Council of Deans of Health: Response to Health Education England Consultation – Building capacity to care and capability to treat – a new team member for health and social care

March 2016

Introduction

The Council of Deans of Health (CoDH) is the representative voice of UK university health faculties engaged in education and research for nursing, midwifery and the allied health professions (AHPs). Further information about us can be read at: http://www.councilofdeans.org.uk/.

We have responded to a number of the questions posed by this consultation. In line with the Council's purpose, we have chosen to focus on matters relating to the education and training for this new role.

Executive Summary

The proposals set out within the consultation leave enough serious unresolved issues for us to conclude that the nursing associate role is not yet ready to be implemented. The key areas where further thought and work is required are:

- If the nursing associate role is to be created, there needs to be clarity about how this will improve the quality of patient care. This must specifically address the risk that the nursing associate role will dilute the number or education level of registered nurses.

- Developments must recognise the wide range of roles that already exist within the 'support worker' family and build upon the education already provided by HEIs to support workers. We are not convinced that the objectives of the nursing associate role could not be met through other existing roles, such as assistant practitioners.

- The development of any new roles must look ahead to the future configuration of health and social care services, including integrated service models. As support work already has a multi-professional context, there is a strong case that new roles should not be uni-professional but be made relevant to the range of different roles that support workers currently undertake.

- Any eventual transition from nursing associate to pre-registration nursing education programmes cannot necessarily be assumed to be straightforward. If this is to be a route into registered nursing programmes there are a number of critical issues that will need to be acknowledged and resolved before nursing associate courses are designed.

- Depending on the scale of uptake, the education of nursing associates may have implications for placement provision for health professional students and may require an expansion of education and training capacity in higher education.

- There are important questions to be addressed around the assessment of knowledge and skills for nursing associates where courses are delivered as part of an apprenticeship scheme, including the balance between HEI and external assessment.

- It is insufficient to consider these developments as having only territorial relevance for England. Both the UK implications of regulation and the future movement of workers across the UK merit detailed consideration.

1. What are the most important issues that need to be addressed in deciding whether to establish a new care role working between a Care Assistant with a Care Certificate and a Registered Nurse?

Development of new roles must be clear about how they will improve the quality of patient care and should not be used to dilute the number or education level of registered professionals

Although there have been discussions on new roles in healthcare over many decades, the current workforce shortages and financial pressures give particular force to the debate. It is inevitable that these pressures will generate discussion on new roles and this is an opportunity for creativity and innovation to better meet care needs. As initiatives such as the Calderdale Framework have shown, new roles that involve task delegation and skill sharing can bring benefits to the quality and safety of care.[1] However, developments must remain anchored in the research evidence and lessons learnt from reports into problems with poor care in recent years, particularly in relation to registered nurse staffing. There is a significant risk that new roles will be seen as a 'quick and cheap' alternative to registered staff and this must be avoided.

The principle reason for this is that both numbers and education level are protective factors for patient safety and care quality. As numerous international and UK-based studies have shown, an increase in the number of registered nurses in hospitals has clear benefits for patient mortality rates and other key metrics of patient care (such as 'missed care'). In a study of outcomes from 232,300 patients, each additional patient per registered nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and a 7% increase in the odds of failure-to-rescue. After adjusting for nurse and hospital characteristics, each additional patient per nurse was associated with a 23% increase in the odds of burnout.[2] This has become newly relevant in the context of the 2015 Carter Review which recommends that NHS Improvement should develop and implement measures for analysing worker deployment, including metrics such as Care Hours Per Patient Day (CHPPD), and the resulting debate on the relationship between CHPPD and nursing hours per patient day.

What is less widely acknowledged is that the benefit of increased registered nurse staffing is associated with education level. The largest international study of the links between nurse staffing, education and mortality, which included data from 422,730 patients across nine

[1] Smith, R., Duffy, J., (2010) 'Developing a competent and flexible workforce using the Calderdale Framework', *IJTR* 17(5):254-262.
[2] Aiken, L. et al (2002) 'Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction', *JAMA*, 288(16).

European countries, found that every 10% increase in nurses with a bachelor's degree was associated with a 7% decrease in the likelihood of patients dying after surgery.[3] Put simply, both numbers and education level matter for patient care. Support workers have a vital role to play but there is no substitute for registered staff who have been educated to degree level.

In this context, the consultation's lack of consideration of the potential impact on the numbers of registered nurses is worrying. There is a case that based on this issue alone the nursing associate role should not be progressed until this has been properly addressed.

Developments must recognise the wide range of roles that already exist within the 'support worker' family

The consultation talks about a 'new role' to sit between care assistants with a care certificate and graduate registered nurses. But this generic reference to care assistants overlooks the considerable variety of expertise, training and education levels already present in the support worker group. In a report commissioned jointly with Skills for Health in 2013[4], the Council distinguished between three levels of support workforce:

- The first level is where the support worker is normally employed at Skills for Health Career Framework Level 2 or equivalent and supports patients' and carers' basic needs
- The second level is where the support worker is normally employed at Skills for Health Career Framework Level 3 or equivalent and undertakes delegated tasks. This role is sometimes referred to as senior support worker
- The third level is where the support worker is normally employed at Skills for Health Career Framework Level 4 or equivalent. This role is referred to as the higher support worker, assistant practitioner or occasionally the associate practitioner. The post holder has greater autonomy and increasingly more responsibility.

Development of new roles must therefore be set in the context of the wide range of existing support roles, seeking to clarify, enhance consistency and add value to what is already there. There is an opportunity to develop a clear framework for support worker careers, identifying the knowledge and skills needed at each level and a common set of role descriptors.

The assistant practitioner role is typical for higher level support workers, many of whom will be educated by HEIs, often through Foundation Degrees. The parallels between this role and the proposed nursing associate role are obvious and this raises questions about the future status of those currently working as higher support workers. The absence of careful consideration of the interaction between other roles and the proposed new nursing associate

[3] Aiken, L. et al (2014) 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study', *The Lancet*, February 2014.
[4] Council of Deans of Health and Skills for Health (2013) *The Higher Education Contribution to Education and Training for Support Worker Roles*

role within the consultation is therefore a significant problem. There is a strong case that the core issues identified in *Shape of Caring* could be better addressed through existing programmes and roles rather than introducing an overlapping new role. We believe developments should be based on careful review of existing supply and demand for higher-level skills, building on such initiatives as Talent for Care.

Developments must build upon the education already provided by HEIs to support workers

The proposals for nursing associate education and training should acknowledge and build upon the widespread provision of education and training for support workers already available. Provision ranges from basic in-house training through to formal courses in the further education sector and to courses delivered in higher education (with FE/HE partnerships in some areas). Even within higher education provision for support workers there is evidence of a plethora of education awards and approaches to educational delivery. In our joint study with Skills for Health in 2013, we found education provision for support workers from certificated courses to foundation degrees. Students completing the certificate pass 60 credits of learning at level 4. Students completing a foundation degree are awarded 240 credits of learning, with 120 credits at level 4 and 120 credits at level 5.[5]

The majority of the HE sector education and training for healthcare support workers prepares them to be employed at Level 4, often as an assistant practitioner. To date there has been considerable diversity in local design and models of study for these courses. A survey of Council of Deans members in 2012 found that these differences occur in almost every area of HE delivery, from the type of award and flexibility of programmes to the length of the programme and pattern of academic attendance[6]. It is unclear how existing courses and the heterogeneity of their design will be affected by the introduction of the new nursing associate education. The relationship between nursing associates and existing assistant practitioners would therefore also need to be clarified. For example will assistant practitioners be allowed to transfer into to a nursing associate role?

Most of our members offering foundation degrees to support workers provide these over two years on a one day per week attendance at the academic institution with the rest of the time in employment as a student. There are however other models including part-time study and distance learning. One model is the Assistant Practitioner Higher (Level 5) Apprenticeship which includes a foundation degree route. Other models of study currently offered by HEIs may need to be adapted to accommodate the apprenticeship model if this is determined to be the primary model of delivery for nursing associate students.

[5] Council of Deans of Health and Skills for Health (2013) *The Higher Education Contribution to Education and Training for Support Worker Roles'*, pp. 17-21.
[6] Council of Deans of Health and Skills for Health (2013) *The Higher Education Contribution to Education and Training for Support Worker Roles*

We have previously highlighted the trade-offs between highly local and employer-led education programmes producing wide variability across the UK and qualifications transferable between clinical areas and different geographies[7]. The current proposals are heavily focused on workforce needs and state that "employers across health and social care will play a key role in establishing learning outcomes". This is in obvious tension with the need for this to dovetail with the requirements to join a pre-registration nursing programme,

Ensure that issues relating to transition from nursing associate to Registered Nurse have been thought through

There is a fundamental tension in the consultation document between the promotion of a nursing associate role as a beneficial new grade in health and social care that meets an identified care gap and the suggestion that the role is being designed to facilitate movement from support worker grades into registered nursing. It may be the case that a new role can fulfil both objectives but there are a number critical issues which must be acknowledged and resolved before new nursing associate courses are designed.

HEE intends to work with professional regulators (the NMC) to develop a career progression pathway for the current support workforce into an undergraduate nursing programme which "if approved would allow for recognition of accreditation of prior learning therefore enabling an accelerated route from Nursing Associate to Registered Nurse". There is a problem, however, in using this language in relation to the requirements of the EU Directive on the Mutual Recognition of Professional Qualifications. Under the Directive, there is no 'accelerated' or 'fast-track' route to being a Registered Nurse and use of these terms risks breaching the Directive. We suggest that HEE takes advice on the correct language for describing APEL and the respective roles and responsibilities of the different actors in the system, in order to comply with the legal framework for the sectoral professions.

It is also not in the gift of either regulators or HEE to stipulate APEL, which is the responsibility of individual universities. HEE and the NMC can, however, work with universities to ensure that locally arranged programmes fulfil the NMC's requirements (including theory) for example for the first year of a BSc. In this light, routes into pre-registration nursing degrees from support worker education already exist in many HEIs. In some cases support workers with a two year Foundation Degree transfer into year two of a nursing BSc in a 2+2 model. A national programme on bridging skills is also already underway to provide support workers with the skills needed to transfer into degree level education. This is important as the numeracy, literacy, ICT and study skills required to enter an NMC nursing degree programme are higher than those required by support workers. However not all HEI foundation degrees for support workers are intended to map across to the nursing curricula so not all would be accepted as APEL by universities assessing

[7] Council of Deans of Health and Skills for Health (2013) *The Higher Education Contribution to Education and Training for Support Worker Roles*

applicants for pre-registration nursing degrees. Some of our members have noted that it can be challenging to rely on apprenticeships for evidence to support APEL.

It should also be noted that for nursing associate students on day release from employers the transition to a nursing degree may not be a smooth one. A nursing degree would need a greater time commitment to education which employers may be less likely to support. In any case, transitioning into full or part-time pre-registration nursing education could prove difficult for nursing associates accustomed to earning an income while they learn.

Provide the resources necessary to support an expansion of education and training for higher level support staff

Depending on the scale of uptake, the education of nursing associates may require an expanded workforce of educators in HEIs. Nursing associates will also require practical education through on the job work-based learning, practice placements and support from qualified staff. This requirement is likely to put some additional pressure on educators and placement providers. The creation of nursing associates will therefore require adequate consideration of the capacity of both higher education and placements.

2. What contribution to patient care do you think such a role would have across different care settings?

Historically much of the support worker education provided by HEIs has been focused on acute care. With the Government's apprenticeship targets affecting only large organisations this bias looks set to continue but the policy imperatives set out by the Five Year Forward View suggest that it will be equally important to ensure the right balance of skilled workers in primary, community and social care. We would be interested to understand how the nursing associate role will relate to the HEE (2015) District Nursing and General Practice Nursing Service, Education and Career Framework.[8]

The development of the nursing associate role must look ahead to the future configuration of health and social care services, including integrated service models. The nursing associate proposals are intended to be uni-professional with a strong emphasis on supporting expert nursing care. However support work already has a multi-professional context, with physiotherapy assistants, OT assistants, maternity support workers and reablement support workers. This changing context means that support workers will also be increasingly working to a range of professionals, including nurses and AHPs, but also social workers and other professionals. The requirements of these roles will differ according to the particular needs of different employers and will need to be flexible enough to allow local innovation.

[8]https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

Given changing patterns of patient needs and services, there is a strong case that new roles should be seen in a multi-professional, integrated care context, not only tied to nursing, and with sufficient flexibility to meet the needs of diverse local employers. This would then require models for education and training that are relevant across a range of different roles that a support worker can undertake.

Issues of delegation and supervision must also be addressed before understanding the contribution nursing associates can make. The boundaries and overlap between this role and other roles in the health and social care sector, particularly the assistant practitioner role will also need to be clarified.

5. What knowledge should the new nursing associate role require?

In determining the education required it would be customary to start by defining the care gap that the role is intended to fill and the skills that will be required to do this successfully. Education could then be tailored to this. We believe that the consultation makes little progress in pinning down this care gap (including settings that the nursing associate would be working in) and that this is a significant limitation for successful development of the role as it stands. The broad areas of knowledge set out in the consultation document are very generic and give no indication of the level or depth of mastery that will be needed.

The consultation explicitly states that it is envisaged that a nursing associate Foundation Degree or equivalent Level 5 qualification "will be aligned to the learning outcomes of the Registered Nurse, underpinned by nationally accredited and transportable skills". We have already highlighted above that transition from one qualification into another, through APEL, is not necessarily straightforward. General skills required by those undertaking nursing associate education will need to be considered. For those nursing associates that wish to progress to a registered nursing degree, it might be helpful to include in the nursing associate education the numeracy, literacy, ICT and study skills already developed as part of the Skills for Health Bridging Programme.

Nationwide the education and training of nursing associates will need to strike a balance between providing general transferable skills – including those that could count towards pre-registration professional education - and specific areas of training geared to the needs of employers or the NHS. If nursing associate education is to be created specifically to support nursing, there is a question of how focused the education should be. It could be more realistic for HEIs to support more specific education - and perhaps more useful for the workforce - than to attempt to cover the entire spectrum of nursing fields within the nursing associate programme.

There are also important questions that need to be addressed around the assessment of knowledge and skills for nursing associates. The BIS apprenticeship trailblazers require final

end point assessment delivered separately from the training itself. This makes sense for lower level apprenticeships without embedded qualifications but becomes much more complex with higher level qualifications where HEIs are already awarding foundation degrees. It seems nursing associates could be assessed twice – once by the HEI for a foundation degree and then again by an external organisation in line with BIS apprenticeship standards. This seems unnecessarily burdensome for HEIs already working to exacting standards, as well as for the apprentices themselves. It also introduces additional expense which could be avoided by recognising the foundation degree as indicative that apprenticeship standards have been met,

6. What do you think the title of this role should be?

Numerous reviews have highlighted the frequently confusing titles for support work roles and the impact on patients and service users of not knowing who is caring for them. *Quality with Compassion,* the report of the Willis Commission in 2012 found that: 'Patients are often unaware of the level and qualifications of staff caring from them'.[9] This theme was also picked up in the investigations into poor care at Mid-Staffordshire NHS Foundation Trust. The second Francis Inquiry recommended not only that healthcare support workers should be regulated but that 'there should be a means whereby members of the public can clearly identify and distinguish between registered nurses and registered healthcare workers'.[10]

People should know who is caring for them and the education and training that a staff member has had. The title of any new role should make this as obvious as possible and actively seek to avoid confusion. Although health and social care staff may be well-equipped to navigate the plethora of titles and able to distinguish readily between them, it should not be assumed that this is easy for members of the public.

We believe that the title nursing associate is less confusing than a title including the word 'nurse' such as nurse associate or assistant nurse but that 'associate' is likely to be poorly understood by members of the public. If a uni-professional approach is maintained nursing assistant would therefore be a better title. This would also dovetail better with some other support roles, such as physiotherapy and OT assistants.

7. Please comment on what regulation or oversight is required for this role and which body should be responsible

The Professional Standards Authority's *Rethinking Regulation* of August 2015 goes some way to proposing a route map by which this question might be answered. It proposed a new regulatory framework based on a clear theory of regulation and a proposed risk assessment model for who or what should be regulated, acknowledging that fitness to practice frameworks

[9] RCN (2012), *Quality with Compassion: the future of nursing education,* p. 28
[10] The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Executive Summary,* p. 78.

are likely to need lower levels of assurance as the level of professional risk increases. There is a range of regulatory options, from statutory regulation along the same lines as nurses, doctors or AHPs, to accredited voluntary registers currently being introduced for groups such as play therapists and counsellors, to codes of conduct. Given its potential impact on the health and social care workforce, it is disappointing that the consultation does not include a more sophisticated and detailed discussion of regulatory force in relation to this role.

Since the Government has recently announced that there will be a consultation on professional regulation based on *Rethinking Regulation* it would make sense to allow this consultation to conclude to determine whether and how the new nursing associate role should be regulated, based on a coherent and transparent framework.

When the Council of Deans of Health surveyed its members about support worker education in 2012, respondents were unanimous in their opinion that higher level support staff should be regulated in some way. However, the question of the level of regulatory force required was not explored. In addition, regulating nursing associate roles might raise questions about why other higher level support workers are not subject to regulation.

There may also be implications of linking new roles to a professional regulator with just one or two professions. Given the principles of clarity for patients and public protection, alongside the need to think about support roles that will be working with a range of professions, there is a case that support work roles should be regulated by a body that already has a broad range of professions. In the UK, the most obvious regulator to fulfil this role is the Health and Care Professions Council, which in 2013 was asked by government to explore the prospect of a 'negative' or barring register for social care support workers.

Importantly, if regulation is envisaged to have UK-wide implications, all proposals should be developed with the full involvement of all four UK home nations.

Implications for Scotland, Wales and Northern Ireland

Although the proposals for nursing associates relate to England they may come to have implications for the other UK nations. We consider the lack of discussion of the potential UK-wide implications to be a risk for the future of UK-wide regulation: it is insufficient to consider this as having only 'territorial relevance' for England.

The major area of risk relates to the potential for regulation. If nursing associates are to be regulated, this role may fall to one of the UK-wide professional regulators. Although it is possible for a UK-wide regulator to be asked to regulate a profession for England alone, this is unusual; social work in England (regulated by the HCPC) is the most prominent example. Scotland, Wales and Northern Ireland have shown no appetite for the nursing associate role and imposition of the role is likely to be unacceptable. However, the prospect of nursing associates as an England-only role, regulated by a UK-wide regulator, creates other important questions, including whether nursing associates would be eligible to work in other UK home

nations and, if so, whether they would still be required to meet the requirements of the regulator.

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