Supporting evidence for the development of the RCN Professional Framework definition and level descriptors for the Nursing Support Workforce.

This literature search was undertaken by the Royal College of Nursing Library and Archive Service (on the 26 July 2023). The papers have been summarised (in some cases this will be the abstract) and the highlighted sections are key sections related to this work. Prior to publication, to address the gap since the review was undertaken, the working group that included 4 country representation reviewed the content to ensure it was current and any new evidence/ resources included.

Search terms used were as follows:

"nursing support workforce", "nursing support worker", "clinical support worker", "healthcare support worker", "healthcare assistant", "nursing assistant", "care assistant", "assistant practitioner" or "nursing associate".

UK

Wakefield A, Spilsbury K, Atkin K, McKenna H, Borglin G and Stuttard L (2009) Assistant or substitute: exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions., *Health Policy*, 90(2/3), pp. 286–295. Available at:
Assistant or substitute: Exploring the fit between national policy vision and local practice realities of assistant practitioner job descriptions - ScienceDirect (Accessed 11 November 2025)

Objectives: To understand the extent to which the assistant practitioner role is described as 'assistive' in formal job descriptions and analyse whether the term 'assistive' has been stretched to encompass more 'substitutive' or 'autonomous' characteristics.
Methods: Sixteen AP job descriptions representing all clinical divisions across one UK acute NHS Hospital Trust were both macro- and micro-analysed for broad similarities and differences in line with Hammersley and Atkinson's analytical framework. The analysis specifically focused on how clinical tasks were related to clinical responsibility, from this the job descriptors were then indexed as belonging to one of 5 discrete categories.
Results: Our analysis revealed the following categories: fully assistive (n=1), supportive/assistive (n=7), supportive/substitutive (n=4), substitutive/autonomous (n=3) and fully autonomous (n=1). From this, a number of anomalies manifest in the form of divergent organisational expectations regarding the AP role.
Conclusions: This study highlights a series of tensions extant between policy vision and implementation of the AP role in practice. Introduction of new health care roles requires

compromise and negotiation, to shape and define what social space incumbents of these and existing roles will occupy. However, the way in which new roles are defined will determine how they become embraced and embedded within future health care services.

Wakefield A, Spilsbury K, Atkin K, and McKenna H (2010) What work do assistant practitioners do and where do they fit in the nursing workforce?, *Nursing Times*, 106(12), pp. 14–17. Available at: 100330Practice-research-report-What-work-do-assistant-practitioners-do-and-where-do-they-fit-in-the-nursing-workforce.pdf (Accessed 11 November 2025)

Aim: To understand where assistant practitioners fit in the workforce and examine the roles they are asked to undertake, by comparing their job descriptions with the policy vision.
Method: A total of 27 job descriptions from 3 acute trusts were analysed to highlight similarities and differences between the documents. The analysis focused on how clinical tasks related to the level of responsibility APs were expected to assume as part of their role.
Results: The analysis revealed the following categories for APs' job descriptions: fully assistive (1 description); supportive/assistive (9); supportive/substitutive (9); substitutive/autonomous (7); and fully autonomous (1). This revealed a number of inconsistencies in the form of different organisational expectations about the AP role.
Conclusion: This study highlights that it is still not clear what managers and workforce planners want from the AP role as it does not have a clearly defined position in the clinical hierarchy, despite being located at level 4 on the Skills for Health (2008) framework.

Aiken L H, Sloane D, Griffiths P, Rafferty A M, Bruyneel L, McHugh M, Maier C B, Moreno-Casbas T, Ball J E, Ausserhofer D and Sermeus W (2017) Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care., *BMJ Quality & Safety*, 26(7), pp. 559–568. Available at: Nursing_skill_mix_in_European_AIKEN_Firstonline10November2016_GOLD_VoR_CC_BY_NC_.pdf (Accessed 11 November 2025)

Objectives: To determine the association of hospital nursing skill mix with patient mortality, patient ratings of their care and indicators of quality of care.
Design: Cross-sectional patient discharge data, hospital characteristics and nurse and patient survey data were merged and analysed using generalised estimating equations (GEE) and logistic regression models.
Setting: Adult acute care hospitals in Belgium, England, Finland, Ireland, Spain and Switzerland. Participants Survey data were collected from 13,077 nurses in 243 hospitals, and 18,828 patients in 182 of the same hospitals in the 6 countries. Discharge data were obtained for 275,519 surgical patients in 188 of these hospitals.
Main outcome measures: Patient mortality, patient ratings of care, care quality, patient safety, adverse events and nurse burnout and job dissatisfaction.
Results: Richer nurse skill mix (eg, every 10-point increase in the percentage of professional nurses among all nursing personnel) was associated with lower odds of mortality (OR=0.89), lower odds of low hospital ratings from patients (OR=0.90) and

lower odds of reports of poor quality (OR=0.89), poor safety grades (OR=0.85) and other poor outcomes (0.80<OR<0.93), after adjusting for patient and hospital factors. Each 10-percentage point reduction in the proportion of professional nurses is associated with an 11% increase in the odds of death. In our hospital sample, there were an average of 6 caregivers for every 25 patients, 4 of whom were professional nurses. Substituting 1 nurse assistant for a professional nurse for every 25 patients is associated with a 21% increase in the odds of dying.
Conclusions: A bedside care workforce with a greater proportion of professional nurses is associated with better outcomes for patients and nurses. Reducing nursing skill mix by adding nursing associates and other categories of assistive nursing personnel without professional nurse qualifications may contribute to preventable deaths, erode quality and safety of hospital care and contribute to hospital nurse shortages.

Bunn C, Harwood E, Akhter K and Simmons D (2020) Integrating care: the work of diabetes care technicians in an integrated care initiative., *BMC Health Services Research*, 20(1), pp. 1–11. Available at:
Integrating care: the work of diabetes care technicians in an integrated care initiative | BMC Health Services Research | Full Text (Accessed 11 November 2025)

Background: As diabetes prevalence rises world-wide, the arrangement of clinics and care packages is increasingly debated by health care professionals (HCPs), health service researchers, patient groups and policy makers. 'Integrated care', while representing a range of approaches, has been positioned as a promising solution with potential to benefit patients and health systems. This is particularly the case in rural populations which are often removed from centres of specialist care. The social arrangements within diabetes integrated care initiatives are understudied but are of particular importance to those implementing such initiatives. In this paper we explore the 'work' of integration through an analysis of the role played by Health Care Assistants (HCAs) who were specially trained in aspects of diabetes care and given the title 'Diabetes Care Technician' (DCT).
Methods: Using thematic analysis of interview (n = 55) and observation data (n = 40), we look at: how the role of DCTs was understood by patients and other HCPs, as well as the DCTs; and explore what DCTs did within the integrated care initiative.
Results: Our findings suggested that the DCTs saw their role as part of a hierarchy, providing links between members of the integrated team, and explaining and validating clinical decisions. Patients characterised DCTs as friends and advisors who provided continuity. Other HCPs perceived the DCTs as supportive, providing long-term monitoring and doing a different job to conventional HCAs. We found that DCTs had to navigate local terrain (social, ethical and physical), engage in significant conversation and negotiate treatment plans created through integrated care. The analysis suggests that relationships between patients and the DCTs were strong, had the quality of friendship and mitigated loneliness.

Conclusions: DCTs played multidimensional roles in the integrated care initiative that required great social and emotional skill. Building friendships with patients was central to their work, which mitigated loneliness and facilitated the care they provided.

Macfarlane J, Mackey C and Carson J (2017) A positive psychology workshop for trainee assistant practitioners., *British Journal of Healthcare Assistants*, 11(7), pp. 342–347. Available at:
(PDF) A positive psychology workshop for trainee assistant practitioners (Accessed 11 November 2025)

The article explores the strengths of foundation degree health and social care trainee assistant practitioner (TAP) students in the learning environment; and discusses the importance of maintaining their wellbeing when dealing with the demands of providing supportive, high-quality care.

McLaughlin F E, Barter M, Thomas S A, Rix G, Coulter M and Chadderton H (2000) Perceptions of registered nurses working with assistive personnel in the United Kingdom and the United States., *International Journal of Nursing Practice*, 6(1), pp. 46–57. Available at: https://onlinelibrary.wiley.com/doi/full/10.1046/j.1440-172x.2000.00206.x?sid=nlm%3Apubmed (Accessed 11 November 2025, registration required)

This study examines registered nurse perceptions of their role in acute care hospitals that use nursing care assistants (NCA) and unlicensed assistive personnel (UAP). Also studied was registered nurse (RN) satisfaction with nursing care assistants and unlicensed assistive personnel in the United Kingdom (UK) and the United States of America (USA). The purpose of this study is to assist RNs and managers in the re-design of health-care delivery systems by investigating:

1. The differences and similarities of registered nurses in the UK and the USA in the perceptions of changes in the RN role when working with nursing care assistants or unlicensed assistive personnel.
2. The differences between and similarities of registered nurses in the UK and the USA in perceptions of NCA and UAP abilities to perform delegated duties, to communicate pertinent clinical information and to provide more time for professional nursing activities. Registered nurse perceptions in the UK were compared with the findings of a previous study of RN role changes and satisfaction in the USA. Registered nurses in the UK did not perceive a profound change in their role when working with UAP and were more satisfied with their use than were RNs in the USA.

Perry M, Carpenter I, Challis D and Hope K (2003) Understanding the roles of registered general nurses and care assistants in UK nursing homes., *Journal of Advanced Nursing (Wiley-Blackwell)*, 42(5), pp. 497–505. Available at:
Understanding the roles of registered general nurses and care assistants in UK nursing homes - PubMed (Accessed 11 November 2025, registration required)

Background: The recent government decision to fund the costs of Registered nursing time in long-term care facilities in England through the Registered Nurse Contribution to Care renders the need to distinguish the role of Registered General Nurses (RGNs) from that of Care Assistants (CAs) in nursing homes increasingly important.
Aim: The objective of this qualitative study was to obtain an in-depth understanding of the main differences between the roles and functions of RGNs and CAs working in nursing homes in the United Kingdom (UK).
Design: Data were collected through interviews with 9 RGNs and 12 CAs employed in four different nursing homes across England.
Findings: Our findings suggest that RGNs have difficulty defining and limiting their roles because they have all-embracing roles, doing everything and anything within the home. By contrast, CAs define their role in terms of what they are not allowed to do. This difficulty in limiting their role, in addition to their sense of professional accountability for residents' care, leads RGNs to experience difficulty in delegating tasks to CAs. Both RGNs and CAs agreed that an increase in the number of assistive staff is needed to provide residents with good quality care and suggested that a measure of resident dependency would be a good method by which to determine staffing levels.
Conclusions: We recommend that job descriptions that clearly define the roles and responsibilities of both RGNs and CAs are developed so that caregivers at all levels understand each other's roles and work together to co-ordinate, plan and provide residents' care.

Shelley H and Coyne R (2009) Employing healthcare assistants in paediatric oncology units., *Paediatric Nursing*, 21(9), pp. 32–34. Available at: https://www.proquest.com/scholarly-journals/employing-healthcare-assistants-paediatric/docview/764393246/se-2?accountid=26447 (Accessed 11 November 2025, log in required)

The role of health care assistants (HCAs) in the paediatric oncology service at Addenbrooke's Hospital, Cambridge. Workforce planning to include HCAs in a supportive role, their education and supervision, together with benefits and efficiency in delivery of care are described.

Warr J (2002) Experiences and perceptions of newly prepared Health Care Assistants (level 3 NVQ), *Nurse Education Today*, 22(3), pp. 241–250. Available at: Experiences and perceptions of newly prepared Health Care Assistants (Level 3 NVQ) - ScienceDirect (Accessed 11 November 2025)

Increasing demands on the skills of qualified nurses and a recognized shortage of personnel in the NHS emphasise the need to maximize scarce resources and realise the full potential of the nursing contribution. One strategy has been to introduce higher level support roles in line with the recommendations of the DoH (1997) report, often utilising

NVQ qualifications. This study using focused interviews explores the perceptions and experiences of a group of Health Care Assistants who had completed a development programme at level three NVQ. The transcribed interviews were phenomenologically analysed using a framework developed by Hycner in 1985. The emerging themes suggest that they view nursing and its role differently from nursing assistants, but similarly to that of previous State Enrolled Nurses. The development increased their sense of alienation from all other grades of nurse but afforded improved job satisfaction. Questions are raised in relation to the impact on skill-mix and care delivery from a higher level of support, career progression and the effect on the qualified nurse's role. More research is required to assess the impact of developing higher level support roles and what might constitute the registered nurse's unique professional role, before new supportive or substitutory roles are developed on a larger scale in line with Government directives.

White L, Agbana S, Connolly M, Guerin S and Larkin P (2023) Palliative care competencies and education needs of nurses and healthcare assistants involved in the provision of supportive palliative care., *British Journal of Healthcare Assistants*, 17(5), pp. 178–188. Available at:
Palliative care competencies and education needs of nurses and healthcare assistants involved in the provision of supportive palliative care - PubMed (Accessed 11 November 2025, registration required)

Background: This paper investigates the palliative care competencies (knowledge, behaviours, attitudes) and education needs of nurses and health care assistants (HCAs) who provide supportive (Level 2) palliative care.
Methods: A mixed-methods study using a sequential exploratory design was used, with findings integrated across sources. Qualitative focus groups were conducted in 2018 with a sample of staff (n=11, all female; nurses=4; HCAs=7) providing supportive palliative care in a single service setting. A quantitative survey, also conducted in 2018, explored the issue with a wider sample within the same setting (n=36; nurses=18; HCAs=18; female=32).
Results: Qualitatively, communication was highlighted as an important domain of the competence framework, with many participants acknowledging that the ability to communicate effectively is essential. Quantitatively, participants scored in the lower range for competency variables. A significant difference was observed between HCAs and nurses on measures of knowledge ($t=-2.718$; $df=30$; $p<.05$) and behaviour ($t=-3.576$; $df=30$; $p<.05$), with HCAs scoring significantly higher than nurses. In relation to education, while some participants report being indecisive regarding engaging in education/training, others highlighted the benefit of education, especially its ability to impact on their practice.
Conclusion: This research contributes to understanding palliative care competencies among nurses and HCAs working in palliative care and has important implications for the education and training of nurses and HCAs working in Level 2 palliative care in Ireland.

Non-UK (excluding USA)

Burrow M, Gilmour J and Cook C (2018) The information behaviour of health care assistants: A literature review., *Nursing Praxis in New Zealand*, 34(3), pp. 6–17. Available at: The Information Behaviour of Health Care Assistants: A Literature Review | Published in Nursing Praxis in Aotearoa New Zealand (Accessed 11 November 2025)

Health care assistants' decision-making during direct care is clearly influenced by how information is assessed and used. Health care assistants work in a variety of environments with varying degrees of supervision. While there exists a body of literature on information behaviours for registered nurses there is little literature that focuses on health care assistants who are a growing population of unregistered supportive staff commonly under the supervision of registered nurses. A greater understanding of the information behaviours used by health care assistants is needed to support registered nurses who delegate direct care to health care assistants. The aim of the review is to use the existing research literature to identify information behaviours utilised by health care assistants. An extensive review of domestic and international literature focused on paid caregivers, and their information behaviours was conducted using the search engines Medline via Ovid, CINAHL Complete, PubMed and PsycINFO from 1980 to April 2016. The search strategy produced 17 papers. 4 social contexts were represented within the literature: home health care; residential dementia care; nursing homes; and acute hospital environments. The literature was organised using typologies common to information behaviour theory and research: sense making; information as a process; information as knowledge; and information as a commodity. This review highlights the influence that situational factors and social contexts have on information behaviours and the need for research that can explicate that relationship.

Craftman Å G, Grundberg Å and Westerbotn M (2018) Experiences of home care assistants providing social care to older people: A context in transition., *International Journal of Older People Nursing*, 13(4), p. N.PAG-N.PAG. Available at: Experiences of home care assistants providing social care to older people: A context in transition - PubMed (Accessed 11 November 2025, registration required)

Aim: The aim was to describe home care assistants' (HCA) experiences of providing social care in older people's own homes.
Background: With the increase in average life expectancy and related growth of the elder population, addressing geriatric care needs has become an increasingly vital issue. However, the frontline workforce faces major challenges in meeting these needs, including a lack of trained professionals entering the field.
Design: A qualitative inductive design was used.

Methods: A descriptive, qualitative study using focus group interviews and content analysis.
Findings: The findings revealed that HCAs are active in an area facing challenges due to an older home-dwelling generation. Transfer of tasks should be reviewed considering changes to the workforce's skill mix brought on by task shifting.
Conclusions: Certain prerequisites are needed to enable unlicensed assistive personnel to perform a good job; they also need to receive affirmation that they are a crucial workforce carrying out multifaceted tasks. To improve and maintain the pull factors of social care work, it is crucial to clarify how older people's requirements influence the daily care relation.
Implications for Practice: The findings highlight HCAs' blurred responsibility when providing nursing and care to older people with multiple chronic conditions and functional disabilities. Increasing expectations are placed upon HCAs to cope with practical situations that are theoretically outside the bounds of social care. The findings contribute knowledge to further development of collaboration between social and health care providers as well as the important affirmation of this unlicensed personnel group in transition. A long-term plan is therefore needed to provide HCAs with the skills and tools they need to deliver care and support to older people with a variety of needs.

Pesut B, McLean T, Reimer-Kirkham S, Hartrick-Doane G, Hutchings D and Russell L B (2015) Educating registered nursing and healthcare assistant students in community-based supportive care of older adults: A mixed methods study., *Nurse Education Today*, 35(9), pp. e90-6. Available at:
Educating registered nursing and healthcare assistant students in community-based supportive care of older adults: A mixed methods study - PubMed (Accessed 11 November 2025, registration required)

Summary Background: Collaborative education that prepares nursing and health care assistant students in supportive care for older adults living at home with advanced chronic illness is an important innovation to prepare the nursing workforce to meet the needs of this growing population.
Objectives: To explore whether a collaborative educational intervention could develop registered nursing and health care assistant students' capabilities in supportive care while enhancing care of clients with advanced chronic illness in the community.
Design: Mixed method study design.
Setting: A rural college in Canada.
Participants: 21 registered nursing and 21 health care assistant students completed the collaborative workshop. 8 registered nursing students and 13 health care assistant students completed an innovative clinical experience with 15 clients living with advanced chronic illness.
Methods: Pre and post-test measures of self-perceived competence and knowledge in supportive care were collected at 3 time points. Semi-structured interviews were conducted to evaluate the innovative clinical placement.
Results: Application of Friedman's test indicated statistically significant changes on all self-perceived competence scores for RN and HCA students with two exceptions: the ethical and legal as well as personal and professional issues domains for HCA students. Application of Friedman's test to self-perceived knowledge scores showed statistically

significant changes in all but one domain (interprofessional collaboration and communication) for RN students and all but 3 domains for HCA students (spiritual needs, ethical and legal issues, and inter-professional collaboration and communication). Not all gains were sustained until T-3. The innovative community placement was evaluated positively by clients and students.
Conclusions: Collaborative education for nursing and health care assistant students can enhance self-perceived knowledge and competence in supportive care of adults with advanced chronic illness. An innovative clinical experience can maximize reciprocal learning while providing nursing services to a population that is not receiving home-based care.

USA

Ashwill J (1998) The Patient Care Assistant Program: the nursing profession's and a community college's response to educating unlicensed assistive personnel., *Journal of Continuing Education in Nursing*, 29(3), pp. 126–129. Available at: The patient care assistant program: the nursing profession's and a community college's response to educating unlicensed assistive personnel - PubMed (Accessed 11 November 2025, registration required)

Preparing unlicensed assistive personnel for work in hospitals was one of the major challenges facing the nursing profession in the 1990s. Continued debate prevails over who should educate these health care workers and what content should be included in the curriculum. The 516-hour course described in this article was designed by nursing professionals to educate and train individuals to function as unlicensed assistive personnel in the acute care setting. The program takes place in a junior college and consists of learning activities in the classroom, skills laboratory, nursing home, and acute care hospital.

Crawley WD, Marshall RS, and Till AH (1993) Use of unlicensed assistive staff., *Orthopaedic Nursing*, 12(6), pp. 47–53. Available at: Use of unlicensed assistive staff - PubMed (Accessed 11 November 2025, registration required)

Recent reports indicate that nurses spend less time with their patients today than in the past. This may lead to high frustration levels, low morale, and compromised patient care. Unlicensed assistive staff (patient care assistants and unit assistants), when used appropriately, can provide essential support and make a significant contribution to the delivery of efficient and effective patient care. Key issues, when using these staff members, are role clarity and appropriate delegation. Increased health care technology, the proliferation of nursing and medical knowledge, and new health care delivery models have impacted upon the way nurses and unlicensed assistive personnel work together.

The way in which these staff members are organized and work together not only will affect the quality of nursing care that is delivered but outcomes of care as well.

Grover L and Fritz E (2022) Unlicensed assistive personnel in ambulatory care: A systematic integrative review, *Nursing management*, 53(10), pp. 28–34. Available at: Unlicensed assistive personnel in ambulatory care: A systematic integrative review - PubMed (11 November 2025, registration required)

In recent years, shortages of licensed nurses, increases in complex patient care management, and challenges with cost containment have all contributed to the increased use of unlicensed assistive personnel (UAP) to support care delivery in the ambulatory care setting. In this article, the term UAP refers to a broad variety of clinical or blended administrative/clinical roles represented by unregulated titles in the US, such as “clinical unit clerk,” “patient care partner,” or “ambulatory care assistant,” and in other countries by a range of titles, including “healthcare assistant” or “primary care practice assistant.” This article isn't principally concerned with the well-established role of medical assistants in the US.

Huber DG, Blegen MA, and McCloskey JC (1994) Use of nursing assistants: staff nurse opinions., *Nursing Management*, 25(5), pp. 64–68. Available at: Use of nursing assistants: staff nurse opinions - PubMed (Accessed 11 November 2025, registration required)

Use of assistive nursing personnel generates fear, uncertainty and lack of trust in many RNs, yet most agree that ‘help is needed.’ The nursing profession must develop minimum standards, a code of ethics and appropriate preparation for nursing assistants. They are here to stay.

Kalisch B (2011) The impact of RN-UAP relationships on quality and safety., *Nursing Management (USA)*, 42(9), pp. 16–22. Available at: https://www.proquest.com/scholarly-journals/impact-rn-uap-relationships-on-quality-safety/docview/901877597/se-2?accountid=26447 (Accessed 11 November 2025, registration required)

Qualitative research in the USA into relationships between unlicensed assistive personnel (UAP) and registered nurses and the effect on patient safety and quality. Focus groups with RNs and nursing assistants in acute medical-surgical units examined lack of role clarity and teamwork, delegation and communication. Barriers to RN-UAP teamworking and increased errors resulting from poor working relationships were also identified.

Kummeth P, de Ruiter H, and Capelle S (2001) Developing a nursing assistant model: having the right person perform the right job., *MEDSURG Nursing*, 10(5), pp. 255–263. Available at: (PDF) Developing a Nursing Assistant Model: Having the Right Person Perform the Right Job (Accessed 11 November 2025)

Nursing staff, frustrated by an inefficient practice model, created a new model with clearly defined RN and assistive staff roles. Outcomes of this model include clarity of role expectations, increased job satisfaction, and enhanced role identity.

Salmond SW (1995a) Models of care using unlicensed assistive personnel. Part 1: job scope, preparation and utilization patterns., *Orthopaedic Nursing*, 14(5), pp. 20–30. Available at: Models of care using unlicensed assistive personnel. Part I: Job scope, preparation and utilization patterns - PubMed (Accessed 11 November 2025, registration required)

This article describes the results of a NAON-funded descriptive design research project developed to gather data on how clinical nursing assistants are being used in the practice setting by examining the role responsibilities, extent of delegation, training effectiveness, and evaluation measures designed by agencies to evaluate the effectiveness of this model of care. 53 hospitals from 31 states participated in the investigation, with 53 nurses' managers, 620 staff nurses, and 305 nursing assistants responding to questionnaires. The most common role description of clinical nursing assistants was in providing supportive care; however, there was a clear trend toward using clinical assistants to provide care requiring higher levels of observation and technical skill. Deficiencies in the infrastructure to support this model were identified as limited education and training of both assistants and staff nurses, inadequate mechanisms to deal with role confusion and delegation deficits, lack of evaluation systems, and lack of ongoing procedures to assure competency.

Salmond SW (1997) Delivery-of-care systems using clinical nursing assistants: making it work., *Nursing Administration Quarterly*, 22, pp. 74–84. Available at: Delivery-of-care systems using clinical nursing assistants: making it work - PubMed (11 November 2025, registration required)

This article describes a systems approach for effectively implementing a delivery model of care using unlicensed support personnel, unlicensed workers trained in assistive tasks of clinical care under the direct supervision of the RN. The approaches described derive from practice, research, and consultant experiences. Successful implementation requires an ongoing, multisystem approach to the development of a change plan, development of roles, development of staff, and development of rituals of practice that promote successful differentiated practice and team functioning.

Small A, Okungu L A and Joseph T (2012) Continuing education for patient care technicians: a unit-based, RN-led initiative., *American Journal of Nursing*, 112(8), pp. 51–55. Available at: https://www.proquest.com/scholarly-journals/continuing-education-patient-care-technicians/docview/1223810432/se-2?accountid=26447 (Accessed 11 November 2025, registration required)

In many acute care settings, unlicensed assistive personnel, including certified nursing assistants, nursing attendants, and patient care technicians (PCTs), play important roles in patient care. According to the US Department of Labor's Bureau of Labor Statistics, more than 348,000 unlicensed assistive personnel were employed in the hospital setting in 2011, and their numbers are likely to increase as hospitals try to lower labour costs. Unlicensed assistive personnel are integral members of the multidisciplinary team, and patient care quality and safety depend, in part, on how well they perform their jobs. Here, Small et al., discuss the implementation of a hospital-wide upgrade of nursing attendants.

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Kessler I and Nath V (2018) *Re-evaluating the assistant practitioner role in NHS England: Survey findings*. Journal of Nursing Management. Available at: Re-evaluating the assistant practitioner role in NHS England: Survey findings - PubMed (Accessed 11 November 2025, registration required)

Miller L, Williams J and Edwards R (2014) *Assistant Practitioner roles in the Welsh Health Sector*. Skills for Health. Available at: Microsoft Word - Assistant Practitioners in Wales 29012014 (Accessed 11 November 2025)

Nursing and Midwifery Council (2018) *The Code*. Available at: https://www.nmc.org.uk/standards/code/code-in-action/accountability/ (Accessed 11 November 2025)

Royal College of Nursing. *Accountability and delegation*. Available at: Accountability and delegation | Royal College of Nursing

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(All accessed 11 November 2025)

Pub code: 012 319
Published November 2025