

# Implementing the Nursing Associate role in practice and looking to the future



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# At Coventry University...

- Coventry University Welcomed their first Nursing Associate cohort in April 17. This pilot cohort were among the first NA's to become registrants on the NMC register.
- Provision across 3 geographical locations- Coventry, London and Scarborough.
- Currently we work with 13 partner organisations in delivery of our apprenticeship.
- Offer two pathways, Apprenticeship and Direct Entry.

## Nursing Associate Foundation Degree three intakes per year: Jan, May, Sept

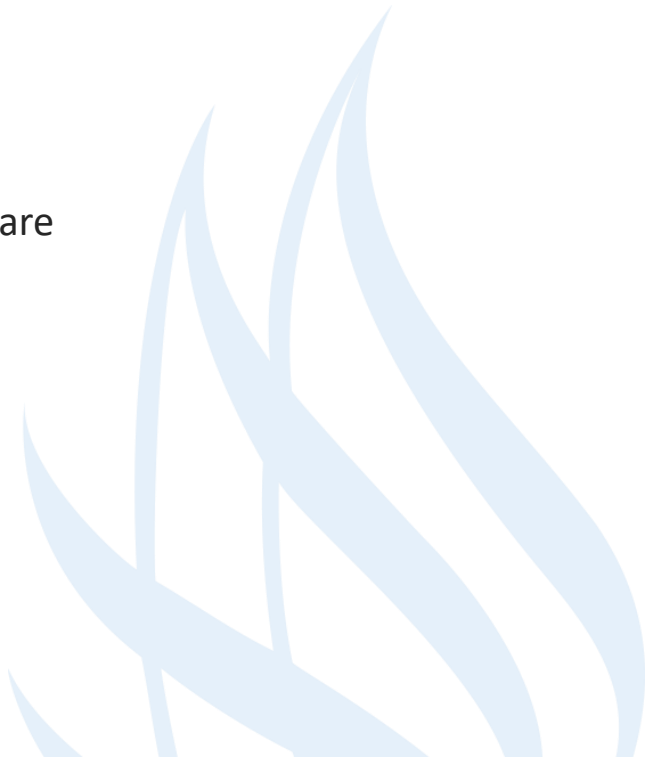
### Higher Apprenticeship

- 2 years full time
- Work based
- 1 study day/ week
- Protected learning
- Blended

### Direct Entry

- 2 years full time
- Self-funded
- Block theory and practice
- 4x 10 week practice placements
- Blended

# Session Overview

- the Nursing Associate: where it came from where it is now
  - implementing the role in practice
  - the Nursing Associate role in improving safety and quality of care
  - maintaining consistency in pay, conditions and deployment
  - understanding of the Nursing Associate role
  - looking to the future – widening participation
- 

# Accountability, Quality and Safety for Nursing Associates

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# The National Picture: Where we have come from

## Number of Nursing Associates on the permanent register (NMC, 2021)

Registration type	March 2019	March 2020	March 2021
Nursing associate	489	1,693	4,353

## Number of new Nursing Associates joining the register (NMC, 2021)

Nursing associate	489	1,212	2,734
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## Nursing associate milestones

October 2016

First 11 test sites announced. Draft Curriculum Framework released. Case for regulation submitted to Professional Standards Authority for Health and Social Care.



July 2018

NA legislative change agreed after debates in the House of Commons and House of Lords. 10 new partnerships approved. Trainee nursing associates visit Number 10 Downing Street and meet the Prime Minister.



Jan 2017

First 1000 trainees start. Secretary of State for Health request accepted by Nursing and Midwifery Council to become regulator.



September 2018

Nursing and Midwifery Council approves all elements of regulation.



April 2017

Next 1000 trainee nursing associates start across 24 test sites. Scrutiny and Medicines Group formed by Health Education England.



October 2018

Apprenticeship trailblazer group begins resubmission of nursing associate standard.



November 2017

Nursing associate apprenticeship standard agreed. First national conference.



December 2018

First trainee nursing associates qualify.



January 2018

Next wave of trainees start using apprenticeship. National medicines guidance approved by the Home Office and the Department for Health and Social Care.



January 2019

Nursing and Midwifery Council register opens.



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# The National Picture: Where we are now

- Sustainable numbers- small numbers in organisations across the sector.
- Not yet reached a critical mass of Nursing Associates across the country.
- Planned trajectory has now slowed, estimates sit at around 5,000 new registrants per year.
- Embedding the Nursing Associate Role in our workforce is essential.
- Pathways:
  - Nursing Associate as route to Registered Nurse.
  - Nursing Associate as career and profession in its own right.

# The National Picture: Higher Education Routes



## APPRENTICESHIP

- 2 years -

- Salary and any additional training and backfill costs paid by employer
- Levy pays up to £15,000 training costs

### Entry requirements

- Proficient in English language and literacy, and have a level of digital competency
- Healthcare experience

### Talent Pool

- Existing support workforce
- Work experience
- School leavers



## RETIRE AND RETURN

- Up to 60 days -

- Retiring nurses may choose to return and join the workforce as a nursing associate
- APEL with possible additional module
- No cost to employer

### Entry requirements

- APEL qualification
- Meet education standards from NMC

### Talent Pool

- Retired/retiring nurses



## SELF-FUNDED

- 2 years -

- No cost to employer
- Will need to provide a placement

### Entry requirements

- Proficient in English language and literacy, and have a level of digital competency
- Healthcare experience

### Talent Pool

- Existing support workforce
- Work experience
- School leavers



## OVERSEAS

- Up to 60 days -

- No cost to employer unless recruiting overseas and paying for visa

### Entry requirements

- APEL qualification
- Meet education standards from NMC

### Talent Pool

- Nurses qualified overseas who are not able to join the NMC register as a registered nurse may be able to join as a nursing associate with APEL

# What is the potential for NA role and where does this fit?

- The role must be situated within the nursing workforce and developments:
  - HCA
  - Future Nurse Standards
  - Advancing Practice
- The Nursing role continues to become more skilled and advanced.
- With more scope for advanced practices, creating a gap in workforce where HCA's are unable to meet this need.
- Nursing Associates role fits within the workforce with specific remit to allow nurses to focus on key areas of their role as a separate and complimentary part of the workforce.



# Delegation and Accountability

<h2>Nursing associate</h2> <p>6 platforms</p>	<h2>Registered nurse</h2> <p>7 platforms</p>	<b>NMC</b> Nursing & Midwifery Council
Be an accountable professional	Be an accountable professional	
Promoting health and preventing ill health	Promoting health and preventing ill health	
Provide and <b>monitor</b> care	Provide and <b>evaluate</b> care	
Working in teams	<b>Leading and managing nursing care</b> and working in teams	
Improving safety and quality of care	Improving safety and quality of care	
<b>Contributing to</b> integrated care	<b>Coordinating</b> care	
	<b>Assessing needs and planning care</b>	

# Implementing the role in practice

## Key Tips from Practice Partners:

- Have a clear idea of where the role sits within the organisation
- Education of staff to understand the scope of the NA role
- Updating all existing policies and procedure's to ensure RNA's are covered within these
- "Grow your own" - having clear a clear development pathway for RNA's is important for retention
- Promote the role as a career in it's own right and not just a stepping stone on to a BSC course
- Managing positively conflict between role's and overlap with Healthcare Assistants, Nursing Associates and Nurses

# Quality and Safety

- Shifts in organisational culture.
- Resolution if done properly to wide workforce number issues.
- Scope of competency and valuing skills as registered professional.
- Workforce models that value the unique place of the NA.
- Team structures across hospitals that ensure there is appropriate leadership and support from nurses, as well as NA's in appropriate roles.
- Continued support, training and development, CPD opportunities and Career pathways that embed this role and see it as a profession in its own right alongside Nurses, AHP's etc.



# Role Developments, The Public and Widening Participation

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Associates

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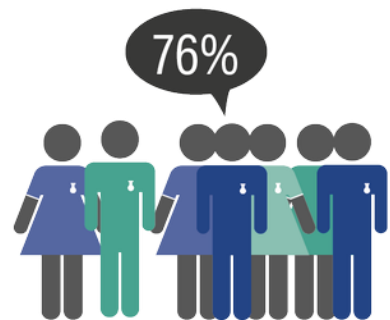
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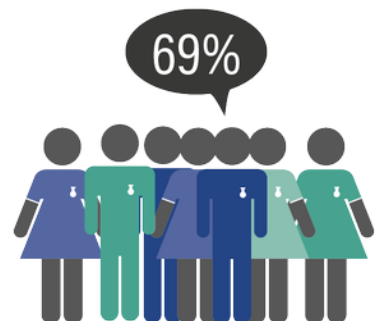
2,222 (76%) say they **don't have enough staff** to provide a safe level of care



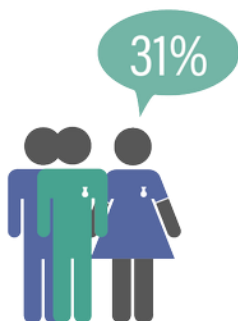
691 (24%) do not feel this applies to their nursing teams

## Do Nurses have enough time to care?

### Time for safe care



2,064 (69%) feel they **do not have time** to deliver safe patient care

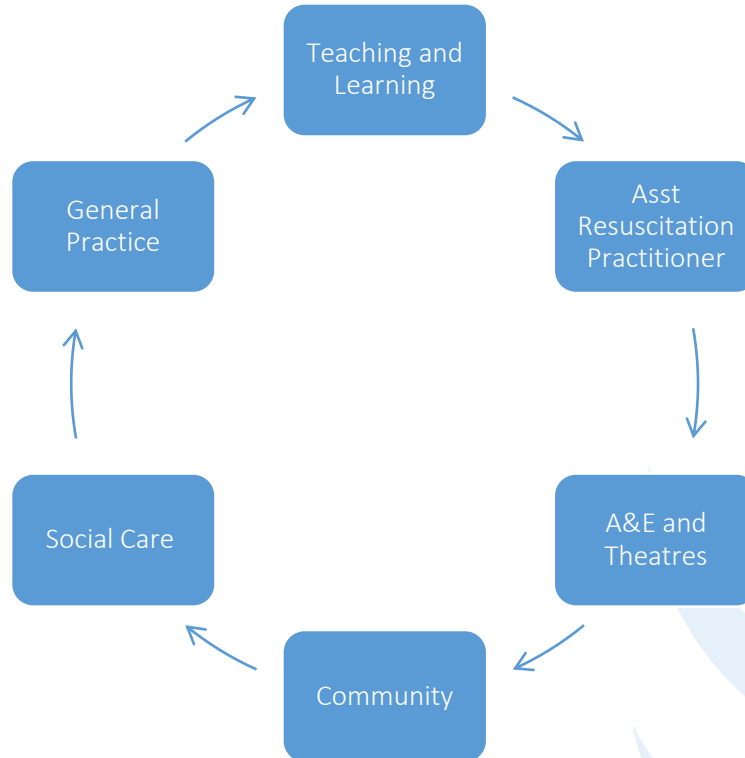


935 (31%) feel they **do have time** to deliver safe patient care

- Nursing continues to be the most significant workforce Shortage in the NHS
- RN vacancies account for 45% of all vacancies in the NHS (hospital and community)
- Drive to exceed the 50,000 target of new nurses by 2024/2025 to fully recover from the pandemic



# Role developments



# Public Understanding: People wanting to choose Nursing Associates as a career

Challenges: Public perception. Nurses have been around for hundreds of years, no surprise that the public would not understand or know about the role of a Nursing Associate.

Challenge: Staff perception: Is more education needed in trusts? At what level should this be aimed at?

Challenges for: Recruitment - particularly when we look at direct entry/ self funded pathways. Colleges/ Schools/ General public awareness.

## Patient and Staff Understanding

- Clearly defined roles and responsibilities needed.
- Working to scope of practice.
- Making visible to patients the differences in role?
- 82% of nurses who responded to a survey are in favour of a UK-wide standardised uniform



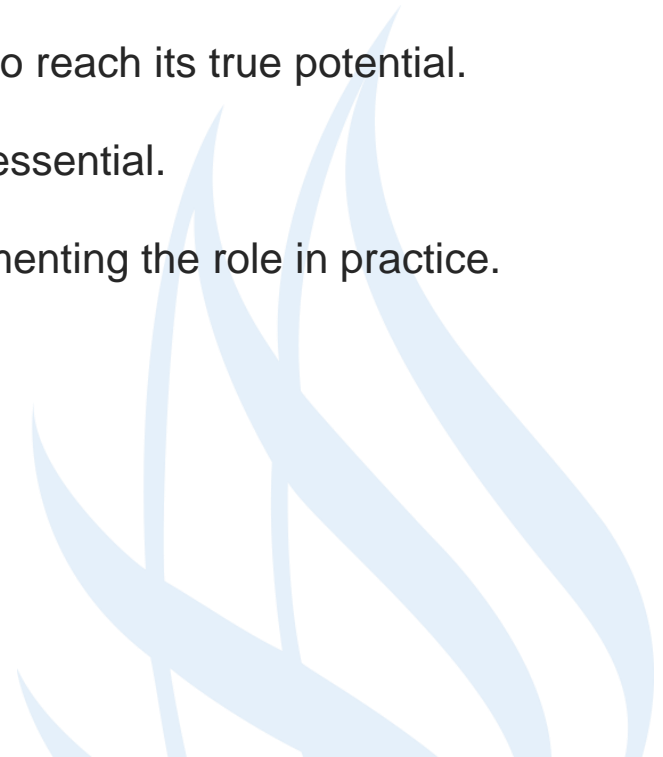
## Widening Participation



- Getting people into this profession with wealth of experience (Talent for Care)
- Unique role.
- Additional academic needs
- Preparing students for Foundation Degree level of study.

# Final points

- Momentum...
- We need to see growth in numbers for this profession to reach its true potential.
- Support from HEI's and employers in achieving this is essential.
- Ongoing learning and sharing what works when implementing the role in practice.





**Thank you.**

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