



## **FSRH Response to Health Education England's consultation on the proposed 'Nursing Associate' role**

The Faculty of Sexual and Reproductive Healthcare (FSRH) is a membership body of over 16,000 doctors and nurses delivering sexual and reproductive healthcare (SRH) across the UK in both General Practice and Specialist Contraceptive Services. It is one of the few medical Colleges and Faculties to offer full membership to nurses upon completion of its [Nurse Diploma](#) – reflecting the fundamental role nurses play in SRH service delivery.

The FSRH is a charity whose aims include producing and promoting high standards in SRH, providing national qualifications in SRH and providing learning opportunities for its membership – ultimately to improve care to women and men using SRH services wherever they are provided.

FSRH welcomes Health Education England's consultation on the proposed nursing support role, the 'Nursing Associate'. We believe that this new, middle tier role will enhance patient care and public confidence in nursing. The role represents an opportunity to grow and diversify the current nursing profession – providing an alternative route into nursing, whilst also supporting the delivery of fundamental, basic care.

However, FSRH believes the new 'Nursing Associate' role would require a standardised, national curriculum and regulation by an existing regulatory body to ensure cohesion across nursing roles.

### **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, Assistant Practitioner (AP) and a Registered Nurse?**

Primarily, FSRH believes that Health Education England (HEE) should distinguish between the proposed principles of practice/aspects of service for the 'Nursing Associate' role and those pertaining to Care Assistants with a Care Certificate and Assistant Practitioner roles.

Furthermore, in order to ensure patient safety, public confidence and clear lines of accountability FSRH believes that the 'Nursing Associate' role must be regulated, preferably by an existing body, such as the Nursing and Midwifery Council (NMC) for purposes of cohesion across nurse-based roles.

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

As the representative body for the majority of sexual and reproductive healthcare provision in the UK, FSRH is concerned that a middle tier role, such as the 'Nursing Associate', may unnecessarily complicate sexual and reproductive healthcare (SRH) service delivery.

Working with medical colleagues, nurses are playing an increasing role in the delivery of sexual and reproductive healthcare and are often supported by healthcare support workers, with a Care Certificate, resulting in no identified unmet need for a middle tier nursing role in this setting.

However, in broader terms, FSRH believes that the 'Nursing Associate' role has the potential to enhance patient care in certain settings. As a middle tier role, the 'Nursing Associate' could support the delivery of basic care, whilst allowing registered nurses to perform more complex aspects of care. The role would therefore enable services in acute settings, long term condition management, elderly care and community nursing to provide comprehensive care across the full spectrum of patient need.

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

FSRH believes that the parameters of the 'Nursing Associate' role must be more clearly defined. Health Education England (HEE) should provide a proposed competency framework for 'Nursing Associates' to outline at a more granular level its envisaged scope of practice for the role.

**4. Do you have any comment on the proposed list of knowledge this role requires?**

FSRH agrees that the education and training pathway for 'Nursing Associate' trainees must equip them to be able to work to a high standard in varied care settings. However, in order to ensure that these competencies are attained across the UK, FSRH believes that the role requires a standardised national curriculum. We would also like Health Education England (HEE) to specify the entry requirements for this new role.

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

FSRH agrees with the proposed job title of 'Nursing Associate'. We believe that the final job title for this role must stipulate that this is a nurse-based role and therefore 'nursing' should be included in the title.

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

FSRH believes that this new nursing support role must be regulated in order to ensure patient safety, public confidence and clear lines of accountability.

We are concerned that the setting up of a new regulatory body for the role would be costly and would risk fragmenting service delivery between nursing roles. As the role supports nursing delivery and feeds in to other nursing career paths, we believe that regulation of the 'Nursing Associate' role should be assigned to an existing body in this field such as the Nursing and Midwifery Council (NMC) or the Community Practitioners and Health Visitor Association (CPHVA) to ensure cohesion across roles. To avoid the 'pricing-out' of Nurse

Associates looking to register with the aforementioned regulatory bodies, we believe they should be asked to pay a registration fee that is calculated in line with their salary.

### **Conclusion**

FSRH supports HEE's proposed 'Nursing Associate' role and believes it represents an opportunity to improve patient care, whilst diversifying nursing and traditional entrance into the profession.

In terms of education and training, FSRH would like to see a standardised national curriculum for the 'Nursing Associate' role, to ensure that a high standard of competencies is consistently attained throughout the UK. In conjunction with this national curriculum, FSRH recommends that HEE publish a proposed competency framework for 'Nursing Associates' to better outline its envisaged scope of practice for the role.

Ultimately, we believe that regulation of this role is integral to its success both in terms of patient safety, public confidence and the career progression of 'Nursing Associates' themselves. Therefore, we believe that regulation of the 'Nursing Associate' role should be assigned to an existing body in this field for purposes of cohesion across nurse-based roles and career paths.

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