

Nursing and Midwifery Council (NMC) response to Health Education England (HEE) consultation: *Building capacity to care and capability to treat – a new team member for health and social care*

Introduction

- 1 The Nursing and Midwifery Council (NMC) is the independent professional regulator for nurses and midwives in the UK. We exist to protect the public. We do this by setting the standards nurses and midwives must uphold to join and remain on our register, and taking action in the public interest when those standards are not met.
- 2 We welcome the opportunity to respond to this consultation on the proposals to establish a new support role in England, provisionally titled 'nursing associate', which would sit between a care assistant with a Care Certificate and a graduate registered nurse.
- 3 It is right that changing demands on our health and care services should give rise to new models of care and new roles in the delivery of care. Professional regulation needs to be responsive to such developments, with the flexibility to protect the public where public confidence demands that new roles should be regulated.
- 4 We have confined ourselves to responding to those consultation questions most appropriate for our role as the regulator of nursing and midwifery. It is not for the NMC to decide whether there is a need for a new role or what the scope of that role should be.
- 5 If regulation is deemed necessary for nursing associates, we believe the NMC is the right body to take on regulation and we are confident that we can do so effectively. This would require changes to our legislation. If our remit was extended to cover nursing associates, we would expect to take on all of the responsibilities of the professional regulator: setting entry and practice standards, specifying requirements of education and training, maintaining a register and overseeing robust fitness to practise processes.

Q.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?

- 6 The case for the nursing associate role is for others to determine, and the basis for that decision should be how to deliver safe and effective care for patients and service users.
- 7 Additional issues to be considered in the event that the role is regulated will include:
 - 7.1 The costs of regulation, which are borne by the regulated professional.

- 7.2 Proper assessment of the EU considerations arising from the new role.
- 7.3 UK issues – the scope of the HEE consultation is England-only. The devolution settlement is that while the regulation of professions already regulated is a matter reserved to the Westminster government, the regulation of new groups is a devolved matter. These are matters that warrant close work with the devolved administrations.

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

Q.3 Do you have any comments on the proposed principles of practice?

Q.4 Do you have any comments on the aspects of the service the proposed role would cover?

Q.5 Do you have any comments on the proposed list of knowledge this role requires?

8 Questions 2-5 are for others to answer, although responses will have an impact on whether regulation is needed for nursing associates.

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

9 The NMC's view is that the title of this role should be one that:

- 9.1 provides clarity for patients and service users about who is giving them care
- 9.2 avoids confusion between the new role and that of the graduate registered nurse
- 9.3 delivers the consistency which is needed for clarity (on the part of patients and the public) and transferability (for employers and the new cadre of professionals)

10 If statutory regulation applies to this role, one consequence will be that the title will become protected in law.

11 We need to ensure that trainees via the apprenticeship route are given a title that does not mislead the public or colleagues.

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

12 The regulation or otherwise of the new role will ultimately be a matter for the government and Parliament to consider. We encourage an assessment based on public protection and public confidence considerations.

13 If there is a decision to regulate the nursing associate, and the role is conceived as part of the nursing family, then we believe we are the appropriate body to regulate the role, and we are confident of doing so effectively.

- 14 If the NMC was to regulate the new role, there would need to be amendments to our legislation. We would expect to set standards governing entry to a specific register (or part of the register) for nursing associates. This would be important in order to send a clear message to the public about the differences between roles. We would also be responsible for specifying the requirements for education and training, mindful of the government's intention to use the Higher Apprenticeships framework for the development of nursing associates, so careful alignment will be required.
- 15 We would be well placed to ensure appropriate synergies with the standards we set for entry onto the nursing part of the register, and these are currently under review. This would facilitate smooth progression for those who wish to move from the nursing associate to nursing parts of our register.
- 16 We would envisage fitness to practise continuing to apply across our register.
- 17 The cost of regulation is traditionally borne by the individual and therefore the creation of this role, with statutory regulation, would require a registration fee to be paid. If the NMC is asked to regulate nursing associates we do not expect our existing registrants to subsidise the regulation of the new role.
- 18 Whether or not the new role is regulated – by the NMC or otherwise – the advent of the nursing associate would have implications for nursing to which we would need to respond as the regulator for nurses. These will include:
 - 18.1 Implications for nurse education (standards and programmes) of the formalisation of a new 'stepping off' point at nursing associate level.
 - 18.2 Capacity of the system to support the education of trainees for the new role (placements, mentors, and so on).
 - 18.3 Potential changes to the NMC Code with regard to delegation and accountability.
 - 18.4 Consideration of whether any tasks within the nursing scope of practice should only be undertaken by registered nurses, which may necessitate protected functions.