across a wide range of care settings.
- 6.4 Demonstrate an understanding of their own role and contribution, and the issues which require management by themselves and others, when involved in the care of a person who is undergoing a transition of care between professionals, settings and services.
- 6.5 Be able to identify when people need help to facilitate their right to equal access to care, support and report concerns appropriately.
- 6.6 Demonstrate ways of supporting people and families to maintain their independence and to avoid unnecessary interventions and disruptions to their lives.