



Llywodraeth Cymru
Welsh Government



The Future of the Band 4 Nursing Workforce in Wales

Full Report

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Glossary

Roles frequently referenced within this report:

Assistant Practitioner – Role focuses on the provision and monitoring of direct patient care, day to day patient management and broad aspects of health promotion under the leadership, delegation, and supervision of a Registered Nurse.

Health Care Assistant * – Provides fundamental nursing and personal patient care. Leadership and supervision from Registered Nurse, Midwife or Nursing Associate.

Health Care Support Worker* – Terminology used in Wales and is the same as Health Care Assistant.

Nursing Auxiliary* - Terminology applied by StatsWales and is the same as Health Care Assistant.

Practice Educator – Contribute to the professional development whilst supporting preceptorship, clinical support, and promoting a positive learning environment for the nursing team.

Practice Education Facilitator – Nursing and Midwifery registrant that supports student nurses, midwives, and Nursing Associate learning in practice.

Registered Nurse – Educated to degree level, regulated by the Nursing and Midwifery Council: Assesses, provides, evaluates, and leads patient care.

Registered Nursing Associate / Nursing Associate – Educated to foundation degree level, regulated by the Nursing and Midwifery Council, and bridges the gap between the Registered Nurse and the Health Care Assistant.

State Enrolled Nurse – Second level Nurse, previously regulated by the Nursing and Midwifery Council. Role 'retired' in the 1990's.

Student Nursing Associate – A trainee Nursing Associate.

**Titles used interchangeably across sectors and settings in UK*

Organisations frequently referenced within the report:

Care Inspectorate Wales – The independent regulator and inspector of social care and childcare in Wales who can take action to improve the quality and safety of services for the wellbeing of people in Wales.

Care Quality Commission – Independent regulator of health and adult social care in England.

Council of Deans of Health – Represents the UKs university faculties engaged in education and research for Nurses, Midwives and Allied Health Professionals.

Department of Health – A department of His Majesty's Government responsible for the maintenance of public health.

Department of Health and Social Care (England) – A department of His Majesty's Government responsible for government policy on health and social care in England.

Health Board – A body established in Wales in 2006 as part of the National Health Service (Wales), responsible for planning and delivering NHS services in their geographical areas.

Health Education England – A national public body of the Department of health and social care in England responsible for the education, training, and development of the health workforce in England.

Health Education and Improvement Wales – Strategic workforce body for NHS Wales with functions including workforce intelligence / workforce strategy and planning / education commissioning and delivery / quality management and workforce transformation and improvement.

Health Inspectorate Wales – The independent inspectorate and regulator of health care in Wales.

National Health Service England – Leads the National Health Service in England to deliver high quality services for all.

Nursing and Midwifery Council – The independent regulator for Nurses and Midwives in the UK and Nursing Associates in England.

Royal College of Nursing – Nursing trade union and professional body that represents Nurses, Midwives, and support workers in the UK and internationally.

UNISON – A trade union that represents and acts for members working in a range of public services and utilities.

University and Colleges Admissions Service – Universities and college admissions service, providing information, advice, and guidance to inspire and facilitate educational progression to university, college, and degree apprenticeships.

Wales Ambulance Service NHS Trust – Provides urgent and emergency care for 999 callers, non-emergency patient transport to hospitals and supports 111 Wales.

Workforce Education and Development Service – Superseded by HEIW.

Welsh Government – The devolved Government for Wales.

1.0 Acknowledgements

It is important to acknowledge the immense amount of support for this project from the Executive Directors of Nursing (EDoN), Executive Directors of Workforce and Organisational Development (EDWOD), Health Education and Improvement Wales (HEIW), the Council of Deans (Health) Wales, Universities, the Royal College of Nursing (RCN), UNISON and a range of other stakeholders, but vitally the clinical and academic staff in Wales and England we had the pleasure of meeting during the review. The experience has been one of welcome, with openness and interest, together with vocal participation and insightful discussions – all of which are ingredients for successful and enlightening engagement. The collaborative working with the offices of the Chief Nursing Officers (CNO) across the UK and Ireland has been invaluable, together with the helpful advice and support from the Nursing and Midwifery Council (NMC). Additionally, sincere thanks must be extended to the Senior Responsible Officer (SRO) and the Project Sponsor (PS) for their guidance and support throughout the lifespan of the project during phase 1.

2.0 Introduction

This project is the most significant review of Nursing in Wales since the decision to introduce the graduate Nurse in 2004. The recommendations, if approved, will have a momentous and symbolic impact on the Nursing workforce across the NHS in Wales.

Health Care Support Workers (HCSWs) make a hugely valuable and important contribution to service delivery and patient care across NHS Wales, with StatsWales data showing they account for circa 30% of the total nursing workforce.

There has been long-standing and significant interest amongst policymakers and workforce planners in the role that Health Care Support Workers have in improving the quality and efficiency of patient care. Of particular focus has been the potential and actual contribution of staff working at band 4. Despite a history of developing Health Care Support Workers in Wales, guided by an abundance of career and governance frameworks, band 4s (Assistant Practitioners) only make up 5.7% of the total Health Care Support Worker workforce across the NHS (StatsWales June 2023) – see section 9.1. Data and scoping demonstrate there is a significant under-utilisation of the role

and inconsistent implementation in Nursing, with evidence of variation in development and application to date.

According to information extracted from the StatsWales data system (June 2023 unpublished) the vacancy rate for Registered Nurses, Midwives and Health Visitors was 9.7%. StatsWales refers to *Nursing, Midwifery and Health Visiting Support Staff*, with Health Care Support Workers included within this categorisation. The vacancy rate for support staff was 6.3%.

The health and social care system in Wales, as in other developed countries, is facing significant pressures to include growing demand for services, a diverse, aged, and frail population, increasing public expectations, budgetary constraints as well as an ageing workforce. The RCN (2023) has reported that more than a third of Nurses are aged over 51 in Wales. These pressures are further exacerbated by enduring staff shortages, hard to fill vacancies, and a year-on-year inability to meet commissioned places for the BSc Nursing programme, which HEIW has identified as '*the perfect storm*'. In 2022/'23, 1900 BSc Nursing places were filled against a commissioning number of 2396. Despite this, 2701 places were deemed to be required and commissioned in 2023/'24, a significant increase on the number recruited in the previous year. This doubtlessly signals the critical importance of exploring additional and creative routes into Nursing in Wales, together with an absolute need to focus on Nurse retention.

It is pertinent to mention that there is also an economy-wide, Covid pandemic-related disruption to the labour market, which needs to be considered in terms of workforce planning. It is therefore vital to ensure effective connectivity between workforce plans and the workforce per se, not least as HEIW are undertaking a timely review of the strategic approach to workforce planning across Wales.

3.0 [Chronological History](#)

In 2008, the National Leadership and Innovation Agency for Health (NLIAH) produced a workforce report pointing to the potential value of Assistant Practitioners and saw the role as making a greater contribution towards future service delivery in NHS Wales. There is evidence that Assistant Practitioners in Nursing have been in place across

Wales for many years although the number of Assistant Practitioners with the requisite knowledge, skills, and educational requirements, remains proportionately very low in 2023. The scope of practice for Assistant Practitioners has incrementally extended over time but the role remains unregulated and, as such, this presents a potential risk to patient safety.

Welsh Government (WG 2011) published a Code of Conduct for Health Care Support Workers which endorses consistent, high quality, safe and effective services for patients and the public. The purpose of the code is described as an assurance framework to protect the public. The code contains a broad definition of a Health Care Support Worker and outlines the standards of conduct, behaviour, and attitude required of all Health Care Support Workers employed within NHS Wales.

Skills for Health (2014) undertook a review of the implementation of Assistant Practitioners across health and care in Wales, involving the NHS and the independent and voluntary sectors. Their work provided an overview of the extent of implementation of Assistant Practitioner posts. The role was cited as an important element in enhancing skills utilisation. Operating at a higher level of competence than a traditional Health Care Support Worker, the Assistant Practitioner holds a unique position between Registered Health Professionals and Health Care Support Workers. The effective deployment of Assistant Practitioners can help increase the amount of time registered staff are able to spend engaged in higher added-value work, while their broader skill set increases the quality of care provided for the patient. Their report identified barriers to implementation and ways in which these might be overcome. The review confirmed there is a place for the Assistant Practitioner role in Wales but that they could be better supported. Enabling improved access to education and training, both for initial preparation (entry) and for progression into registered roles was identified as key.

Health Education and Improvement Wales (HEIW 2015) published a Career Framework for Health Care Support Workers. This sets out the governance to inform the skills and career development of the Health Care Support Worker workforce in Wales. Based on National Occupational Standards and competencies, it placed the focus on skills and knowledge rather than the job or the role itself. It is aligned to education Levels 2 to 4 and cites the link between staff education and improved patient

outcomes. A scope of practice descriptor is included for each level, which incorporates the required underpinning knowledge.

Welsh Government (WG) published 'A Healthier Wales: Long Term Plan for Health and Social Care (WG 2018), which prioritises the workforce and in 2020 a complementary strategy was co-produced by Health Education and Improvement Wales and Social Care Wales: 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' (HEIW 2020), setting out a 10-year vision for a motivated and sustainable workforce.

To support the afore-mentioned skills and career framework, the EDoN and EDWOD in Wales jointly approved the publication of a 'Governance Framework for Assistant Practitioners in Nursing' in August 2022 (NHS Wales 2022). A hyper-link for which is not available at present. This framework was developed by the band 4 sub-group of the National Nursing Workforce Group (NNWG), noting both groups have since been disbanded. The purpose of the document is to provide a standardised approach to the development, implementation, and governance of band 4 Assistant Practitioner (Nursing) roles across NHS Wales, in recognition of evident variation in practice and the low number of Assistant Practitioners in nursing. It outlines the scope of practice, role exclusions, and the required accredited qualifications. With the termination of the National Nursing Workforce Group and the band 4 Nursing sub-group, HEIW has assumed responsibility for leadership of this work under the auspices of the Nursing Workforce Implementation Plan (NWIP), which has five workstreams. Support Worker development is one of these workstreams, and has a project plan to include:

Phase 1 = Visualisation of achievements over the past 13 years.

Phase 2 = Determining gaps.

Phase 3 = Engaging the workforce.

Through the literature review, it is apparent that there has been significant attention in terms of Health Care Support Worker development for nearly two decades in Wales and this is mirrored in England. Much in England is attributable to the Francis Inquiry into Mid Staffordshire Hospitals (GOV 2010). Despite this apparent prominence, the Cavendish Review commissioned by the Secretary of State (England), stated that: *'in all the discussions about values, standards and the quality of care in the NHS and*

social care, the support worker workforce has received the least attention' (GOV 2013 p.83).

In 2015, Health Education England (HEE) commissioned a review of Registered Nurse (RN) and Health Care Assistant (HCA) education, which was led by Lord Willis (HEE 2015) <https://www.hee.nhs.uk/our-work/shape-caring-review>. The review was conducted over a 10-month period and resulted in a report containing 34 recommendations, under eight themes. In *Theme 2: Valuing Care Assistants*, one of the recommendations was that HEE should explore, with others, the need to develop a defined role that would act as a bridge between the unregulated Care Assistant and the Registered Nurse. The new role of Nursing Associate (NA) was announced by the Department of Health (DoH) in 2016 and was initially developed by HEE in the same year.

In 2017, the then Chief Nursing Officer for Wales commissioned the Workforce Education and Development Service (WEDS) to undertake a review, exploring the appetite and need for the Nursing Associate role in Wales. A comprehensive review was conducted involving EDoN and EDWOD, as well as a range of other key stakeholders. A literature review was undertaken, together with a mapping exercise in terms of existing Welsh policy frameworks. The Terms of Reference are set out below and explored:

- *The evidence for the establishment of the Nursing associate role and level of confidence in the underpinning information, including the approaches being taken in other UK countries.*
- *The key benefits and disadvantages of the new Nursing Associate role.*
- *The scope and role of the new Nursing Associate and the overlap with roles already in place in Wales, including Health Care Support Workers and the Registered Nurse role. The extent to which there is a workforce gap that needs to be filled by a Nursing Associate.*
- *Funding and education implications if the Nursing Associate is introduced to Wales.*
- *What the key patient safety issues are in relation to the introduction of the Nursing Associate role, and how they are addressed in the current system.*

- *The implications of the introduction of the Nursing Associate role on the skill mix agenda.*
- *The implications for registrants allocating tasks to regulated Nursing Associates.*
- *The impact on the policy and statutory guidance relating to the policy changes required to the statutory guidance for the Nurse Staffing Levels Act.*
- *The implications of the regulated Nursing Associate role for sectors other than the NHS in Wales.*
- *The routes to becoming a Nurse and whether there are opportunities to expand and / or strengthen these opportunities.*

The review concluded there were differing opinions on the approach to be taken in Wales, with a dominant view however that there was no requirement for the Nursing Associate role in Wales at that time. This was for many reasons, including the implementation of the NHS Skills and Career Framework for Health Care Support Workers (Wales) and a perceived clear career path for Support Workers who may wish to further develop to become Registered Nurses. There were considerable issues identified relating to cross border flows, both in terms of patients and employees, and a recognition this could cause confusion. There were also views that a new role could fundamentally change the focus of the Registered Nurse, with a potential risk the Registered Nurse could become more distanced from delivering “hands-on” care, because of inevitable skill mixing associated with the introduction of a new role. This was identified as a concern based on referenced evidence which stated the quality and safety of patient care, specifically mortality, is greatly improved with a graduate Nursing workforce. The report concluded there was a lack of empirical evidence in terms of the Nursing Associate role. In light that England were still at an embryonic stage of introduction, it was recommended that Wales adopt a ‘holding position’, essentially waiting to see how the role developed in England. There was a suggestion to revisit the position at a future juncture highlighting the potential need for Wales to further consider whether a Nursing Associate role would offer a greater degree of assurance and confidence within the Welsh system. This to be undertaken when more evidence became available from England on the impact of the new role. Northern Ireland and Scotland adopted a similar approach to Wales and did not embark on the Nursing Associate journey. The role currently remains England-specific.

In September 2022, Health Education and Improvement Wales published their Nurse retention plan, which sets out a range of actions to support the valuing of Nurses to improve retention in the NHS (HEIW 2022). [Nursing retention support - HEIW \(nhs.wales\)](#).

The Nurse Retention Plan has been produced as a key action in the development of a sustainable Nursing workforce and in response to the National Workforce Implementation Plan (NWIP). It is a deliverable in the development of a wider National Retention Work Programme and provides organisations with recommendations and support to address the challenges of Nurse retention in Wales. The plan is aimed at supporting the retention of Nurses employed in NHS Wales organisations, recognising the Nursing profession is at a critical point in relation to retaining a skilled Nursing workforce.

4.0 [Background](#)

In April 2022, the current Chief Nursing Officer for Wales published '5 Professional Priorities for Nursing and Midwifery' [Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES](#), with Workforce one of the key priorities. The workforce ambition is to close the vacancy gap and to attract, recruit and retain competent, motivated, skilled Nurses. Whilst working to their full potential, staff are required to have the capacity and attributes to assume their roles with confidence, to meet the needs of the population.

In September 2022, the Minister for Health and Social Services commissioned a 12-month project, to be co-led by the Chief Nursing Officer for Wales and the Director for Workforce and Organisational Development, to scope options for the future development of the band 4 Nursing workforce in Wales, to include a comprehensive review and analysis of the literature and evidence, exploration of the current Health Care Support Worker pathways and access into Nursing in Wales. This to be strongly informed by clinical, professional, and academic opinions. The intention: to provide an evidence-based report for the Minister, Chief Nursing Officer and the Workforce Director with a position statement and recommendations for NHS Wales, whilst also considering implications for Allied Health Professionals and Social Care. The report is to be underpinned by a systematic determination and assessment of merit, worth and significance, with evaluation being a key principle.

Scotland and Northern Ireland are also currently undertaking work to review their Health Care Support Worker workforce, to include education levels and scope of practice. Cohesive working has been undertaken across the UK and Ireland, including engagement with the Nursing and Midwifery Council, to iteratively share project approaches and high-level findings. In addition, a UK and Ireland symposium was hosted by Welsh Government in August 2023 to discuss Support Worker development across the five countries, as well as exploring opportunities for collaboration. Table 1 provides a very brief outline of work being undertaken across the UK and Ireland, as reported at the symposium, in terms of the Health Care Support Worker workforce.

TABLE 1

Country	Workstream	Next Steps
England	Publication of the NHS long term workforce plan.	Further research re: the impact and outcomes of the Registered Nursing Associate. Upscaling of Registered Nursing Associate numbers.
Northern Ireland	Health Care Support Worker review. Publication of Standards for Nursing Assistants & Development Pathways, to include Maternity Support Workers.	Scoping of band 4 Health Care Support Workers (numbers, specialties) & education.
Scotland	Health and Social Care Support Worker Development Programme. 3 phases of work (2 complete). Aim: to expand and develop the workforce to secure optimum impact. National Education and Development Framework published.	Level 2-4 Health Care Sciences review. Medication Administration Framework. Band 4 Education & exploration of the potential for a regulated role.
Ireland	Health Care Assistant review in 2018, which included a framework for delegation. A register of Health Care Assistants with Level 5 QQI. Regularisation of titles. Identification of numbers requiring support to achieve requisite qualifications.	Maximising role and contribution. Role expansion in specialised areas. Increase access to education and funding.

Welsh Government (2023) published a National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges (2023) [national workforce implementation plan | GOV.WALES](#) which outlines a range of high-level actions to address workforce challenges across NHS Wales. This is to ensure that people with the right skills and competences, in the right numbers, are in the right roles, strengthening workforce development through training and work-based learning. A key Welsh Government priority is the provision of an educated, competent, flexible, and sustainable workforce.

Within the above-referenced document, Nursing is identified as one of the priority groups and there is a commitment to review band 4 roles in Nursing. This includes a policy position on registration for band 4s in Nursing and for HEIW to develop a Nursing Workforce Plan.

The Royal College of Nursing published a report “*Retaining Nurses in the Profession: What Matters?*” (RCN 2022) exploring the UK and international literature. The College has examined reasons for high staff turnover in health care. Additionally, there has been engagement with frontline staff to test the findings from the literature and examine the key challenges from Nurses’ perspectives.

5.0 Project Aims

- To consider whether a registered and/or regulated band 4 Nursing role is desirable, appropriate and value-adding for NHS Wales, as there is now greater experience and evidence from England on the impact and outcomes of the Registered Nursing Associate role.

- To synthesise Welsh stakeholder opinions with the lived experience of Registered Nursing Associates in England, fusing views with the literature, to inform project outcomes.

- To provide an evidence-based report for the Minister for Health and Social Services, the Chief Nursing Officer and the Director of Workforce and Organisational Development, with a position statement and recommendations for Wales, on the maximisation and future development of the band 4 role in Nursing (excluding Midwifery), across NHS Wales, whilst being mindful of potential implications for other professional groups and social care.

6.0 Project Governance

A Project Initiation Document (PID) was developed by the Project Leads and signed off by the Senior Responsible Officer (CNO) and Project Sponsor (Nursing Officer) in the initiation phase of the project. The PID is one of the most important and significant artifacts in project management, providing the foundation and authorisation for the

project. Also known as the project charter, it sets the tone, expectations, and the project constraints.

A five-stage approach to the management of the project has been utilised, namely:







1. Initiation
2. Planning
3. Execution
4. Monitoring and Control
5. Reporting

Objectives were agreed and converted into a 10-month Gantt chart, encompassing the lifespan of the project. A Risk Register was also produced. These two documents were reviewed and updated monthly, which iteratively formed the basis of the project progress reports prepared for the Senior Responsible Officer and Project Sponsor. Following approval and Welsh translation, Highlight Reports were also regularly produced and shared with key stakeholders to illustrate project activity and outputs. All project documentation and records have been methodically and securely stored in iShare, the Welsh Government data management system, in compliance with General Data Protection Regulations (GDPR).

7.0 Methodology

Figure 1 illustrates the sizeable project approach:

FIGURE 1

	19,077 articles & publications
	82 initial stakeholders &/or organisations <i>(98.7% response and engagement)</i>
	140 meetings
	14 Clinical Site Visits (Wales & England)
	11 Universities (Wales & England)
	3 conferences/symposium

7.1 Literature Search

As a fundamental element of the project methodology, a systematic and thorough search of all types of literature has been undertaken to include published and unpublished as well as grey material. The aim was to identify a breadth of good quality references relevant to the band 4 workstream. The Librarian Team in Welsh Government were then engaged to conduct an independent literature search, to identify all evidence that fitted the pre-specified inclusion criteria, minimising bias. This approach enabled triangulation of results.

Search terms included: Nursing Associate, Associate Nurse, Assistant Practitioner, band 4, with results as follows:

British Nursing Index: NA = 574, AN = 205, AP = 362, band 4 = 180 / Psychinfo: NA 92, AN = 7, AP = 8, band 4 = 209 / Medline: NA = 1836, AN = 20, AP = 41, band 4

1103 / British Nursing database: NA = 880, AN = 264, AP = 443, band 4 = 408 / Cinahl: NA = 2448, AN = 3118, AP = 218, band 4 = 32 / Elsevier clinical log / NA = 22, AN = 37, AP = 22, band 4 = 13 / Scholarly journals: NA = 2582, AN = 297, AP = 531, band 4 = 0 / Dissertation and Thesis: NA = 156, AN = 56, AP = 9, band 4 = 0 / British library newspapers: NA = 604, AN = 12, AP = 113, band 4 = 2175.

This equated to an initial search result of 19,077 articles and documents.

The following themes were extrapolated: *Access to Nursing / Accountability / Assistant Practitioners / Background Information / Definitions / Delegation / Education / Evaluation of Role / Four Fields of Nursing / Funding / Governance / Implementation / International / Non-NHS / Nurse Staffing Act Wales / Outcomes / Qualitative Experience / Scope of Practice / SEN Model / Skill Mix / Substitution / Supervision / Transition to Registered Nurse.*

Quantitative literature was scarce, with only a handful of studies that provided data. In terms of the hierarchy of evidence (a core principle of evidence-based practice), these were at the lower end of the pyramid. Based on the first cohort of Nursing Associates registering with the NMC in 2019, and the subsequent advent of Covid-19 with the global pandemic from 2020, it would have been incredibly difficult to conduct quantitative research during this time. Eminent researchers have also indicated it is challenging to undertake quantitative research to ascertain the impact of one role, in this case the Registered Nursing Associate, in terms of patient outcome data. An additional factor, impacting on the ability to undertake quantitative research, is that the number of Registered Nursing Associates within any given team is proportionately low, notably 1.18% of the total registrants on the NMC Register (NMC 2023).

Whilst quantitative data is scarce there is a plethora of valuable and powerful qualitative evidence outlining student experiences of undertaking Nursing Associate training, lecturer experience of working with trainee Nursing Associates, experiences of newly qualified Nursing Associates, and Registered Nurses' experiences of working with Nursing Associates.

An array of policies, strategies and consultation documents were also identified as part of the literature search.

The results of the literature search have been scrutinised and relevant papers extracted. A colour-coded spreadsheet was established to identify when articles and documents were reviewed, a summary of the document/article produced, and backwards chaining completed. A later search of the project spreadsheet and key document summaries has been conducted to extrapolate relevant information to inform this report and the recommendations. The previously described thematic headings were used for the extrapolation.

7.2 Engagement Approach

Stakeholders are an influential resource and, as such, stakeholder engagement is arguably the most important ingredient for a successful project (Royal Institute of Chartered Surveyors, 2016). Stakeholder engagement includes communicating, listening, and understanding and it is an integral discipline within project management. A stakeholder can be described as “*anyone that can affect or is affected by what you are trying to achieve*” (Landau 2022 online). The key to engagement is to satisfy stakeholder needs, secure opinions, and views, gain approval or support, whilst minimising obstructions and managing risks. The way stakeholders perceive a project and react to it can largely dictate the success of a project.

Stakeholder identification and mapping was a critical activity conducted in the initial phase of the project when the objectives and success criteria were being identified (via the Project Initiation Document and Gantt plan). Whilst the scope of the project was *Nursing* and *NHS Wales* it was important to consider a wide range of stakeholders beyond the Nursing fraternity and to include subject matter experts and prolific authors.

The range of stakeholders engaged can be seen in Appendix (1). Following a rapid review of stakeholder mapping tools, the Mendelow Matrix (1991) was chosen. This is because of its simplicity and apparent ease of use. The approach helps to distinguish between different stakeholders using categorisation based on their power and interest in a project.

The Project Leads adapted the Mendelow matrix, to enable the categorisation of stakeholders into a grouping of 1 - 4. Stakeholders in groups 1 and 2 (high power and

high interest) were prioritised for engagement in stage 1, and stakeholders in groups 3 and 4 (low power and low interest) were allocated for engagement in stage 2.

All stakeholders were contacted and in the event of a non-response, follow up requests were activated. An electronic excel spreadsheet containing the details of all stakeholders was developed, with a schedule for contact. A coloured rating was allocated to visually indicate when contact had been made and if a response had been received, together with agreement on a date for future engagement.

A Data Protection Impact Assessment (DPIA) was completed for the database and logged with the Directorate Information Asset Owner, complying with the Welsh Government Data Protection Policy.

All stakeholder meetings have been documented and, by the close of the engagement stage (February to July 2023), circa 140 meetings had been conducted, either face to face or virtually, with 82 stakeholders identified (either individuals or organisations). Positively, 98.7% of the originally identified stakeholders responded and have been actively involved in the project. In a few instances engagement has occurred via email exchange at the request of the stakeholder, although this has been rare. By the end of the engagement stage there have been 14 clinical site visits and 11 university visits across England and Wales.

A communication plan was developed providing a framework for sharing information, which included regular status reporting to the Senior Responsible Officer and Project Sponsor and monthly Highlight Reports, which were distributed to key stakeholders. The highlight reports provided an update on project activity, specifically the project status against the plan, project risks, deliverables, and outputs, as well as serving as a written record of activity. All this information has been stored in iShare.

In terms of managing stakeholder meetings, preparation was key and during stage 1 of the project a core set of questions were developed, and subsequently tailored depending on the meeting purpose and audience. The core questions explored, and subsequent responses, have informed the basis of the report findings and include:

1. Health Care Support Worker **classification**
2. Health Care Support Worker **education**
3. Appetite for a new **bridging role** (between Health Care Support Worker and Registered Nurse) in Wales
4. Support for registration and **regulation** of band 4s in Nursing
5. Registered Nurse confidence to **delegate**, together with awareness of the national delegation guidelines
6. Registered Nurse **substitution**

Organisational approaches to the evaluation of the Assistant Practitioner, and any metrics developed to demonstrate the impact of the role, were also explored.

A comprehensive record of all engagement has been maintained, as a summary of the meetings rather than formal minutes. This record also identifies salient points noted by the Project Leads. A complete search of the meetings record, under the aforementioned thematic headings, has been conducted to extrapolate key information to inform the project findings. Direct anonymised quotes are presented through the report, the comments are representative of stakeholder views.

In addition, data was requested from Health Boards and Trusts, as well as universities, to ascertain the number of Assistant Practitioners in post and their specialty, the numbers going through the Higher Education Certificate (HE Cert) and numbers bridging from Assistant Practitioner to the BSc Nursing programme. Attrition rates were also requested.

7.2.1 Engagement with Llais (Citizen Voice Body)

Through the literature search very little information was found relating to public and patient engagement to inform the introduction of the Registered Nursing Associate role in England. Discussions ensued with the Quality Lead in the Welsh NHS Executive, the Quality Lead in the CNO (Wales) Office, the Care Quality Commission (CQC) in England and Health Inspectorate Wales (HIW) to explore patient experience. These interactions informed subsequent meetings with Llais.

Llais (voice in Welsh) is the new Citizen Voice Body in Wales, established in April 2023, replacing the former Community Health Councils, as outlined in the Health and Social

Care (Quality and Engagement) (Wales) Act (2020). Llais has been set up to strengthen the representation of people in health and social care and empower people to influence and shape services. Through an initial meeting with the Chair of Llais, followed up by a meeting with the Llais Board, the implications of band 4 Nursing development in Wales were considered and discussed, together with views about regulation of the role. It was proffered that the introduction of a new role would not constitute service change, thereby full consultation on such a role would not be necessary. The importance of patients and the public understanding any new role was stressed. Llais's position is that any individual providing care needs to be appropriately prepared and developed with education, knowledge, and skills, to include empathy and compassion. Having differences in Nursing roles between England and Wales was deemed unhelpful from a patient perspective, particularly in terms of cross-border flows. Llais members were supportive of band 4 role regulation bringing parity with Social Care in Wales and importantly strengthening public protection.

7.2.2 Engagement with Chief Therapies Advisor and Chief Scientific Advisor

In scoping the options and opportunities for the future of the band 4 Nursing role in Wales, views of the Chief Therapies Advisor and Chief Scientific Advisor for Wales were sought, together with an exploration as to any strategic intent for the development of their respective band 4 workforce.

Meetings were held with officials from both Directorates in Welsh Government, with helpful overviews provided in terms of workforce progression and intention. The outcome is that workforce developments in Nursing would seemingly have negligible implications for Therapies and Health Sciences, albeit 'Team Around the Patient' concepts and the importance of inter-disciplinary working were wholeheartedly recognised and supported. It is important to highlight that work is being taken forward in Wales relating to 'Team Around the Patient' and the impact of multidisciplinary team working on patient outcomes.

It was stated that there is no current intention to consider the mass regulation of the Health Care Support Worker workforce across Therapies or Health Sciences, acknowledging the vast spread of professions within these two domains. Podiatry was identified as currently exploring regulation of technicians, based on patient safety

issues and concerns about role creep. It is recognised there are differences between each Allied Health Profession's approach to band 4 Assistant Practitioners. It is understandable that variation exists given that Allied Health Professionals and Health Sciences include such a diverse range of professional groups.

7.2.3 Engagement with Inspectorate Bodies: Social Care Wales, Care Inspectorate Wales (CIW), Health Inspectorate Wales (HIW) and the Care Quality Commission (CQC)

As with Therapies and Health Sciences, engagement with Social Care Wales, CIW, HIW and the CQC was also deemed important. Most of the workforce in Social Care and Social Services in Wales are registered and regulated, although notably not all. Such inconsistencies may present risks. Two examples of the unregulated social care workforce are:

- Social Work Assistants
- Those providing care and support to individuals who choose to receive direct payments to procure their own care services; potentially offering greater choice and flexibility than 'traditional' local authority arranged services. (Available under the Direct Payment (Wales) Regulations (2015a) in line with the Social Services and Well-being Act (2014)).

The history, significance, impact, and outcome of regulating the Social Care workforce in Wales was identified as key to potentially informing the Nursing project. Additionally, the CQC has played a role in terms of the introduction of the Registered Nursing Associate in England, providing advice with regards staffing, based on 'fit and proper persons' guidance.

CIW is the regulator of Social Services and Social Care in Wales and Social Care Wales are the registering body. Regulation and inspection are governed by legislation: The Regulation and Inspection of Social Care (Wales) Act (2016) which replaced the Social Care Act (2000) and builds on the Social Services and Well-being Act (2014). These Acts provide the statutory framework for the regulation and inspection of social care in Wales, enabling reform as follows:

- Reforms the regulation of social care in Wales by placing people in receipt of care at the centre.
- Reforms the regulation of the social care workforce.
- Renamed the Care Council for Wales and Social Services Improvement Agency to Social Care Wales, with new powers from 2017.
- Reforms the inspection of Local Authority Social Services functions.
- Provides a robust response to lessons learned from previous failures in the system.

Stakeholders from Social Care Wales and CIW highlighted their feelings of current inequity with the regulation and registration of social care staff and non-regulation for Health Care Support Workers in the NHS. They expressed full support for the regulation of Health Care Support Workers, commencing with the Band 4, stating this would improve standards, safety and would give confidence to the public, whilst also bringing parity with social care. Both bodies requested feedback in relation to the project outcomes, with CIW particularly interested in terms of potential staffing implications within the Care Home sector.

The CQC identified they were engaged at quite a late juncture with the introduction of the Registered Nursing Associate role in England, described as somewhat unfortunate. A key issue was that the Registered Nursing Associate role was not included in the 'Fit and Proper Persons' list of Health Care Professionals, as part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (The 2014 regulations prescribe the kinds of activities that are regulated for the purpose of Part 1 of the Health and Social Care Act 2008). As a result of this, quite a bit of retrospective work was required, at pace, to address the belated engagement of the CQC. The Commission has issued guidance for their inspectors, and employers, regarding staffing which states employers must ensure enough suitably qualified, competent, skilled, and experienced persons are deployed to meet the requirements of the legislation. Staff must also receive support, training, professional development, supervision, and appraisals to carry out their roles and responsibilities effectively. The guidance also states that employers and providers must have a systematic approach to determining the number of staff and skill mix per team, per shift.

HIW has a different role to the CQC, albeit both are statutory inspectorate bodies. HIW requested early engagement if Wales make a policy decision to introduce a regulated band 4 Nursing role, which they are fully supportive of. There is recognition of an inconsistent approach across NHS Wales with the Assistant Practitioner role and potential risks to patient safety with the role being unregulated. With their inspectorate responsibilities, HIW currently review staffing in terms of Registered Nurses and Health Care Support Workers but do not consider the differing bands of staff.

8.0 Equality, Diversity, and Inclusion

Diversity and inclusion are terms that have been used widely in a variety of contexts, with the concepts evidently intertwined into discussions across the NHS. It is important to have a healthcare workforce which represents the community, as it relates to race/ethnicity, gender, sexual orientation, immigration status, physical disability status, and socioeconomic level, to render the best possible care for heterogeneous patient populations. Equality, diversity, and inclusion are core values for the NHS, but it remains an ongoing challenge to ensure that equality and diversity is actively integrated and managed as a key aspect of organisational and workforce development. The diversity profile of the current workforce is not fully representative of the general population it serves, nor is the diversity profile of those employed by the NHS characteristically representative across staff groups. From a Nursing perspective, this can be seen in tables 2 and 3.

HEIW is the strategic workforce body for NHS Wales and exists to provide strategic leadership for the development of workforce planning capacity across the NHS, playing a lead role in the development of strategic workforce plans and the provision of analytical insight and intelligence to support the development of the current and future shape of the workforce. They have a leadership responsibility for setting the strategy, principles, and frameworks for leadership development across Wales, based on compassionate and collective leadership. Together with the commissioning and delivery of leadership development activity for key groups. Promoting equality, diversity, enabling widening participation and improving access in relation to the development of the current and future health and care workforce underpins how HEIW function. HEIW use their education commissioning leverage and strategic partnership

working to facilitate an approach where the NHS workforce is more representative of the communities served. While students undertaking health and care programmes come from a range of diverse and socio-economic backgrounds, there is further improvement required to increase participation and widen access from under-represented groups for some health education programmes and entry into health professions. Given the well-known benefits of employment and the impact of the NHS as a major local employer, the health sector has a specific interest in how it influences and contributes to enabling employment and widening participation opportunities for the communities.

The Registered Nursing Associate programme has been described as a positive example of widening participation, not least with the ability for the Registered Nursing Associate to undertake a bridging programme to become a Registered Nurse. This opportunity was previously excluded for many based on their educational attainment and socio-economic factors, and consequently enhances the Registered Nurse pipeline. An effective widening participation approach must provide access to education, employment and development opportunities for under-represented individuals and groups helping them to realise their personal potential and, in doing so, reduce cultural, social, and economic disadvantage. Wales needs to further explore opportunities for improving access to Nursing, as the current approach remains somewhat rigid.

In terms of racial equality, Welsh Government, in their Anti-Racist Wales Action Plan (2022a), has identified that setting of the cultural tone within organisations comes most powerfully from those in leadership positions. Therefore, those leaders at the top of the organisation should consider how they role model and set management and policy direction to reduce potential for, and challenge, discrimination. Within Nursing, there has been a call for more racial, ethnic, and gender diversity among Nurses to improve quality of care and reduce health disparities. The Wales Nursing Now Campaign (2022) expressed a need to increase diversity in the Nursing and Midwifery workforce in Wales. They recognise the importance of supporting Nurses and Midwives who identify as global majority to develop in their roles and experience positive careers within the health and care sectors in Wales.

Table 2 shows the ethnicity breakdown for Registered Nurses in Wales - *Source NMC Register 2022/23 (NMC 2023)*.

TABLE 2

Ethnicity	Wales
White	86.9%
Asian	7.4%
Black	2.5%
Mixed	0.6%
Other	0.5%
Prefer not to say	2.0%
Didn't respond	0.1%

The NMC Register 2022/23 (NMC 2023), shows the ethnic profile of all individuals on the register, illustrating majority of registrants are white. The ethnic profile of staff on the permanent register is however changing. Of the 788,638 professionals on the register in March 2023: 69.4% are White, down from 71.9% in March 2022; 14.6% are Asian, up from 12.5%, 11.1% are Black, up from 10% and 0.9% are mixed race, down from 1.1%.

Table 3 shows the ethnicity breakdown for Registered Nursing Associates (England) - *Source NMC Register 2022/23 (NMC 2023)*.

Table 3

Ethnicity	RNAs
White	77.2%
Asian	7.7%
Black	10.6%
Mixed	1.7%
Other	1.2%
Prefer not to say	1.7%
Didn't respond	Nil

UNISON has raised, through stakeholder engagement, the issue of diversity in Nursing. They have cited concerns that there is a risk of creating a two-tier workforce which needs to be avoided. A two-tier workforce would be where there is a greater

proportion of global majority staff working in Nursing support roles and a predominance of white staff working as Registered Nurses. UNISON has indicated that a high proportion of Trainee Nursing Associate applicants are from global majority communities. This concern is not however borne out in the NMC data which shows 77.2% of Registered Nursing Associates are white, whereas in terms of the overall ethnic profile of Registrants on the NMC Register it is 69.4%.

9.0 Workforce data for Wales

Nursing is the largest workforce in healthcare and plays a pivotal role in delivering services, as well as promoting health for the population of Wales. According to HEIW, despite a growing number of Nurses entering the profession, the gap between the supply and demand has reportedly never been wider. Universities are also reporting a worrying decrease in the number of applications for the Nursing Degree programme, with commissioning targets not being achieved. The NMC Register Report (2023), states that between April 2022 and March 2023, the total number of Nurses, Midwives, and Nursing Associates with registered addresses in Wales grew from 38,268 to 39,219 (up 2.5%). <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/may-2023/0110a-annual-data-report-full-uk-web.pdf>

It has been challenging to extrapolate a consistent picture of the Nursing workforce data for NHS Wales during phase 1 of the project. The primary source of workforce statistics for staff directly employed by the NHS are the official statistics published every quarter by Welsh Government. An approach to collecting and publishing vacancy data, including vacancies for Nursing, Midwifery and Health Visiting staff, is currently under development and is being embedded across all NHS organisations. Data on vacancies for those staff who would be directly employed by NHS Wales is published on StatsWales.

Data from the NMC for the period April 2022 to March 2023 gives valuable insight regarding fields of practice, age, gender, and ethnicity of the registered nursing workforce in Wales. During that period there were:

- 731,058 total Registered Nurses in the UK.
- Of that UK total, 36,917 were registered in Wales.
- Of that Welsh total,
 - 28,906 were adult nurses, 2,901 were paediatric nurses, 5,436 were mental health nurses and 993 were learning disability nurses.
 - 14,729 were aged 21-40, 14,929 were aged 41-55 and 9,561 were 56+.
 - 90.3% were female and 9.7% were male.
 - 34,097 were white and 4,311 were from non-white minority ethnic background as described by the NMC.
- Of the 9,339 Registered Nursing Associates in the UK, 29 had an address in Wales though did not work in Wales as an RNA.

The Covid-19 pandemic has exacerbated existing challenges to workforce stability, reportedly causing more staff than ever deciding to leave their posts, with some leaving the NHS altogether. Clinical workforce shortages remain a critical concern across Wales, which is a similar picture nationally and globally.

9.1 Band 4 Assistant Practitioners

Following a review of StatsWales NHS data, for Nursing, Midwifery and Health Visiting by grade and area of work, table 4 shows the number of full-time equivalent *Nursing Assistant Practitioners*, *Nursing Auxiliaries* and *Health Care Assistants* from March 2022 to June 2023. NB: Nursing Auxiliary is the terminology applied by StatsWales and is a grade name from the NHS Occupational Manual. [Catalogue \(gov.wales\)](https://gov.wales/catalogue).

The June 2023 data in table 4 illustrates that Assistant Practitioners (n=690.0) make up a small proportion (5.7%) of the total number of Health Care Support Workers (termed *support staff* by StatsWales) (n=12,020.7)), notwithstanding the numbers of Assistant Practitioners have significantly increased between March 2022 and June 2023 (up by 329.6).

TABLE 4

Staff Group	March 2022	June 2022	Sept 2022	Dec 2022	March 2023	June 2023
Nursing Assistant Practitioner	360.4	399.9	456.7	531.6	636.2	690.0
Nursing Auxiliary	10,895.3	10,955.6	10,825.8	10,844.0	11,093.8	11,150.3
Health Care Assistant*	224.6	193.4	197.5	183.8	185.6	180.4

**During 2018 many Health Care Assistants working as nursing support staff were re-coded as Nursing Assistants/Auxiliaries. One Health Board however is yet to adopt this re-coding and hence figures are shown separately.*

In their report 'Nursing in Numbers' (RCN 2023), the College states that the number of 'Nursing' Assistant Practitioners, as classified by StatsWales, increased: 'From September 2022 to March 2023 alone, the number of assistant practitioners grew by 49%. This rise far exceeds those seen in any other Nursing occupational groups' (RCN 2023 p,7). Page 4 of the RCN document states that sources of workforce data are published through StatsWales, Social Care Wales and Health Education and Improvement Wales, along with the RCN Employment Survey data. It is important to note that the data presented by StatsWales (table 5) sets out that the period cited by the RCN shows an increase of full-time equivalent Assistant Practitioners from 456.7 (Sept '22) to 636.2 (Mar '23). The difference (n=179.4) equates to an increase of 39.3%. This is a lower growth than stated in the *Nursing in Numbers* document, noting that report does not cite the actual numbers underpinning the percentage calculation. However, in both instances, the pattern shows an overall increase in the number of Assistant Practitioners.

Table 5 is based on anonymous information provided by Corporate Teams in Health Boards and Trusts across NHS Wales, using the Electronic Staff Record (ESR). This illustrates the number of band 4s in Nursing, the number of bands 4 who hold the Assistant Practitioner (AP) title, together with the number of staff who have entered the BSc Nursing programmes.

TABLE 5

HB / Trust	Nursing band 4 posts ESR	AP title ESR	Total entered BSc programmes	Still in training	Graduated	Attrition
Org 1	127.9	127.9	126	101	19	4%
Org 2	374	221	120	69	42	5.8%
Org 3	16	14	149	114	34	1%
Org 4	158	56*	121	43	26	45.7%
Org 5	59	No data	No data	No data	No data	No data
Org 6	18	No data	No data	No data	No data	No data
Org 7	No data	42*	116	90	12	11.2%
Org 8	No data	2	No data	No data	No data	No data
Totals	752.9	462.9	632	447	133	-

*Not clear if all are Nursing AP posts

To note: there is a variation between the ESR data submitted by Health Boards and Trusts and that published by StatsWales, notwithstanding the differing time reference. This has made confirmation more challenging, not least in terms of identifying an accurate number of Assistant Practitioners in Nursing across Wales.

10.0 [Band 4 Categorisation](#)

When the band 4 Nursing Associate role was introduced in England during 2016, it was described by Health Education England (HEE), now NHS England (NHSE), as a role intended to bridge the gap between the Registered Nurse (RN) and the Health Care Assistant (HCA). This presents a hierarchical position between the Registered Nurse and Health Care Assistant, in a three-tier Nursing workforce model. This positioning is exhortated by the terminology used to delineate Health Care Assistants – that of ‘supportive’, and the descriptive terminology applied to the Registered Nursing Associate, which is ‘assistive’; attempting to illustrate the differing contribution each role makes.

In the Health Care Support Worker Skills and Career Framework (HEIW 2015), a scope of practice descriptor is included for each Level (2-4), outlining the required underpinning knowledge. The Level 4 descriptor (associated with Assistant Practitioners) is described in Table 6:

TABLE 6

Level 4 (Assistant Practitioner) Scope of Practice Descriptor:
<i>'A Level 4 Assistant Practitioner is expected to independently manage their own work and case load, undertaking tasks delegated by a registered practitioner with appropriate supervision in place.</i>
<i>Understanding evidence-based practice and delivering care in line with current evidence, they will take responsibility for acting relative to an individual's health and care in accordance with organisational policy and procedures.</i>
<i>They will be responsible for some elements of assessment, implementing programmes of care and modifying individualised care plans, reporting back to the registered practitioner. They may delegate work to others and may supervise, teach, and assess other staff.</i>
<i>Education Requirement – Minimum 120 credits at Level 4.</i>

Operating at a higher level of competence than a traditional Health Care Support Worker, the Assistant Practitioner holds a unique position between Registered Health Professionals and Health Care Support Workers. Their effective deployment can help increase the amount of time registered staff are able to spend engaged in higher, added-value work. Their broader skill set also enhances the quality of care provided for patients.

Based on this narrative, it was important to ascertain stakeholder views about the hierarchical positioning of band 4s in Nursing across NHS Wales. Table 7 outlines the views of clinicians, academics, and unions in terms of the band 4 categorisation.

TABLE 7

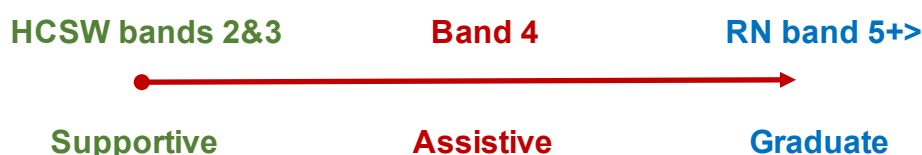
Clinical Views	Academic Views	Professional / Union Views
<p>Policy clearly indicates HCSWs make a hugely valuable and important contribution to service delivery and patient care across NHS Wales. The experiences of HCSWs engaged in the project, however, does not necessarily reflect this sentiment.</p> <p>Band 4s do not feel particularly valued, derogatory titles & references are used to describe them, for example: 'greens', 'unqualified', 'health cares', their skills, knowledge and extended scope are under-utilised, and their role maximisation is dependent on the knowledge, awareness and</p>	<p>Academics are fully supportive of band 4 reclassification in recognition of their higher education level, scope of practice and extended skills.</p>	<p>UNISON reported campaigning for re-banding of many staff to accurately reflect and value their work and clinical contribution.</p> <p>RCN has issued a range of valuable guidance to support band 4s in clinical practice (RCN 2022a).</p>

<p>support of the Nurse in charge of the shift, they are often perceived only by the colour of uniform and there is a general dissatisfaction with role.</p> <p>There is unanimous support for reclassification of the band 4 role.</p>		
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In summary:

Stakeholder views support that the band 4 in Nursing should be identified as a distinct workforce group that bridges the gap between the Registered Nurse (band 5 and above) and the Health Care Support Worker (bands 2 & 3), introducing a 3-tier workforce model in Nursing in Wales, as illustrated in figure 2.

Figure 2



11.0 The development of the Assistant Practitioner in Wales

11.1 Background

In Wales, Assistant Practitioners in Nursing have been in place for many years. Despite this, as previously highlighted, the number of Assistant Practitioners with the requisite knowledge, skill and educational requirements remains proportionately very low, with some Health Boards still at an embryonic stage of development and implementation. The intention of the Assistant Practitioner role is to enhance patient care. The role has not been developed as a substitute for the Registered Nurse in Wales. The principles of the role are to focus on the provision and monitoring of direct patient care, day to day patient management and broad aspects of health promotion; all under the leadership, delegation, and supervision of the Registered Nurse.

There are three key documents, which underpin and govern Health Care Support Workers across NHS Wales:

- Code of Conduct for HCSW (HEIW 2011)
- Skills and Career Framework for HCSWs (HEIW 2015)
- Assistant Practitioner (Nursing) Governance Framework (NHS Wales 2022)

The Assistant Practitioner Governance Framework aims to provide a standardised approach to the development, implementation, and governance of the band 4 Assistant Practitioner (Nursing) role across NHS Wales. It was developed because of evident variation in approaches to the implementation of the role across Health Boards and Trusts, as highlighted by the National Nursing Workforce Group and band 4 Nursing sub-group in 2020.

11.2 Education Level

The Assistant Practitioner role requires a Level 4 Higher Education Certificate (HE Cert). The Assistant Practitioner role in England requires Level 5 education (Foundation Degree). The commissioning of the HE Cert by HEIW in the more recent times closely mirrors year 1 of the Registered Nurse (BSc) programme. The Level 4 programmes have the built-in ability to flex in response to future NMC and NHS Wales requirements, which include the development of Level 5 education and training that map to the NMC Nursing Associate Standards. The Level 4 programme in Wales already reflects the Level 4 elements of the Nursing Associate programme for year 1.

If Welsh policy intention is to introduce an NMC-regulated Nursing Associate role or equivalent, HEIW indicate they would be in a good position to work with the NMC and programme providers to ensure that the maximum application of 50% Recognition of Prior Learning (RPL) is applied against a pre-registration Nursing programme, where applicable.

The proficiencies required are recorded and signed off in a Practice Assessment Document (PAD). Project stakeholders have, however, reported considerable variation in learning and competencies across teams, sites, and organisations in Wales.

11.3 Scope of practice

The Assistant Practitioner role is not registered or regulated and therefore has a potential increased risk to patient safety in relation to some higher risk elements of practice. HEE made an application to the NMC for regulation of the Assistant

Practitioner role in England in 2017, which was denied. The Assistant Practitioner is deemed to be cross disciplinary in nature and therefore it is not justifiable for the NMC to register and regulate the role.

Assistant Practitioners are required to undertake learning specifically related to the individual's scope of practice, achievement of competency-based assessments, and demonstration of annual practice updates and competency re-assessment. Examples of higher risk skills can include medicines administration, cannulation, catheterisation, and tracheostomy care. Skills acquisition and requirements will vary depending on the speciality and clinical area.

Assistant Practitioners can administer a limited range of medicines, as per the All-Wales Guidance for Health Boards / Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (All Wales Medicines Strategy Group 2020). The key principles supporting Assistant Practitioner medication administration are outlined below:

- The Assistant Practitioner must have successfully completed Level 3 or above education on the Credit and Qualifications Framework for Wales (CQFW) (Level 4 education is an essential criterion for an Assistant Practitioner Nursing role).
- The Assistant Practitioner must have successfully completed a generic dedicated module or unit of learning relating to supporting individuals with medication.
- Additional training is required to gain competence for specific routes of administration for example: rectal, vaginal, gastrostomy; higher risk medicines, for example insulin; and for 2nd checking of medicines.
- Competency assessments are required to demonstrate safe and effective care, with annual renewal of competence.
- A named prescribed medicine must be delegated to the Assistant Practitioner by the Registered Nurse, with the patient's permission, and documented in the patient's care plan.
- Only named prescribed medicines, where the delegation has been agreed, can be administered by the Assistant Practitioner.

There is no UK national role specification for the Assistant Practitioner but, in 2022, the band 4 Nursing sub-group, working to the National Nursing Workforce Group for Wales, developed a Job Description for the Assistant Practitioner (Nursing) which has been nationally matched to band 4. There are several exclusions for the Assistant Practitioner role in Wales, which are set out in the Governance Framework for Assistant Practitioners in Nursing (NHS Wales 2022), as illustrated in Table 8.

TABLE 8

Planning of care	Being in charge of a shift	Advanced physical assessment	Administration of IV drugs	Administration of all cytotoxic drugs by all routes
Verification of expected death	Blood transfusions	Care of infusion devices	Administration of subcutaneous infusions*	Administration of medicines via PGD
NG tube insertion	First catheterisation	Line insertion	Administration of controlled drugs*	Transcription of medicines & non-medical prescribing

**The Assistant Practitioner can be a second checker for Controlled Drugs*

11.4 Role criteria

The job description and role specification for the Assistant Practitioner in Wales requires significant and relevant Health Care Support Worker experience; Literacy & Numeracy attainment at GCSE Grade C or equivalent; demonstrable achievement of a programme of study, which include competency assessment at Level 4 (120 credits) = Higher Education Certificate (NHS Wales 2022).

11.5 Evidence from the literature review

Benefits of the role:

-Knowledge, skills & confidence

- The literature indicates Assistant Practitioners have increased clinical confidence.
- Assistant Practitioners have knowledge and skills beyond the level of traditional Health Care Support Workers and deliver some aspects of care which were formally the domain of the Registered Nurse.

-Workforce

- The Assistant Practitioner role increases workforce flexibility and offers greater skill mix.
- The Assistant Practitioner role appears to primarily flourish in specialist areas, such as cancer services.
- Assistant Practitioners work across professional boundaries.

(Thurgate 2021: Henshall et al. 2018: Wheeler 2017).

Concerns regarding the role:

-Regulation

- There is an absence of regulation with potential risk to patient safety.
- There is a significant difference between guidance frameworks and regulation.

-Education

- There is inconsistent mentor support when undertaking study.
- There are significant academic / study challenges.
- Assistant Practitioners in England are educated to Level 5 Foundation Degree, providing a platform for greater knowledge and capability in the clinical setting. Whereas the Assistant Practitioner in Wales is educated to Level 4, Higher Education Certificate.

-Scope of practice and accountability

- The Assistant Practitioner (band 4) has a lack of role clarity and boundary blurring with the Health Care Support Worker at bands 2 and 3, causing friction.
- There is a lack of understanding of accountability and delegation in practice and an under-use of Assistant Practitioners, in part attributable to Registered Nurses' concerns about accountability when delegating.
- Role maximisation is heavily dependent on the individual Registered Nurse on duty/in-charge and their ability to recognise and understand the skills and individual contribution of the Assistant Practitioner.
- Assistant Practitioners' ability to contribute is heavily influenced by the number of Registered Nurses on duty. The greater the number of Registered Nurses results in a restriction in Assistant Practitioner responsibilities and under-use.

- Lack of consistent terminology with ‘assistant’ and ‘associate’ used interchangeably.
- Views that the HE Cert does not sufficiently incorporate the clinical skills needed in practice.

-Workforce

- There are limited career progression opportunities.

(Webb et al. 2021; Kessler & Spillsbury 2019; Henshall et al. 2018; Bungay et al. 2016)

11.6 Stakeholder views

Clinical, academic, and union views were explored during project engagement, particularly benefits and concerns about the role. These are summarised in table 9.

TABLE 9

Clinical Views	Academic Views	Union Views
<p><u>Benefits of the role</u> -Band 4s/APs have a high level of autonomy, are valued, and make a unique contribution to the provision of care.</p> <p><u>Concerns regarding the role</u> -There is a wide variation in scope of practice. -The band 4 role is poorly understood outside of the immediate ward area. -AP role confusion exists. -Stark lack of awareness of AP governance documents, including the AP framework, at all levels except corporate Nursing and clinical educators. -There are individuals in AP posts who do not have the pre-requisite requirements. -There are considerably low AP numbers in some HBs / Trusts. -A lack of strategic workforce planning for AP roles. -There is a lack of role evaluation. -There is significant dissatisfaction with the AP uniform and a strong call to have a distinctly different uniform to enable easy visual recognition of the band 4 (Nursing) role. -The title AP is not appropriate</p>	<p><u>Benefits of the role</u> -Learners studying at Level 4 are enthusiastic and committed.</p> <p><u>Concerns regarding the role</u> -Concerns were raised about the academic capability of some students selected by HB / Trusts to undertake the HE Cert. -There is inadequate governance around the AP role. -There is a lack of consistency in the application of the AP model in practice. -There is a lack of understanding and recognition of AP roles across Wales. -NMC standards for RNA are deemed to be more robust & provide greater patient safety than can be achieved with the AP role in Wales. -There is less responsibility & accountability with the AP role compared with the RNA role.</p>	<p><u>Benefits of the role</u> -APs are experienced with additional training. -APs can undertake defined clinical or therapeutic interventions. -APs make a positive contribution to service delivery. (RCN 2023a).</p> <p><u>Concerns regarding the role</u> -AP is an unregistered & unregulated role leading to regional variation. (RCN 2023a). -AP roles created a career ‘dead-end’ for staff stuck with no further opportunity for career progression. (UNISON during engagement).</p>

<p>as it is deemed to be medicalised. It requires strengthening with more of a Nursing element. -AP is also the acronym for Advanced Practitioner.</p>		
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The AP role in Wales *'feels like a rudderless ship'*.
RNA in England now working in Wales as an AP

The AP role is *'soul destroying'*.
RNA in England now working in Wales as an AP

11.7 Uniform

Within the Nursing literature the issue of uniform is mentioned, with Thurgate (2021) and Attenborough (2020) stating that lack of uniform is a factor in non-acceptance and lack of recognition of a role. Kendall-Raynor (2016) cited the experience of multiple organisations, referred to as 'Member Trusts', where universities and partner Trusts worked together to maximise resources; they called for a shared uniform to support the initiative. A similar experience was reported by Kessler et al. (2020).

Clinical stakeholders stated the band 4 Assistant Practitioner uniform is problematic because it is green and therefore like the Health Care Support Worker uniform, which is all green, as depicted in the national hospital uniform for Wales. White piping has been added to denote the Assistant Practitioner (Nursing), as agreed by the Executive Directors of Nursing in 2022. During project engagement there were three different iterations of white piping to the green uniform that were observed, demonstrating there is no consistency and a lack of compliance to the uniform standard, as defined in the national Assistant Practitioner Framework.

"Uniform is vitally important, as a trainee it is important to be visually recognised as a student and as an AP or RNA. It is vital for patients, the public and staff that the role is distinguishable from HCSWs".

An RNA working in Wales as an AP

NHS England has very recently announced a new national uniform design, which may be adopted by NHS organisations from early 2024 after a lengthy project and consultation, which commenced in 2019. A survey of 50,000 staff in England endorsed the idea of a national uniform, the rationale was that the colour coding would make it easier for staff, patients, and the public to identify the different professional groups and roles (Munn 2023). However, Munn also raises issues that have been seen in social media posts highlighting that the Nursing uniform fails to distinguish adequately between Registered Nurses and other members of the Nursing team.

The new uniform colours for Registered Nurses, Nursing Associates and Health Care Assistants in England are:

- Nurse – Hospital blue with navy contrast trim
- Nursing Associate – Sky blue with sky blue trim
- Health Care Assistant – Lilac with navy contrast trim

11.8 Summary

Despite a recognition of the value of the band 4 Assistant Practitioner (Nursing) role as outlined in policy documents, individuals report poor experiences in practice. Implementation of the Assistant Practitioner role is not consistent across Wales and the role remains significantly under-utilised. The project has illuminated an apparent and considerable tension between policy, vision, and implementation of the band 4 Assistant Practitioner role across Wales.

“There is a wide variation in how the AP role operates compared with a fixed scope of practice in England. In Wales it seems that the scope of practice and level of autonomy is dependent on which RN is in charge on any given shift. There seems to be a real lack of understanding of what the AP could or couldn't do”.

RNA in England working in Wales as an AP

12.0 The development of the Registered Nursing Associate in England

12.1 Background

The Registered Nursing Associate role was introduced in England in 2016, in response to the Lord Willis 'Shape of Caring' review, commissioned by Health Education England (HEE 2015) HEE indicated that Nursing Associates would support improved care for people of all ages, in a variety of health and care settings. The introduction of the Nursing Associate across England aimed to create a significant shift within the Nursing and care workforce. As previously outlined, the role was described as a bridge between the Health Care Support Worker and the graduate Registered Nurse. The aim of the new role was described as three-fold:

1. To work alongside Health Care Support Workers and Registered Nurses to deliver hands on care, ensuring patients continue to receive the compassionate care they deserve. Nursing Associates will support Nurses to spend more time using their specialist training to focus on clinical duties and take more of a lead in decisions about patient care.
2. Promoted as part of the development of a contemporary workforce, will work under the direction of a Registered Nurse. The Nursing Associate is not a Registered Nurse but will undertake some of the duties that a Registered Nurse currently undertakes. It is anticipated the Nursing Associate will enable the Registered Nurse to spend more time on patient assessment and care associated with both complex needs and the advances in treatments.
3. To progress to a Registered Nurse either through a further degree level apprenticeship or via a Nursing degree, shortened to take account of the apprenticeship already completed.

During stakeholder engagement in England, a recurring comment was that the Registered Nursing Associate role is excellent, but the initial implementation was introduced at pace without adequate strategic workforce planning. Key messages are that robust preparedness of the workforce for the introduction of any new role is paramount, together with purposeful, meaningful, and targeted communication.

The NMC latterly became the regulator of the role, and the first cohort of 1000 Nursing Associates, who commenced the education programme in 2016 and completed in 2018, were retrospectively registered with the NMC in January 2019. The title Registered Nursing Associate is protected in law, and it is a role that assists the Registered Nurse, enabling the delivery of high-quality, person-centred care. Registered Nursing Associates are members of the Nursing team, but the NMC state they are not Nurses. The Registered Nursing Associate is however categorised as a ‘registrant’ and therefore counted in NMC data sets, along with Registered Nurses and Midwives. NMC high-level reporting presents data relating to ‘registrant’ numbers, which has the potential for ambiguity and confusion.

The number of Registered Nursing Associates in England has continued to increase since its inception. The NMC report (March 2023) there were 9,339 Registered Nursing Associates in England. There needs to be caution, however, in interpreting the data regarding the number of Registered Nursing Associates as organisations in England report that several thousand individuals successfully completed the Registered Nursing Associate programme but did not register with the NMC. Instead, they rapidly undertook the bridging pathway to Registered Nurse. This negatively impacts the number of Registered Nursing Associates appearing on the NMC register. Many universities have now made registration as a Registered Nursing Associate an entry requirement to access the BSc Nursing programme. The NHS England Long Term Workforce Plan (2023) states that Registered Nursing Associates have become an established and valued part of the workforce in NHS England. To contextualise the scale, they account for only 1.18% of the total number of NMC registrants in comparison to the total number of Registered Nurses (including those with dual registration) which is 93.52% (n=737,583). There is a significant expansion of planned University places for the Nursing Associate, as outlined in the NHS England Long Term Workforce Plan, as per table 10.

TABLE 10

Timetable	2022 (baseline)	2028 (planned)	2031 (planned)
Student Nursing Associate intake numbers Per Annum	5,000	7,000	10,500

12.2 Education Level

The Registered Nursing Associate programme is a 2-year Foundation Degree, which closely mirrors years 1 & 2 of the BSc Nursing programme. It is described by Anderson et al. (2021) as being '*immediately below*' the Registered Nurse and builds on the HE Cert education level. The proficiencies for the Registered Nursing Associate programme include annexes A and B, as set by the NMC. A Practice Assessment Document (PAD) document is used to record the proficiencies achieved. The Registered Nursing Associate programme covers all 4 fields of Nursing practice: Adult, Child, Mental Health, and Learning Disabilities.

2004 saw the Registered Nurse workforce move to an all-Graduate profession in Wales, with UK and Ireland following suit by 2009. Given the benefits for patient outcomes associated with degree education purported in the literature and professionally recognised, it is eminently reasonable to deduce that as the Registered Nurse progressed from Diploma to Degree Level education, the band 4's should move from HE Cert to Diploma / Foundation Degree, which would have a correlative positive impact on patient care.

Nursing has displayed a wide-ranging reliance on work undertaken by Aiken et al. (2014) which highlighted a direct correlation between education level and patient outcomes. Despite its reverence, this body of work appears to have some notable aspects that should be analytically considered for today's workforce. The Aiken et al.'s (2014) observational study of >420,000 patients, aged 50+, who underwent surgery in 300 hospitals across 9 European countries, relied on data collected in 2009 to 2010. It is inevitable that the number of Degree Level registrants in the UK was low at the time of the study. In fact, the number cited in Aiken and colleagues' paper was recorded as a mean of 28%, with a range reported of just 10% at the lower end. Conversely, at that time, some of the countries included in the study, such as Norway and Spain, already had a 100% requirement for bachelor's degree education for Registered Nurses. The study recorded the qualification of the Registered Nurses who participated in the study but, importantly, could not link the care of patients with individual Nurses or their qualification level.

The limitations of the study are acknowledged, but it is fair to question the generalisability of the results, which state the data was cross sectional and therefore

causality outcomes are restricted. It could be argued that the potential for poor patient outcomes to occur with high numbers of degree-educated Registered Nurses and vice versa is a possibility. Additionally, in Aiken et al.'s paper, the authors state that each country included in the study had a different definition of bachelor's education for Nurses. Other limitations cited in the study include that only one outcome measure was assessed. As part of project engagement, Ian Kessler – a prolific author (2023 unpublished*), voiced strong opinion on this subject. He stated that there were some methodological concerns including what he termed '*limited plausibility*,' in that mortality was the key outcome. He also highlighted the variation in clinical setting, acuity of patients along with geographical location of the study, all making comparison of patient outcomes very difficult. This was coupled with other confounding elements such as skill mix, team dynamics, culture, leadership, and contextual factors, which also directly impact patient outcomes (NIHR 2019).

Workloads, as well as staffing levels, were considered in Aiken et al.'s work. The authors report that workloads varied across shifts with patient / Nurse ratios significantly higher on night shifts. The data may therefore be skewed in some hospitals where Nurses working nights submitted data. Finally, Aiken et al. reported that the mortality data and Nurse survey periods of data collection did not fully align, therefore reliability could be questionable.

Following the introduction of the Nursing Associate in England in 2016, there were some newspaper reports, associated with articles published based on the work by Aiken et al., for example: Denis Campbell published an article in the Guardian newspaper stating: "...*putting thousands of nursing assistants on to wards are under scrutiny after research found deploying them could raise patients' risk of dying*" (Campbell 2016 online). Aiken et al.'s work looked at Registered Nurses and Nursing Auxiliaries. It is difficult to extrapolate findings based on the information and make comparisons with today's health care environment, not least based on the data collection being 2009/10. It is contended that there is a need for continued exploration of the impact of both Degree and Foundation Degree levels of education on patient outcomes. Such investigation would build on work published by Ball, Djukic, Goode, Griffiths, Harrison, Haskins, Hlegen, King, Murray, Park, Pierson, Purling, Sloane, Walker, and others. As stated by Kessler (2023 unpublished) "...*it is not just about*

numbers per se".

12.3 Standards and scope of practice

The NMC Standards of Proficiency represent the standards of knowledge and skills required by the Registered Nursing Associate to be capable of safe and effective practice, as summarised in Table 11.

TABLE 11

- Platform 1 – Being an accountable professional
- Platform 2 – Promoting health and preventing ill health
- Platform 3 – Provide and monitor care
- Platform 4 – Working in teams
- Platform 5 – Improving safety and quality of care
- Platform 6 – Contributing to integrated care
- Annexe A - Communication and relationship management skills
- Annexe B - Procedures to be undertaken by the RNA

Post registration, Nursing Associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence and extending their scope of practice, as other registered professionals routinely do.

Registered Nursing Associates are required to meet the NMC standards in the same way as Registered Nurses and Midwives, which include adherence to the Code, meeting revalidation requirements every three years and being subject to fitness to practise rules. The NMC revalidation requirements are set out below:

- Work a minimum of 450 hours over the three-year period.
- Undertake 35 hours of CPD relevant to the individual's scope of practice in the three-year period, of which at least 20 hours have included participatory learning.
- Obtain five pieces of practice related feedback in the three-year period.
- Prepare a minimum of five written reflective accounts in the three-year period.
- Hold a reflective discussion with another NMC registrant, covering five written reflective accounts on the CPD and/or practice related feedback and/or an event or experience in practice and how this relates to the code.

- Provide a health and character declaration, confirm indemnity arrangements are in place and demonstrate to a confirmer that revalidation requirements have been met.

Registered Nursing Associate referrals to the NMC (2022), in terms of fitness to practise, are set out in the table 12, with Registered Nurse referrals included for comparison.

TABLE 12

RNA (Eng) 2021-22	n=18	0.34% (of all RNAs)
RN (all UK countries) 2021-22 As a comparison	n=5291	0.68% (of all RNs)

12.4 Registered Nursing Associate - criteria for role

The criteria for entry into a Student Nursing Associate (SNA) programme requires GCSE Grade C or equivalent in Maths and English, plus any additional tariff as set by the individual university. During the project, significant variation of UCAS tariff points was observed in England, with the minimum varying between 56 to 80 points.

In England, there are several routes to Registered Nursing Associate:

- Direct application via UCAS (referred to as 'new to care').
- Via UCAS clearing ('new to care').
- Existing Health Care Support Workers via apprenticeship route.
- Retired Registered Nurses returning as Registered Nursing Associates.
- Students unable to meet academic requirements of BSc Nursing programme.
- Internationally Educated Nurses unable to meet NMC requirements.

12.5 Evidence from literature

-Regulation:

- Regulated by the NMC.
- Increased confidence regarding delegation.
- Revalidation every 3 years.
- Professionally accountable to the NMC and in law has a duty of care to patients.

- Must always act in the best interests of patients.
- Must use evidenced based interventions.
- Must be responsible for their actions.

-Benefits of the role:

- Supports the delivery of high-quality patient care with increased education, knowledge, and confidence.
- Patient feedback is positive re: level of patient centred bedside care.
- Enables delivery of evidence-based practice.
- At the point of registration, can practise safely and effectively.
- Seen as providing a new holistic approach to Nursing.
- The registered status of the role gives greater confidence in dealing with co-workers.
- The personal profile contributes to how they settled into teams.

-Scope of practice:

- Undertake medicines administration & complex clinical skills.
- Registered Nursing Associates improve care by contributing to the continuous monitoring of the patient experience.
- Registered Nursing Associates provide more complex care than Health Care Assistants but must remain aware of their limitations and work within their scope of practice.
- The new role had a distinctive set of tasks and responsibilities which are beyond the remit of the Health Care Assistants.
- The Registered Nursing Associate cannot be in charge of a shift but can allocate tasks and responsibilities to other team members, participate in ward rounds, lead on patient hand overs, provide mentoring and supervisory support to Health Care Assistants and Student Nurses. Can carry out and evaluate elements of care.
- As Registered Nursing Associates train in different care settings across the four fields of practice providing physical and mental health care, they make a distinctive and positive contribution.
- The autonomy inherent within the role is attributable to the thriving of Registered Nursing Associates.

-Accountability:

- As a registrant, are accountable for their own practice and responsible for accepting tasks as well as being able to delegate.

-Workforce:

- Provides an affordable route into Nursing.
- Described as providing the best model of widening access into Nursing.
- Enables alternative routes into Nursing for example: The RCN Prince of Wales Nursing Cadet Scheme, piloted in Wales. This enables young people, between the ages of 16 and 25 and particularly those from disadvantaged backgrounds, to engage in academic study and gain health and social care work experience. The Cadet scheme has the potential to be a direct feed to the Registered Nursing Associate programme across the UK.
- The cost of introducing band 4 Registered Nursing Associate into the Nursing team is off set by the clinical contribution made with their higher education level and scope of practice.
- Despite initial confusion in terms of the role, there is now general acceptance of its value and contribution.
- Seen as an important step on a career development pathway and a means of growing your own staff.

-Education:

- 2-year Level 5 Foundation Degree programme provides the Registered Nursing Associate with theoretical knowledge and clinical skills.
- Student Nursing Associates use a PAD document to support proficiency acquisition.
- Provide care for people of all ages and work across a variety of settings and specialties.
- A Foundation Degree provides the Registered Nursing Associate with the underpinning evidence-based theory and opportunities to apply theory to practice.
- Underpinning knowledge supports critical thinking and delivery of care based on the best evidence available.
- Student Nursing Associates viewed the placement experiences positively and, while at times, found it difficult to untangle their Health Care Assistant and

trainee status, felt they were well supported in their base placements.

- At organisational levels, new dedicated roles have been developed and introduced to support and manage the Student Nursing Associate programme.
- Preceptorship programmes of 6-9 months have been introduced, enabling supported transition into new roles upon qualification.

-Multidisciplinary Team (MDT):

- Play an active role as members of the MDT, collaborating and communicating effectively with Registered Nurses and a range of other Health Care Professionals.

(HEE 2023; Smith 2023; Donnelly et al. 2022; Fewings & Chambers 2022; Mullings 2021; NHS Employers 2021; Kessler et al. 2020; Leighton 2020; Bates 2019; HEE 2019; Kendall-Raynor 2016).

Concerns regarding the role

-Implementation:

- Speed at which the new role was initially implemented.
- Initial confusion about the role.
- Detrimental Covid impact.

-Scope of practice:

- The role autonomy has left some Registered Nursing Associates feeling exploited with a perception that there is very little difference between their role and that of the Registered Nurse.

-Workforce:

- Counted in Health Care Assistant numbers.
- Concerns around remuneration.
- Becoming commonplace in the Nursing workforce but on-going concerns from some quarters regarding role consistency and scope of practice limits.
- Establishing the role has remained an opportunistic, incremental, and largely unplanned process.

(HEE 2023; Smith 2023; Donnelly et al. 2022; Fewings & Chambers 2022; Mullings 2021; NHS Employers 2021; Kessler et al. 2020; Leighton 2020; Bates 2019; HEE 2019; Kendall-Raynor 2016).

There is an absence of quantitative evidence, most of the available evidence is empirical, impressionistic, or anecdotal but nevertheless the qualitative evidence gathered during the project is compelling. No quantitative or qualitative research has been undertaken in Wales to demonstrate the impact and outcomes of the Assistant Practitioner role.

The position regarding the dearth of quantitative evidence is three-fold:

1. The first cohort registered in 2019, the year Covid was identified. 2020-21 saw the UK in lock-down and pandemic recovery is still very much in progress. There has therefore been little opportunity to conduct research into the Registered Nursing Associate role.
2. Covid detrimentally impacted the implementation plan, compromising role intention.
3. Eminent researchers state it is not possible to isolate the Registered Nursing Associate role in terms of patient safety and quality outcomes.

12.6 Stakeholder Views

Table 13 summarises the clinical, academic, and union views ascertained during stakeholder engagement, highlighting the benefits and concerns of the Registered Nursing Associate role.

TABLE 13

Clinical Views	Academic Views	Union Views
<u>Benefits of the role</u> -Role established and making a positive contribution. -The RNA role has a clear 'backbone' because it is regulated. -The RNA role enables RNs to undertake more complex work. -The RNA role frees up RN time. -The RNA role is supported by clear NMC standards. -There is strong role clarity, which in theory should enhance patient care. <u>Concerns regarding the role</u> -Nil raised.	<u>Benefits of the role</u> -Regulation role standardisation -The RNA role is interesting, providing standardisation and consistency at the point of registration, which is not the case for APs. -The RNA role is regulated and therefore has robust standards of proficiency and safety. <u>Concerns regarding the role</u> -Nil raised.	<u>Benefits of the role</u> -The RNA role provides support to RNs. -The programme offers structured opportunity for development & career progression. (UNISON during engagement). <u>Concerns regarding the role</u> -AP & RNA roles should not be taken lightly. -The purpose needs to be clearly defined ensuring no possibility of substitution. (RCN 2023)

“The RNA role enables the RN to undertake more complex work.”

Academic

‘There is a real opportunity to change the way Wales delivers care. There is value in having a ‘bridging the gap’ role. Wales cannot continue to be as rigid with only RNs and HCSWs in the Nursing workforce.’

Academic

12.7 Summary

The Registered Nursing Associate role, educated to Level 5 and with proficiencies set by the NMC, provides an assistive function to the Registered Nurse. This enables the delivery of high-quality, person-centred care. Evidence gathered throughout the project and testimony from clinicians and academia is extremely supportive of the Registered Nursing Associate role and its value and contribution, which is conclusive.

13.0 Role Differentiation

13.1 Assistant Practitioner and the Registered Nursing Associate

There are several differences between the Assistant Practitioner in Wales and the Registered Nursing Associate in England. The education level and registration status being two of the most fundamental differences, as previously highlighted. Table 14 outlines the variation between the roles against five themes.

TABLE 14

Theme	Assistant Practitioner in Wales	Registered Nursing Associate in England
Education	Level 4 Higher Education Certificate	Level 5 Foundation Degree
Training	Locally determined although greater consistency in recent times with the HE Cert across Wales	Mirrors year 1&2 of RN BSc but not field specific
Entry into programme	HCSW (Work-based learning)	-HCSW (apprenticeship) -Direct Entry (new to care)
Registration	Not registered	Registered with the NMC
Route to RN	Full Time: enter year 2 of 3-year programme. Part Time: enter year 2 of 4-year programme	Enter RN halfway through year 2 of 3-year programme. Total 18 months & field specific

There are also differences in scope of practice, with the Assistant Practitioner role being significantly limited compared to that of the Registered Nursing Associate. The competencies for the Assistant Practitioner role in Wales are set out in the Assistant Practitioner (Nursing) Framework (NHS Wales 2022); Assistant Practitioner roles are determined by the needs of the local practice area, with exemptions as set out in section 11.0. In comparison, the Registered Nursing Associate scope of practice is broad and consistent for all those undertaking the programme. The competencies are set out in the Standards of Proficiency for Nursing Associates (NMC 2018) in Annexes A and B.

During the Nursing Associate development process, of all the proficiencies set out above, employers in England highlighted the ability to participate in medicines administration as being the most critical function for the new role. Medicines management is integrated into the 2-year Foundation Degree programme, as shown in table 15.

TABLE 15

Year 1	Year 2
Introduction to medicines administration.	Pharmacokinetics
Legal and professional aspects.	Pharmacodynamics
Safe drug calculation.	Therapeutics
Assessment and administration.	Polypharmacy
Monitoring and observation.	Side effects and interactions
Record keeping and reporting	Allergies and allergic reactions.
Observation of drug rounds (to include patient identity and consent, drug calculations, patient assessment).	Participation in drug rounds (to include calculation, administration, record keeping and reporting, patient assessment and monitoring, safe storage of medicines and appropriate transportation.

Registered Nursing Associates can undertake a medicine round however there are limitations to practice relating to medicines management at the point of NMC registration. These include administration of intravenous medicines or high-risk drugs, and the administration of prescribed medicines outside of the drug license. These proficiencies can be incorporated into a post-registration extended skills programme. Under current law Registered Nursing Associates cannot prescribe and nor can they administer against a Patient Group Directive (PGD). Updating of knowledge is achieved through the three yearly revalidation cycle, as for Registered Nurses and Midwives (NMC 2021).

“The NMC Associate Nursing programme is excellent enabling RNAs, on qualification, to safely administer medicines under agreed parameters”.

Band 4 RNA qualified in England, now working in Wales as an AP.

Conversely, the Assistant Practitioner is not able to undertake a medicine round and can only administer a named, prescribed medicine, to a named patient with the patient’s consent, as delegated by the Registered Nurse and documented in the patient’s care plan. Route-specific education modules must be completed in addition to a minimum of Level 3 Agored Cymru or equivalent general medicines module. The Assistant Practitioner also undergoes annual re-assessment of competence (see section 11). Figure 3 illustrates the difference between the Assistant Practitioner and the Registered Nursing Associate in terms of medicines administration.

Figure 3

	AP Wales	RNA England
Education	Level 3 or above (Level 4 required for AP role). Agored Cymru modules or equivalent (CQFW).	Medicines management integrated into NA training. Mirrors year 1 and 2 of BSc and includes in-point medicines assessment.
Proficiencies/competencies	Developed by All-Wales Band 4 Sub-group and All-Wales Med Strategy Group. Competency assessments required to demonstrate safe and effective practice / additional competencies for specific routes of administration.	Set by NMC. Annex B sets competencies for all medicine administration at point of registration to all patients. Extended scope needed for CDs/PRN meds/ verbal orders/ IVs/ high risk drugs e.g chemo/ medicines outside their licence/ black triangle drugs.
Medicine rounds	Not permitted.	Medicine rounds undertaken.
Parameters	Only named medicines to be administered to named patient with patient consent and documented in patient’s care plan.	Beyond parameters of practice: administration against PGD and entering a prescribing programme – legally determined.
Scope of practice	Each AP has an individual scope determined by competencies.	All RNAs have the same scope at the point of registration.
Re-assessment	Annual renewal of competence required.	3-yearly revalidation. No competency reassessment, mirroring RN requirements.

In Summary:

Medicines management and administration is delegated by the Registered Nurse to the Registered Nursing Associate. In contrast, a medicines related task is delegated by the Registered Nurse to the Assistant Practitioner. The Registered Nursing Associate has more abilities in terms of medicines administration than the Assistant Practitioner.

13.2 Case Studies

As part of the project approach, several case studies were developed to illustrate the difference between the Assistant Practitioner in Wales and Registered Nursing Associate in England, which were shared with the Deputy Directors of Nursing across Wales in a dedicated workshop to discuss band 4 role development. McCombes (2023) states that case studies are good for describing, comparing, evaluating, and understanding different aspects of a given subject or topic. She describes a case study as a detailed review of a particular subject, such as a person, group, place, event, organisation, or phenomenon; commonly used in education and clinical settings. Two of the case studies developed are outlined below.

Case Study 1: A patient in receipt of post-operative care

A fictitious patient receiving post operative laparotomy care in an acute hospital ward. In terms of care provision, the key differences between the Assistant Practitioner and Registered Nursing Associate are outlined.

Patient needs include skin integrity, wound care, fluid balance, cardiovascular stability, infection minimisation, observation monitoring, medicines including oxygen, toileting (bladder and bowel management), pain management, nutrition and hydration, mobilisation, and prevention of complications. For each element of care, the Registered Nurse will delegate a task to the Assistant Practitioner, in line with the NMC Code:

- *NMC Code 11.1 - only delegate tasks & duties within the other persons scope of competence, making sure they fully understand the instructions.*
- *NMC Code 11.2 - make sure everyone you delegate tasks to is adequately supervised & supported so they can provide safe, compassionate care.*
- *NMC Code 13.3 - confirm that the outcome of any task/activity you have delegated to someone else meets the required standard.*

Competency assessment for each task must have been achieved and recorded by the Assistant Practitioner and be available for review by the delegating Registered Nurse, prior to the delegation of the task.

In the case of the Registered Nursing Associate, patient care is delegated by the Registered Nurse. The necessary care proficiencies can be found in Annexe B of the NMC proficiency document for Registered Nursing Associates (NMC 2018). Table 16 outlines the NMC Annexe B proficiencies.

TABLE 16

NMC Annexe B
Procedures to enable effective monitoring of a person's condition.
Procedures for the provision of person-centred Nursing care.
Providing support for hydration and nutrition.
Providing support with bladder and bowel health.
Providing support with mobility and safety.
Providing support with respiratory care.
Preventing and managing infection.
Providing care at the end of life.
Procedural competencies for safe administration of medicines.

Case Study 2: Adult Mental Health

A fictitious adult is admitted to an Acute Mental Health Unit. The patient has had several hospital admissions between the age of 18 and reaching her 30's. She has a history of drug and alcohol misuse and a diagnosis of PTSD. She participates in unpredictable self-harm and is admitted expressing suicidal ideation. This sectioned admission was triggered by alcohol-fuelled self-harm, with verbal expression of intent to end her life.

The patient requires:

- Assessment and observation.
- WARRN (formulation-based risk assessment process).
- Specialist assessment in terms of self-harm and suicide.
- Medication review.
- Biopsychosocial therapy: biology – physical health, psychology coping skills and self-esteem, social family relationships, family circumstances and peers.

The Assistant Practitioner can provide support to the Registered Mental Health Nurse (RMN), based on the achievement of the specified tasks, as delegated. The Registered Mental Health Nurse is required to check the competency acquisition for that task by that Assistant Practitioner. Conversely, the Registered Nursing Associate will have achieved the knowledge set out in the Registered Nursing Associate proficiencies document (which covers all four fields of practice), including Annexes A and B, ultimately meaning that in relation to this case study, the Registered Nursing Associate would be able to:

- Undertake assessment activity.
- Provide a person-centred approach, implementing a programme of care.
- Participate in therapeutic communication and engagement activity, deploying a shared decision-making approach.
- Provide psychological support.
- Participate in escorted / accompanied leave.
- Undertake post-leave reviews.
- Recognise risk of harm and manage or escalate.
- Administer permitted prescribed medicines.
- Undertake observations, monitor, and interpret care.
- Document care provision in the patient notes.
- Delegate activities to a Health Care Support Worker.

NB: The Registered Nursing Associate would not currently be classified as an 'authorised member of the MDT' under the Mental Health Act and so cannot conduct a pre-leave (S17) risk assessment.

In summary, the Assistant Practitioner will achieve generic Level 4 education along with specific skills associated with their area of practice. This enables the delegation of care tasks to the Assistant Practitioner, directly related to the individual's achieved competencies. Conversely, the Registered Nursing Associate undertakes a programme of study at Level 5 Foundation Degree, that closely mirrors years 1 and 2 of the BSc Nursing programme and which covers all four fields of practice. The proficiencies included in the programme enable the delegation of care from the Registered Mental Health Nurse to the Registered Nursing Associate, according to the patient's care plan.

13.3 The Registered Nurse and the Registered Nursing Associate

The key differences between the Registered Nurse and the Registered Nursing Associate are set out in the NMC Standards of Proficiency Platforms (2018a & 2018). <https://www.nmc.org.uk/.../standards-of-proficiency-for-registered-nurses> [Standards of proficiency for registered nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

There are 7 platforms for the Registered Nurse and 6 platforms for the Registered Nursing Associate. The NMC state in the Nursing Associate Standards of Proficiency (2018) that the Registered Nursing Associate is not a Nurse and cannot substitute for a Registered Nurse.

The differences between the two platforms are set out in the table 17.

TABLE 17

Registered Nurse: 7 Platforms	Registered Nursing Associate: 6 Platforms
Be an accountable professional	Be an accountable professional
Promote health and prevent Ill-health	Promote health and prevent Ill-health
Provide and evaluate care	Provide and monitor care
Lead and manage Nursing care and work in a team	Work in a team
Improve safety and quality of care	Improve safety and quality of care
Coordinate care	Contribute to integrated care
Assess needs and plan care	

The key differences are that the Registered Nursing Associate cannot holistically assess a patient (although they can participate in assessment activity), they cannot holistically evaluate a patient (although they can participate in evaluation activity) and they cannot take charge of a Nursing team or lead the care.

13.4 The State Enrolled Nurse (SEN) and the Registered Nursing Associate

During project engagement the issue of whether the Registered Nursing Associate was a re-invention of the State Enrolled Nurse was raised on multiple occasions. Participants were unclear about the differences between the two roles and whether the Registered Nursing Associate was a second level Registered Nurse. The State Enrolled Nurse was phased out with the decision for Nursing to become an all-graduate profession, with the vacuum left filled by Health Care Support Workers. Interestingly, most developed countries outside of the UK have retained a second level Nurse, including Australia and New Zealand, North America as well as many European

countries. There are five main differences between the State Enrolled Nurse and the Registered Nursing Associate, with education level being one, together with the fact that the Registered Nursing Associate is not a 'Nurse' and is identified on a separate part of the NMC Register: that of NAR. The differences are outlined in Table 18.

TABLE 18

Role	Education	Fields	Career progression	NMC classification	Title
SEN	Level 3	1	Nil	2 nd Level	Nurse
RNA	Level 5	4	18 months to RN	NAR code	Nursing

14.0 Scope and parameters of practice

During the project it became apparent there is a lack of clarity, inconsistency, and inter-related use of the terminology 'scope' and 'parameters' of practice.

14.1 Scope of practice

At an individual level, scope of practice relates to the activities undertaken within health care roles, underpinned by knowledge, skills, and experience. Scope of practice is an iterative process which adjusts in response to societal changes. A failure to do so could potentially lead to unmet patient needs. At an employer level scope of practice is set out within job descriptions and policy, taking account of the patient needs within each clinical context. At a national level, the NMC sets the scope of practice for the Registered Nursing Associate at the point of registration. The Code of professional standards of practice and behaviour for Nurses, Midwives, and Nursing Associates (NMC 2018b) outlines the standards post registration. The Code includes four themes: prioritise people, practise effectively, preserve safety and promote professionalism and trust; each theme has a series of statements that together signify what good practice looks like.

14.2 Assistant Practitioner - scope of practice

The band 4 Assistant Practitioner is an unregulated role assisting the Registered Nurse, with greater scope of practice, knowledge, skills, and competence than traditional Health Care Support Workers at bands 2 & 3. The Assistant Practitioner

(Nursing) Governance Framework (NHS Wales 2022) is designed to provide a standardised approach to the role. This document was developed in recognition of evident variation in scope of practice. This notion is supported by Spilsbury et al. (2017) who states that the growth in Nursing support workforce numbers has impacted on the scope of practice of supporting roles.

“The AP role is just papering over cracks and is demoralising for the people undertaking the role”.

RNA from England working as an AP in Wales.

Henshall et al. (2018) and Traynor et al. (2016) both suggest that the scope of practice of the Assistant Practitioner is often dictated by the Nurse in charge of a shift, impacting how much autonomy the Assistant Practitioner has. There is evident misunderstanding of the role, which was borne out in testimonies from clinicians during project engagement.

“The Nursing team don't understand the APs scope of practice, let alone the wider MDT”.

RNA from England working as an AP in Wales.

There was a call from clinicians that, if the Assistant Practitioner role is to continue in Wales, there must be a clearer scope of practice and role definition. The Assistant Practitioner (Nursing) Framework which aims to achieve a standardised approach to the development, implementation and governance would also need a review, together with a dedicated national implementation approach. Through undertaking the project, it is evident that significant variation and inconsistency exists across NHS Wales, which will unequivocally need rectification.

“The AP role is not clear and there is a blurring of boundaries between APs and the HCSWs”.

RNA from England working as an AP in Wales.

Views expressed during project engagement are that the Registered Nursing Associate is safer, with clearer role definition and scope of practice, which consequently provides greater public protection than the Assistant Practitioner.

14.3 Registered Nursing Associate - scope of practice

In the early days of implementation of the Registered Nursing Associate, there was widespread lack of understanding of the role with, what was described as, a poorly defined scope of practice. This was prior to the NMC regulating the role. The scope developed incrementally, clearly setting the role apart from both the Registered Nurse and the Health Care Support Worker, which Kessler et al. (2020) suggests was in line with growing trust, alongside greater experience of the role in clinical practice. Kessler and colleagues also state that the Registered Nursing Associate role appears to be enriching, rather than diluting, the Nursing skill mix.

Regulation provides structure to the role in terms of the education programme and the scope of practice at the point of registration. Post registration, Registered Nursing Associates like other healthcare professionals, can expand their scope of practice, usually after a period of consolidation and preceptorship. Any extension to the scope of practice in the form of proficiencies or clinical skills, must be underpinned by further knowledge, education, experience, and appropriate assessment. Any extension to scope must also be supported through an individual's job description and bolstered by governance, policies, frameworks, and guidelines.

In England, there is no nationally agreed post-registration extended scope of practice for Registered Nursing Associates. Instead, there is, what is described as, an 'Employer-Led Model'. This is where each employer determines the extended scope. This has inevitably led to inconsistency, confusion, and some unease across England, based on the feedback received during stakeholder engagement.

14.4 Parameters of practice

There is a risk of focussing too much on scope of practice, individual tasks and competencies and not giving due consideration to the parameters of practice or red lines (boundaries which should not be crossed). Parameters set out the boundary limits of roles, whilst recognising there will always be some role overlap. The unique and distinctive elements of a role must be protected. Speech Pathology Australia

(2023) describe the parameters of practice as a guide for clinicians, underpinned by clinical governance. This outlines practice which is firmly the domain of the registrant. It specifies activities not suitable to delegate and areas of practice which can be safely delegated to a non-registrant if appropriate education, training, competence, and supervision can be demonstrated.

There is suggestion in the literature that, in the absence of clear boundaries, the Registered Nurse and Registered Nursing Associate roles can become blurred (Smith 2023). The RCN has cited examples of job adverts for Registered Nurses or Registered Nursing Associates in the Telegraph (Independent Newspaper 2021) suggesting they are inter-changeable. Also, the Care Quality Commission (CQC) (2023) has identified inappropriate use of the Registered Nursing Associate role during an inspection, whereby a Trust was found to have failings in patient safety due to leaving a Registered Nursing Associate in charge of a ward, with no Registered Nurse supervision. Significant questions have been, and are being, raised about the Registered Nursing Associate practice, which according to Kendall-Raynor (2016) extended beyond that of the Health Care Assistant to the remit of the Registered Nurse.

As previously mentioned, in England the post-registration extended scope of practice is employer led. This appears to have created a lack of consistency across England and wide variation in practices, with the Registered Nursing Associate in some areas undertaking clinical activities, such as the administration of intravenous medicines. The NMC is clear about the scope of practice for the Registered Nurse and Registered Nursing Associate at the point of registration. As outlined in section 13.3, the Registered Nursing Associate cannot holistically assess or evaluate the patient, they cannot lead care and therefore cannot lead the team. In a conference held in London, hosted by HEE in Spring 2023, celebrating 6 years of the Registered Nursing Associate in England, it was identified that neither HEE or the NMC had intentions of setting a national approach to post-registration scope or parameters of practice and that the employer-led model would continue to prevail.

At a UK and Ireland five country symposium hosted by Welsh Government in August 2023, a consensus was reached that scope of practice is somewhat problematic, because each clinical area and field of practice requires a different range of skills. It

was recognised it would be inherently difficult to establish a scope of practice for every setting. Therefore, it was deemed that 'parameters of practice' was more appropriate terminology, with a proposal that this language should be embraced in each country to describe the practice limits of the Registered Nursing Associate. This view and proposition were shared with the five country CNOs for consideration at their meeting in September 2023, based on the discussions set out below:

- Consensus that HCSW/HCA are a vital and a core part of the nursing workforce.
- Recognition that the nursing workforce is a key priority for all countries (attraction, recruitment, and retention).
- Consensus that career pathways and development are an essential workforce fit for the future to meet population needs and, as the education level for RNs has increased, the Support Worker workforce needs to keep pace/abreast educationally.
- Consensus that population and service needs should drive workforce planning, modelling and be future proofed.
- Consensus that messaging to promote the clear demarcation between roles (RN/RNA/HCSW) is essential to ensure safe and appropriate deployment of the roles in practice.
- Noted that countries are at a different stage of reviewing their HCSW workforce with varying scopes/aims and timescales (noting holding positions re: RNA, remain for NI, Scotland, and Wales).
- Recognition that not all countries are exploring the potential for regulation.
- Support offered by the NMC re: process and legislation requirements for the regulation of band 4 roles for those countries considering their application locally.
- Consensus for each country to consider embracing terminology 'Parameters of Practice' as opposed to 'Scope of Practice'.

The following is the summary from the symposium in terms of potential future work, presented for all-nation CNOs' to consider:

- Collaborative working could be beneficial as themes and trends emerge.

- Maximising support worker contribution is noted as important for successful recruitment and retention, and this includes consideration of role definition and parameters of practice between professions.
- Practice should be underpinned by knowledge, skill, and competence. Important to consider implications for existing and new workforces across countries.
- 'Delegation' noted as a workstream across countries and hence collaborative exploration could be beneficial.
- Concerns highlighted about the risk of 'role substitution' via the Wales project. Further work could be beneficial to understand the risk and explore this, across individual countries or collaboratively.
- Proposed terminology 'Parameters of Practice' to be considered to support an understanding (and perhaps consistency) of regulated roles.

If a policy position is made for the Registered Nursing Associate role to be introduced into Wales, several measures could be put in place to mitigate any potential risk of Registered Nurse substitution with a Registered Nursing Associate, to include:

- Parameters
 - The Registered Nursing Associate cannot holistically assess a patient (albeit they can participate in assessment activities).
 - The Registered Nursing Associate cannot holistically evaluate a patient (albeit they can participate in evaluation activities).
 - The Registered Nursing Associate cannot lead care or be in charge of a team.
- Categorisation of a registrant, as per the Nurse Staffing Levels (Wales) Act, establishes that a Registered Nurse, in charge, must be on sub parts 1 or 2 of the NMC register, thus precluding the Registered Nursing Associate who is on part NAR of the NMC register.
- A call to protect the funding for band 5 Nursing posts, with consideration of using annex 21 to maintain the band 5 funding and have a training programme for the Registered Nursing Associate for those who wish to bridge to Registered Nurse.

15.0 Co-existence of roles

Through the engagement process, exploration of the co-existence of an unregulated Assistant Practitioner and a regulated band 4 role in Nursing were explored. It is important to note that the Assistant Practitioner role exists cross-professionally, and any decisions based on the literature, clinical and/or academic opinion would only affect Nursing and no other professional disciplines.

With the introduction of the Registered Nursing Associate role in England most Assistant Practitioners progressed to become Registered Nursing Associates. Limited numbers of Assistant Practitioners remained in Nursing, and these were predominantly in discrete areas such as theatres, imaging departments and cancer services. The Registered Nursing Associate has become the dominant band 4 role in Nursing across England.

The views of clinicians and academics regarding co-existence of roles are outlined in Table 19.

TABLE 19

Clinical Views	Academic Views
<p><u>Support for co-existence</u> -Nil expressed.</p> <p><u>Non co-existence</u> -The roles cannot co-exist. -Co-existence would cause a situation that would be a 'disaster', as there is a huge lack of clarity between the AP and RNA roles. -In England, where both AP and RNA have coexisted, Trusts have experienced considerable tensions. -There needs one designated role for Nursing either AP or RNA but not both. -Staff indicated they would wholeheartedly prefer to see an RNA role introduced in Wales, it must be instead of the AP role citing consistent standards and role clarity set by the NMC. -If the RNA role is introduced, it is not advisable to have APs and RNAs co-existing.</p>	<p><u>Support for co-existence</u> -Nil expressed.</p> <p><u>Non co-existence</u> -There was almost unanimous agreement that there needs to be only one approach in Wales, either AP or RNA but not both. -There was very little appetite to keep the AP programme if the RNA programme is introduced. -Universities felt it would be difficult to have AP and RNA programmes co-existing, the viability would be problematic and confusing for students and staff, the scope of practice would be different as would the roles and responsibilities. -The universities favoured the RNA stating that it had no role ambiguity and reported that they felt there was a significant interest in the role if it were to be introduced into Wales. -When England introduced the RNA role there was a move towards the RNA programme and the AP Nursing programmes have been phased out in many universities. -Universities reported that they believed the RNA programme was more clinically relevant than the AP programme.</p>

	-Most APs undertook the RNA programme when it became available in England, they deemed the role to be more clinically appropriate.
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'The roles cannot exist side by side. It would be a disaster. APs can work in discrete specialities, such as Theatres. There are such differences between the AP and RNA they couldn't possibly work in the same area.'

Band 4 who has worked in England as an RNA and in Wales as an AP

16.0 Education

16.1 Background

As previously outlined the band 4 Assistant Practitioner in Wales requires a Level 4 Higher Education Certificate (HE Cert), whereas in England both the Assistant Practitioner and Registered Nursing Associate are educated to Level 5, Foundation Degree.

16.2 Assistant Practitioner - education level

The Assistant Practitioner role requires a HE Cert, as set out in the Assistant Practitioner (Nursing) Governance Framework for Wales (NHS Wales 2022). The HE Cert is a 1-year full-time, or 2-year part-time, standalone programme that supports staff to develop the knowledge, skills and understanding needed to underpin clinical practice. The programme closely mirrors year 1 of the BSc Nursing programme with both theoretical and practice related elements, which are assessed and signed off in a Practice Assessment Document (PAD). The HE Cert is commissioned by HEIW in some, but not all, of the Universities in Wales, through HEIW's tendering agreement.

The band 4 project identified some unanticipated findings in relation to the existing Higher Education Certificate in Wales, as set out in the following sections.

16.3 Student experiences - lack of support

Students undertaking the HE Cert reported a lack of support compared to more traditional BSc Nursing students. They described feeling like '*second class citizens*.' Thurgate (2021) states that support needs to be a 'whole package', both from universities and employers if students are to be successful. Thurgate also

acknowledges that the Covid-19 pandemic had a detrimental impact on the level of support received by learners in clinical practice, in part due to a movement of substantive staff to different clinical areas. Furthermore, Attenborough et al. (2020) reported inadequate resources for work-based learners compared to full-time degree level students, specifically in terms of a lack of supervised planned learning.

16.3 Student experiences – uniform

As previously outlined, clinicians cited the band 4 Assistant Practitioner uniform was problematic because of its similarity to the Health Care Support Worker uniform. There was a strong operational call to have a distinctly different uniform to enable easier visual recognition of the band 4 (Nursing) role and to differentiate it from Health Care Support Workers at bands 2 & 3. There were also some calls for those undertaking Level 4 study to be able to wear the nationally agreed Student Nurse uniform during the period they were undertaking the HE Cert.

Within the Nursing literature the issue of uniform is also mentioned. Thurgate (2021) and Attenborough et al. (2020) reported the lack of a distinct uniform was cited as a factor in non-acceptance of a new role, stating that it provided greater recognition for the post-holders. Kendall-Raynor (2016) reported the experience of multiple organisations, referred to as 'Member Trusts' in England, where universities and partner clinical organisations worked together to maximise resources, whereupon they called for a shared uniform to support the initiative. A similar experience was reported by Kessler et al. (2020).

16.5 Student experiences - study time

Lack of study time whilst undertaking the HE Cert was seen by students as the biggest barrier to study and the most significant reason for leaving the programme. Students reported that undertaking Level 4 study, in the absence of allocated study time was '*too big an ask*' particularly when many individuals have full-time jobs and often work additional hours, alongside family and other commitments.

It is interesting to note that university lecturers consider that HE Cert attrition is due to students not being able to cope with the academic level of study. This was not borne out by students, who stated that early exiting of the programme is primarily associated

with the demand in terms of the required number of hours of study. They indicated that Level 5 study is much more achievable because study leave is granted.

A strong view expressed by students is that protected study time should be mandated. It is curious when the HE Cert closely maps year 1 of the BSc Nursing programme, that HE Cert students get no dedicated study time but the Level 5 and 6 students, essentially studying the same syllabus, get study leave equating to more than 20 hours a week. The call for allocated study time is echoed in the literature with Attenborough et al. (2020), in a qualitative longitudinal study, tracking the experiences of learners on an unregulated band 4 programme. The article states that facilitating adequate time for work-based learning is essential as working, often full-time, whilst studying is very challenging.

16.6 Student experiences - lack of student status

During project engagement, students undertaking the HE Cert raised a concern about the lack of student status during the programme. Although the universities state that all individuals enrolled on programmes are classed as students, there are unanimous views from the students themselves that the usual benefits of academic study are not afforded to them. Students cite a lack of allocated study time and mentor / supervisor support as an issue. Thurgate (2021) in a review of 19 papers relating to band 4 study, between 2017 and 2022, identified 6 key themes utilising Braun and Clarke's six stage analysis. One of the themes is learner identity. The team reported that learner status is an important factor and having learner recognition increased the opportunities to learn. Health Care Support Workers undertaking the HE Cert also reported it is difficult to untangle their substantive Health Care Support Worker role from that of being a student. Thurgate and colleagues conclude there must be clarity between the Health Care Support Worker role and that of learner, but not a complete delineation, as this is reportedly found to be unhelpful.

16.7 Different learners and their distinct educational needs

Academics and individual stakeholders in Wales highlighted that students have diverse needs, with each student having a differing trajectory. Therefore, a variety of teaching approaches are required if individual needs are to be successfully met. During project engagement, it was valuable to learn about the different methods of teaching and investment in student academic, emotional, and psychological support

at the various education levels. There appears to be a noticeable, positive difference in attrition rates for students where there is early recognition of struggle and whereupon bespoke and proactive support arrangements are put into place.

An example of online learning for the Registered Nursing Associate programme was seen in a traditional brick-built university in England, a provision set up during Covid, with sufficient success to continue. This was cited as meeting the needs of different learners, particularly those who did not reside near a university. Distance Learning for Nursing programmes is a model only currently provided by one university in Wales. It is recognised that much work is in progress through HEIW in terms of widening access to the profession.

16.8 Flexible route to Registered Nurse

As shown in section 9.1 of this report, the number of Health Care Support Workers who have successfully completed the flexible route to Nursing programme across all Health Boards and Trusts in Wales based on locally reported (unpublished) data is low (n=133). To note the attrition rate is variable and particularly high for one organisation in Wales: reported to be 45.7% (n=52).

During stakeholder engagement, concerns were raised about the flexible route, as follows:

- The application processes for programmes around Wales is inconsistent, lengthy, and generally problematic, which needs to be addressed.
- Students with first and master's degrees reported that they were not able to RPL for the flexible route programme in Wales, having to complete the full 4 years. This is despite commissioning in Wales offering accelerated full-time programmes for students who have attained a non-Nursing related degree or above.

Positive comments about the flexible route are outlined as follows:

- Level 5 Students state they find study more achievable than at level 4, attributable to the dedicated study time associated with the programme, of 20+ hours a week. They also state that the recognition of student status, together with university and clinical practice placement support, are beneficial.

- There is an overwhelming view that Work Based Learning (*'earn as you learn'*) must be a primary option for band 4 study. Students state it would not have been possible to go to university in the absence of a wage, citing the cost-of-living crisis.

Academics propose that if the Registered Nursing Associate role was to be introduced in Wales, it should replace both the HE Certificate and flexible route programmes. Academic staff indicate that too many routes into Nursing would be inefficient, confusing and would make courses unviable. During project engagement, a cohort of approximately 30 Health Care Support Workers undertaking the flexible route to Registered Nurse all stated that, if the Registered Nursing Associate had been available in Wales, they would have applied. Some students reported they would have used the Registered Nursing Associate pathway as a stepping stone to become a Registered Nurse. Others felt the Registered Nursing Associate is very appealing as a destination role.

16.9 Inequity between Higher Education Certificate and the Flexible Route

During project engagement with students, they perceived there to be a disassociation between the number of HE Cert places compared to the number of flexible route places. Despite significant opportunities to undertake the Level 4 programme, the Level 6 BSc Nursing opportunities are deemed to be limited.

16.10 Level 5 Foundation Degree

The Foundation Degree is academically at education Level 5 and is akin to the first 2 years of a Bachelor of Nursing Degree, with the equivalent of 240 UCAS points. It involves students splitting their time between working in the industry, in this case Nursing, and studying at university. A Foundation Degree can work as a stand-alone qualification, such as the Registered Nursing Associate, or as a platform offering a clear progression to a full degree. The Foundation Degree provides additional dimensions above that of the HE Cert, which include critical thinking, analysis, information interpretation and problem solving, all of which support the provision of evidence-based Nursing care.

The Foundation Degree offers all the benefits of student status which have been outlined as lacking in the current HE Cert programme in Wales. These include

protected study time, student uniform and supervisor (mentor) support to name but a few.

16.11 NMC Standards of Education

The educational requirements for the Registered Nursing Associate Foundation Degree are set by the NMC (2018) in the Standards of Proficiency for Nursing Associates. The standards represent the knowledge and skills that a Nursing Associate will need to be considered by the NMC as being capable of safe and effective Nursing care. There are 6 platforms, with clear outcomes, that the individual must successfully complete to register with the NMC:

- Being an accountable professional.
- Promoting health and preventing ill health.
- Providing and monitoring care.
- Working in teams.
- Improving safety and quality of care.
- Contributing to integrated care.

There are also two Annexes, as previously mentioned:

- Annexe A - Communication and relationship management skills.
- Annexe B – Procedures to be undertaken by the Nursing Associate.

The standards are designed to apply across all settings.

The NMC also has a regulatory responsibility to maintain public confidence via approval processes and quality checking of education programmes (Attenborough 2021; Warren 2018).

16.12 Level 5 Education - confidence and achievability

One of the questions asked during project engagement was related to the education level of the band 4 Assistant Practitioner. Currently Wales lags England with Level 4 education for Assistant Practitioners in Wales and Level 5 in England. Level 5 enables additional educational dimensions, as previously stated, these include critical thinking, analysis, information interpretation and problem solving. There is some concern from both clinicians and academics that Level 5 may be a deterrent to some Health Care Support Workers due to a lack of academic confidence. The reality is, however, that

year 1 of the Level 5 Foundation Degree is delivered at Level 4 (like the HE Cert) and year 2 is at Level 5.

Success at any academic level increases confidence for additional study. Achievement at Level 4 encourages students to undertake Level 5, and achievement at Level 5 encourages the undertaking of Level 6 study. Students engaged during the project stated they had succeeded academically despite their own concerns as to whether they were able to meet the required level. Many Health Care Support Workers talked about their increased confidence to undertake Registered Nurse study following successful achievement of the HE Cert.

In the literature, Thurgate (2021) supports the uplifting of the education level to match the extended scope of practice of band 4s, citing pre-registration education as increasing academic confidence. Similarly, Fewings et al. (2022) and Coghill (2018) both describe the experience of learners stating that good quality clinical placement learning opportunities have supported academic success. Kessler et al. (2020) and Kendall-Raynor (2016) both indicate an additional type of confidence, related to trust in long established Health Care Support Worker team members as they move through the education and banding levels in practice.

16.13 Bridging role to Level 6

Registered Nursing Associates exit the programme at education Level 5, facilitating confidence to progress to study additional modules at Level 6, to become a Registered Nurse. Moving from Level 5 to 6 in England is deemed more achievable than the current flexible programme in Wales, which requires the student to move from Level 4 to 6. England offers an 18-month field specific bridging programme to progress from Registered Nursing Associate to Registered Nurse; the first 6 months is taught at Level 5, with the following 12 months being field specific and taught at Level 6.

In 2022/23, the NMC reported that 756 Nursing Associates undertook bridging programmes to Registered Nurse. There has been a clear increase in the numbers of Registered Nursing Associates moving to Registered Nurses in England (NMC 2023), potentially attributable to financial incentives being in place. There is also evidence from English universities, visited during the engagement process, that direct entry students undertook Registered Nurse bridging programmes in greater numbers than

those who were existing Health Care Support Workers. Numbers vary, depending on source, but generally information gained through the project indicates approximately 35% of Registered Nursing Associates progress to Registered Nurse study. A university, offering distance learning programmes in the UK, reported a 20% progression to Registered Nurse.

Recent reports from the NMC state the current number of Registered Nursing Associates is 9,339. It is likely this is double, due to a large number of Nursing Associates not actually registering with the NMC upon qualification and who progressed straight onto the Registered Nurse bridging programme.

Robust workforce planning would be required for the commissioning of Registered Nursing Associate to Registered Nurse numbers, should the Registered Nursing Associate be introduced in Wales. There would be two groups of people to consider in terms of bridging plans:

1. Registered Nursing Associates who already live in Wales and are currently working in Wales as an Assistant Practitioner. Some voiced during project engagement that they wished to undertake BSc studies. They have, however, been informed they will need to complete the full 3-year BSc programme. This position would need review.
2. Assistant Practitioners who undertake the Registered Nursing Associate programme and then wish to progress on to the Registered Nurse programme.

There would also need to be a robust transition period whereby the Registered Nursing Associate programme supersedes the flexible route to Registered Nurse, and existing flexible route students would need support to complete their studies.

A novel programme seen in an English Trust was where Registered Nursing Associates were guaranteed funding for the Level 6 bridging programme if they worked as a Registered Nursing Associate for 12 months. It is important to note that Registered Nursing Associates are not automatically accepted onto a Registered Nurse bridging programme; there are governance and selection processes in place.

Funding via the apprenticeship route is available for the bridging programme in England.

16.14 Bespoke programmes and transition arrangements

If Wales were to introduce the Registered Nursing Associate role there would need to be discussions with the NMC to explore mapping of the HE Cert against the Registered Nursing Associate standards of practice (NMC 2018). Work would also be required to consider bespoke programmes recognising individual assessment and mapping of prior learning. Existing Assistant Practitioners, and those currently in training, would need to be prioritised for Registered Nursing Associate programmes and roles. This would also need to acknowledge APEL/RPL. There will need to be different processes for the Assistant Practitioners who undertook the HE Cert pre and post the introduction of the NMC Future Nurse Standards of Education. The processes will also differ from the bridging requirements undertaken in England, where the Assistant Practitioner role was already at Level 5. Potential Student Nursing Associates not only had to demonstrate they met the NMC Nursing Associate proficiencies, but they also had to evidence relevant new learning. This proved to be a less than straightforward process. Assistant Practitioners in Wales who may wish to undertake the bridging pathway to Registered Nursing Associate (if the role is introduced), will also be required to map prior learning against the NMC proficiencies. Alongside this, there will be a requirement to undertake Level 5 study; this will meet the new learning requirements. Academics in English universities suggested that this will inevitably be more straightforward, although lengthier than the English bridging model.

It would also be important to acknowledge that not every Assistant Practitioner will want to, or be capable of, transition. It is noteworthy that the vast majority of Assistant Practitioners in England are reported to have undertaken the required additional study to become Registered Nursing Associates. Robust selection and governance processes would be required if Wales was to introduce the Registered Nursing Associate role.

An individual who progressed from Assistant Practitioner to Registered Nursing Associate in England and is now working in Wales as an Assistant Practitioner stated:

“The top-up from AP to RNA was theoretical, with portfolio evidence of application to practice, aligned to the NMC criteria.”

16.15 Protected funding – commissioning

Funding for commissioned programmes is now centralised, with the Commission for Tertiary Education and Research (CTER) as a new arm's length funding body in Wales. Commissioning is led by HEIW with Health Boards and Trusts via the Integrated Medium-Term Plan (IMTP) process, identifying the recruitment need. If the Registered Nursing Associate role is introduced in Wales, it will be fundamental to ensure commissioned places are available for bridging roles from Assistant Practitioner to Registered Nursing Associate and for the Registered Nursing Associate to Registered Nurse, aligning to workforce plans.

16.16 Registered Nursing Associate - destination and steppingstone

The Registered Nursing Associate role is both a destination, maximising the role within the Nursing workforce, and a steppingstone to Registered Nurse. It would be important to develop a critical mass of Registered Nursing Associates within the Nursing workforce to enable a positive impact on patient care and to support a better understanding and experience of the role. If there are insufficient numbers of Registered Nursing Associates, the workforce delivery model will not change or be maximised. Conversely, if there are too many Registered Nursing Associates there could potentially be a risk of role substitution occurring.

The role provides a significant opportunity to reshape the workforce, moving from an existing two-tier Nursing workforce (Health Care Support Worker and Registered Nurse) to a three-tier workforce (Health Care Support Worker, Registered Nursing Associate and Registered Nurse). Registered Nursing Associates have been reported by Kessler et al. (2020) as playing an increasingly important contribution within the Nursing team, citing their role in the delivery of direct patient care, handovers, multi-disciplinary team meetings and ward rounds, while taking on roles in mentoring and supervising Health Care Assistants. It is a role cited as being widely valued by many Chief Nurses in England.

Wales is totally committed to maintaining degree-educated Registered Nurses. Any introduction of the Registered Nursing Associate role could potentially offer an opportunity of a destination role and a steppingstone to Registered Nurse. To reiterate, stakeholder experience of the Registered Nursing Associate role in England suggests

that, depending on availability of financial support, between 50-80% of Registered Nursing Associates will remain in post (it is difficult to extrapolate exact numbers because it has been reliant on individual organisational reporting). One university operating in Wales, with experience of delivering the RNA programme in England, cited their experience of 20% progressing to Registered Nurse at one end of the scale, with the NMC and Council of Deans for Health suggesting a figure of 50%. Robertson et al. (2021) reports that around 40% of Registered Nursing Associates state they are undecided and do not know whether they would like to continue to Level 6 education. On average, through the scoping project, it has been seen that circa 35% progressed to Registered Nurse, presenting a significant '*grow your own*' pipeline not currently available in Wales.

The literature suggests some students have a day one plan to achieve Registered Nursing Associate status with immediate progression to Registered Nurse, whereas others build their confidence as they progress through Nursing Associate study and into a Registered Nursing Associate role, deciding latterly to progress to Registered Nurse (Kessler et al. 2020). Kessler and team highlight strong views from Chief Nurses in England that too rapid a throughput from Registered Nursing Associate to Registered Nurse could be counter-intuitive and suggest a period of consolidation to apply newly acquired knowledge and skill to practise is preferable. This position is endorsed by Robertson et al. (2021) citing some organisations that extend the consolidation period to two years before accessing funding for Level 6 study. Robertson et al. (2021) also point out that the ambition to become a Registered Nurse is more complex, with workforce needs and personal career plans not always aligning. It is important to understand individual motivations and aspirations alongside the needs of the local health care system. Sustainable funding is also an important factor if workforce benefits are to be realised, with a notable rise in skilled and competent individuals reducing the Registered Nurse vacancy rate and, in doing so, supporting a workforce to meet the population needs.

Registered Nursing Associates in England offer a solution to addressing diminishing numbers of Registered Nurses and, in some universities and Trusts visited, there was evidence of over-subscription to Nursing programmes. The Registered Nursing Associate route has been described as a major opportunity to access a large pool of

people, who would otherwise not be able to enter degree level Nurse education. As previously stated, in 2022/23 the NMC reported 756 Nursing Associates undertook bridging programmes to Registered Nurse (NMC 2023). Information gained during the project demonstrates that direct entry students appear to undertake Registered Nurse bridging programmes in greater numbers than existing Health Care Support Workers; potentially providing useful intelligence to support workforce planning.

16.17 Direct entry (New to Care) and existing Health Care Support Workers

Entry into the Registered Nursing Associate programme is available to both existing Health Care Support Workers and '*new to care*' students, who have no previous experience of health or social care. The new to care students, also referred to as '*direct entry*', are admitted to Registered Nursing Associate university programmes via UCAS direct application or UCAS clearing. New to care / direct entry students bring another pipeline of people into Nursing who would otherwise not have considered, or been eligible, for Nursing programmes.

During project engagement some hesitancy was noted in Wales regarding individuals with no previous caring experience being appropriate or positive for the Nursing Associate programme. It is something of an incongruent view when many BSc Nursing students are effectively new to care.

Testimony from Nursing Associate students in England suggests Health Care Support Worker and new to care / direct entry students do not have parity during their learning experience. They reported Health Care Support Worker students are not supernumerary on placement and are rostered under the Health Care Support Worker workforce group, whereas new to care / direct entry students are supernumerary.

As already indicated, new to care / direct entry students reported greater ambition to move directly onto bridging BSc Nursing programmes to become Registered Nurses compared to Health Care Support Worker colleagues.

During the project visits to English universities, different cohort models were observed. Some with the new to care / direct entry students and Health Care Support Worker students separated, some with both student groups being co-educated and additionally a hybrid approach. There were positives and negatives highlighted with all

the models. A key advantage with co-education is that existing Health Care Support Workers were able to impart experience and provide support to new to care / direct entry students. The main drawback appears to be that the learning needs of the two distinct groups are different. A hybrid model appeared to work well, where there was co-education for some elements of the programme.

Advice from England highlights the essential need to adequately prepare placement areas for the arrival of Student Nursing Associates (SNA). Substantive staff and members of the multidisciplinary team need to fully understand the differences in the learning needs of direct entry / new to care students and Health Care Support Worker students.

16.18 Apprenticeship / Work-based Learning (*earn as you learn*)

An apprenticeship is a paid job where the employee also learns and gains valuable experience. Alongside on-the-job training, apprentices spend at least 20% of their working hours completing classroom-based learning with a college, university, or training provider. Each apprenticeship has a formal assessment, which leads to a nationally recognised qualification.

In England, an apprenticeship levy for the Registered Nursing Associate programme was introduced in 2017 and is now widely utilised. Charlesworth et al. (2018) and Oliver (2017) both report that apprenticeships have offered new opportunities that help address workforce shortages by retaining a constant flow of Health Care Support Workers. It also helps to develop the clinical workplace as a learning environment.

Views from England regarding the apprenticeship model include:

- Health Care Support Worker apprentices are often used to cover roster gaps rather than being treated as Student Nurses with supernumerary status and protected learning time.
- Apprenticeship rules in England mean that Registered Nursing Associates can have slightly different programme lengths to meet the needs of the apprenticeship rather than the Nursing programme per se.
- There can be additional educational assessments with the apprenticeship model, again to meet the needs of the apprenticeship rules and not the Nursing programme (Stonehouse 2020).

The alternative to apprenticeship funding in England is student self-funding.

In Wales there are apprenticeships although not currently at degree level in Nursing. However, there are work-based learning opportunities in Wales commonly known as an '*earn as you learn*' approach. The challenge for HEIW is how best to educate staff within the financial envelope. From the perspective of staff engaged with the project, work-based learning opportunities are critical, stating full-time study is not financially viable for many individuals. In both England and Wales, the availability of financial support is a primary concern for students. Berragan & Hughes (2019 unpublished) suggest that apprenticeships and work-based learning options provide a lifeline to enable study, which traditional full-time university programmes would not have allowed. King et al. (2020) goes further, suggesting that Registered Nursing Associates are motivated by affordable, local career development opportunities.

16.19 Numeracy and literacy

The numeracy and literacy requirements for Nursing programmes are set by universities. Numeracy and literacy are not only essential general skills, but the numeracy particularly, is vitally important in relation to safe medication practice.

Attainment of the required numeracy and literacy level has previously been seen as a vital pre-requisite for acceptance onto Nursing programmes, such as the HE Cert in Wales. HEIW has recently changed this, and requisite numeracy is not now required prior to commencement of the programme but must be achieved during year 1 of studies.

During the project engagement, this issue of numeracy acquisition being achieved alongside the programme of study was raised several times. Many clinical practice educators are not in favour of this approach. Two key points were raised: Firstly, at Levels 4, 5 and 6, it was felt that students must achieve the numeracy requirements prior to commencing the programme of study. It was described that those who entered without numeracy (not as evident with literacy) were found to significantly struggle to meet the criteria, and the feeling was that individuals could be '*set up to fail*'. Secondly, if the opportunity to acquire numeracy and literacy post programme enrolment remains, the most usual offer of a twelve-week block, brings poorer results. Students report the amount of work, alongside other programmes modules, was just too intense.

However, programmes that offered an 8 to 12-month module, running throughout year 1, are deemed more achievable.

Learning from experiences in England, the pool of Health Care Support Workers who had attained the numeracy requirements (n=approx. 7000) was quickly exhausted, vastly reducing the number of eligible Health Care Support Worker applicants for the Registered Nursing Associate programme. This is borne out in an article by Mitchell (2019), which states there is a large pool of people wanting to enter Registered Nursing Associate programmes but do not have the basic numeracy or literacy required for entry.

Solutions to widening access could include:

- The implementation of a robust approach to numeracy education at a Health Board or Trust level, with the routine offer of provision of numeracy and literacy education for bands 2 and 3 Health Care Support Workers. Aged Cymru units are available and could become a mainstream part of Health Care Support Worker education in Wales. One of the large English teaching hospitals visited reported having a dedicated numeracy (and literacy) programme to create a Student Nursing Associate-ready pipeline.
- There are individuals who left school a long time ago having achieved the numeracy and literacy requirements, but who may lack confidence in their ability, particularly the numeracy element. One Health Board and university partner in Wales have developed a dedicated online programme specifically for this purpose, which supports potential Level 4 or 5 learners.
- Collaboration with Further Education Colleges, Universities and Health Boards to increase opportunities for Health Care Support Workers to undertake preparatory numeracy and literacy programmes.
- Numeracy programmes could be extended to school leavers and mature students who are interested in a career in Nursing but who are not currently working in the health and/or social care sector.

16.20 Practice Assessment Document (PAD)

The Registered Nurse Future Nurse Standards (NMC 2018a) include proficiencies set out in Annexes A and B, which are mapped within the Practice Assessment Document for achievement in practice or in simulated learning. Similarly, the NMC's 2-year

Foundation Degree programme for Registered Nursing Associates, which is closely aligned to years 1 and 2 of the 3-year Nursing degree programme, also requires a PAD, covering the Registered Nursing Associate required proficiencies.

A Once for Wales approach to creating a PAD for the BSc Future Nurse programme is being utilised in an amended format for the Level 4 HE Cert study. The PAD provides a summary record of documents confirming progression of a student and achievement of their proficiency outcomes through each part of the programme.

As the Registered Nursing Associate programme closely mirrors years 1 and 2 of the Registered Nurse programme, the PAD could be easily adapted to meet the NMC Nursing Associate standards if this role was to be introduced in Wales.

Registered Nurses in Wales are very familiar with the existing PAD and should easily be able to use a revised document to support Student Nursing Associates, on placement, to achieve the required knowledge, skills, and competencies. Bates (2019) supports the easy transition in practice of the PAD document upon the introduction of the NMC regulated Registered Nursing Associate programme in England.

16.21 Supervision and assessment

The NMC standards for student supervision and assessment (NMC 2018c) set out the roles and responsibilities of practice supervisors and assessors. Their role is to ensure that students receive high quality learning, support, and supervision during their practice placements. The approval of university programme processes against the NMC standards has already been set out within this report. It adopts a four-step gateway approach, with gateway two relating to the standards for student supervision and assessment. It requires sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences. This includes the introduction of academic assessors, practice supervisors and practice assessors.

It is the role of the academic assessors to collate and confirm the individual student's learning and achievement in the theoretical components of the placement. All approved education institutions, together with practice learning partners, must ensure that Nursing students are assigned to practice and academic assessors who are a

Registrant, with the appropriate experience for the student's field of practice. Glasper (2018) states that the new future Nurse programme, including the Nursing Associate student supervision and assessment requirements, enables flexibility whilst still meeting the educational needs. The Registered Nursing Associate can supervise BSc Nursing students in years 1 and 2, as well as supervising Student Nursing Associates.

One University stated that student success is directly related to the level of practice educator support received, citing an overall attrition rate of 9% from their programmes. They describe having 5 students to 1 Practice Educator and 20 students to 1 Tutor. During project engagement, there were some mixed views regarding whether there are enough supervisors in practice to support the introduction of the Registered Nursing Associate role. There has certainly been a detrimental impact during the Covid years in terms of availability of adequate supervisors in practice. Conversely, the Future Nurse Standards prepare all registrants to be supervisors, thereby increasing capacity.

If Wales were to introduce the Registered Nursing Associate role, there would need to be appropriate and adequate investment in Practice Educator Facilitator (PEF) roles to support supervision and assessment of all students. This position is supported in the literature by Thurgate (2021), Attenborough et al. (2020), and Halse et al. (2018), all of whom state that adequate resources for work-based learning and supervision by skilled clinical educators are essential.

16.22 Placement capacity

Practice based learning is integral to Nursing programmes, with placement capacity a constant source of concern for universities and partner employers. The NMC set out that Student Nursing Associates must complete at least 2 substantial placements, totalling 675 hours, in settings other than their primary place of employment (for existing Health Care Support Workers). The NMC also state that placements should provide exposure to all four fields of practice. It is up to the employers and university partners to agree how these placements will be delivered. Placements for the Registered Nursing Associate programme in England are organised in different ways: Placement blocks / 1-day / 2-day a week options. Maximising placement capacity requires innovative, novel, and different areas to be explored by employers both within and outside of the NHS.

Placement capacity must ensure equal access to placements for all students. Band 4 learners had an unequivocal view that BSc Nursing students currently have placement priority, which they deemed to be unfair. University placement officers and Health Board /Trust Practice Education Facilitators (PEF) should ensure parity for students across all Nursing programmes going forward.

During the engagement process stakeholders felt there would be capacity for Student Nursing Associates to undertake clinical placements.

16.23 Supernumerary status

There is a disparity between different learners in terms of whether they are given supernumerary status whilst on placement or not, as previously mentioned. For the HE Cert, students are required to achieve clinical skills competency, but do not have formal clinical placements or supernumerary status. This is despite the HE Cert closely mirroring the 1st year of the BSc Nursing programme, where students have supernumerary status and study time.

Hedayioglu et al. (2023) state that programmes are intense, challenging, and hard to balance with a Health Care Support Worker role. Both protected learning and supernumerary status are highly valued, as well as being viewed as fundamental to the learning experience. Thurgate (2021) and Kendall-Raynor (2016) both state that often the learner is counted in the Health Care Support Worker numbers rather than being given supernumerary status, which offers improved opportunities to learn and practise tasks. Thurgate goes further to say that band 4 learners often see themselves as workers as opposed to learners and are reluctant to assert themselves to ask for learning opportunities. Learning needs can often be forgotten if supernumerary status is not mandated.

The view of the collective universities engaged in the project is that all students should be supernumerary to provide the very best learning experiences. There should be no division between Health Care Support Worker learners or more traditional student learners.

16.24 Practice Education Facilitator (PEF)

The approval of university programmes against the NMC standards is conducted through a four-step gateway process (as set out in section 16.27). Many of the processes outlined require evidence from clinical practice, provided by the Practice Education Facilitator team.

In Wales, HEIW provides funding for PEFs to support the whole student journey from selection and recruitment through to student induction and thereafter to create the conditions for quality placement learning. PEFs facilitate placement capacity and innovation, as well as supporting professional standards and regulation in clinical practice. PEFs are aligned geographically to Health Boards and Trusts and work closely with partner universities to continuously improve the quality of students' practice learning experiences; the role is deemed to be critical.

The literature sets out the benefits of the PEF role in practice with NHS Employers (2021), Attenborough et al. (2020) and Halse et al. (2018) all stating the need for adequate resources for work-based learning programmes if students are to succeed. This includes the need of students to be supervised by skilled clinical educators, prepared, and overseen by the PEF team.

A university that offers flexible part-time study, reported that programme attrition rates are reliant on the level of PEF support in practice. The higher the learner to PEF ratio the lower the attrition rate. During project engagement one Health Board in Wales affirmed this statement, recounting their experience in practice. It is also supported in the literature in Attenborough et al.'s (2020) qualitative longitudinal study of the experiences of work-based learners at a university in England. Although small scale, with only 17 learners interviewed, the framework, derived from a systematic literature review relating to the introduction of new healthcare roles, enabled useful results to be realised.

In Wales, PEF establishments are determined by:

- The number of commissioned Nursing students allocated to a Health Board or Trust from one or more education providers, set out in the HEIW annual placement plan.

- The overall number of placements (and student capacity within those placements) offered within a Health Board or Trust.
- The geographical spread of placements within a Health Board or Trust.
- A need for additional PEF support as determined by local placement intelligence.

With the introduction of the Registered Nursing Associate in England, the PEF role had another dimension, that of stepping in for practice supervisors and/or assessors in some discrete hospital and community clinical areas where there were very few Registered Nurses, for example care homes. This fits well with Kessler et al. (2022) whose work suggests the development of peripatetic, arms-length practice supervision and assessment could be a very useful shared provision.

Equally important is the role of the Practice Educator to support the Registered Nursing Associate in the immediate post registration preceptorship period. Thurgate (2021) sets out the need for skilled educators in any workforce experiencing change. Their role includes the education of teams, raising awareness of the scope of practice of the Registered Nursing Associate, distilling myths about the role, acting as a conduit between operational and strategic employer teams and supporting an effective workplace culture with shared understanding, values, and norms. The role also includes the supervision and assessment of new Registered Nursing Associates, developing post registration and creating opportunities for experiential learning.

From the experiences of England and from existing PEF and Practice Educator roles in Wales, there is an overwhelming call for additional dedicated resources, should the Registered Nursing Associate role be introduced in Wales.

16.25 Fields of practice

The Registered Nursing Associate gains experience and can draw on knowledge from a variety of care settings across all 4 fields of Nursing practice: Adult, Child, Mental Health, and Learning Disabilities. This has real benefits both at departmental and organisational workforce levels. The Registered Nursing Associate role has been described by clinicians in England as being of real value. Stakeholders reported that the field specific knowledge has significant benefit within the team, enhancing patient care and safety, providing a truly holistic approach.

The Registered Nursing Associate does not have an NMC field of practice specified on their register entry. It has been described by some stakeholders involved in workforce planning as an '*interesting concept*', because they can work in any field of practice. Allocation of new registrants can be made according to vacancy need as well as having options for moving Registered Nursing Associates from one field of practice to another. This is supported in the literature by Bates (2019), who sets out that the original idea behind the role, as described by Lord Willis, was to provide a generic Nursing role to bridge the gap between Registered Nurses and Health Care Support Workers. Similarly, Attenborough et al. 2020 reiterates that the aim of the role was to be more flexible than existing Nursing roles and able to work across traditional boundaries of age span and place of care. The evidence from England shows that currently the majority of Registered Nursing Associates are working within an adult setting, there are fewer numbers (but this is increasing) in Mental Health settings and very low numbers working with children or in the Learning Disability speciality.

In terms of the Registered Nursing Associate education programme, year 1 has significant commonality with the BSc Nursing programme, which is generic rather than field specific. Universities in Wales and England voiced the options for a small number of BSc students to transfer from one field to another, up to the end of year 1. It is not until years 2 and 3 that the field specific elements become more evident, with a deeper focus in year 3. Halfway through year 2 is the entry point for Registered Nursing Associates who are undertaking a bridging programme to Registered Nurse, this is where they develop their field specific knowledge and skills. Bowden (2018) urges caution, stating it is important to acknowledge the differences in managing Adult and Child health care and if evidence-based care is to be practised, then generic knowledge may not be sufficient. Bowden goes as far as saying that most children's Nurses oppose generic education. It is important to remember that the Registered Nursing Associate does not carry out holistic assessment or evaluation of patient care but delivers high quality care delegated by the Registered Nurse, with that specialist field specific knowledge.

During the training period Student Nursing Associates are required, by the NMC, to experience all four fields of practice on clinical placement and employers must protect training to enable this to take place. Interestingly, the NMC has not set a minimum

placement requirement in relation to the 4 fields, they only stipulate that there must be exposure to the 4 fields.

In terms of supervisor and assessor requirements, they do not have to be registered within a specific field to assess a student. Examples of practice facilitators and educators supporting supervision or assessor roles and activities in England was observed during clinical and academic visits. This was particularly evident in areas with few Registered Nurses, such as nursing homes.

Commissioning in Wales currently includes determination of the fields of practice that a Higher Education Institute (HEI) can deliver. Concern was raised during project engagement by some universities that all 4 fields of practice are only delivered by 3 universities in Wales, two in the south and one in the north. Mental Health, and more particularly Learning Disabilities, is not delivered across all universities in Wales, which they foresaw as a potential barrier to delivering the Registered Nursing Associate programme. Staff cited the need for Learning Disability expertise, which is low in number in terms of academic lecturers in Wales and expensive for the organisation to procure. Glasper (2017) describes partnership working across NHS Trusts and universities in England that covers the full spectrum of care delivery, which could be potentially explored further in Wales.

16.26 Attrition rates

The attrition rate from an educational programme of study is the number of students who exit before the programme has finished. Figures from Buchan (2019) and the Health Foundation Press (2019) report that 25% of Student Nurses exit the degree programme prior to graduation. The foundation also report that attrition rates have remained relatively constant for decades. University staff reported increased attrition related specifically to the Covid period, which they attribute to inflated teacher grades compared to examination grades, impacting on individual students' ability to cope academically. Attrition is a significant additional concern in the current context of high vacancies, low fill rates for commissioned programmes and problematic retention in Nursing. HEIW report the most recent fill rate (2023) of 78% for Registered Nurse programmes, with the commissioning of 2396 places, 2100 of which were allocated to traditional full time Registered Nursing programmes. The remaining 296 places were divided between distance learning, flexible learning, and international student pre-

registration programme places. Only 1894 of the commissioned places were filled, with one university reporting a spring intake for adult Nursing of 91 places and only 9 of these filled. The commissioning of the BSc Nursing programme continues to rise year on year in Wales, but the comparative fill rate for 2023 has been described as the lowest.

The most common rationale for early exiting of study is cited as financial. However, during project engagement, as previously stated, students undertaking the HE Cert programme attributed the high attrition rate (cited to be 40% in some areas) to the sheer volume of work, whilst undertaking the day job and with no protected study hours. Conversely, universities attribute attrition to students' lacking academic capability, which the students themselves contest.

Project stakeholders reported the attrition rate from university programmes was high, with an average of 10-12%, but was variable across Welsh universities. Some institutions, as already highlighted, have extremely good processes in place to recognise and support students who are struggling and 'at risk' of exiting and consequently their attrition rate is lower. Universities visited in England reported lower attrition rates for the Registered Nursing Associate programme, cited as less than 10% for Health Care Support Worker (apprentice) students and less than 15% for new to care / direct entry students.

16.27 Adjustment of programmes (Universities)

If there is a decision in Wales to introduce the Registered Nursing Associate role, the HE Cert and the flexible route to Registered Nurse could both be superseded by the Registered Nursing Associate programme. The process of new programme development and formal approval by the NMC would be required. During project engagement universities in Wales proposed a lead in time of 2 years to enable the required programme changes, should Wales decide to introduce the Registered Nursing Associate.

The formal approval process of programmes against the NMC standards is conducted through four gateway steps, as below:

- Gateway 1: Applies to the standards framework for Nursing and Midwifery education and has five sections which requires the university and partner organisations to produce documented evidence to show adherence against the standards: To support a learning culture / educational governance and quality / student empowerment / qualified educators and assessors / curricula and assessment.
- Gateway 2: Relates to supervision and assessment. Universities must produce documentation to show how they have developed innovative approaches for the provision of education through: The student journey / effective practice / supervision of students / assessment of students and confirmation of proficiencies.
- Gateway 3: is designed to demonstrate the partnership has fully embodied the programme standards and show how the programme will run and operate. This needs to include staff contribution to ensure there are sufficient human resources available to optimally run the programme.
- Gateway 4: is the approval visit, which takes place when the documentary evidence has been submitted and ratified. The aim is to ensure that the programme that has been promised will be delivered, this will involve meeting with senior members of the partnership and programme reviewers, students, registrants, senior academics, and practice-based managers.

The NMC then confirm in writing if the programme has been approved and is deemed to be fit for purpose.

16.28 Commissioning

HEIW is required to ensure a constant supply of registered healthcare professionals for NHS Wales. They advise the Welsh Government annually of the number of healthcare training places required to meet current and future NHS Wales workforce needs, for both under and post graduate education.

If the Registered Nursing Associate role is to be introduced in Wales, it will be necessary for employers, together with HEIW, to undertake robust mapping and workforce planning of Registered Nursing Associate commissioning numbers, aligned to the IMTP process. The workforce mapping will need to include consideration of both

Registered Nursing Associate as a destination, to achieve a critical mass within the workforce, and as a steppingstone to Registered Nurse.

16.29 Entry requirements for the BSc Nursing programme in Wales

Wales is facing a position of increased commissioning year on year for the BSc Nursing programme but reducing applications. Welsh universities require 3 x grade B 'A' levels, preferably including a science. This results in a limited pool of applicants from those interested in a career in Nursing. Some of the universities in Wales described the tariff as fixed, specifically where the school of health care sciences sits within a college of biomedical sciences. Others had greater flexibility, stating that the tariff was considered more aspirational. These universities examined the student's academic potential, references and interview performance, not just academic attainment at a single point in time.

16.30 UCAS direct application

UCAS is the Universities and Colleges Admissions Service, which facilitates student progression into university. In 2022 UCAS supported 563,175 students to secure a full-time place at one of over 380 universities and colleges across the UK. Each university sets the required tariff points for their programmes; tariff points are numerical values used as a way of describing a variety of different qualifications to enable easier comparison. For example, the tariff points allocated to A levels are:

- A* = 56 points
- A = 48 points
- B = 40 points
- C = 32 points
- D = 24 points

In Wales the 3 x B tariff for the BSc Nursing programme equates to 120 UCAS points. For the Registered Nursing Associate programme in England, one of the entry routes is by a direct application via UCAS. It was noted there is significant variation in the UCAS tariff points required at different universities, with the lowest encountered at 56. This varied up to 80 points and beyond. This would equate to universities accepting 3 x D grades at A level for entry into the Registered Nursing Associate programme. The Registered Nursing Associate also requires English and Maths or equivalent

qualification, for example: functional skills in numeracy and literacy or 2 years verifiable work experience, together with a digital/technological literacy questionnaire. The tariff points do not stand in isolation, universities must also have clear, robust, and appropriate student selection criteria and processes, ensuring individuals that have the right core values are selected for Nursing.

16.31 UCAS Clearing

UCAS clearing is the process utilised by universities to fill available programme places after accepting the students who meet the full requirements of the offer made. Clearing places are available for students who do not achieve the tariff required for their confirmed university place. In the UK, more than 50,000 students find university places via the clearing process each year. UCAS clearing offers a potential pool of students for Registered Nursing Associate programmes and BSc Nursing student places.

In one English university visited, an entire Registered Nursing Associate cohort had been filled through clearing. All the students had applied for Nursing or Midwifery programmes but did not achieve the necessary A level grades for entry. Every student, now in their second year, had already secured university places for the 18-month bridging programme to Registered Nurse, pending successful completion of the Registered Nursing Associate programme. This essentially means a 3 ½ year pathway to Registered Nurse, rather than the traditional 3-year direct route. The university explained that prior to the Registered Nursing Associate programme being available, all these learners, who failed to secure their BSc Nursing places, would likely have been lost from health and care. In Wales, there is some early exploration taking place by a few universities to utilise UCAS clearing for the candidates who narrowly miss the A Level tariff for the BSc Nursing programme.

There is a recognition in Wales that radical change is required to address low fill rates for the BSc Nursing programmes and variable attrition rates. There is a need to consider alternative solutions and UCAS clearing could be one option. It is important to reiterate, however, that there must be strong governance and selection processes in place to ensure that only individuals with appropriate values, commensurate with the Nursing profession, are admitted onto Nursing programmes.

16.32 Routes into Registered Nursing Associate in England:

- Retire and return: It is possible that Registered Nurses who retire may want to carry on working in some capacity but with less responsibility. The Registered Nursing Associate role could be a desirable option.
- Students not academically meeting BSc requirements: Students who are failing academically but have met the clinical competencies of the BSc Nursing programme, could be considered for early transfer to the Registered Nursing Associate programme. The NMC suggest there should be early identification of struggling students, with proactive change management in place.
- International Nurses not meeting NMC OSCE requirements: the Registered Nursing Associate programme could present as a viable option for internationally educated Nurses who cannot achieve the NMC OSCE requirements.

16.33 Educational requirements across professions

It has been identified during the project that there are differing pre-requisite educational standards for various professional groups across NHS Wales, with little alignment or standardisation. Three such examples are outlined below:

- Pharmacy Technician role at band 4, which currently requires a non-University education at Level 3. There is an aspiration to enhance responsibilities of Pharmacy Technicians to free up Pharmacists to be more patient facing, with no intent to increase the education level.
- Paramedicine Technician role in WAST, which is currently band 4 with non-university-based education. There is an intention to introduce a band 5 role as a bridge between Paramedic and Technicians with Level 4 education.
- Band 4 Assistant Practitioner in Therapies – requirement for minimum Level 3 education, with a view that the majority are probably at Level 3, with some at Level 4.

16.34 Education and workforce planning

Education and workforce planning go hand in hand according to Duffield et al. (2019). This highlights the importance of ensuring there is an appropriate mix of skilled and motivated members of staff, with the right educational attainment to provide safe

staffing levels. This is supported by Anderson et al. (2021), Attenborough et al. (2020) and Halse et al. (2018) setting out that health and care workforce planning relies on a robust approach to enable sustainability, with appropriate commissioning and recruitment to higher education programmes. Attenborough and colleagues also point out that education programmes must mirror patient need and be supported by adequate resources, such as skilled clinical educational facilitators and educators. Anderson et al. (2021) state that workforce planning must focus on demand and not on supply, which has been the case in recent years. Alongside this, programme attrition rates need to be monitored and reduced as far as possible. This is to maximise the educational places available and numbers of staff exiting at the right juncture, with the required qualifications.

The Registered Nursing Associate programme in England has been described by several Chief Nurses as offering the biggest opportunity to reshape the Nursing workforce. The role offers a legitimate route into Nursing for individuals from different walks of life, who have previously been denied or thought not possible. The Registered Nursing Associate is seen as a natural evolution of the Assistant Practitioner and the role is said to aid recruitment. The view, that the Registered Nursing Associate offers a unique career opportunity, is endorsed by Berragan et al. (2019 Unpublished).

The 4 fields of practice relating to the Registered Nursing Associate programme also add value and could be a useful adjunct to workforce planning. Experience from visits to English Trusts has demonstrated that Registered Nursing Associates can meet the needs of fluctuating vacancies across Adult, Mental Health, Child, and Learning Disability services. Finally, the Registered Nursing Associate role has shown to improve access and widen participation to Nursing in England.

17.0 [Regulation](#)

The current position regarding regulation in Wales is somewhat unique, whereby social care is registered and regulated but NHS support workers are not. This position divulges disparity, which is particularly apparent in community services, where a patient can be in receipt of both health and social care, with an inequality in the regulation of the carers.

17.1 Evidence

Regulation can be defined as the control of conduct by rule, law, or ordinance (Flook 2003). It is designed to limit the risk of harm from care or treatment delivered by health care professionals. According to the Professional Standards Authority (2018a) health care regulators have three main goals:

- Protecting the public
- Maintaining public confidence in the profession
- Declaring and upholding professional standards.

A simple Nurse registration process was introduced in 1919 (Flook 2003). Over the decades registration and regulatory requirements have become increasingly sophisticated, enabling regulators to discharge their duties, to include:

- Approval and regulation of education programmes (Attenborough 2021; Warren 2018)
- Setting and maintaining standards of practice, ethics, behaviour, and conduct (Attenborough 2021).
- Revalidation, which was introduced as a three yearly cycle in 2016 (Attenborough 2021; NMC 2015)

Despite over a century of Nurse regulation, the analysis and impact of the regulatory process has been subject to little rigorous research scrutiny. Key studies include Stievano et al. (2019) who conducted a systematic review of professional Nursing regulation, McGonigle's (2017) systematic narrative review to consider the contribution of professional regulation and Benton et al.'s (2013) Delphi study to define regulation and regulatory body performance. Of the research undertaken there is consensus which indicates regulation is of value. Safeguards include annual review of performance against standards of regulation by the Professional Standards Authority for Health and Social Care (Professional Standards Authority 2018; Warren 2018). According to the 'Good Governance' document (CQC 2023) inspectors in England have review systems and processes in place to quality assure, audit, and provide feedback on regulatory requirements and organisational compliance (Frankova 2020).

Glasper (2017) suggests there has been a continued reliance on the Health Care Support Worker workforce. The UK was one of only three European countries that did

not regulate their assistant workforce prior to the implementation of the Registered Nursing Associate role in England (Rosser 2016). Notwithstanding the State Enrolled Nurse role of the 1970s and 1980's, the pre-existing band 4 Assistant Practitioner Nursing role was intended to bridge the gap between Registered Nurses and Health Care Assistants, with additional knowledge, skills and competencies that underpin the role (Glasper 2017). However, Assistant Practitioners are not regulated, and the role has become confused in relation to title, role, scope of practice, education level and clinical skills (Glasper 2017). There are similar concerns with other unregulated roles outside of Nursing, such as the Physician's Associate. The UK Government is planning legislation to move to compulsory regulation of the Physicians Associate in 2024/'25. Conversely Imison et al. (2016) report they did not find the lack of regulation of the Assistant Practitioner role within a mental health team to be problematic. However, the paper related to a small number of practitioners in one organisation and the authors do report an issue with the absence of a national competency framework for Assistant Practitioners - a contradictory position.

There was significant support for the regulation of band 4 Support Workers in early 2019, following the Willis report, with the regulation of Nursing Associate role in England (Bates 2019; HEE 2019; Glasper 2017; Kendall-Raynor 2016; Scott 2016). As part of the consultation, prior to the implementation of the Registered Nursing Associate role, the Department of Health asked the Professional Standards Authority for Health and Social Care what the appropriate level of oversight for a new Nursing role should be (Professional Standards Authority 2018a). The NMC was seen as a logical and perhaps inevitable choice of regulator of the Nursing Associate, following its introduction as a permanent member of the Nursing workforce. Brimblecombe & Nolan (2021) and Glasper (2017) state the apparent anxiety reported at the consultation stage about the regulatory process was resolved when the announcement was made that the NMC would be the regulator for the role.

The NMC register Nurses on sub parts 1 & 2 of the register. The Nursing Associate does not have Registered Nurse status nor is the role registered as a separate profession. It is a new role within Nursing, registered on the NAR part of the NMC's professional register. 89% of individuals and 95% of organisations who responded to the Nursing Associate consultation agreed that the role should be denoted on a separate part of the NMC register to that of Registered Nurses (Glasper 2018).

The NMC has statutory responsibility to keep a register of Nursing Associates in England, setting the standards of practice, education, and training (Glasper 2018). Notably, the legislation that enabled registration and regulation of the Nursing Associate also saw the closure of sub part 2 of the NMC register for the State Enrolled Nurse.

17.2 Stakeholder views

During stakeholder meetings, the Corporate Team at a Welsh University Health Board and senior members of RCN (Wales) asked for the impact and added value of regulation to be shared. In response, an evidence-based review of regulation was conducted and provided accordingly. To note, this additional work on regulation has been adapted for formal publication in a professional Nursing journal.

Clinical, academic, and union views regarding regulation are summarised in table 20.

TABLE 20

Clinical Views	Academic Views	Union Views
<p>There is overwhelming support for regulation of the band 4 workforce across the Health Boards and Trust in Wales. This was seen at all banding levels including those currently in band 4 Assistant Practitioner roles.</p> <p>The underpinning rationale includes views that regulation:</p> <ul style="list-style-type: none"> -Has the prime aim of protecting the public with the ability to apply sanctions. -Promotes and improves accountability. -Is required for the band 4 scope of practice. -Is necessary based on the level of education required for band 4 practice. -Outlines the professional standards required to protect the public. -Provides a sense of value and professionalism. -Increases the confidence of other members of the MDT. -Enhances the identity of the band 4 role. -Provides a clear career structure for HCSWs. 	<p>Despite the Code of Conduct for HCSWs being in place, Welsh universities were fully supportive of the regulation of the band 4 role, citing regulation as the hallmark of a profession.</p> <p>The underpinning rationale included views that regulation:</p> <ul style="list-style-type: none"> -Strengthens governance and reduces risk. -Provides increased public protection. -Promotes and increases safety and quality from a staff and patient perspective. -Strengthens accountability. -Ensures consistency of professional standards. -Increased confidence of all Nursing staff groups. -Fosters professional practice and professionalises Nursing roles. <p>The call from academia was for the NMC to be the regulator of choice if the band 4 role is regulated in Wales. It was felt that the NMC had experience</p>	<p>The RCN has a clear view that all HCSWs should be regulated, as they believe this is in the interest of public protection and public safety.</p> <p>The RCN also set out that HCSWs who deliver direct clinical care should be regulated by the NMC (RCN 2021).</p> <p>The initial calls by the RCN has been for regulation of the AP role. In a document entitled 'Becoming a Nursing Associate' (online) (2023b), the organisation states that they welcome the role, to bridge the gap between unregulated health care assistants and RNs.</p> <p>UNISON reports playing a key role in the regulation and recognition of the Nursing associate role in England, designed to bridge the gap between RNs and HCSWs.</p> <p>They describe the RNA as being a valuable role and UNISON set out to ensure that</p>

<p>There is a unanimous voice that the NMC must be the regulator, if regulation of the band 4 is taken forward in Wales. The rationale given is the NMC has the experience of band 4 regulation with the Nursing Associate role in England and have the Standards and Platforms in place, giving greater structure and confidence to the role.</p> <p>Some concerns were raised by individuals during the engagement events regarding the cost of the annual regulatory fee. It was felt that £120 was an added expenditure for band 4 members of the Nursing workforce to enter and remain on the register.</p> <p>Regulation was not deemed to be justifiable for bands 2 & 3 as a priority action; it was wholeheartedly felt that blanket regulation of the HCSW workforce in the NHS would prove to be cost-prohibitive and administratively burdensome. There was justification, in the first instance, for regulation of the band 4 workforce, based on the wider scope of practice and higher education level.</p>	<p>of professional regulation of the RNA.</p> <p>The NMC would provide robust standards of proficiency at the point of registration, a key area currently missing from the AP role. Also, despite the plethora of governance documents in place in Wales, there appears to be significant confusion and a lack of consistency in implementation of the AP role across Wales, which was deemed to be problematic.</p> <p>There was some mixed opinion on whether all HCSWs should be regulated. In general, the opinion was that regulation of HCSW bands 2 and 3 would not add value in the way that regulation of the band 4 role would. Bands 2 & 3 and band 4 are deemed to be fundamentally different in both required education level and scope of practice.</p> <p>It was also felt the cost of regulation of all HCSWs would be prohibitive.</p>	<p>individuals are treated fairly with clear roles and responsibilities (UNISON discussed during engagement: unpublished).</p> <p>The union also calls for access to ongoing learning and development.</p> <p>UNISON has stated they welcomed the introduction of the Nursing Associate role in England and UNISON Cymru/Wales are supportive the introduction of a regulated NA role in Wales. They have also called for APs to be regulated.</p>
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Two Registered Nursing Associates who have previously worked in England and are now working in Wales as Assistant Practitioners said:

“Being regulated is positive and gives a sense of value”

“The band 4 should be regulated; it is important for patient safety”

In summary

Based on stakeholder engagement, there is an overwhelming appetite to move away from the current unregulated Assistant Practitioner role in Wales in favour of the NMC

regulated Registered Nursing Associate role. Regulation of the band 4 Nursing role is strongly supported to protect the public and facilitate role consistency.

18.0 Delegation and Accountability

Through the course of clinical engagement, the issue of delegation and accountability was raised by participants, specifically but not exclusively in relation to the introduction of the Assistant Practitioner (Nursing) role in Wales and the Registered Nursing Associate in England.

18.1 The evidence

Delegation has been defined in the literature in a variety of ways. The common theme between definitions is that the activity, which is the responsibility of one person, is completed by another, who accepts the responsibility of undertaking the activity in an appropriate manner (Haugen et al. 2019). Mullins & McLean (2019) elaborate further by saying that the concept of delegation is founded upon authority and responsibility, and, through this, a special relationship is created between those involved. Marquis and Huston (2021) reiterate that both accountability and responsibility are retained by the delegating staff member, who needs to ensure that the work is completed appropriately.

The NMC Code outlines the expectations of people on the register when they delegate to others (NMC 2018b) reminding them they are accountable for their delegation decisions. Standards for delegating are set out in the code under standard 11. In 2019, the NMC published additional guidance regarding delegation and accountability in response to the introduction of the Registered Nursing Associate role in England. The responsibilities of registrants do not change in circumstances if the person delegating and the person accepting a delegated task are both registered professionals. As a registered professional, whether delegating or receiving a task, accountability for conduct and practice exists.

The legal responsibility of the delegator is highlighted by Griffiths and Dowie (2018) who state that it is the personal and professional responsibility of each Nurse who delegates health care activities to ensure that the delegatee is educated, competent and experienced in the task. This ensures patient safety. Registered Nurses have a duty of care to patients, which includes legal obligations, together with ethical and

professional duties. To discharge their legal duty, Registered Nurses must act in accordance with relevant standards of care. The Royal College of Nursing (2017) has published guidelines on Accountability and Delegation. In their publication, they have stated that Registered Nurses have a duty of care and a legal liability to patients and, as such, when delegating an activity, they must ensure it is delegated appropriately. If a registrant acts within their sphere of competence, the employer is also accountable, through vicarious liability.

HEIW (2019) state delegation is the process by which the delegator allocates clinical or non-clinical care and support to a competent person (the delegatee). The delegator will remain responsible for the overall management of the individual, and accountable for their decision to delegate. The delegator will not be accountable for the decisions and actions of the delegatee. This description is important, as it specifies who is accountable for what, which was a common issue arising during the project engagement. <https://heiw.nhs.wales/files/covid-19/delegation-guidelines> · PDF file

Wagner (2018) suggests that to delegate effectively Nurses need a range of skills including self confidence in their abilities to delegate, a sound theoretical understanding of delegation, and the opportunity to practise delegation. In addition, an understanding of the policies, procedures and frameworks governing the act of delegation and effective communication are required.

Delegation is, therefore, an important skill that requires sound clinical judgement, strong critical thinking ability and excellent interpersonal skills; attributes which develop over time and with experience. Delegation is one of the most difficult and complex skills in Nursing yet it has been described as a soft or a non-technical skill (Gabrieli et al. 2015). If delegation is indeed a complex process, this complexity is probably increased when delegation occurs between a Registered Nurse and an unregulated member of the health care team. In a study by Walker et al. (2021) it was identified that despite scope-of-practice documents, guidelines, and policies in place to support the Nurses' decision-making, there were inconsistencies as to how these policies were operationalised in practice. This impacted teamwork and patient care. This finding could be more significant for Wales when considering the apparent lack of awareness, among staff interviewed, of national delegation guidelines.

18.2 Stakeholder views

As part of the semi-structured approach for interviews, the All-Wales Delegation Guidelines (HEIW 2019) were explored. This included their fitness for purpose and whether a Registered Nurse would be more likely to delegate activities if the delegatee was regulated. These questions yielded some interesting results. Except for Corporate Nurses and Clinical Educators, there was an evident lack of awareness of the All-Wales Delegation Guidelines and mixed understanding of the key components of delegation. At a senior level, the All-Wales Delegation Guidelines were deemed to be fit for purpose, having been updated in 2019. It was recognised they were re-launched just ahead of the advent of the Covid-19 pandemic, potentially impacting their effective and consistent implementation across NHS Wales.

The clinical, academic, and union views of stakeholders regarding delegation are summarised in Table 21.

TABLE 21

Clinical Views	Academic Views	Union/Professional Views
<p>There was a strong message that the Delegation Guidelines have not been maximised in Wales. There has been no auditing of delegation, except for one Health Board, nor any sort of staff survey to determine the effect and impact of delegation. Delegation is not routinely covered in clinical induction.</p> <p>In terms of operational staff, there was a general lack of awareness of the delegation Guidelines in Wales, and from views and comments expressed, delegation per se appears to be somewhat problematic in Nursing.</p> <p>There is a Code of Conduct for HCSWs, Delegation Guidelines, as well as a HCSW Career Framework but feedback suggests that one overarching policy framework, which covers all aspects of governance, to simplify messages for staff and the public could be desirable.</p>	<p>Universities confirmed that delegation is a topic that is covered in the under-graduate curricula although not all universities reference the All-Wales Guidelines in their teachings.</p> <p>There was a majority view, among participants interviewed, that delegation would potentially improve if a regulated band 4 role was introduced in Wales. Regulation strengthens the governance and enables accountability to be more clearly understood, with greater delegation confidence by the RN.</p> <p>More needs to be done to improve understanding of delegation for the delegatee and delegator.</p>	<p>Unions felt there could be value in understanding the evidence regarding delegation and mixed views in terms of whether having a regulated band 4 role would improve safe delegation.</p> <p>It was stated that delegation per se is not the issue but confidence to delegate is the area to focus on, with access to post-graduate refresher training.</p>

<p>There was an understanding that delegation and accountability are inter-related but an apparent lack of confidence to delegate emerged through discussions, not least based on a (mis) understanding of associated accountability when delegating.</p> <p>There was a clear view that delegation confidence among Registered Nurses would improve if they were delegating to a staff member who was also regulated, but some participants identified more work was needed to improve understanding of delegation for the delegator and delegatee.</p> <p>There were mixed views as to whether delegation would improve with the introduction of a regulated band 4 role, albeit the majority view was that RN confidence to delegate would improve if they were delegating to a regulated band 4. It was consistently stated that effective delegation is more of a cultural issue that needs focus, complicated further by the high use of bank and Agency staff.</p>		
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To note: additional work exploring delegation and accountability has been written up for formal publication in a professional Nursing journal.

In summary

Based on the literature reviewed and views sought, it is reasonable to deduce that delegation is an important activity, which has a level of complexity. It is often performed tacitly but competence to safely delegate develops with experience.

There are a plethora of guidelines and standards to inform professional practice in Wales. The NMC Code is complemented by dedicated delegation guidelines, which were refreshed and published by HEIW (2019). These explicitly state the principles required to ensure safe practice. Whilst Delegation and Accountability are part of the curriculum for pre-registration studies, there is limited formal post registration education to provide on-going support for Registered Nurses, or indeed Health Care

Support Workers. There is also little evidence that the Delegation Guidelines have been reviewed in practice or by organisational Quality and Safety Committees, which is a specified requirement in the HEIW Guidelines.

19.0 Substitution

During stakeholder engagement the issue of substitution was raised, and it is well recognised that Registered Nurse substitution has been a professional concern for the Royal College of Nursing for many years. This has been exacerbated by the introduction of the Registered Nursing Associate role in England despite the Registered Nursing Associate only accounting for 1.18% of the total NMC registrant number, compared to 93.52% Registered Nurses, including dual registrants which contextualises scale. Project stakeholders posed the question '*What is meant by the term substitution?*'. This is deemed particularly key in the current context of significant staff shortages, insufficient Nursing staff to cover rosters, substantial agency usage and a reliance on the employment of internationally educated Nurses. The context and meaning of the word, however, are found to be confused, ambiguous with views somewhat polarising. It was therefore important to examine, clarify, evaluate, and deconstruct the essential elements and professional understanding of the concept of substitution, which has been achieved using the framework described by Walker and Avant (1995). A concept analysis has been produced which has been submitted for consideration of publication in a professional Nursing journal. The aims of the concept analysis were threefold:

- To determine whether the term substitution is ambiguous and mis-used terminology.
- To support professional understanding of the term substitution.
- To formulate an operational definition of substitution.

Substitution in this context is the risk of Registered Nurses being inappropriately replaced by members of the band 4 workforce, who have an extended scope of practice. There are three key concerns regarding substitution according to the RCN: Firstly, the potential for the Registered Nursing Associate to be seen as a more cost-effective option than a Registered Nurse. Secondly, concerns relating to the lower-level education of Registered Nursing Associates and Assistant Practitioners, as some research has shown that degree-educated Nurses can reduce the risk of patient

mortality (Coster et al. 2018). This work, originally undertaken by Aitken et al. has significant limitations, as previously discussed. Thirdly, that there is a blurring of boundaries between Registered Nurses and Registered Nursing Associates, causing the potential for role conflict and confusion.

19.1 The Evidence

The word substitution has a variety of meanings and different uses, both within and outside the Nursing context. Within Nursing, uses include replacement of a Registered Nurse with a Support Worker; replacement of a Registered Nurse with another Registered Nurse, either in a different clinical context or replacing a substantive employee with an agency worker; replacement of a medic with a Nurse and replacement of clinical experience for simulated learning. All of which can be seen below. Substitution does not necessarily have a negative connotation; it can be an intentional or positive act.

Areas of use of the term Nursing:

Example 1: Substitution of Registered Nurses with Nursing support staff. (RCN, 2021a)

Example 2: Moving of Nursing staff from one clinical specialty area to another (RCN, 2018)

Example 3: Agency Registered Nurses should not be considered an effective substitute for experienced, permanent RNs (Zaranko et al. 2022)

Example 4: Substitution of clinical experience with simulated learning (NMC, 2023b)

Example 5: Cochrane review of qualitative research exploring patients, Nurses, doctors' views, and experience of moving tasks from Doctors to Nurses in primary healthcare (Karimi-Shahanjarini et al 2019)

Example 6: Substituting Physicians with Advanced Practice Nurses (Lovink et al 2017)

There are differences in both the dictionary definitions and the historic uses of the word substitution. It can mean replacement with someone like the original or with someone new, novel and/or inherently different. Table 22 shows the different definitions of substitution.

TABLE 22

Definitions of Substitution	Source
The use of one person or thing instead of another	Cambridge dictionary (online) 2023
The act of using something new or different instead of something else, or the new thing that is used.	Cambridge Business dictionary (online) 2023a
The act of substituting or state of being substituted	Collins dictionary (online) 2023
When someone or something is replaced by someone or something else, or the person or thing being replaced	Longman dictionary (online) 2023
The action of replacing someone or something with someone or something else.	Macmillan dictionary (online) 2023
The act, process, or result of substituting one thing for another.	Merriam Webster (online) 2023
An act of using one person or thing in the place of another	Oxford learners dictionary (online) (2023)

Table 22 shows the varied and diverse description and utilisation of the term substitution. The word 'substitute' also works in three different ways - as a noun, an adjective, and a verb. Clearly the use of language is critical, as when being used as a verb the meaning changes radically depending on the preposition that follows it (for example: preposition 'or', 'of', 'for', 'with').

Glasper (2017) stated the RCN has concerns about how the NHS, which is under significant financial pressure, will deploy Registered Nursing Associates. There are fears that Registered Nurses may be substituted with support staff who do not have the same level of education and experience. These fears are borne out in research conducted by Aiken et al. (2016), indicating that the replacement of Registered Nurses with lower-skilled Nursing Assistants increases the risk of patient death. The results of this European study found that for every 25 patients, substituting just one Nurse increased the odds of dying in a hospital by 21%. It should be noted this research relates to data collected in 2009/10, when the number of graduate Nurses in the UK was still relatively low as the introduction of the graduate Nurse occurred from 2004 - 2009. The RCN believe the evidence from this study is sufficiently strong to warrant concerns that, without the right number of Registered Nurses, patient care may be adversely affected, and the Registered Nursing Associate might be used as a replacement for the Registered Nurse.

In a debate held at the RCN Congress in Belfast (2018), the term substitution was used to describe the movement of a Registered Nurse from one clinical speciality area to another. The RCN identified that this carries risk, however the risk can be reduced in the presence of a full consultation with the Nurse and the provision of appropriate training.

In a position statement: Preserving Safety and Preventing Harm - Valuing the Role of the Registered Nurse (RCN 2021b), the RCN discuss the contribution of the Registered Nursing Associate in the provision of care, clearly setting out that it is a supporting role. They also say that the role should not be used as a substitute for a Registered Nurse.

19.2 Stakeholder views

The clinical, academic, and union views of stakeholders regarding substitution have been summarised in Table 23.

TABLE 23

Clinical Views	Academic Views	Union/Professional Views
<p>In discussion with Health Boards and Trusts in Wales, views were expressed that the terminology '<i>substitution</i>' is perhaps outdated, particularly in the context of multi and inter disciplinary team working and 'Team Around the Patient' concepts.</p> <p>Most of the clinical stakeholders engaged do not see the RNA as a substitute for the RN and have described the skill set for each role as being different. They cite the AP or RNA as being an additional valuable resource, which complement the RN, releasing RN time to lead, assess, plan, and evaluate care and focus on more complex patients.</p> <p>There is a view AP/RNAs do not replace RNs but assist RNs for the benefit of patients. Substitution is not deemed to be an issue amongst most</p>	<p>There were mixed views among university participants in terms of substitution, with a greater recognition that this could indeed be a risk but there was acknowledgement of the impact of the Nurse Staffing Levels (Wales) Act (2016) which could offer a degree of mitigation.</p> <p>It was stated the NMC are very clear that the RNA cannot lead a team, undertake holistic care planning, or evaluate care and, as such, the RNA cannot substitute for the RN. It must be about patient need and who is best placed to deliver the care needs.</p> <p>It was also highlighted that the arbitrary use of the terminology '<i>substitution</i>' is unhelpful.</p>	<p>The NMC has explicitly stated the RNA is not a replacement for an RN and are very clear that the planning of patient care and the assessment and evaluation of the care is the responsibility of the RN (NMC, 2018a).</p> <p>It is not about replacing the RN with an RNA, but it is about maximising the band 4 workforce, with a critical mass of band 4s to be able to illustrate impact but with care not to have too many so that substitution occurs.</p> <p>The RCN has identified that substitution is a risk & this risk is increased due to the extended scope of practice of RNAs in England. The RCN highlight the risk of over-developing band 4s at the detriment of band 5 RNs. They have identified the need for a philosophical debate about</p>

<p>participants and was described as a pejorative term when substitution can be a positive act.</p> <p>Band 4s were identified as providing an alternative Nursing workforce solution which is not substitution. There is a need to have a blended workforce to meet patient needs.</p> <p>Participants interviewed did not consider band 4 development as RN substitution but rather a result of workforce planning, and determining who needs to do what, taking account of prudent health care principles.</p> <p>There was cognisance of the Nurse Staffing Act in Wales which, in the opinion of stakeholders, presents mitigation to any risk of RN substitution.</p>		<p>protecting the profession, as some politicians may see the RNA as a cheap alternative to the RN.</p> <p>With reference to the Staffing Act in Wales, the view is the act does not completely mitigate the risk of substitution.</p> <p>UNISON has indicated that substitution is a risk, but Wales has the Staffing Act which should minimise risks. They consider that role clarity is vital for any new role that is introduced in Wales.</p>
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In summary

There are differences in both the dictionary definitions and the historic uses of the word substitution which can mean replacement with someone like the original or with someone new, novel and/or inherently different. It can be argued that the arbitrary use of the word 'substitution' is unhelpful and often has a pejorative context. Nonetheless, there remains a real concern amongst some stakeholders that band 4s could be used as a replacement for a Registered Nurse, without clear standards and controls in place.

Having examined, evaluated, and deconstructed the word 'substitution' it has been found to be an ambiguous theoretical perception with a variety of different uses within and outside of Nursing. From a project perspective, the term was deemed by many clinical and academic stakeholders, to be mis-used, ambiguous and outdated. In raising concerns about substitution, it is important to have a clear and descriptive narrative as opposed to a blanket, pejorative use of the word 'substitution'. The outcome of the concept analysis was to embrace a descriptive narrative, for example: When a roster gap occurs, replacement should be someone with the level of

education, knowledge, skill, experience, and clinical accountability within the scope of practice required to ensure patient safety and quality outcomes.

It is also vital to ensure robust mitigation to avoid the risk of Registered Nurse substitution. The Nurse Staffing Levels (Wales) Act places a duty on Health Boards/Trusts in Wales to have regard for the importance of providing sufficient Nurses (with a live registration on parts 1 or 2 of the NMC register) to allow time to care for patients sensitively. The Registered Nursing Associate is on the NAR part of the register, reducing the possibility of substitution. This coupled with clear setting of parameters of practice could further mitigate risk: The Registered Nursing Associate cannot holistically assess or evaluate patient care, although they can participate in assessment and evaluation activities. The Registered Nursing Associate cannot lead care and cannot take charge of the team. Holistic assessment, evaluation and leading care remain the domain of the Registered Nurse, even in the context of a multi-disciplinary 'team around the patient' model. This model, whilst recognising the changing acuity and complexity of healthcare, and whilst acknowledging some role overlap, must continue to value the Registered Nurse role as distinctive and intrinsically linked with the provision of safe and effective patient care.

20.0 [Nurse Staffing Levels \(Wales\) Act 2016 – Welsh Legislation](#)

Wales is in somewhat of a unique position as a UK Country having legislated Nurse staffing levels. It is well recognised that Nurses, and the environment in which they work, have a vital role in patient safety and quality of care. Ensuring appropriate numbers of Nurses on duty and available to care for patients safely and sensitively has become a crucial task for Nurses and managers.

In March 2016, Wales became the first country in Europe, and one of only a small number of countries globally, to legislate on Nurse staffing levels. The [Nurse Staffing Levels \(Wales\) Act 2016](#) (the Act) places an overarching duty on Health Boards and Trusts in Wales to “*have regard to the importance of providing sufficient Nurses to allow Nurses time to care for patients sensitively*”. in any setting where Nursing care is provided or commissioned. In April 2018, the Act's second duty came into force in acute medical and surgical hospital wards, followed by paediatric in-patient wards in October 2021.

The Act defines the *Nurse staffing level* as the number of Nurses appropriate to provide care to patients that meet all reasonable requirements in the relevant situation. It also defines the *number of Nurses* as the number of “*Registered Nurses with a live registration on sub parts 1 or 2 of the NMC register*”. In calculating the Nurse staffing level, account can also be taken of Nursing duties that are undertaken under the supervision of, or delegated to another person, by a Registered Nurse.

It could be argued that by explicitly anchoring that definition of a Registered Nurse in legislation, the Act adds a degree of mitigation against inappropriate Registered Nurse substitution. Health Boards and Trusts have a statutory duty to manage staffing risks across areas where patient care is provided, ensuring risks are not intolerable in any one area. This can require the movement of Nurses from one area to another, but the Act ensures any such movement of Nurses is undertaken in a systematic and methodical manner, prioritising patient care and minimising risks as far as possible.

Given the significant number of Registered Nurse vacancies in Wales, the UK and globally, huge efforts are needed to continue to attract, recruit and retain Registered Nurses. Alongside these activities, re-affirming the role of the Registered Nurse and maximising the knowledge and skills of other members of the workforce is prudent. The principle of prudent healthcare has been identified as an imperative, ensuring staff have the right knowledge, skills, experience, and clinical accountability to appropriately support high quality and safe patient care. It is recognised that Health Care Support Workers, through the HE Cert, should be equipped with the knowledge and skills required to meet the needs of patients, improve the delivery of patient care, and provide Nurses with more time to care sensitively for patients.

It has been identified that if Wales were to introduce a regulated band 4 Nursing role additional consideration for inclusion would be required for the Act’s Operational Guidance.

21.0 [Research](#)

The project aim was to consider whether a registered and/or regulated band 4 Nursing role is desirable, appropriate and value adding for the NHS in Wales.

Following the introduction of the Registered Nursing Associate role in England the call for evidence, to demonstrate the impact of the role, has been strong.

Quantitative evidence, gained through the process of collecting and analysing numerical data to find patterns, to make predictions, to test causal relationships and to generalise results to wider populations, would perhaps not be considered the most appropriate methodology. Eminent researchers have reported, as part of the stakeholder meetings, that patient outcomes can only be attributed to the care provided by the clinical team and not to individuals working within that team, such as Registered Nursing Associates, particularly when numbers are statistically low. Adding to this, researchers have verbalised that patient care is deemed to be incredibly complex and multi-layered. Kessler (2023 unpublished*), during project related discussions, highlighted that much of the quantitative skill mix literature on Nursing support workers is not methodologically robust. It has inconsistent approaches to exactly what is being measured, across a variety of clinically different health care settings which makes comparison of patient outcomes inherently complicated.

The timing of the introduction of the Registered Nursing Associate has also played a part in the lack of evidence-based outcomes being reported. The first cohort of Nursing Associates registered in 2019, the year Covid was identified. 2020-21 saw the UK in lock-down, with pandemic recovery still very much in progress. There has therefore been little opportunity to conduct research into the Registered Nursing Associate role. There is also a considered view that Covid detrimentally impacted the implementation plan in England, compromising Registered Nursing Associate role intention.

The evidence presented within this report is, in the main, empirical, impressionistic, or anecdotal, obtained through observation and experience. This type of evidence, providing it has utilised scientific methods to ensure the findings are verifiable, should feasibly be considered a robust approach.

The evidence gathered throughout the project is compelling: Firstly, the unexpected findings relating to the lack of evidence, coupled with considerable tensions between policy, vision and implementation of the Assistant Practitioner role in Wales. Secondly, the finding that there is largescale support for the Registered Nursing Associate strategy and role itself in England, notwithstanding the initial challenging implementation phase. Thirdly, the regulatory element has been deemed to be

significant, providing confidence and consistency in standards of education and professional practice. Regulation also supports public confidence in the profession, providing the potential for regulatory sanctions to be imposed where there is a failure to comply with the Code of Standards of Practice and Behaviours for Nurses, Midwives and Nursing Associates (NMC Code, 2018).

The project outcome was to synthesise Welsh stakeholder opinions with the lived experience of the Registered Nursing Associate in England, fusing views with the literature. This has been achieved. Going forward any changes to the band 4 role in Wales will require robust evaluation as part of the implementation plan. Developing metrics that can provide triangulation of policy and practice outcomes is essential. It is however noteworthy that the quality and safety agenda is pivotal with the introduction of the Health and Social Care (Quality and Engagement) Act (2020) with an evolving approach to integrating assurance. There is a focus on quality performance, superseding the existing NHS Quality and Patient Safety Framework across all commissioned services. Should Wales introduce a regulated band 4 role in Nursing, collaboration with researchers would be strongly advised.

22.0 Position Statements

During stakeholder engagement with the Council of Deans Health (Wales), Executive Directors of Nursing and Executive Directors of Workforce and Organisational Development, it was proposed that 'position statements' from each group would be beneficial, outlining respective viewpoints and professional stances regarding the future development of the band 4 workforce across NHS Wales. The groups were advised that their respective 'position statements' would inform the findings and recommendations. A very short statement, essentially a paragraph, which articulated and amplified respective viewpoints with supporting reasons, making their stand very clear (noting the position statement related to their stance on the subject, in the here and now, and at that moment of submission) were required.

It was noted that the Royal College of Nursing set out their position (unpublished) when the Registered Nursing Associate was introduced in England, outlining standards they believed to be key in terms of the introduction of the Registered Nursing

Associate role. An updated position is being developed by Council but, at the time of this report, it has not been published. Whilst there is support for the role and a welcoming of Registered Nursing Associates as members of the RCN by the Trades Union arm of the College, concerns have been expressed by the professional arm about: the extended scope of practice of Registered Nursing Associates, Registered Nurse substitution and the lack of quantitative evidence to demonstrate impact of the Registered Nursing Associate role in England.

UNISON offered to submit a position statement in support of the Wales project.

An interview was held, as part of stakeholder engagement, with the deputy Chief Executive of the Florence Nightingale Foundation, a registered charity for nearly a century, that supports Nurses and midwives to improve care and save lives. It was confirmed the foundation did not have a position statement relating to the Registered Nursing Associate, nor is it their intention to publish one.

Position Statements were subsequently received from:

- The Council of Deans Health (Wales) on the 16 August 2023 (Appendix 2)
- All Wales Directors of WOD on the 11 August 2023 (Appendix 3)
- UNISON on the 9 September 2023 (Appendix 4)
- A letter of support for the band 4 project was received from the Executive Directors of Nursing on the 11 September 2023 (Appendix 5)

23.0 [The legislative position](#)

There are legislative implications associated with a policy intention in Wales to introduce a Registered Nursing Associate role. The regulation of health professionals is a reserved matter and therefore Welsh Ministers do not have any powers to change the statutory framework that governs the regulation of Nurses or other health professionals. To implement any policy to regulate band 4s in Wales via the Nursing and Midwifery Council - in the same way as Registered Nursing Associates in England - changes would be required by the UK Government to the Nursing and Midwifery Order 2001, by way of a section 60 amendment order. When that statutory work is completed, the NMC would then have the legislative framework to allow for the

introduction of the Registered Nursing Associate role into the workforce in Wales.

24.0 Recommendations underpinned by evidence

This band 4 project, commissioned by the Minister for Health and Social Services and co-led by the CNO Wales and the Director of Workforce and Organisational Development, has explored the options and opportunities to inform a policy position and recommendations for the future of the band 4 Nursing workforce across NHS Wales. The aim being to consider whether a registered and/or regulated band 4 Nursing role is desirable, appropriate and value-adding for NHS Wales, aligned to CNO professional priorities for Nursing and Midwifery (2022-2024): Priority 2 Workforce (WG 2022).

In response to the underpinning evidence and the key findings for regulating band 4s, there are four policy recommendations, as set out below. Any changes to the band 4 role in Wales will require robust evaluation as part of the implementation plan. Developing metrics that can provide triangulation of policy and practice outcomes will be essential.

Recommendations for Welsh Government

Welsh Government to set a policy position in line with the following:

Recommendation 1: Only one band 4 Nursing role will exist in NHS Wales, that of the Registered Nursing Associate, with the Nursing and Midwifery Council (NMC) as the regulator.

Evidence:

There is a strong academic opinion that the AP role and RNA role cannot co-exist as this could make nursing programmes complicated and inefficient, with multiple courses being non-viable.

The NMC has identified that regulation of the band 4 Assistant Practitioner would be complex, as Assistant Practitioners exist in multi-professions. A request was made by the Secretary of State for Health for the DHSC to the NMC in 2017, asking for consideration of regulation of the AP role in England. The NMC identified that the

band 4 Assistant Practitioner role exist across multi-professions outside of Nursing and was therefore not a role that the NMC could contemplate regulating.

There is a unanimous voice that the NMC should be the regulator for the band 4 Nursing. The rationale being that the NMC has experience of band 4 regulation with the RNA role in England and already has the standards and platforms, giving structure and confidence in terms of the role.

The AP role is not regulated, and the literature suggests this has led to the role becoming disorganised and confused in relation to title, role, scope of practice, education level and clinical skills. Initial anxieties, evident in England when the Nursing Associate role was being developed, appeared to dissipate when the NMC agreed to assume statutory responsibility for the regulation of the role and set the standards of practice, education and training (Brimblecombe & Nolan 2021; HEE 2019; Glasper 2017; Scott 2016).

Despite over a century of Nurse regulation, there is a lack of rigorous research scrutiny on the impact of regulation. Of the research that has been undertaken there is a consensus which supports the value of regulation (CQC 2023; Warren 2018; McGonicle 2017).

Many organisations, including CQC, CIW, HIW, The RCN and UNISON, have a clear view that HCSWs should be regulated, believing this is in the interest of public protection and safety. UNISON also reported they played a key role in the regulation of the RNA in England and would welcome the introduction of a regulated band 4 role in Wales.

Recommendation 2: Enact a centralised, Once for Wales approach to the parameters of practice, which unequivocally distinguish the RN from the RNA, avoiding substitution.

Evidence:

There are concerns, in some quarters, regarding a band 4 being used as a replacement for the RN, with three issues identified in the literature and in practice: a perceived cost-effective alternative, the lower education level of band 4s may increase patient risk (due to the documented position that Degree education of RN is associated with improved patient outcomes), the blurring of boundaries between RN and RNA which may cause role conflict and confusion.

The NMC has explicitly stated the RNA is not a replacement for an RN and is very clear that the holistic assessment and evaluation of care is the responsibility and domain of the RN (NMC 2018).

In Wales, the Nurse Staffing Levels (Wales) Act (2016) clearly states the need for staffing establishments to be based on a triangulated approach to enable the provision of sensitive patient care.

The act places a legal duty on Health Boards and Trusts to calculate and maintain Nurse staffing levels based on the definition of the number of Registered Nurses with a live registration on sub-parts 1 or 2 of the NMC register. The RNA is not on either of these two parts but has a separate NAR code located on a different part of the register.

The Act specifically anchors the definition of a Registered Nurse in legislation, presenting a degree of mitigation against inappropriate Registered Nurse substitution.

Health Boards and Trusts in Wales have expressed views that the terminology '*substitution*' is perhaps outdated, particularly in the context of multi and inter disciplinary team working and 'Team Around the Patient' concepts.

Academics stated the NMC standards of proficiency are clear at the point of registration of the RNA but there was recognition that substitution could be a risk. The parameters in Wales could mirror the NMCs platforms for RNs and RNAs: The RNA cannot holistically assess or evaluate patient care, although they can participate in assessment and evaluation activities. The RNA cannot lead care and

they cannot take charge of the team. Holistic assessment, evaluation and leading care remain the domain of the RN, even in the context of a multi-disciplinary 'team around the patient' model. This model, whilst recognising the changing acuity and complexity of healthcare, and whilst acknowledging some role overlap, must continue to value the RN role as distinctive and intrinsically linked with the provision of safe and effective patient care.

A social partnership approach should be undertaken between CNOs office, the Unions, inspectorate bodies and NHS Wales, to develop parameters of practice, which would be subject to consultation.

Role deployment guidelines will be developed in collaboration, to ensure robust mitigation is in place to minimise, or eliminate, the risk of RN substitution with the introduction of the RNA role. Patient safety and the protection of the Registered Nurse profession is paramount.

Recommendation 3: Mandate the dedicated provision of Practice Education Facilitators, to support the Student Nursing Associate (SNA) learning in practice, and Practice Educators, to support RNAs in the post-registration period (aligning to the All-Wales Preceptorship Principles), for a transitional period of 48 months.

Evidence:

There appears to be considerable tensions between policy, vision, and implementation of the AP role in Wales, with no dedicated support. Lessons need to be learnt from the approach taken to AP development, which has been inconsistent, non-strategic and ad-hoc.

Support for students in clinical practice is essential. Practice Education Facilitators play a vital role in maintaining the quality of the placement experience, aligned to the NMC Standards for Student Supervision and Assessment (NMC 2018c).

Support for newly registered Nursing Associates is also vital, as recognised in the

All-Wales career-spanning approach to preceptorship and restorative clinical supervision (WG 2023b) and by the NMC in their Preceptorship Principles document (NMC 2020).

Through clinical visits to NHS Trusts and Universities in England, clinicians and academics reinforced the importance of dedicated support for Student Nursing Associates and RNAs in their preceptorship period.

Recommendation 4: In keeping with the Public Sector Equality Duty (contained in the Equality Act (2010)), the Anti-Racist Wales Action Plan (WG 2022a), and the Workforce Race Equality Standard (WG 2023a), ensure iterative improvements in Nursing monitoring, data collection, and action against the nine protected characteristics.

Evidence:

It is important to have a healthcare workforce that is diverse and inclusive, and which represents the community, to render the best possible care for the heterogeneric patient population.

The Nursing Now Campaign (Wales) (Nursing Now Campaign 2022) stated there is a need to increase diversity in the Nursing and Midwifery workforce in Wales whilst also supporting Nurses and midwives currently in the workforce who identify as Black, Asian or minority ethnic to develop in their roles and experience positive careers within our health and care sectors in Wales.

UNISON has raised the importance of diversity in Nursing, citing concerns that there is a risk of creating a two-tier workforce, where there is a greater proportion of minority ethnic staff working in Nursing support roles and this needs to be avoided. UNISON has indicated that a high proportion of applicants for Trainee Nursing Associates are from ethnic minority communities. The data from the NMC shows 77.2% of RNAs are white, whereas in terms of the overall ethnic profile of Registrants (including RNs, RNAs and Midwives) on the NMC Register it is 69.4%.

If a policy decision is made to implement a regulated band 4 nursing role in Wales, completion of additional work will be essential to enable the new role to be introduced in a systematic, structured, and robust manner, subject to the necessary legislative change. Outlined below is the potential further work relating to HEIW and Health Boards / Trusts, for consideration in phase 2 of the project. There are sixteen recommendations associated with phase 2.

Recommendations for Health Education and Improvement Wales (HEIW):

Health Education and Improvement Wales to consider:

Recommendation 5: Amending the current HCSW Framework based on the introduction of the RNA and the allocation of a new workforce code by NHS Wales Shared Services Partnership.

Evidence:

Band 4s in Wales do not feel valued, derogatory titles & references are used e.g.: 'greens', 'unqualified', 'health cares', their skills, knowledge, and extended scope are under-utilised, they are perceived only by the colour of uniform and there is dissatisfaction with role. There is unanimous support for reclassification of the band 4 role among clinicians.

Academics are fully supportive of band 4 reclassification in recognition of education level, scope of practice and extended skills.

UNISON reported campaigning for re-banding of many staff to accurately reflect and value their work and clinical contribution. RCN is supportive of APs & RNAs in terms of trades union membership and has issued a range of valuable professional guidance.

Recommendation 6: Collaborating with the Council of Deans Health Wales, and current HE Cert L4 providers, to enact the RNA superseding the HE Cert and the flexible route into Nursing in Wales and establish an All-Wales approach to building and mapping a L5 year 2, enabling programme accreditation with the NMC for RNAs.

Evidence:

A new RNA programme, with the educational standards set by the NMC, would be introduced across Wales and, as such, replacing the Higher Education Certificate and the Flexible route into Nursing.

The academic opinion was there could only be one programme. Multiple programmes would be complicated to manage, inefficient and programmes would be under-subscribed, making them unviable.

It is relevant to note the following:

- Year 1 of the RNA programme is at level 4, closely mirroring year 1 of the BSc Nursing Programme (as is the HE Cert).
- Year 2 of the RNA programme is at level 5, closely mirroring year 2 of the BSc Nursing Programme.
- There will be a step-on / step-off options for individuals across educational levels.

Recommendation 7: Triggering rapid discussions with the NMC to explore the mapping of the HE Cert against the RNA Standards of Proficiency (2018).

Evidence:

Universities would require lead-in time to prepare for RNA programmes, and it will be time-critical to map the existing HE Cert to the RNA programme, identifying the areas where new programme content is required, most notably for year 2, in order that universities are SNA-ready.

Recommendation 8: Scoping the skills, qualifications, and competencies of HCSWs that have previously successfully completed earlier iterations of the HE Cert L4, to explore feasibility of a "bridging" programme to RNA NMC registration.

Evidence:

This would be necessary for HCSWs who completed their HE Cert prior to the implementation of the 2018 Future Nurse Standards, as it is likely there will be greater requirements for these staff in terms of mapping their education to the RNA.

Recommendation 9: Collaborating with the Council of Deans Health Wales to establish an All-Wales approach to the building and mapping of an L6 18-month, field-specific "bridging" programme for RNAs to achieve BSc Nursing, accredited with the NMC.

Evidence:

It would be essential to prepare for RNAs to undertake an 18-month BSc Nursing programme, enabling qualification as an RN. Whilst the first RNA programme is unlikely to commence until at least September 2025, with qualification in the Autumn of 2027, there are people in Wales who are RNA's (working as APs) who will wish to undertake an 18-month bridging programme to RN, as well as AP's who already have the necessary pre-requisite entry requirements.

Recommendation 10: The Work Based Learning model should feature highly in terms of commissioned education provision as the preferred approach for Levels 4 & 5 learners.

Evidence:

Staff who have undertaken the HE Cert and those who have completed the flexible route (or are in-training) have indicated that, with the cost-of-living crisis, they cannot afford to undertake a full-time programme of study, therefore work-based learning is

the preferred route.

Recommendation 11: Working with universities to expand the utilisation of the UCAS ‘clearing’ process, with the aim of increasing the pool of candidates for the RN and RNA Nursing programmes.

Evidence:

Clinical stakeholders have indicated that the access into Nursing in Wales is somewhat rigid in approach, with most universities indicating 3 Bs at A Level as essential. England have, what can be described as, an aspirational model, with greater access. The RNA offers the biggest opportunity to reshape the workforce. RNA offers a route into Nursing for individuals from different walks of life who had previously been denied or thought not possible. RNA is seen as a natural evolution of the AP and the RNA role aids recruitment.

UCAS clearing is routinely used to capture applicants in England and whilst some universities are exploring the use of clearing in Wales, there is opportunity for considerable expansion.

Recommendation 12: Working with Health Boards and Trusts to coordinate the robust mapping and workforce planning of RNA commissioning numbers, aligned to the IMTP process.

Evidence:

There would be a need for a robust strategic approach to planning the numbers of RNAs required for each NHS organisation, ensuring a critical mass in terms of a destination role whilst also calculating the number that will continue to the BSc Nursing programme to become an RN.

Evidence can be used from England (NHS Long Term Workforce Plan, (NHSE 2023)

where RNAs have become an established and valued part of the workforce in NHS England. The Barnett formula could be applied in Wales. There is significant RNA expansion planned per annum in England, as outlined below:

2022 baseline: 5,000 RNAs

2028 (planned): 7,000 RNAs

2031 (planned): 10,500 RNAs

Recommendation 13: Securing transitional financial support (48 months) for Practice Education Facilitators to support the Student Nursing Associate's (SNA) learning in practice and Practice Educators to support RNAs in the post-registration period (aligning to the All-Wales Preceptorship Principles), apportioned for each Health Board and Trust.

Evidence:

As for Recommendation 3 (Page 111)

Additionally, a twenty-year history of PEF support of pre and post registration students in Wales has shown how critical these roles are in:

- Engaging in recruitment and selection activities.
- Participating in student induction.
- Facilitating and maximising placement capacity and innovation.
- Creating the conditions for quality placement learning
- Delivery of practice supervisor and assessor training.
- Assuring (through monitoring) the richness of the students practice learning environments and experience.
- Recognising the evolving needs of learners in practice as well as the needs of the wider organisational educational structures
- Supporting staff with students who are not meeting required levels of proficiency.
- Supporting professional standard and regulation in clinical practice.
- Enabling inter-professional learning in practice.
- Supporting students through to the point of registration and support of new registrant preceptorship.

HEIW does not employ a formula per se to determine the number of PEFs required however, consideration is given to:

- The number of commissioned Nursing students allocated to HB/Trust as detailed in the HEIW annual placement plan.
- The overall numbers of placements and student capacity within those placements offered within a HB/Trust.
- The geographical spread of placements within a HB/Trust.
- A need for additional PEF support as determined by local placement intelligence.

Using HEIW case study data and intelligence an example would be that one PEF (Full-Time) would reasonably expect to cover between 40-65 placement areas. Where a PEF team need for increased resources is identified, this is generally best managed through an overall increase to the PEF team capacity to support a wide range of students rather than having dedicated PEF roles for specific programmes. This principle is reliant on prudent management of PEF skill mix.

Recommendation 14: Delegation and Accountability should feature in education and development programmes, including induction, for registrants and HCSWs.

Evidence:

Through the course of clinical engagement, issues of delegation and accountability were raised by participants specifically, but not exclusively, in relation to the introduction of the AP (Nursing) role in Wales and the RNA role in England.

During project engagement, the All-Wales Delegation Guidelines (HEIW 2019) were discussed. There was a striking lack of awareness of the guidelines among staff, except for Corporate Nurses and Practice Educators. At a senior level the guidelines were thought to be fit for purpose, but it was felt that the relaunch in 2019 was detrimentally impacted by Covid. There was a strong feeling that the guidelines had not been maximised in Wales. There has only been auditing of delegation in 1 HB

and it was reported that delegation is not routinely covered in clinical induction. Staff also raised that there is little access to delegation education post-registration. There is an understanding that delegation and accountability were inter-related but an apparent lack of confidence to delegate, which appears to be based on a misunderstanding of accountability. There is a strong view that delegation would improve if an RN was delegating to another regulated member of staff. Universities confirmed that delegation is covered within the undergraduate curricula although not all universities were aware of the All-Wales Guidelines.

Similarly, to clinicians, there was a consensus that delegation would improve if an RN was delegating to another regulated member of staff. The rationale was that regulation strengthens governance and enables accountability to be more clearly understood.

There is a strong view that delegation confidence amongst RNs would improve if the delegatee was a regulated member of staff. There is a lack of education provision for RNs to refresh their knowledge regarding delegation and accountability, nor are there routine educational opportunities for HCSWs to engage in delegation related educational opportunities.

Recommendation 15: All Wales Delegation Guidelines should be amended to incorporate the RNA role and re-launched with a robust implementation plan, which incorporates evaluation.

Evidence:

As per Recommendation 14.

Recommendation 16: Monitoring and reporting Nursing workforce data against the nine protected characteristics.

Evidence:

As per Recommendation 4.

Recommendations for Health Boards and Trusts

Health Boards and Trusts to consider:

Recommendation 17: Commencing the process of robust workforce mapping and planning with HEIW, aligned to the IMTP process, in preparation for the introduction of the RNA role, as both a destination role and a steppingstone to RN, together with a clear process of role evaluation.

Evidence:

As for Recommendation 12.

Recommendation 18: Through the transition phase from AP to RNA prioritise, support, and sensitively manage existing APs.

Evidence:

Data collected via the project demonstrates some APs will have completed the HE Cert prior to the 2018 NMC Future Nurse Standards. It will be important to sensitively manage APs, on an individual basis, to assess their career intentions and produce a map for their journey if they decide to take the RNA route. It will be vitally important to proactively manage messaging and ensure individuals feel valued and supported if Wales transition from AP to RNA.

For staff who do not wish to become an RNA, they will work with their line manager and Workforce and OD colleagues, to sensitively explore future options and opportunities, aligned to the management of change process.

Recommendation 19: Employing Practice Education Facilitators, based on HEIW funding apportionment, to support the Student Nursing Associate's (SNA) learning in practice and Practice Educators to support RNAs post-registration (aligning to the All-Wales Preceptorship Principles), through the transitional period.

Evidence:

As per Recommendation 3.

Recommendation 20: Delegation and Accountability should be included in clinical staff induction, with ongoing education provided for RNs and HCSWs, with auditing of delegation practice (as per the All-Wales Delegation Guidelines).

Evidence:

As per Recommendation 14.

25.0 [Appendices](#)

Appendix 1 – A flavour of stakeholder engagement:

- Nurses, Students, Registered Nursing Associates and Health Care Support Workers – Wales & England
- Executive Directors of Workforce and Organisational Development
- Executive Directors of Nursing
- Deputy Directors of Nursing
- Lead Nurses for Education (Wales)
- Health Education and Improvement Wales
- Health Education England
- Council of Deans (Health) Wales
- Universities – Wales and England
- Social Care Wales
- Allied Health Professionals
- Health Scientists
- Care Inspectorate Wales
- Health Inspectorate Wales
- Llais Citizens Voice Body
- Care Quality Commission
- Four Country CNO Offices
- Nursing and Midwifery Council
- Prolific Authors / Subject Matter Experts
- Unions: Royal College of Nursing / Unison / National Policy Forum Subgroup (Terms and Conditions)
- All Wales Nursing Advisory Groups: Primary Care, Mental Health & Children's Nursing

Appendix 2 – Position Statement: Council of Deans

“**The Council of Deans of Health (CoDH) Wales** is committed to the strategic development of the Nursing workforce in Wales in line with Welsh Government policy and welcomes the opportunity to engage with this project. The development of band 4 Nursing roles would bridge the gap between the HCSW role and the Registered Nurse role, offering us the potential to deliver more effective, quality healthcare and extend the capacity of the Nursing workforce. It would also widen access to the workforce and contribute to a diversified career structure that creates a pipeline of future Nurses, helping to support workforce demands. CoDH Wales supports the introduction of a regulated Nursing associate role in Wales but highlights that a pan-Wales approach is critical alongside continued engagement with education providers and a roadmap for implementation being mindful of, and learning lessons from, the implementation of the role in England”.

Appendix 3 – Position Statement: Executive Directors of Workforce and Organisational Development

All Wales Directors of WOD (received 11 August 2023)

“The All-Wales W&OD Directors’ peer group is fully supportive of the re-classification of Nursing band 4s as a discreet workforce group that can bridge the gap between Healthcare Support Workers and Registered Nurses and suggests that work should begin as soon as possible to develop this workforce skill mix to minimise workforce gaps and improve quality and safety.

Whilst recognising that the future regulation of this key group needs further consideration and discussion, colleagues feel that this will promote accountability, and clearly outline the professional standards expected to ensure quality and patient safety. Regulation will also provide a sense of value and purpose for this key group of staff, whilst also providing a career structure for Healthcare Support Workers. The re-classification and regulation of this workforce group will also give Registered Nurses the confidence to delegate tasks and allow them to work at the top of their licence with job plans appropriate to their own level of working.

Given the current recruitment and retention challenges experienced within the Nursing workforce in Wales, the peer group believes that the introduction of the new role for this discreet part of the workforce will widen access to Nursing roles within the community and increase the number of individuals accessing the profession, and hopefully go some way to alleviating some of the issues currently experienced. For this reason, it is important that the work on developing the skill mix begins with immediate effect whilst discussions relating to regulation continue.”

Appendix 4 – Position Statement: UNISON



UNISON Cymru/Wales

Band 4 (nursing) National Scoping Project

- **Preamble about UNISON – including nursing family membership and democratic structures**

UNISON Cymru/Wales is the largest union of health workers in Wales, representing the majority of professions on 'Agenda for Change' (AfC) terms and conditions.

UNISON has a proud history of representing the interests of our membership in the nursing family. We represent nurses, midwives, healthcare assistants and support workers, nursing associates (in England) and more. UNISON is a democratic organisation. Our national nursing and midwifery occupational group committee provides lay oversight and direction for the union in collaboration with the elected leaders in our national health service group executive and Wales's health committee.

- **Safe Staffing and skill mix – feedback from safe staffing forum 2020**

UNISON has consistently campaigned and lobbied for investment in the development of the nursing workforce across the UK. Our member surveys and forums have consistently highlighted the challenges facing our members resulting from unsafe staffing levels across the NHS, social care, and independent sectors.

UNISON Cymru/Wales has welcomed the Welsh governments 'National Workforce Implementation Plan' – published in February 2023 – as a necessary step in trying to address the longstanding challenges of staffing levels, recruitment, and retention in NHS Wales.

Additionally, UNISON welcomed the introduction of the Nursing Associate (NA) role in England, recognising that it would provide support to nursing teams and a career development opportunity for many working as healthcare assistants (HCAs). We have been consistent in highlighting that the role should not detract from action to address the severe shortages of registered nurses (RNs) and should not result in the substitution of RNs by other roles.

- **Support for a regulated Nursing Associate position**

Many in the NHS workforce have for too long been denied the opportunities to develop their careers, skills, and knowledge. UNISON Cymru/Wales would welcome the introduction of the regulated NA role in Wales as a step to improving staffing levels and providing opportunities for development for the health workforce.

We believe there are significant benefits to pursuing the regulated NA option for this support role including greater access to training and continuous professional development, and the opportunity to develop to become a Registered Nurse. UNISON national health conference has called for Assistant Practitioners (APs) to be regulated, recognising the challenges and failures associated with this role partly because of the lack of regulation.

However, UNISON Cymru/Wales does have areas of concern associated with the introduction of a new regulated role which we highlight below. On these areas, UNISON representatives and officers will be happy to engage to reduce the risks associated with the implementation.

Areas of concern

- **Skill mix and substitution**

Maintaining the appropriate skill-mix in clinical environments is vital for the safety of patients and the wellbeing of staff. Of delegates to the UNISON Safe Staffing Forum 2020, only 30% believed the skill-mix in their NHS teams was sufficient to provide safe, dignified care.

The introduction of regulated NAs must not serve as an opportunity to substitute for RNs and must not be a distraction to the urgent task of educating and deploying sufficient RNs in the workforce. The deployment of a new role within clinical teams will need to be carefully planned to ensure the skill-mix of teams is most appropriate.

It must be recognised that the expansion of such a role will have a significant impact upon the workload and morale of the RN workforce. RNs are increasingly taking more responsibility for complex interventions and supervising students, new starters, and other support roles in their areas. There must be sufficient time for supervision, support and management factored into their roles and the training to support this. The impact on wellbeing must be monitored and evaluated.

- **Delegation**

UNISON Cymru/Wales representatives raised concerns about their abilities to safely delegate care and clinical tasks to support colleagues. The introduction of a regulated NA role would alleviate some of these concerns because of the accountability of practicing according to a professional code. However, they would not entirely be mitigated. A comprehensive, well-developed, and understood delegation framework would be necessary to protect both RNs and those practicing in the new role.

- **Job Evaluation**

The AfC framework exists partly to ensure equal pay for equal work in the NHS. It is for trained job evaluators to evaluate the role's requirements and match it appropriately. We would wish to avoid the confusion or challenges to equal pay that could result from any bypassing of job evaluation. Planning must account for this through established NHS Wales job evaluation procedures and practices to ensure this risk is avoided entirely.

- **Career development opportunities and protected learning**

Any new role and educational opportunity requires investment and time to be successful. Applicants must not be financially disadvantaged during their education and must receive sufficient protected time in the workplace to build upon their education and safely practice new skills. The time for supervision and support from RN colleagues and others must also be factored in.

Previous innovations to create new support roles, such as the AP role, have created dead-ends for staff who become stuck in a role with no further opportunity for progression. This is another reason we support a regulated NA role which provides structured opportunities for further supported career progression.

- **EDI implications**

A high proportion of applicants to the TNA role in England have been Black*. Whilst this has provided welcome opportunities for career progression and improved pay for those in existing healthcare roles, we are concerned in the longer term about the creation of a two-tier workforce with a higher proportion of nursing support roles consisting of Black staff. Evidently if implemented well, a new regulated role could however provide a bridge for more of these staff to reach higher banded RN roles.

** In UNISON, Black is used to indicate people with a shared history. Black with a capital 'B' is used in its broad political and inclusive sense to describe people in Britain that have suffered colonialism and enslavement in the past and continue to experience racism and diminished opportunities today.*

- **Development for HCAs and supporting the existing workforce**

UNISON represents a substantial proportion of the HCA and HCSW workforce. Across the UK we have been leading campaigns which have successfully seen the re-banding of many of these staff to accurately reflect their work and the clinical contribution they make. Many of our HCA members do not wish to pursue academic study or join a regulated role; they do, however, value training and development opportunities and the chance to improve their skills and expand the range of interventions they can provide. The introduction of a new regulated role should not detract from the need for investment and recognition for our HCA / HCSW workforce.

- **Development for existing APs**

The development of the NA role in England has left many APs feeling neglected and under-valued. Any implementation of a new regulated role in Wales should seek to avoid this occurring by ensuring continued investment, development opportunities and support to existing APs. Those who may wish to transfer to a regulated role and potentially move into an RN role should be supported to do so.

Implementation and collaboration

In addition to the above areas of concern, below we highlight areas in which we would welcome collaboration in the implementation of any new band 4 level NA role.

- **Role clarifications, settings and job descriptions and job evaluation**

To avoid undue pressure on those taking up the new role, as well as confusion and uncertainty amongst wider NHS Wales teams, clear guidance on the scope and extent of the roles in the workforce must be made available. This will also depend upon the settings in which those in the new role are to be initially deployed.

- **Need for preparation amongst wider workforce and line-managers**

In England, evaluations and reports have demonstrated the introduction of the NA role caused some professional tensions which resulted in stress and anxiety for some of those taking up the role. Preparation of the wider workforce, with engagement opportunities and clear guidance on the scope of the role must occur to mitigate such tension if the role is to be successfully introduced in Wales. Trade union engagement in the spirit of social partnership must occur at all levels (nationally,

regionally, and locally) to manage this preparation and implementation. The individual relationship with line managers is crucial. Guidance and training must be developed in collaboration to ensure NHS line managers can adequately manage and support any new role introduced.

- **Safe staffing, skill mix and professional judgement**

Careful, collaborative local planning will be necessary to introduce the new role and ensure safe staffing can be achieved with an appropriate skill mix. Whilst care planning tools are helpful aids to decision making, the professional judgement of RNs must be respected. Monitoring and evaluation of the impact of the introduction will be necessary, with the experiences of those working in the teams systematically collected and listened to.

This position statement has been reviewed and endorsed by the chairing team of the UNISON Cymru/Wales Health Committee.

We would welcome further engagement on the planning for this new role through partnership-working structures.

D. Ward – Chair of UNISON Cymru/Wales Health Committee

S. Tuckwood – UNISON National Officer for Nursing

R. Lewis - Information Development Officer (Policy) UNISON Cymru/Wales

09/09/2023

Appendix 5 – Letter of Support: Executive Directors of Nursing



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11th September 2023

I write as chair of the Nurse Executive Peer Group on behalf of the Nurse Executives across Wales. Collectively we very much endorse the work that is being undertaken regarding the future development of the Band 4 Nursing workforce across NHS Wales. We, and staff across our organisations have all been actively involved in this work and we very much look forward to seeing the outcome of the review.

The context, environment and challenges of care delivery has changed considerably over the last twenty years and, as the Nurse leaders in Wales we recognise that a very different workforce is required for us to meet the needs of our patients. The band 4 nursing role is undoubtably vital not only now but also in the future as the challenges and complexities will continue, whether this is a registered role or not. Having robust training, education, supervision and competency arrangements in place and continually reviewing and evaluating these will be pivotal.

We very much look forward to this review being completed.

Yours sincerely



Nicola Williams
Executive Director of Nursing, Allied Health Professionals and Health Science
Cyfarwyddwr Gweithredol Nyrsio, Gweithwyr Proffesiynol Perthynol i Iechyd a Gwyddonwyr Iechyd

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27.0 Abbreviations

APEL = Accreditation of Prior Educational Learning

APL = Accreditation of Prior Learning

AP = Assistant Practitioner

BSc = Bachelor of Science

CETR = Commission for Tertiary education and Research

CIW = Care Inspectorate Wales

CNO = Chief Nursing Officer

CoDH = Council of Deans (Health) Wales

CQC = Care Quality Commission (England)

CQFW = Credit and Qualifications Framework for Wales

DHSC = Department of Health & Social Care (England)

DoH = Department of Health

EDI = Equality, Diversity, and Inclusion

EDoN = Executive Directors of Nursing

EDWOD = Directors of Workforce and Organisational Development

ESR = Electronic Staff Record

FNF = Florence Nightingale Foundation

Gantt = Surname of Henry Gantt who first introduced the chronological chart as a project management system

GCSE = General Certificate of Secondary Education

GDPR = General Data Protection Regulations

GOV = Government

HB = Health Board

HCA = Health Care Assistant

HCSW = Health Care Support Worker

HEE = Health Education England

HEI = Higher Education Institute

HEIW = Health Education and Improvement Wales

HIW = Health Inspectorate Wales

IMTP = Integrated Medium-Term Plan

LD = Learning Disabilities

MDT = Multidisciplinary Team

MH = Mental Health
NA = Nursing Associate
NG = Naso Gastric
NHSE = National Health Service England
NIHR = National Institute for Health Research
NLIAH = National Leadership and Innovation Agency for Health
NNWG = National Nursing Workforce Group
NMC = Nursing & Midwifery Council
NWIP = National Workforce Implementation Plan
Org = Organisation
PAD = Practice Assessment Document
PE = Practice Educator
PEF = Practice Education Facilitator
PGD = Patient Group Directive
PID = Project Initiation Document
PS = Project Sponsor
PTSD = Post Traumatic Stress Disorder
QQI = Quality and Qualifications Ireland
QPS = Quality and Patient Safety
RCN = Royal College of Nursing
RNA = Registered Nursing Associate
RN = Registered Nurse
RMN = Registered Mental Health Nurse
RPL = Recognition of Prior Learning
S17 = Section 17 of the Mental Health Act regulations associated with formalised,
agreed leave of absence from hospital
SEN = State Enrolled Nurse
SNA = Student Nursing Associate
SRO = Senior Responsible Officer
T&C = Terms and Conditions
UCAS = Universities and Colleges Admissions Service
WARRN = Wales Applied Risk Research Network
WAST = Wales Ambulance Service NHS Trust
WEDS = Workforce Education and Development Service

WG = Welsh Government

WOD = Workforce and Organisational Development

End of report.