

Briefing for providers: Nursing associates

Introduction

The new role of nursing associate is being introduced in health and social care services in England. The Nursing and Midwifery Council (NMC) published [Standards of proficiency for nursing associates](#) in October 2018, which sets out the knowledge, skills and competencies required of nursing associates when they join the NMC register.

CQC recognises the current challenges facing the health and care sector: an ageing population, increased demand for services, financial constraints, and challenges to workforce supply, recruitment and retention. This requires innovative approaches and planning to ensure an adequate workforce for the future. The new role of nursing associate is intended to bridge a gap between health care support workers (and social care equivalent) and registered nurses. It has the potential to shape the workforce in the future and to demonstrate positive outcomes and experiences for people who use services across health and social care, their families and their carers.

From 28 January 2019, nursing associates will be able to apply for registration with the NMC and must uphold the NMC's [Code of professional practice](#). They are also subject to revalidation in a similar way to nurses and midwives. As registered professionals, they are individually accountable for their own professional conduct and practice.

However, it is important to understand that nursing associates are **not** registered nurses and we expect health and care providers to consider this when deploying them. As with the introduction of any other new role, we are not prescriptive about how you deploy nursing associates, but we need assurance that using them is safe and supports you to deliver high-quality care.

We advise you to read the NMC's [Standards of proficiency for nursing associates](#) to understand this new role and the implications for your service. The NMC also recommends reading the standards alongside the [Standards of proficiency for registered nurses](#), as they demonstrate how the two roles work together and how they differ. This will help you to understand how nursing associates can be appropriately and safely deployed within your service. There is also further guidance from NHS Improvement's resource: [Safe, sustainable and productive staffing improvement resource for the deployment of nursing associates in secondary care](#). NHS Employers have also developed [guidance](#) for providers.

What you need to be aware of under the Health and Social Care Act

If you employ nursing associates, you need to be aware of some key areas.

[Regulation 18: Staffing](#). The regulation requires you to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that you can meet people's care and treatment needs, and meet the other regulatory requirements. This applies to nursing associates in the same way as employing other registered healthcare professionals. Our [guidance](#) explains how you can meet this regulation.

As with the introduction of any other new role, we expect all providers to adopt a systematic approach to deploying nursing associates. This should involve using evidence-based decision tools and professional judgement, and comparing with similar providers to determine the number of nursing associates and range of skills required to meet people's needs and keep them safe at all times. The approach should reflect guidance such as the NMC's [Standards of proficiency for nursing associates](#), as well as the skill and experience of the nursing associate(s) and other staff who will be working alongside them.

Staffing levels and skill mix need to be constantly reviewed, and all providers should adapt and respond to the changing needs and circumstances of people using the service, particularly when introducing nursing associates to a workforce.

We expect you to clearly articulate how you have counted nursing associates into the staffing establishment and to carry out regular staffing reviews after deployment, ensuring that nurse-sensitive quality indicators are taken into account to improve quality and safety for people who use services.

We also expect you to develop local guidelines to ensure that existing staff understand the rationale for deploying nursing associates, the benefits of the role, and the process for escalating any concerns.

The standards of proficiency set out the procedures that nursing associates must be able to carry out at the point of registration with the NMC. However, we recognise that they may develop additional skills, knowledge and competencies within specific areas of nursing and/or service specialism and that their practice is not limited to their initial competencies. Therefore, nursing associates must have access to clinical or professional supervision, in line with the NMC's requirements.

Guidance from Health Education England and the NMC is clear that nursing associates can contribute more to people's care if they have received appropriate training and there is relevant clinical governance.

Nursing associates are regulated by the NMC in the same way as nurses and midwives. Under registration they will be expected to uphold the code and [revalidate](#) every three years.

Regulation 17: Good governance. This regulation requires you to have systems and processes to ensure that you can meet all regulatory requirements. It includes assessing, monitoring and mitigating any risks relating to the health, safety and welfare of people using services and others. Good governance also requires you to seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that you can continually evaluate the service and drive improvement.

If you are introducing the role of nursing associates into the workforce, your assurance and auditing systems or processes should assess and monitor whether this has improved the quality and safety of your services and the quality of people's experiences.

Regulation 12: Safe care and treatment. This regulation aims to prevent people from receiving unsafe care and treatment and prevent avoidable harm or the risk of harm. You must assess and mitigate the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

The regulation applies to nursing associates in the same way as other registered staff. This means that if you employ any nursing associates you should be able to demonstrate that they are suitably qualified, competent, skilled and experienced to assess the health, safety and welfare of people who use the service and to meet their care and treatment needs, as well as meet regulatory requirements. You must also be able to demonstrate that such assessments balance people's needs and safety with their rights and preferences, and include arrangements to respond appropriately and in good time to their changing needs.

Nursing associates and regulated activities

The following points detail current regulated activities. The position may change depending on changes to legislation.

Treatment of disease, disorder or injury (TDDI). This regulated activity must be carried out by, or under the supervision of, a healthcare professional (HCP) included on the TDDI list. At the time the NMC's register opened, nursing associates were not included on the TDDI HCP list.

However, nursing associates will commonly be working in a team alongside a registered nurse(s) and/or other HCPs that are included in the TDDI list. In these cases, TDDI applies to a registered provider in the same way as it applied before the nursing associate role was introduced. For example, where a provider registered to carry on TDDI employs a senior carer who completes some nursing-related tasks that they are competent to do under the supervision of a HCP. In cases where a provider employs nursing associates and/or other HCPs who **are not** in the TDDI list, the regulated activity of TDDI will not apply in the same way, as it would not have applied before the role of nursing associate was introduced.

To carry on activities under TDDI, the provider MUST deploy a healthcare professional included on the TDDI list. For example, under the current regulations, Care homes with nursing need to be registered for TDDI and need to employ a professional who is on the TDDI HCP list, for example a registered nurse. They can also employ nursing associates, with the provider ensuring that they are deployed appropriately to ensure that people who use services receive high-quality safe care.

Care homes without nursing can employ nursing associates, but they cannot carry out nursing activity unless delegated by a HCP from the TDDI list, for example a district nurse. This would be similar for domiciliary care agencies (DCAs). If a DCA provider wants to provide TDDI, they must employ a registered nurse (or other from the HCP list), otherwise nursing associates cannot carry out nursing care unless delegated by a HCP from the TDDI list, for example a district nurse.

Nursing care. This regulated activity applies to the provision of nursing care, including nursing care provided in a person's own home.

Nursing care is care carried out by, or planned, supervised or delegated by a (registered) nurse. This regulated activity does not apply to nursing associates unless the care is planned or supervised by a registered nurse, or is delegated to them by a registered nurse working for the same provider.

Accommodation for people who require nursing or personal care. Where a nursing associate is deployed in a setting under this regulated activity, any nursing tasks they carry out must be planned, delegated or supervised by a registered nurse or other listed healthcare professional. This is the same as the current situation for care staff.

For example, a nursing associate deployed in a residential care home will carry out nursing tasks that have been delegated by a healthcare professional employed by another provider, such as a district nurse. The nursing associate must ensure that they are competent to carry out such tasks and that the scope of their professional registration allows it. The provider of the care home must make sure that the staff they employ are suitably competent, qualified and supervised to provide this care.

Patient group directions

Patient group directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations where it improves patient care, without compromising patient safety.

As with the regulated activity of TDDI, only those professions listed in [legislation](#) can operate under a [PGD](#). Nursing associates cannot operate under a PGD as they are not currently included within the legislation, but this may change in the future.

Medicines management

The standard of proficiency for nursing associates includes competencies required for administering medicines safely and making accurate drug calculations for a range of medicines. The NMC's [Standards of proficiency for nursing associates](#) provides comprehensive detail about the competencies that nursing associates must hold at the point of their registration.

Conclusion

From January 2019, the new role of nursing associate will be reflected in every aspect of CQC's regulation:

- When we register a provider, we will consider its understanding of deploying nursing associates.
- When we monitor and review provider information returns, we will look at nursing associates in workforce deployment.
- On inspection, we will want to see evidence that providers have adopted a systematic approach to deploying nursing associates, ensuring that they have considered the risks to the quality and safety of care for people who use services.
- We will take enforcement action where we find issues in relation to regulated activities and breaches of regulations.

We have reviewed our memorandum of understanding and joint working protocol with the Nursing and Midwifery Council to ensure that these take account of the new role of nursing associate.

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