



Royal College of Nursing  
Shaping nursing since 1916

**Briefing paper**

# **Building capacity to care and capability to treat – a new team member for health and social care**

**Consultation briefing**



## Introduction

On 28 January 2016, a consultation was launched by Health Education England (HEE) seeking views on the proposals for the introduction of a new intermediate care role in England. The purpose of this briefing is to provide a summary of the proposals and support members in formalising their views during the consultation process.

Whilst this consultation is an initiative arising from the *Shape of Caring review* and so England focused, the implications for this role have wider implications for the nursing profession. The RCN will be responding from a UK perspective.

To further help your understanding of the current RCN positions you will find a *summary of established RCN positions on the education of the registered and non-registered nursing workforce* (RCN, 2015) available at [www.rcn.org.uk/about-us/policy-briefings/pol-005364](http://www.rcn.org.uk/about-us/policy-briefings/pol-005364)

## Context

The HEE proposal cites the Cavendish review (Cavendish, 2013) and the Raising the Bar: *Shape of Caring review* (Lord Willis, 2015) as the source of the planned introduction of this role to ‘act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.’ It recognises that the role will need defined principles of practice, supported by a competency framework. It also proposes that the role will be integrated into the nursing workforce, provide a new route into pre-registration nurse education and may require regulation.

## The new nursing associate role

The proposal envisages that the nursing associate role will help build capacity and capability in response to changing demands in services.

As new and more flexible models of care are developing to meet current and future demands in health care, it is proposed that the nursing associate role will complement the roles of the registered nurse, allowing registered nurses to focus on their clinical responsibilities and lead and co-ordinate decision making to ensure high quality care delivery.

## Reshaping the nursing and care workforce

The increasing demands of changing demographics and nurse supply issues are leading many employers across health and social care to seek to transform their nursing workforce by changing skill mix and introducing a range of support staff at different levels.

The RCN recognises the need for a flexible workforce with appropriate skills and competencies in order to respond to the changing requirements across both health and social care sectors. Setting staffing levels and determining the appropriate skill mix depends on a range of factors, including clinical setting and the acuity of patients. The RCN’s formal position on skill mix can be found in *Guidance on Safe Nurse Staffing Levels in the UK* (RCN, 2007). Studies show that the number of registered nurses has a significant impact on patient outcomes.

The consultation highlights the interdependent and interlinked relationship between care assistants and registered nurses, and proposes that the introduction of a higher level care role would enhance the relationship further. The RCN position is that whilst there are a wide range of activities that can be undertaken by appropriately trained and competent support workers, the responsibility for the overall nursing care of the patient and clinical decision making lies with the RN. This is not something that can be substituted by any support worker. Another factor to consider is the importance of supervision and mentoring for support workers in a changing skill mix.

The RCN has reiterated its position relating to the support and development of the non-registered workforce (RCN, 2015). This includes the importance of supporting health care support workers (HCSWs) to develop their knowledge and skills to enable delivery of safe and effective care, alongside the development of a robust structured career framework. We acknowledge and value the contribution of HCSWs to patient care, but this must occur within a supervisory framework for HCSWs, overseen by the registered nursing workforce. In the policy position paper we state:

*“Such an approach reinforces the crucial supplementary and support role that HCSWs play rather than creating a second tier or substitute nursing workforce.”*

## Principles of the proposed new role and practice

The RCN's position confirms that support workers act under delegation from registered practitioners and should not be expected to make stand-alone clinical judgements. They should work within guidelines and protocols and should be supervised (in varying degrees) by the registered practitioner. It is worth considering that the distinction between the roles and responsibilities of support workers and registered nurses have become increasingly blurred and as the Francis Report (Mid Staffordshire NHS Foundation Trust, 2013) confirmed, it is often difficult for patients to understand the differences between the roles.

## Education and training

The proposal emphasises adaptability and the ability to work in varied care settings, and therefore recognises that both academic and practical training and education are important. The RCN is clear that there should be a robust structure for development, training and education and a linked career framework for support workers. It is essential that training is competence based, quality assured, and assessed against nationally recognised standards. There is also a need to ensure that senior staff are able to provide appropriate support and mentorship. Quality assured training and education is key to widening opportunities for career progression within a national nursing career and education framework.

The proposed route into the nursing associate role is through the higher apprenticeship at Level 5 of the qualifications framework in England, to foundation degree or equivalent, with funding via the apprenticeship levy ([www.gov.uk/government/consultations/apprenticeships-levy-employer-owned-apprenticeships-training](http://www.gov.uk/government/consultations/apprenticeships-levy-employer-owned-apprenticeships-training))

There are currently trailblazer apprenticeships in development for the HCSW, senior HCSW and assistant practitioner at Level 5 and a growing political drive to increase apprenticeship numbers in all sectors. The RCN broadly supports the apprenticeship model for learning as it provides a structured approach requiring buy in from both the employer and the apprentice.

The proposal states that the nursing associate role “will provide a new route into pre-registration nurse education”..... “enabling an accelerated

route from a nursing associate to a registered nurse”. The RCN position remains that graduate entry to the registered nursing profession is critical to the preparation of a nursing workforce equipped to meet current and future patient and population health and care needs and to ensure they meet the current standards of education required to gain access to the NMC register. We will be seeking clarity on this proposed new route.

## The role title

Confusion remains and there are numerous titles for support workers. The consultation asks for suggestions as to the title for the new role. The RCN has supported the title nursing associate in preference to associate nurse which could be seen to suggest that the new role is independent rather than supportive. The RCN is clear that the registered nursing workforce should remain an all graduate profession and is concerned that the associate nurse title would cause further confusion and potentially herald the reintroduction of a second level nurse, which the RCN does not support (RCN, 2015).

## Regulation

Since 2007, the RCN has consistently called for the mandatory, statutory regulation of all HCSWs. The RCN believes all HCSWs should be regulated in the interests of public safety and is committed to supporting steps towards mandatory regulation.

It is essential that the most appropriate model of regulation is chosen for the whole support workforce.

## RCN position

We will complete our consultation with members before we finalise our position on the nursing associate role but the RCN has identified core principles that must underpin these proposals (RCN, 2015):

- the registered nursing workforce should remain an all graduate profession
- the RCN does not support the return of the second level registered nurse
- there are defined accountability and delegation responsibilities for registered nurses
- all health care support workers (HCSWs) should be regulated in the interest of public protection

- HCSWs must be supported to develop the knowledge and skills required to deliver competent and compassionate patient-centred care
- a structured career framework for HCSWs should be developed
- responsibility for the overall nursing care of the patient and clinical decision making lies with the registered nurse and cannot be substituted by an HCSW or assistant practitioner (AP)
- staffing levels and skill mix should be determined appropriately using professional judgement, guidance and tools
- In relation to safe staffing, there is an association between the number of registered nurses and better patient outcomes.

### The consultation

The consultation seeks responses around the themes of the need for a new role, reshaping the workforce, principles of the role and practice, education, title and regulation.

We would like to hear from you to enable us to submit a robust response from the RCN.

Our online survey runs from 15-24 February 2016 at [www.rcn.org.uk/news-and-events/news/nursing-associates-what-do-you-think](http://www.rcn.org.uk/news-and-events/news/nursing-associates-what-do-you-think). Please complete the survey and encourage your fellow members to do so.

The HEE consultation closes on 11 March <https://hee.nhs.uk/our-work/developing-our-workforce/nursing/have-your-say-new-role-nursing>

The RCN response will be published on the website [www.rcn.org.uk](http://www.rcn.org.uk) after this time.

### References

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