

# Nursing Associate Curriculum Framework



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# Foreword

The creation of the Nursing Associate is a landmark innovation for the nursing and care professions. The introduction of this new role has been welcomed by a broad spectrum of health and social care stakeholders, all of whom want a defined highly trained support role to help Registered Nurses deliver effective, safe and responsive care. The Nursing Associate will also play a key part of the multi-disciplinary workforce that is needed to respond to the future needs of the public and patients.

The new role will serve as a scaffolding role to enable linear and lateral career progression across the care and nursing workforce, a key vision as part of HEE's response to the Shape of Caring Review to ensure we provide careers that are attractive and accessible.

We have come such a long way since the idea of this new role was discussed in the Shape of Caring Review. From consultation and engagement on the development of the role, to inviting applications for those wanting to deliver the education and training for the Nursing Associate, we now look forward to welcoming the first cohort of trainee Nursing Associates onto their new courses.

To support national consistency and coherence in the delivery of the education and training model for Nursing Associates, I am very proud to publish the national curriculum framework, developed in partnership with Skills for Health and Skills for Care. The framework provides a benchmark for all providers to deliver training programmes which equip Nursing Associates with the breadth of skills and professional competence to support Registered Nurses and other professionals to deliver high quality care now and in the future.

Informed by the HEE consultation and subsequent engagement events earlier this year, the curriculum framework is rooted in the role's parameters of practice. The proposals in our curriculum framework have provoked a vigorous and valuable national debate on what is, and what should be, within the role's parameters of practice.

We have welcomed this debate. It is right that all those working in health and social care should care about the content of the national curriculum framework, not only because it helps to define the role, but because of what it says about the level 5 academic and vocational skills such a higher level critical role should be equipped with to benefit the public, the nursing and care workforce and the needs of a changing National Health Service.

This is why we will train Nursing Associates to understand medicine's management and, within the confines of local employer policies, administer medicines safely and appropriately. It is an essential requirement for Nursing Associates to be trained and competent in this area in order that they can make a full contribution to the provision of effective care to the public and patients in primary, acute, secondary, community and social care settings – a vast care landscape. Nursing Associates must be able to work independently, within defined parameters of practice, under the direction of a registered nurse, to deliver care in line with an agreed/defined plan of care. This is planning for the future success of the NHS – in and out of hospital care, integration of health and social care, person centred care – all require a defined, nursing specific support role competent in delivering care functions at scale and pace.

Of course, support so far has not been universal and it is absolutely right when undertaking the development of a new role such as this that we should listen to all views as we progress. It is only through challenge and discussion that we improve our ideas and make the reality effective. That is one of the reasons we held such a comprehensive consultation and why we have worked with partners and colleagues all across the system throughout this process.

I am grateful to all those organisations and individuals who have helped get us this far. The positive response from across the country has been overwhelming and the support from senior nursing colleagues across the system has been most welcome.

All of this has been part of the consultation, resulting in a defined role through consensus. And of course the work must continue, particularly to reassure everyone that the care provided by the new Nursing

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Associates will be timely, appropriate and safe. We will continue to look at aspects of the role in line with requests from our eleven test sites and we will have more to say on that soon.

The national curriculum framework that we are publishing today features a number of revisions made on the basis of evidence and arguments presented to us during the consultation and engagement period and now reflects our aspirations that it should be rigorous and forward looking given the spectrum of care that this role will deliver under the supervision of Registered Nurses.

I eagerly look forward to the next few weeks when our first 1,000 students will begin their training programmes.

A handwritten signature in black ink, appearing to be a stylized 'S' or similar character.

## Glossary

The purpose of this glossary is to aid clarity and understanding, and help in the creation of Nursing Associate Training Programmes. It draws on well-established glossaries in nursing, health and social care. Most of the terms defined in the glossary are highlighted in bold text on the first mention in this document.

Term	Definition
Accountability	Accountability is to be responsible for the decisions you make and be answerable for your actions.
Advocate	A person, group or organisation that supports and champions individuals or groups, ensuring that their views are considered and their rights upheld.
Agreed ways of working	Will include policies and procedures where these exist and apply. There may be less-formal documents among individual employers.
Alternative settings	Those workplace settings that form 'external placements', namely placements that offer settings other than those in the training nurse associate's primary placement.
Approved education institution (AEI)	A higher education institution recognised by the Nursing & Midwifery Council (NMC) as a provider of NMC-approved programmes which lead to registration or a mark on the register, and preparatory programmes for individuals who will support learning and assessment in practice.
Assessment (of and for learning)	Involves collecting and analysing evidence for use by learners and trainers to decide where the learners are in their learning, where they need to go and how best to get there.
Assign/assigning	The handing over of responsibility and accountability of specific tasks or areas of work (see Delegation).
Autonomy	The freedom to make binding decisions, within the parameters of practice, based on professional ethics, expertise and clinical knowledge.
Care and support	Care and support enables people to do everyday things such as: get out of bed, get dressed and go to work; cook meals; see friends; care for families; and be part of our communities. It might include emotional support at a time of difficulty or stress, or helping people who are caring for a family member or friend. It can mean support from community groups or networks, for example, giving others a lift to a social event. It might also include state-funded support, such as information and advice, support for carers, housing support, disability benefits and adult social care.

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Carer	An individual providing personal care for a person or people who, due to illness, infirmity or disability, are unable to care for themselves without this help (adapted from Care Standards Act 2000).
Communication	This includes verbal and non-verbal communication such as signs, symbols, pictures, writing, objects of reference, human and technical aids, eye contact, body language and touch. Communication may happen using a variety of methods, such as face to face, by telephone, email, text, via social networks, written reports and letters.
Compassion	Descriptions of compassionate care include: dignity and comfort; taking time and patience to listen, explain and communicate; demonstrating empathy, kindness and warmth; care centred around an individual's needs, involving people in the decisions about their healthcare, care and support.
Competence	The overarching set of knowledge, skills, attitudes and behaviours required to practice safely and effectively within the parameters of practice.
Competent	Having the necessary ability, knowledge, skills and attitudes to do something successfully.
Constructive feedback	Feedback that addresses both positive and negative considerations, expressed in a way that encourages reflection and change
Context	Context refers to the particular sector of healthcare, for example, primary, acute care, and so on.
Continuing professional development (CPD)	The way a worker continues to learn and develop throughout their careers, keeping their skills and knowledge up to date and ensuring that they can work safely and effectively.
Cultural competence	"The ability to maximise sensitivity and minimise insensitivity in the caring for and working with culturally diverse communities. This requires knowledge, values and skills but most of these are the basic knowledge and skills which underpin any competency training in numerous care professions. Their successful application in work with diverse people and communities will depend a great deal on cultural awareness, attitudes and approach. The workers need not be, as is often assumed, highly knowledgeable about the cultures of the people they work with but must approach culturally different people with openness and respect – a willingness to learn. Self-awareness is the most important component in the knowledge base of culturally competent practice." (O'Hagan, 2001, p235)

Co-production	Regarding people who use social care, their families and carers as equal partners in decision-making, recognising that people who use support services and their families have expertise that can be used to help make services better for themselves others too.
Data	Can include research, reports, statistics, internal and external feedback, regulatory feedback, appraisal, suggestions, individuals' records, complaints etc.
Delegation	The handing over of specific tasks or areas of responsibility while retaining accountability for those tasks/areas of work
Dignity	Covers all aspects of daily life, including respect, privacy, autonomy and self-worth. While dignity may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect. Dignity is about interpersonal behaviours as well as systems and processes.
Diversity	Celebrating difference, valuing people and recognising them for their skills, talents and experiences, accepting that everyone is different and respecting those differences. (See also Equality.)
Duty of care	Duty of care is the legal obligation to: 1) Always act in the best interests of individuals and others; 2) Not act or fail to act in a way that results in harm; 3) Act within your competence and not take on anything you do not believe you can safely do.
Equality	Treating everyone fairly and providing equal opportunities for everyone regardless of their race, gender, disability, age, sexual orientation, religion and belief.
External placement	Refers to those placements of the training nursing associate in work settings other than their primary placement.
Holistic	Concerning the whole person. A holistic approach to nursing considers physical, social, economic, psychological, spiritual and other factors when assessing, planning and delivering care.
Inclusion/Inclusive	Ensuring that people are treated equally and fairly and are included as part of society.



Individual	The person using or requiring the health, care or support service.
Information	Information may include journals, internet/websites, publications, legislation, and professional bodies.
Integrated care	Co-ordinated health and social care that is planned and organised around the needs and preferences of the individual, their carers and family. Integration may extend to other services, for example housing, that can offer holistic approaches to address individual circumstances.
Learning outcomes	Statements of learning which trainees must achieve to demonstrate that all programme competencies and requirements have been met.
Nursing Associate	The nursing associate is a new role arising out of recommendations of a series of reports and policy documents. The nursing associate will be equipped with the knowledge, skills and behaviours what will enable them to support the delivery of nursing care, in and across a wide range of health and care settings. Under the leadership and direction of registered nurses, they will work within all aspects of the nursing process to provide high-quality, holistic and person-centred care to individuals and will support the registered nurse in the assessment, planning and evaluation of care.
Parity of esteem	Valuing mental health equally with physical health.
Programme provider	The term used to describe approved education institutions (AEIs) and their partnering practice learning providers.
Responsibility	Responsibility is used in connection with tasks or areas of work that have been assigned to an individual or individuals. Responsibility means that the individuals are expected to carry out those tasks, and that they are the owners of a task, event or area of work. Responsibility differs from accountability in that responsibility can be shared but accountability cannot. Being accountable means not only being responsible for something but ultimately being the person answerable for actions taken
Safeguarding	Safeguarding in the context of healthcare regulation means acting in the best interests of people when they are using or needing the services of nurses and midwives. It also has a wider meaning outside healthcare regulation which relates to protecting children, young people and vulnerable adults from abuse and neglect, but also actively promoting their welfare.

Self-care	Self-care is personal health maintenance. It is any individual, family or community activity that aims to improve or restore health, or treat or prevent disease. It includes all health decisions people make for themselves and their families.
Setting	Any environment where care is delivered. This includes hospitals, community services and general practice, individuals' own homes, care and residential homes, workplaces.
Supervision (direct and indirect)	Direct supervision is where the trainee must be in the line of sight of the supervisor who is present to observe tasks and activities and can intervene immediately if required. Indirect or remote supervision is where there is a reliance on processes being in place to provide guidance and support without the supervisor actually being present.
Supervisor	A suitably prepared professional trained to support students in practice that meets Nursing & Midwifery Council (NMC) requirements.
Technology/technologies	The application of scientific knowledge for practical purposes in health care settings and/or machinery and devices developed from scientific knowledge for use in health and care settings. Encompasses simulation technologies, mobile technologies, digital technologies, assistive technologies, and so on.
Trainee Nursing Associate	Someone who is enrolled on a Nursing Associate Training Programme.
Unconditional positive regard	Unconditional positive regard means accepting and respecting others as they are without judgement or evaluation.
Unwarranted variation	Unwarranted variations are those variations in health and care that can be changed if we choose to. They can be a sign of poor-quality care, missed opportunities and waste, and can result in poorer outcomes, poorer experience and increased expense.
Work-based learning	Can be learning through work, learning for work and learning at work or a mixture of all three.
Work setting	May refer to one specific location or a range of locations, depending on the context.

### Sources:

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O' Hagan K, Cultural Competence in the caring professions; 2001. Jessica Kingsley Publishers, London.

# 1. Introducing the Nursing Associate Role

## Introduction

- a) This curriculum framework document sets out what knowledge, understanding, skills, attitudes and behaviours a **trainee nursing associate** will have developed on successfully completing a **nursing associate**<sup>1</sup> qualification at academic Level 5.<sup>2</sup>
- b) It is intended to set out a curriculum framework for **approved educational institutions** (AEI) from which they can develop specific programmes.
- c) For ease and clarity, this curriculum framework will be referred to through this document as the Nursing Associate Training Programme, even though it is recognised that the document does not set out a full programme. Rather, it presents guidance for programmes that AEIs will derive from it, acknowledging that there will be a number of specific programmes derived from this framework.
- d) This curriculum framework presents the overall aims and the **learning outcomes** expected of any derived programmes.
- e) This document will be subject to regular review with first and particular focus on review during the pilot phases of the programmes.

## The Nursing Associate Training Programme

- a) The programme combines academic and **work-based learning** through close **collaboration** between employers and education providers. As an employee, a trainee nursing associate will be based in a particular organisation in a specific **setting**. But they will also experience working in **alternative settings** to gain a wide appreciation of many health and care environments to fulfil all the requirements of the programme. At the end of the programme, the trainee will be equipped with the knowledge, understanding, skills, attitudes and behaviours relevant to employment as a nursing associate. The trainee will work to a nationally recognised code of conduct that will be developed during the test phase of the Nursing Associate Training Programme.
- b) The programme is intended as a standalone qualification at academic level 5, but will also provide the basis for further, lifelong study and progression into higher-level qualifications.
- c) The Nursing Associate Training Programme has been developed to provide an outcome-based programme of academic and work-based learning that will develop the wide-ranging skills and capabilities required in this new role.
- d) The programme builds on the traditions, experience and values of a progressive profession that aims to provide the highest-quality, **person-centred care** in the 21st century. In a fast-paced world of change, the programme places **compassionate** care at its core while promoting the enthusiastic adoption of the **technologies** and innovations that support service improvements.

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<sup>1</sup> Terms in bold are defined in the glossary at the start of this document

<sup>2</sup> It is expected that the programme will offer 120 credits at Level 4 in Year 1 and a further 120 credits at Level 5 in Year 2.

- e) The programme emphasises the role that nursing associates can play in a life-course (preconception to end of life) approach to health and wellbeing and their active contribution to delivering **holistic** care. Holistic care is a whole-person approach that, in assessing, planning and delivering care, considers and equally values:<sup>3</sup>
- physical needs
  - psychological needs
  - public health needs
  - learning disabilities needs and considerations
  - social, economic, spiritual and other factors
- f) The programme aims to produce nursing associates who are fit to practice in the widest range of settings. It equips trainees with the specific knowledge, skills and capabilities required for the **context** of their training and employment.

## The Role of the Nursing Associate

### Background

- a) The *Shape of Caring Review*<sup>4</sup>, published in March 2015, made a series of recommendations to strengthen the capacity and skills of the nursing and caring workforce. One key recommendation was to explore the need for a defined care role to act as a bridge between the unregulated care assistant workforce and the registered nursing workforce.
- b) In the autumn of 2015, Health Education England (HEE) engaged widely with **individuals** receiving care, **carers**, health and care professionals, trade union representatives, Skills for Health, Skills for Care and nurse leaders to explore the *Shape of Caring Review* findings.
- c) In December 2015, the HEE Executive approved the recommendations and the government announced a plan to create a new nursing support role for England. HEE was asked to consult on this new role.
- d) HEE undertook a six-week public consultation on the proposal to introduce a new nursing associate role to support the registered nurse workforce in providing high-quality person-centred care across health and social care settings.<sup>5</sup> The consultation generated important perspectives on the skills, competencies, portability and deployment of the proposed role. HEE received 1,384 responses to the consultation: 1,129 from individuals and 255 from organisations. Most respondents supported the development of the role. HEE's response to the public consultation was published in May 2016. At the same time, HEE published its response to the *Shape of Caring Review* engagement activity.

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<sup>3</sup> It is vital that training emphasises parity of esteem – that is, valuing mental health equally with physical health.

<sup>4</sup> HEE, *Shape of Caring Review*; 2015. Available at: <https://hee.nhs.uk/our-work/developing-our-workforce/nursing/shape-caring-review>

<sup>5</sup> HEE, *Building Capacity to Care and Capability to Treat: A New Team Member for Health and Social Care in England*; 2016. Available at: [www.hee.nhs.uk/sites/default/files/documents/Response to Nursing Associate consultation 26 May 2016.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Response%20to%20Nursing%20Associate%20consultation%2026%20May%202016.pdf)

- e) In June 2016, HEE issued an open call for partnership applications to run two-year test sites for the training of the first cohort of 2,000 trainee nursing associates.
- f) After analysing the results of the public consultation, in July 2016 HEE held a series of one-day engagement events across the country. Participants from a wide range of roles, qualification levels and experience, geography and organisations worked to clarify the parameters of the role. Five engagement events were held in Birmingham, London, Manchester, Newcastle and Reading, with an average of 110 participants at each.

### Key Findings from Consultation and Engagement Events

- a) Post-consultation, HEE's focus was to develop and define the role to enable implementation nationally from December 2016. The aim of the engagement exercise was to consult health and care stakeholders on the role's draft parameters of practice which were developed from earlier engagement activities, the response to the HEE consultation and expert input. The key objectives were to:
  - i) articulate the policy, opportunities and challenges arising from the introduction of the new nursing associate role
  - ii) draw on key stakeholders' knowledge and experience to explore the role's parameters of practice
  - iii) inform stakeholders of the HEE process to implement the new role through the two-year pilot test site partnership across England

### Key Components of the draft parameters of practice

- a) There was consensus among the delegates at the engagement events that the 19 components identified in the draft parameters of practice were appropriate, comprehensive, relevant and **inclusive**.
- b) Those original draft parameters of practice are shown in Table A1 in Appendix 2. They are mapped to the key domains of practice outlined in this draft curriculum framework.

### The Nursing Associate Role

- a) The major policy changes from Five Year Forward View <sup>6</sup> to Seven Day Services<sup>7</sup> to Leading Change, Adding Value<sup>8</sup> all require workforce adaptations. This can only be delivered by changing: the mix of teams delivering care; the roles and responsibilities of team members; enhancing existing roles; and introducing new roles.
- b) Nursing associates will be equipped with the knowledge, skills and behaviours that enable them to support the delivery of nursing care in and across a wide range of health and care settings.

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<sup>6</sup> NHS England, Five Year Forward View; 2014. Available at: [www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

<sup>7</sup> NHS England, Seven Day Services (news archive). Available at: [www.england.nhs.uk/tag/seven-day-services](http://www.england.nhs.uk/tag/seven-day-services)

<sup>8</sup> NHS England, Leading Change, Adding Value: A Framework for Nursing, Midwifery and Care Staff; 2016. Available at: [www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf)

- c) Working within the sphere of nursing and care, they will work under the leadership and direction of registered nurses. The nursing associate will work within all aspects of the nursing process, providing high-quality holistic and person-centred care to individuals. They will also support the registered nurse in the **assessment**, planning and evaluation of care.
- d) The registered nurse will retain **responsibility** as primary care assessor, planner and evaluator.
- e) The nursing associate will develop an understanding of the nursing process and the rationale for each stage within their training programme. They will appreciate the importance of the registered nurses' role in performing a holistic assessment prior to planning care. Nursing associates will understand the need to use their own skills of assessment and evaluation to identify when to review individuals' care plans.
- f) The following (not an exhaustive list) are areas *beyond* the parameters of practice for the nursing associate role:
  - i) acting autonomously to change the prescribed plan of care
  - ii) acting autonomously in situations where there may be limits to confidentiality – for example, in **safeguarding** situations
  - iii) decision to make specialist referrals
  - iv) decisions to share **information** across multiagency boundaries
  - v) Interpretation and resolution of risk issues (they must be able to identify risk and halt practice if necessary)
  - vi) decision to discharge an individual from a service
  - vii) managing situations of conflict or risk beyond immediate actions to maintain safety
  - viii) administering medicines under a patient group directive
  - ix) prescribing medicines
- g) The nursing associate will be a key member of health and care teams in enabling and improving the delivery of safe, efficient care across a range of services and settings. They will extend the capacity and capability of the nursing workforce, allowing registered nurses to concentrate on more specialist care and advanced practice.
- h) Nursing associates are occupation specific and, while working under the leadership and direction of registered nurses, they will have a degree of **autonomy** and will use professional judgement to ensure that they always work within the parameters of their practice.
- i) Organisations and individuals are now required to work together across care pathways and with new local models and frameworks of **integrated care** that are no longer linear and set by organisational boundaries. Access to, and healthcare practice, will be more tailored to the needs of local health populations. Nursing associates will have the breadth of knowledge and a flexible, portable skillset to serve local health populations in a range of settings. Working individually and with others, nursing associates will work to make healthcare consistent and ensure the delivery of the right care, in the right place at the right time.<sup>9,10</sup>

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<sup>9</sup> NHS England, Leading Change, Adding Value: A Framework for Nursing, Midwifery and Care Staff; 2016. Available at: [www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf)

<sup>10</sup> The registered nurse will recognise and address unwarranted variation, understand the impact on individuals and communities, and take the lead in using this information to plan, evaluate and assure high-quality care. The nursing associate will identify and evaluate the impact of unwarranted variation for the individuals they care for, addressing it to deliver high-quality care.

### The Development of the Curriculum Framework

- a) With the broad consensus achieved, HEE committed to developing the role by working with Skills for Health and Skills for Care to identify key learning outcomes and draft a curriculum framework.
- b) The curriculum framework working group met regularly to collaborate and also work with a wider group of key stakeholders in discussion, drafting, comment and review. For more details about the group, see Appendix 1.
- c) The working group was supported by the University College London Institute of Education. The Institute was available for consultation throughout the drafting process and provided written and verbal comments on progress.
- d) Starting with the key components from the consultation and engagement events, the curriculum framework team working group initially outlined the main domains for the nursing associate role, with overarching learning outcomes for each one. The group aligned their work to key documents, policies and legislation.
- e) The draft Curriculum Framework was produced on 31 October 2016 for review, discussion and refinement by the partner test sites.



## 2. The Nursing Associate Training Programme

### Programme Aims

The Nursing Associate Training Programme aims to produce compassionate, **competent** and confident nursing associates at academic level 5, qualified to deliver a wide range of clinical, care and interpersonal skills underpinned by a systematic knowledge base.<sup>11</sup> They will be able to practice safely and effectively within their parameters of practice, demonstrating appropriate values and behaviours in a wide range of health and care settings.

### Programme Approach

The Nursing Associate Training Programme is outcome-based and is not prescriptive, other than to require that:

- a) Trainee nursing associates must experience **placements** in each of the three health and care settings: hospital; at home; and close-to-home settings. While their primary training placement, (and employment), will be based in one setting, they must have at least one training placement in each of the other two settings. (Many will experience more than this.) This is to ensure that the trainee nursing associate experiences a wide range of learning opportunities and contexts to deliver the required learning outcomes
- b) All placements should support trainees with learning activities designed to achieve the desired learning outcomes
- c) The average trainee nursing associate will successfully achieve the described outcomes on the basis of appropriate assessment tasks and criteria and assessment. Successful completion of the programme will be based on achieving all learning outcomes
- d) A blended learning approach is used with teaching, learning and assessment activities aligned to the learning outcomes
- e) The learning outcomes here are not the only possible outcomes. A creative and flexible approach is encouraged to recognise and promote unintended outcomes that support the overall aim of the programme in developing compassionate, competent and confident nursing associates and motivated, autonomous, lifelong learners.
- f) Outcomes are not regarded as the threshold for obtaining a pass, but rather they are aimed at the typical trainee nursing associate to encourage the highest levels of achievement for all.<sup>12</sup>

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<sup>11</sup> A systematic knowledge base is one that offers a coherent body of integrated and organised content informed by principles.

<sup>12</sup> Maher, A, Learning Outcomes in Higher Education: Implications for Curriculum Design and Student Learning, Journal of Hospitality, Leisure, Sport and Tourism Education, Vol 3, No. 2; 2004. "Rather than encouraging learner autonomy and deep engagement with the subject, learning outcomes may serve to restrict learning and encourage a reductionist approach where students merely aim to meet minimum threshold standards as specified in the learning outcomes". Available at:

<http://reforma.fen.uchile.cl/Papers/Learning%20Outcomes%20in%20HD%20implications-Maher.pdf>

### Programme Outcomes

#### Learning Outcomes from the Domains

A compassionate, competent and confident nursing associate will possess the essential knowledge, skills, experience, attitudes and behaviours. They will work to an established code of conduct that will be developed during the test phase of the Nursing Associate Training Programme. They will be able to achieve the outcomes for each of the eight domains.

##### (a) Domain 1: Professional values and parameters of practice

Exercise personal responsibility and work independently within defined parameters of practice, taking the appropriate initiative in a variety of situations and performing a range of clinical and **care** skills consistent with the roles, responsibilities and professional values of a nursing associate.

##### (b) Domain 2: Person-centred approaches to care

Exercise those skills, attitudes and behaviours that support the planning, delivery and evaluation of high-quality, person-centred, holistic care.

##### (c) Domain 3: Delivering care

Work across organisational boundaries in a range of health and care settings and apply in practice the range of clinical and care skills appropriate to their parameters of practice.

##### (d) Domain 4: Communication and interpersonal skills

**Communicate** effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of **communication** on delivering and improving health and care services and will possess those interpersonal skills that promote clarity, **compassion**, empathy, respect and trust.

##### (e) Domain 5: Team working and leadership

Explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and demonstrate a range of those competencies, attitudes and behaviours required of a nursing associate.

##### (f) Domain 6: Duty of care, candour, equality and diversity

Explain the principles underpinning **duty of care**, **equality** and **diversity** and the need for candour and will consistently demonstrate the application of those principles in and across a range of settings across life-course.

##### (g) Domain 7: Supporting learning and assessment in practice

Exercise those skills, attitudes and behaviours that support personal development and lifelong learning together as well as those associated with the development of others.

##### (h) Domain 8: Research, development and innovation

Demonstrate the importance of research and innovation, and being research aware, across the health and care landscape. They will also be able to demonstrate how research and innovation, and their role in this, improves the quality of patient/individual safety and care and addresses the challenges faced in the context of rising public expectations.

Each domain has specific learning outcomes and all are expected to be included in any programme devised from this framework. The overarching categorisation indicated by the domains means there is an inherent degree of overlap or repetition in some of the areas. For example, holistic, person-centred care, managing and prioritising workloads, improving digital literacy, and championing existing and emerging technologies all cross domains and should be an integral part of each one. When devising programmes and communicating outcomes to trainees, this necessary overlap or repetition and the integrated nature of many of the learning outcomes should be explained.

### **Generic Characteristics of the Qualifying Nursing Associate<sup>13</sup>**

A qualified nursing associate has the following characteristics:

- a) knowledge of and critical understanding of the established principles in their field of study, with awareness of the limits of their knowledge
- b) knowledge of the main methods of enquiry in the subject and the ability to use established techniques to undertake critical analysis of information to propose solutions
- c) the ability to critically evaluate the appropriateness of different approaches to solving problems and to apply these in a work context
- d) the ability to apply knowledge and skills to new situations, including in the workplace
- e) effective communication skills in a variety of forms, for a range of audiences

At level 5, the qualifying nursing associate will have the qualities necessary for working in situations that require personal responsibility and decision-making. They will be able to undertake further training, develop existing skills and acquire new competencies. This level 5 descriptor, in terms of personal responsibility and decision-making, is distinct from the requirement at level 6 (graduate nurse) for the qualities and skills necessary for employment requiring decision-making in complex and unpredictable contexts. It is this distinction that provides one example of the parameters of practice of the nursing associate.

### **Transferable Skills Outcomes**

It is expected that all Nursing Associate Programmes will ensure that qualifying nursing associates have gained, and will be able to demonstrate, a range of transferable, generic skills, attitudes and capabilities that will promote and sustain lifelong learning. This will include study and research skills, independent learning, digital literacy and reflective practice. These transferable skills should be embedded in the programmes developed by each AEI.

### **Employability Outcomes**

On qualification, the trainee nursing associate will be eligible for employment as a nursing associate.

### **Career, Research, Study Skills Components**

- a) It is recommended that programmes developed from this framework should include one or more general units or modules that will enhance a trainee nursing associate's employability and equip them for sustained lifelong learning.
- b) Basic foundation or study skills units/modules, research units/modules, career units/modules may be incorporated into the structure of the course.

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<sup>13</sup> Quality Assurance Agency for Higher Education (QAA), Characteristics Statement: Foundation Degree; 2015. Available at: [www.qaa.ac.uk/en/Publications/Documents/Foundation-Degree-Characteristics-15.pdf](http://www.qaa.ac.uk/en/Publications/Documents/Foundation-Degree-Characteristics-15.pdf)

## Programme Development and Implementation

### Partnership Working in Developing Programmes

- a) Working in partnership, AEs will be expected to use the curriculum framework in this document to devise programmes that deliver the aims and learning outcomes.
- b) Programmes will be **co-produced** through partnership working via AEs, health and care providers and individuals who access and/or are in receipt of services and/or families and carers.

### Entry Requirements

- a) On entry, trainee nursing associates should demonstrate ability to work at level 2 literacy and numeracy.  
On enrolment, trainee nursing associates will be employed in a health or care role. They should be employed in a setting where they can be supervised by a registered nurse or other appropriate health or care professional.
- b) Individuals will need to demonstrate the ability to study a programme at academic level 5.
- c) Individuals will need to demonstrate the appropriate values and attitudes for the programme in line with HEE's value-based recruitment programme.<sup>14</sup>

### Employment and Placement Settings

- a) Trainee nursing associates will be employed in one of three health and/or care settings outlined below. The **primary placement** will be in the setting where the trainee nursing associate is employed.
- b) The trainee nursing associate should also experience at least two<sup>15</sup> substantial **external placements**: one in each of the other two settings, to demonstrate breadth of experience and achieve specific learning outcomes.

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<sup>14</sup> HEE Values based recruitment [internet]. Available at: [www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment](http://www.hee.nhs.uk/our-work/attracting-recruiting/values-based-recruitment)

<sup>15</sup> More than two external placements are encouraged. 675 hours over the duration of the two year programme.

Figure 1:

Health and care settings for placements (not an exhaustive list)

In hospital	Close to home	At home
<ul style="list-style-type: none"> <li>NHS and independent sector – adult, children and young people)</li> <li>Paramedic services</li> <li>Emergency assessment units (community hospital settings)</li> <li>Mental health inpatient services</li> <li>Learning disability inpatient services</li> </ul>	<ul style="list-style-type: none"> <li>Hospice (adult and child)</li> <li>Primary care – general practice and general practice nurses</li> <li>Respite care with nursing service</li> <li>Mental health crisis house with nursing services</li> <li>Mental health community outreach teams</li> <li>Reablement services (nursing)</li> <li>School nursing</li> <li>Substance misuse services</li> <li>Community learning disability services integrated teams</li> <li>Child and adolescent mental health services (CAMHS)</li> <li>Public Health England nursing services</li> </ul>	<ul style="list-style-type: none"> <li>Nursing homes</li> <li>District and community nursing services</li> <li>Assisted living for people with learning disabilities</li> <li>Supported living services</li> <li>Children’s domiciliary care services</li> <li>Older person services</li> <li>Paediatric nursing services</li> <li>Health visiting services</li> <li>Community palliative care teams (child and adult)</li> <li>Charitable end of life services, e.g. Macmillan</li> <li>Community mental health teams (older people, adult, child)</li> <li>Perinatal mental health teams</li> <li>Early intervention for psychosis teams</li> <li>Offender healthcare units</li> </ul>

- c) An external placement may consist of a number of different **work settings**. However, there must be an overall educational coherence to the placement in terms of the learning outcomes expected.
- d) All placements should be planned and mapped within a coherent, broad-based, two-year programme that is designed to deliver the learning outcomes of the Nursing Associate Training Programme. Placements must meet HEE’s expectations for quality educational provision.<sup>16</sup>
- e) All placements should be planned carefully to ensure appropriate support and **supervision** of the trainee nursing associate by a registered nurse or other suitable health or care professional.
- f) Placements in emerging integrated care models are particularly welcome.
- g) Placements should provide opportunities to work in different settings and contexts with a variety of multi-professional teams to encourage unique learning outcomes. There is compelling

<sup>16</sup> HEE, HEE Quality Framework 2016/17; 2016. Available at: <https://hee.nhs.uk/sites/default/files/documents/QualityFramework.pdf>

evidence to suggest the transformative nature for trainees experiencing work and training in alternative settings. While all settings should enable trainee nursing associates to achieve the learning outcomes, specific learning outcomes are associated with external placements. These may include:

- i) exploring new and different emphases in working holistically with individuals in settings different from the trainee nursing associate's primary placement
  - ii) gaining a greater appreciation of unfamiliar roles and services
  - iii) gaining an improved understanding of more strategic and wider considerations in health and care
  - iv) gaining insight across pre-life to end-of-life care
  - v) understanding of nursing across different settings and the perspectives and care pathways of individuals, their families and/or carers in these settings
- h) Placements that provide opportunities for trainee nursing associates to follow an entire care pathway are to be encouraged.

### Time Allocations

Trainee nursing associates will be expected, over the two-year programme, to have approximately 3,375 hours (or 50% of their time, whichever is greatest)<sup>17</sup> devoted to structured learning activities. This is not to draw a false distinction between 'work' and 'learning' as it is recognised that learning occurs throughout working. The proposed time allocation will be used during the test site phase and then evaluated.<sup>18</sup>

- a) Structured learning activities should include:
- i) formal learning that is face-to-face or online
  - ii) reading and study periods
  - iii) self-directed learning – mix of physical and online
  - iv) educational supervision and mentoring
  - v) assessment activities
  - vi) teaching within the workplace
  - vii) action learning sets
  - viii) informal learning, for example, through blogs and social media
  - ix) simulation
  - x) shadowing

### Equality and Diversity

- a) The programme's teaching and learning strategies should make the delivery of theoretical and practical elements as inclusive as possible.
- b) The programme should be flexible enough to allow for reasonable adjustments to meet the needs of trainee nursing associates with disabilities.

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<sup>17</sup> This time allocation has been calculated on a typical trainee working 45 weeks of the year with a 37.5-hour week.

<sup>18</sup> The typical full-time programme will span 45 weeks per year @ 37.5 hours per week = 1,687.5 hours per year and 3,375 hours per programme.

- c) Processes should be in place to identify physical or mental health issues that trainee nursing associates experience during their training, and respond to any impact on learning
- d) Flexibility and choice in programme design is encouraged for inclusivity and as a way of recognising that demonstrating **competence** in the programme's learning outcomes can be achieved in a variety of ways.

### Module/Unit-Based Training, Learning and Progression

- a) Different AEs are expected to use a variety of models to develop their programme. Whichever models of curriculum design and progression are chosen, there should be careful consideration of the number of core units and optional units incorporated.
- b) AEs will make decisions about the number of placements offered by working in partnership with health and care providers, individuals, their families and/or carers.

### Work-Based Learning

- a) Work-based learning is a well-established educational theory. In terms of impact and value, "there is a growing body of evidence to indicate that work-based learning of various kinds is effective in increasing adult participation in higher education and in developing the capability of individuals and organisations."<sup>19</sup>
- b) Work-based learning can take many forms and should be designed to meet the specific needs of the Nursing Associate Training Programme and the trainee nursing associate's working role, the relevant employment sector and the type of employer.
- c) A useful working definition of work-based learning is:  
"A definition for the higher education level could involve any (or all) of the following work-based learning types; learning through work, learning for work and learning at work."<sup>20</sup>
- d) Placements should provide appropriate environments for trainee nursing associates to achieve specific, negotiated learning outcomes. The work environment should be able to support learner-managed, reflective learning and practice at the appropriate levels.
- e) Work-based learning should be constructed around developing and using specific and transferable skills.
- f) The learning outcomes are designed to deliver the knowledge, skills and behaviours needed for employment. Work-based learning contexts should provide authentic opportunities for trainee nursing associates to work, develop and learn and to apply the skills and knowledge that they have acquired. Working in itself is not sufficient.

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<sup>19</sup> Lester, S and Costley, C, Work-based learning at higher education level: value, practice and critique, *Studies in Higher Education* 35 (5), pp561-575; 2010.

<sup>20</sup> Gray, D, A briefing on work based learning, Learning and Teaching Support Network (LTSN) Generic Centre Assessment series, 11; 2001

### Approaches to Learning

- a) Flexible, blended learning is the expected approach, with the full range of learning methods and delivery modes used in all academic and work-based settings.
- b) A trainee-centred approach to the learning is expected – one that allows trainee nursing associates to identify and act on subject knowledge and theory in relation to the work or placement context.
- c) Learning opportunities in any and all settings in which the trainee nursing associate is working should be maximised.
- d) Opportunities should be sought for trainee nursing associates to learn together and also with other health and care professionals across different practice settings.
- e) By progressing through a programme, the trainee nursing associate should become increasingly autonomous in their learning. They should be able to identify, access and use a wide range of technologies and resources to support their learning.

### Completion of Training

On successful completion of a programme, the trainee nursing associate will receive a level 5 qualification from the awarding organisation.

### Supervisory Arrangements

- a) The nature of supervision varies depending on the context, competency and activities being carried out by the trainee nursing associate.
- b) Supervision is primarily concerned with:
  - i) sharing, demonstrating and providing support
  - ii) confidence-building
  - iii) encouraging and developing reflective practice
  - iv) developing appropriate skills and competence
  - v) supporting learning
  - vi) providing any required guidance, signposting and information
  - vii) helping the trainee nursing associate to make progress
- c) Supervision must be ongoing and appropriate for the experience, level of competency and confidence of the trainee nursing associate and the context they are working in. Trainee nursing associates should have:
  - i) appropriate supervision in all work-based contexts
  - ii) appropriate supervision or mentoring across the whole programme that will monitor and direct progress over time. Such supervision will provide proper support to help the trainee nursing associate make the necessary clinical and educational progress
- d) Supervision might be by an appropriate manager (an occupationally competent person in a position to supervise and/or delegate to support workers) or registered healthcare professional



(a registered health or care professional from any profession). For the purposes of this document, the term **supervisor** is used to cover both health and social care.

- e) Types of supervision, in the workplace:
  - i) **Direct supervision** – the trainee nursing associate must be in the line of sight of the supervisor who is present to observe tasks and activities and can intervene immediately if required. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake directed activities.
  - ii) **Indirect /remote supervision** – where there is reliance on processes to provide guidance and support without the supervisor being present. This requires the trainee nursing associate to:
    - (1) have had appropriate training
    - (2) have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)
    - (3) know their limitations
    - (4) know when and how to seek advice from the supervisor
- f) Phased sign-off may be appropriate in staged movement from direct to indirect supervision.
- g) While retaining **accountability**, registered nurses may hand over responsibility to trainee nursing for specific tasks or areas of work that are within their competence and confidence. Registered nurses may also **assign** specific tasks or areas of work (within their competence and responsibility) to trainee nursing associates. That is, they can hand over responsibility and accountability (see Glossary for definitions).

### Assessment on the Nursing Associate Training Programme

- a) Assessment techniques used at each stage of the trainee nursing associate's progress need to align to and reflect the teaching and learning activities and learning outcomes.
- b) A wide variety of assessment methods should enable trainee nursing associates in a variety of contexts and settings to demonstrate a broad range of learnt skills and behaviours. A mixture of continuous and end-point assessments should be used. Some examples include:
  - i) written assignments – for example, essays, case studies, reflective accounts
  - ii) written examination
  - iii) observing practice in the workplace
  - iv) objective structure clinical examinations (OSCEs) – physical and/or virtual
  - v) presentations
  - vi) portfolio development – written and/or e-portfolio
  - vii) storyboards
  - viii) learning contracts
  - ix) professional discussions
- c) Assessment should be designed to ensure that trainee nursing associates are given every opportunity to recognise, develop and maximise their strengths. In this way, assessment will enable trainee nursing associates to demonstrate learning and competence and also excel in specific areas. This contributes to overall motivation, enthusiasm and commitment.

## Raising Concerns on the Nursing Associate Training Programme

- a) AEs providing a programme would be expected to include their usual protocols and practice for:
  - (1) raising concerns about individual trainees
  - (2) allowing individual trainees to raise concerns about:
    - (a) the quality of the programme
    - (b) the quality of placements as learning environments
    - (c) supervision
    - (d) patient/individual safety
    - (e) the quality of placement settings as healthcare environments.
- b) Organisational protocols and policies should be explained and made available to all teaching staff and trainees on the programme.

### 3. The Nursing Associate Training Programme Domains and Learning Outcomes

This programme is common to all nursing associate programmes and must be followed throughout the whole training period, with engagement at the appropriate level, depending on the stage of training.

The programme is divided into eight domains:

- 1) **Domain 1:** Professional values and parameters of practice
- 2) **Domain 2:** Person-centred approaches to care
- 3) **Domain 3:** Delivering care
- 4) **Domain 4:** Communication and interpersonal skills
- 5) **Domain 5:** Team working and leadership
- 6) **Domain 6:** Duty of care, candour, equality and diversity
- 7) **Domain 7:** Supporting learning and assessment in practice
- 8) **Domain 8:** Research, development and innovation

Each domain contains an overall learning outcome, which is described by a number of competence statements. These are presented as:

- knowledge to be acquired and applied
- practical skills to be demonstrated
- attitudes and behaviours to be consistently displayed

**Domain 1: Professional values and parameters of practice**

Topic	Professional values and parameters of practice	Cross-reference
<p><b>Learning outcome</b></p>	<p>By the end of the programme the trainee nursing associate will be able to exercise personal responsibility and work independently within defined parameters of practice, taking the appropriate initiative in a variety of situations and performing a range of clinical and practical care skills consistent with the roles, responsibilities and professional values of a nursing associate.</p>	
<p><b>Knowledge</b></p>	<p>By the end of the programme trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. describe standards and values of the nursing profession</li> <li>2. explain the importance of keeping professional knowledge and skills up to date</li> <li>3. describe the responsibilities and duties of the role, the limits of competence and authority, the importance of working within the parameters of practice, and how to seek support and guidance when necessary</li> <li>4. explain the importance of seeking feedback, personal reflection, the evaluation of own and team performance</li> <li>5. explain the importance of probity and personal integrity when working as a nursing associate</li> <li>6. summarise and critically discuss the importance of personal health, resilience and wellbeing to ensure that personal performance and judgement is not affected by their own health, by:               <ol style="list-style-type: none"> <li>a. recognising responsibilities to the public and how these and professional performance may be compromised by poor health and stress</li> <li>b. explaining the role and availability of occupational health and other support services</li> <li>c. describing a range of networking, support mechanisms and personal strategies</li> </ol> </li> </ol>	<p>The Care Certificate Framework (with a focus on standards 1, 2, 13)</p> <p>Nursing &amp; Midwifery Council: The Code (13,14,15,16,17,20)</p>

Topic	Professional values and parameters of practice	Cross-reference
	<p style="text-align: center;">for supporting sound personal health, resilience and wellbeing</p> <ol style="list-style-type: none"> <li>7. describe the range of organisational aims, objectives, policies, values and practice that affects the provision of health and care, and the individuals and communities they serve</li> <li>8. explain the importance of adhering to legislation, standards, policies, protocols and values that underpin the national and local provision of health and care, and the need to work in ways agreed by the employer</li> <li>9. critically reflect on the importance of the nursing associate role in implementing health, safety and security policies and systems</li> </ol>	
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of clinical and care skills and critically reflect on their performance. They will be able to:</p> <ol style="list-style-type: none"> <li>1. critically apply their understanding of professional practice with conduct that places the individual at the centre of care in a manner that promotes individual wellbeing and <b>self-care</b></li> <li>2. seek guidance and support when needed in relation to their own work performance and exercise appropriate judgement to limit work or stop practicing if in danger of acting beyond the limits of competence</li> <li>3. identify situations and circumstances with the potential for harm, and act on this to minimise or prevent harm to self and others</li> <li>4. respond appropriately to the ethical, legal and governance requirements arising from working as a nursing associate</li> <li>5. act with probity and personal integrity in all aspects of practice, be willing to be truthful and admit to and learn from errors, reporting to the appropriate personnel</li> <li>6. report any actions or decisions by others believed not to be in the best interests of any person in receipt of care</li> </ol>	

Topic	Professional values and parameters of practice	Cross-reference
	<ol style="list-style-type: none"> <li>7. make appropriate judgements to ensure they limit or stop work if performance or judgement is affected by their health and wellbeing</li> <li>8. demonstrate appropriate strategies and coping mechanisms for a range of potential issues (including stress), seek help if appropriate, and evaluate the impact of any intervention</li> <li>9. take appropriate action to develop and maintain personal health, resilience and wellbeing</li> <li>10. demonstrate professional practice that is consistent with relevant current organisational policy and practice as agreed by the employer. Ensure that health and safety requirements are met and that they and others are protected within the trainee nursing associate's area of responsibility</li> </ol>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate will demonstrate the attitudes and behaviours necessary for their role and will be able to:</p> <ol style="list-style-type: none"> <li>1. apply and promote evidence-based professional practice that places the individual and/or family/carer at the centre of care and exemplifies <b>unconditional positive regard</b></li> <li>2. display a professional and personal commitment to professional standards and ethical practice, consistently operating within national and local ethical, legal and governance requirements</li> <li>3. promote and apply the key clinical and care principles, performing to the highest standards of personal behaviour in all aspects of professional practice</li> <li>4. consistently operate in accordance with relevant current policy, standards and practice, acting as a role model for others to aspire to</li> <li>5. promote and exemplify safe and effective working</li> </ol>	

Domain 2: Person-Centred Approaches to Care

Topic	Person-centred approaches to care	Cross-reference
<p><b>Learning outcome</b></p>	<p>By the end of the programme the trainee nursing associate will be able to exercise the skills, attitudes and behaviours that support the planning, delivery and evaluation of high-quality, person-centred, holistic care.</p>	
<p><b>Knowledge</b></p>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. explain the fundamental principles of nursing practice and how these guide the assessment, planning, delivery and evaluation of care</li> <li>2. describe the role of the nursing associate in the delivery of person-centred care</li> <li>3. explain the importance of person-centred care that ensures individuals are equal partners in their healthcare and consider services from a user’s point of view, by:               <ol style="list-style-type: none"> <li>a. describing the importance of gaining consent, even when it is difficult</li> <li>b. explaining the need for appropriate assessment in enabling a person-centred approach, and the risks of not doing so</li> <li>c. explaining the importance of getting people actively involved in their own care and providing them with choices</li> <li>d. explaining the importance of finding out the history, preferences, wishes and needs of the individual</li> </ol> </li> <li>4. critically discuss the importance of placing the individual at the centre of care and consider services from their or their family’s/carer’s point of view and the need to support them in planning for their</li> </ol>	<p>Mental Capacity Act (2005)<sup>21</sup> and associated Deprivation of Liberty Safeguards</p> <p>Skills for Health: Mental Health Core Skills Education and Training Framework</p>

<sup>21</sup> Mental Capacity Act (2005. Available at:) - <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Topic	Person-centred approaches to care	Cross-reference
	<p>future wellbeing and fulfilment, including end-of-life care</p> <ol style="list-style-type: none"> <li>5. discuss the ways concepts of choice, autonomy, empowerment, respect, holism, <b>parity of esteem</b>, empathy and compassion should inform and dictate nursing practice</li> <li>6. describe the role of the nursing associate in the importance of safety and clinical effectiveness and in adapting care or support plans to reflect changing needs</li> <li>7. describe the importance of managing appropriate, boundaried relationships with patients and carers</li> </ol>	
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of skills and competencies that support the delivery of person-centred, holistic care. They will be able to:</p> <ol style="list-style-type: none"> <li>1. demonstrate the fundamental principles of nursing practice in the role of a nursing associate, including the ability to support the registered nurse, and/or other health or care professional, in the assessment, planning, delivery and evaluation of care</li> <li>2. use a holistic approach at all times to provide safe, effective, clinical care</li> <li>3. support individuals to maintain their identity and self-esteem using person-centred values that include: <ul style="list-style-type: none"> <li>• individuality</li> <li>• independence</li> <li>• privacy</li> <li>• partnership</li> <li>• choice</li> <li>• dignity</li> <li>• respect</li> <li>• rights</li> </ul> </li> </ol>	



Topic	Person-centred approaches to care	Cross-reference
	<p>4. work in partnership with individuals, carers, families and the wider healthcare team</p> <p>5. act independently and in partnership with others to: ensure that the rights of individuals are not overlooked or compromised; and resolve conflict in situations where there may be refusal of care by individuals or their families</p> <p>6. demonstrate in practice person-centred nursing, <b>care and support</b> in a variety of ways, including obtaining valid consent and carrying out all appropriate assessments</p> <p>7. work effectively as a nursing associate as part of inter-professional and multidisciplinary teams</p>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role and will be able to:</p> <ol style="list-style-type: none"> <li>1. promote and act as a role model for the fundamental principles of nursing practice and person-centred care</li> <li>2. promote and explain the impact of promoting effective health and wellbeing, empowering healthy lifestyles</li> <li>3. act as an <b>advocate</b> for the holistic care of individuals</li> <li>4. engage actively with individuals, their families and/or carers and involve them by providing choices, and establishing their needs, wishes and preferences</li> </ol>	

Domain 3: Delivering Care

Topic	Delivering care	Cross-reference
<b>Learning outcome</b>	By the end of the programme the trainee nursing associate will be able to work across organisational boundaries in a range of health and care settings and apply in practice the range of clinical and care skills appropriate to their parameters of practice.	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. describe the appropriate diagnostic, decision-making and problem-solving skills needed to support the registered nurse (or other appropriate healthcare professional) in assessing, planning, delivering and evaluating care, communicating findings, influencing change and promoting health and best practice</li> <li>2. describe the structure and functions of the human body and explain with particular reference to:               <ol style="list-style-type: none"> <li>a. health and ill-health (physical and mental)</li> <li>b. societal impact</li> <li>c. behaviour and lifestyle choices</li> <li>d. genetics and genomics</li> <li>e. disability</li> <li>f. stage of life</li> <li>g. socioeconomic factors and wider determinants of health</li> </ol> </li> <li>3. describe common physical, mental health and learning disability conditions in consideration with:               <ol style="list-style-type: none"> <li>a. appropriate nursing and/or care interventions</li> </ol> </li> </ol>	<p>The Care Certificate (with a focus on standards 7, 8, 9, 10, 11, 12, 13, 14)</p> <p>Nursing &amp; Midwifery Council: The Code (15,18,19)</p> <p>Generic Service Interventions Pathway: A Competency Framework to Support Development of the Learning Disability Workforce</p> <p>Skills for Care:</p>

Topic	Delivering care	Cross-reference
	<ul style="list-style-type: none"> <li>b. national or local health and care imperatives</li> <li>c. the impact of conditions on individuals, their families and/or carers</li> </ul> <p>4. critically reflect on how behaviour, culture, socioeconomic, family history and other factors impact on:</p> <ul style="list-style-type: none"> <li>a. health and ill-health</li> <li>b. health outcomes</li> <li>c. population health and public health priorities</li> </ul> <p>And also reflect on the role of the nursing associate in taking these factors into account in the delivery of care and supporting the planning of care</p> <p>5. describe the role of the nursing associate, using physiological assessments and observations, in detecting and acting on early signs of deterioration</p> <p>6. describe the role and practice of infection prevention and control and the potential signs of infection</p> <p>7. explain progress and change in an individual’s nutritional status and the ways this impacts on their overall health and condition</p> <p>8. analyse the strengths and weaknesses of the nursing interventions required to deliver high-quality, person-centred care</p> <p>9. within the context of use of medicines:</p> <ul style="list-style-type: none"> <li>a. explain drug pathways and how medicines act</li> <li>b. describe the impact of an individual’s physiological state on drug responses and safety, for example: <ul style="list-style-type: none"> <li>i. the older adult</li> </ul> </li> </ul>	<p>Common Core Principles and Competencies for Social Care and Health Workers Working with Adults at the End of Life</p> <p>Skills for Health: Mental Health Core Skills Education and Training Framework</p> <p>Skills for Health: Dementia Core Skills Education and Training Framework</p> <p>National Genetics and Genomics Education Centre (now merged with the National School of Healthcare)</p>

Topic	Delivering care	Cross-reference
	<ul style="list-style-type: none"> <li>ii. children</li> <li>iii. pregnant or breastfeeding women</li> <li>iv. significant pathologies such as renal or hepatic impairments</li> <li>c. explain pharmacodynamics, the role of drugs and their mechanisms of action in the body</li> <li>d. explain pharmacotherapeutics, the therapeutic actions of certain medicines</li> <li>e. explain pharmacokinetics, how doses are determined by dynamics and systems in the body</li> <li>f. discuss medication in terms of risks versus benefits</li> <li>g. describe the role and function of the bodies that regulate and ensure the safety and effectiveness of medicines</li> <li>h. describe and discuss the management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for individuals, their families/carers, teams, departments and organisations</li> <li>i. explain the importance of consent with regard to administering medicines</li> <li>j. describe individual legal responsibility, personal accountability and regulatory requirements. This should include specific reference to use of controlled drugs and exemption orders in relation to patient group direction (PGD) – nursing associates cannot supply or administer under a PGD</li> <li>k. explain statutory requirements in relation to mental health, mental capacity, children/young people and medicines, national service frameworks and other country-specific guidance</li> <li>l. describe and explain legislation that underpins practice relating to medicines, for example, controlled drugs, infusions and oxygen</li> </ul>	<p>Science)</p> <p>Public Health Skills and Knowledge Framework</p>

Topic	Delivering care	Cross-reference
	<p>m. explain the importance of the safe handling of medicines, including the management of medicines in and out of hospital settings, managing out-of-date stock and the management of discrepancies in stock</p> <p>10. explain the rationale that underpins the appropriate use of:</p> <ul style="list-style-type: none"> <li>a. invasive and non-invasive procedures</li> <li>b. medical devices</li> <li>c. current technological and pharmacological interventions</li> </ul> <p>11. in the context of health inequalities, the management of long-term conditions and in support of national and local public health initiatives, critically examine the role of the nursing associate in:</p> <ul style="list-style-type: none"> <li>a. preventative interventions</li> <li>b. health promotion</li> <li>c. maximising health outcomes and benefits</li> </ul> <p>12. Describe a health-promotion-throughout-life-course approach in nursing practice that encompasses preconception to end of life</p> <p>13. explain an organisational approach to health and safety and those systems, policies and procedures that remove, reduce or control risks to health and wellbeing</p> <p>14. describe the genetic and genomic contribution to health and common disease, and how to identify the issues for people with genetic conditions</p> <p>15. explain the need to manage and organise workloads and the role of prioritising the delivery of care in accordance with planned care</p> <p>16. explain behaviour change concepts and skills in relation to health, wellbeing and self-care</p>	

Topic	Delivering care	Cross-reference
	17. summarise the importance of prevention in health policy, strategies and care pathways	
<b>Clinical and care skills</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. deliver planned nursing interventions across the life course and in a range of health and care settings, under the direction of a registered nurse without direct supervision, delivering care, at times, independently in line with an agreed and defined plan of care</li> <li>2. using appropriate diagnostic, decision-making and problem-solving skills, support the registered nurse (or other appropriate healthcare professional), to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health, independence and best practice</li> <li>3. recognise and act on, in a timely manner, early signs and/or deterioration using appropriate physiological assessments and observations</li> <li>4. monitor and record nutritional status and discuss progress or change as appropriate with individuals, families/carers and multiprofessional team</li> <li>5. take effective measures to prevent and control infection, within the parameters of their practice, in accordance with national and local policy</li> <li>6. specifically for medicines and medication:<sup>22</sup> <ol style="list-style-type: none"> <li>a. correctly and safely undertake delegated medicine calculations</li> </ol> </li> </ol>	

<sup>22</sup> See Department of Health and University of Leeds Administration of Medicine in Care Homes (with Nursing) for Older People by Care Assistants; 2016. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/518298/Medicines\\_in\\_care\\_homes\\_A.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/518298/Medicines_in_care_homes_A.pdf)

Topic	Delivering care	Cross-reference
	<ul style="list-style-type: none"> <li>b. administer medicines safely and in a timely manner (nursing associates will only administer medicines if suitably trained and competent, in settings deemed appropriate and guided by organisational medicines management policies)<sup>23</sup></li> <li>c. communicate and act on any concerns about or errors in the administering of medicines</li> <li>d. keep and maintain accurate records using available digital technologies, where appropriate, in a variety of care settings, including in the home</li> <li>e. work within legal and ethical frameworks that underpin safe medicines management</li> <li>f. demonstrate awareness of a range of commonly recognised approaches to managing symptoms, for example: relaxation, distraction and lifestyle advice</li> <li>g. correctly and safely receive, store and dispose of medications</li> <li>h. support individuals and their families/carers in receiving medical treatments</li> <li>i. use up-to-date information on medicines management and work within local and national policy guidelines</li> </ul> <p>7. safely use invasive and non-invasive procedures, medical devices and current technological and pharmacological interventions</p> <p>8. use sound numeracy skills for medicines management, assessment, measuring, monitoring and recording which recognise the particular vulnerability of individuals in relation to accurate medicines calculation</p> <p>9. use sound literacy skills to record and document accurately interventions and episodes of care and administration of medicines</p>	

<sup>23</sup> HEE will convene a working group to provide evidence-based guidance on the administration of controlled medicines by nursing associates.

Topic	Delivering care	Cross-reference
	<p>10. Signpost and connect individuals and their families/carers to appropriate resources, services and support to manage long-term conditions and/or public health initiatives</p> <p>11. work safely and effectively by:</p> <ul style="list-style-type: none"> <li>a. minimising risks to an individual and/or staff at all times</li> <li>b. ensuring that one's own actions reduce risk</li> <li>c. engaging collaboratively with a range of people and agencies to protect and improve population health and wellbeing and to prevent adverse effects on health and wellbeing</li> <li>d. learning from the assessment and evaluation of health and safety related incidents</li> <li>e. monitoring procedures to control risk and identify and assess risks in the workplace</li> <li>f. managing and organising own workload and prioritising the delivery of care in accordance with planned care</li> </ul> <p>12. make appropriate use of digital and other technologies to:</p> <ul style="list-style-type: none"> <li>a. deliver high-quality care</li> <li>b. work efficiently and effectively</li> <li>c. support high-quality decision-making</li> </ul> <p>13. demonstrate the ability to raise health risks for discussion with individuals and undertake brief interventions (including key messages for major lifestyle risk factors) and assess evidence of effective interventions</p> <p>14. assess the evidence of public health interventions specific to their area of practice and the nursing associate role</p>	



Topic	Delivering care	Cross-reference
	<p>15. act appropriately in relation to family history, genomic information and clinical indicators that might suggest a genetic cause in the assessment, planning, delivery and evaluation of care</p> <p>16. demonstrate good overall digital literacy in relation to the requirements of work and learning</p>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the role of a nursing associate. They will be able to:</p> <ol style="list-style-type: none"> <li>1. treat individuals with <b>dignity</b>, respecting their diversity, beliefs, culture, needs, values, privacy and preferences</li> <li>2. demonstrate and be a role model for respect and empathy at all times</li> <li>3. have the courage to challenge areas of concern</li> <li>4. be adaptable, reliable and consistent, show discretion, resilience and self-awareness and provide leadership to others in the delivery of nursing care</li> <li>5. commit to ongoing improvement of digital literacy skills in the delivery of high-quality nursing practice</li> <li>6. champion the use of existing and new technologies and innovation</li> <li>7. promote and demonstrate a positive health and safety culture</li> <li>8. promote health, wellbeing and self-care by making every moment count</li> </ol>	

## Domain 4: Communication and Interpersonal Skills

Topic	Communication and interpersonal skills	Cross-reference
<b>Learning outcome</b>	By the end of the programme the trainee nursing associate will be to communicate effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of communication on delivering and improving health and care services and will possess those interpersonal skills that promote clarity, compassion, empathy, respect and trust.	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. explain the importance of clear and effective communication for person-centred care, duty of care, candour, equality and diversity</li> <li>2. describe a range of techniques and strategies and the underpinning principles that:               <ol style="list-style-type: none"> <li>a. promote clear and effective communication</li> <li>b. help to reduce communication issues, problems, conflict and complaints</li> <li>c. can overcome barriers to clear and effective communication</li> </ol> </li> <li>3. critically discuss how an individual’s condition, situation and perspective may have an impact on verbal and non-verbal communication</li> <li>4. describe legislative, policy and local requirements and ways of working with information and <b>data</b></li> <li>5. explain the importance of accurate recording, reporting and secure information and data storage and any action required when concerns about accuracy, security and confidentiality</li> </ol>	<p>The Care Certificate (with a focus on standards 6,14)</p> <p>Nursing &amp; Midwifery Council: The Code (7,10)</p>

Topic	Communication and interpersonal skills	Cross-reference
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of communication and interpersonal skills. They will be able to:</p> <ol style="list-style-type: none"> <li>1. demonstrate a range of techniques and methods (and the underpinning principles) that facilitate clear and effective communication with all individuals, family, carers and colleagues, and clarify their understanding</li> <li>2. communicate complex, sensitive information to a variety of health and care professionals through a range of appropriate techniques and strategies</li> <li>3. recognise and resolve, using a range of appropriate strategies, all communication issues, problems, conflicts and complaints</li> <li>4. respond appropriately to verbal and non-verbal communication</li> <li>5. handle information and data appropriately (record, report and store) in line with national and local policies and appropriate legislation</li> <li>6. promote and use appropriate digital and other technologies to support effective communication and handling of data</li> <li>7. demonstrate confident and competent digital literacy in all appropriate aspects of work and learning</li> <li>8. document nursing care in a comprehensive, timely, logical, accurate, clear and concise manner using appropriate terminologies</li> </ol>	

Topic	Communication and interpersonal skills	Cross-reference
<b>Attitudes and behaviours</b>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role and will be able to:</p> <ol style="list-style-type: none"> <li>1. promote effective communication using a range of techniques and technologies</li> <li>2. support and promote the appropriate handling (recording, reporting, storing) of information and data</li> <li>3. demonstrate appropriate behaviours required if there are concerns about data accuracy, security and confidentiality</li> <li>4. demonstrate commitment to ongoing development to improve one's digital literacy</li> </ol>	

### Domain 5: Team Working and Leadership

Topic	Team working and leadership	Cross-reference
<b>Learning outcome</b>	<p>By the end of the programme the trainee nursing associate will be able to explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and demonstrate a range of those competencies, attitudes and behaviours required of a nursing associate.</p>	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. describe the personal qualities required to develop leadership competencies</li> <li>2. critically reflect on performance to identify their own personal qualities, including values, principles and</li> </ol>	<p>Clinical Leadership Competency Framework</p>

Topic	Team working and leadership	Cross-reference
	<p>assumptions, and develop action plans to adapt personal behaviour as necessary</p> <ol style="list-style-type: none"> <li>3. explain the importance of working with others in teams and networks to deliver and improve services</li> <li>4. explain quality and service improvement, including the focus on consistency and avoiding <b>unwarranted variation</b> to ensure the right care, in the right place at the right time, and the role of the nursing associate in contributing to this</li> <li>5. discuss models of leadership, including the shared or distributed model for organisations where tasks are more complex and highly interdependent</li> <li>6. describe the role of technological innovations in improving health outcomes for individuals, saving time and money, and the use of information to support better decision-making</li> <li>7. critically examine the supervisory and leadership opportunities and roles for a nursing associate</li> <li>8. explain the ways health and safety systems and policies can be developed, monitored, assessed and evaluated and improved</li> </ol>	<p>Leadership Qualities Framework</p> <p>The Care Certificate (with a focus on standards 1,2,6)</p> <p>Nursing &amp; Midwifery Council: The Code (8,11)</p>
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of team working and leadership skills. They will be able to:</p> <ol style="list-style-type: none"> <li>1. take a lead with peers and others where appropriate</li> <li>2. critically reflect on personal performance, acting to learn from experience and improve</li> <li>3. work effectively with others in teams and/or networks to deliver and improve services, encouraging and valuing the contribution of all. This will include evaluating the impact of unwarranted variation for the individuals they care for and addressing this within the context of the role to deliver high-quality care</li> <li>4. contribute to and support quality improvement and productivity initiatives within the workplace, including service improvement, to enhance people’s wellbeing and experience of health and social</li> </ol>	

Topic	Team working and leadership	Cross-reference
	<p>care through the delivery of high-quality services</p> <ol style="list-style-type: none"> <li>5. demonstrate an effective contribution to planning, management and optimisation of resources for the benefit of improving services and promoting equity in health and social care access and delivery</li> <li>6. use clinical governance processes to maintain and improve nursing practice and standards of healthcare</li> <li>7. assess and manage risk to individuals and use systematic ways of minimising risk</li> <li>8. demonstrate team working and leadership skills in the provision of a healthy, safe, secure and productive environment for work and care</li> </ol>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role. They will be able to demonstrate through their own behaviours the personal qualities, values and principles associated with team-working and leadership competencies:</p> <ol style="list-style-type: none"> <li>1. actively encourage, and work within, a team environment, including multidisciplinary teams</li> <li>2. respect and value the contribution of all</li> <li>3. engage in continuous service improvement for better health outcomes and act as an advocate for the service</li> <li>4. seek opportunities to identify unwarranted variation</li> <li>5. adopt a proactive approach to new technologies and treatments, and champion digital approaches</li> <li>6. contribute to articulating the aspirations and vision of the organisation</li> </ol>	

Topic	Team working and leadership	Cross-reference
	<p>7. champion the use of <b>technology</b> and innovation in improving health and care outcomes for individuals, saving time and money and using information to support better decision-making</p> <p>8. champion safe working practices and a culture that facilitates safety through consultation with individuals, their families/carers and co-workers</p> <p>9. promote the contributions and <b>co-production</b> by individuals, their families and carers as part of the care team</p>	

### Domain 6: Duty of Care, Candour, Equality and Diversity

Topic	Duty of care, candour, equality and diversity	Cross-reference
<b>Learning outcome</b>	By the end of the programme the trainee nursing associate will be able to explain the principles underpinning duty of care, equality and diversity and the need for candour and will consistently demonstrate the application of those principles in and across a range of settings across life-course.	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. describe their duty of care and the ways they are able to take reasonable care to avoid acts or omissions which can reasonably be foreseen as likely to cause harm</li> <li>2. describe their duty of candour and the ways this can be demonstrated in practice</li> </ol>	<p>The Care Certificate (with a focus on standards 3,4,7,9,10)</p> <p>Nursing &amp;</p>

Topic	Duty of care, candour, equality and diversity	Cross-reference
	<ol style="list-style-type: none"> <li>3. define harm and <b>abuse</b> and identify sources of support and guidance to inform appropriate action and prevention and protection of individuals</li> <li>4. describe and critically discuss the importance of the basic rights and principles of dignity, equality, diversity, humanity and safeguarding as they are supported and promoted within a wide range of health and care settings with reference to legislation, policies and local ways of working</li> <li>5. describe the ways individuals can contribute to their own health and wellbeing and critically reflect on the importance of encouraging and empowering people to share in and shape decisions about their treatment and care</li> <li>6. explain the importance of health, safety and security systems, policies and practices, particularly in relation to duty of care, candour, <b>cultural competence</b>, equality and diversity<sup>24</sup></li> </ol>	<p>Midwifery Council: The Code (15,16,17,19)</p> <p>Generic Service Interventions Pathway: A Competency Framework to Support Development of the Learning Disability Workforce</p>
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of skills and competencies that support the delivery of principled and respectful care that actively avoids risk of harm. They will be able to:</p> <ol style="list-style-type: none"> <li>1. challenge areas of concern using appropriate behaviours and communication methods</li> <li>2. recognise the signs of harm or abuse and act on this appropriately</li> <li>3. demonstrate the ability to treat all individuals, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences</li> <li>4. work with individuals and others to reduce the likelihood of harm or abuse</li> <li>5. demonstrate an ability to deal with any tensions and conflicts between an individual's rights and a</li> </ol>	<p>Skills for Health: Mental Health Core Skills Education and Training Framework</p>

<sup>24</sup> E-Learning for Healthcare have an e-learning tool for cultural competence, available at: [www.e-lfh.org.uk/programmes/cultural-competence/](http://www.e-lfh.org.uk/programmes/cultural-competence/)



Topic	Duty of care, candour, equality and diversity	Cross-reference
	<p>duty of care</p> <ol style="list-style-type: none"> <li>6. <b>safeguard</b> and protect adults and children</li> <li>7. encourage and empower people to share in and shape decisions about their own treatment and care</li> <li>8. work actively to ensure a positive health and safety environment, individually and collaboratively, by using opportunities to remove, reduce or control risk and harm</li> </ol>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role and will be able to:</p> <ol style="list-style-type: none"> <li>1. demonstrate respect, kindness, compassion and empathy for all individuals, carers and colleagues</li> <li>2. promote to others principled and respectful care with regard to principles of dignity, equality, diversity and humanity, even when confronted with differing values and beliefs</li> <li>3. avoid making assumptions and recognise diversity and individual choice</li> <li>4. respect the ways (and chosen level) people receiving care want to share in and shape decisions about their health, wellbeing, treatment and care</li> <li>5. promote a positive health, safety and secure culture</li> </ol>	<p>.</p>

## Domain 7: Supporting Learning and Assessment in Practice

Topic	Supporting learning and assessment in practice	Cross-reference
<b>Learning outcome</b>	By the end of the programme the trainee nursing associate will be able to exercise those skills, attitudes and behaviours that support <b>personal development</b> and lifelong learning, as well as those associated with the development of others.	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. explain the importance of keeping professional knowledge and skills up to date and working within the limits of personal competence</li> <li>2. discuss theories of teaching and learning to underpin the role of nursing associate as a learner, teacher or supervisor, according to the best contemporary clinical and educational standards</li> <li>3. explain and critically discuss core theories of learning, particularly those applied to the independent adult learner, including the theory of reflective practice</li> <li>4. describe the importance of feedback and the range of methods for giving and receiving feedback</li> <li>5. apply knowledge of teaching, learning and assessment in the design and delivery of peer learning</li> </ol>	<p>The Care Certificate (with a focus on standards 1,2)</p> <p>Nursing &amp; Midwifery Council: The Code (9)</p>

Topic	Supporting learning and assessment in practice	Cross-reference
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate is expected to apply in practice a range of skills and competencies that support learning and assessment. They will be able to:</p> <ol style="list-style-type: none"> <li>1. apply their understanding of the role and the importance of <b>continuing professional development (CPD)</b> to ensure that professional knowledge and skills are kept up to date by:               <ol style="list-style-type: none"> <li>a. applying the skills of reflection to identify personal development needs to transform and maintain up-to-date practice</li> <li>b. acting as a self-motivated, professional nursing associate, being willing to learn from self and others, responding positively to and acting on <b>constructive</b> and meaningful feedback</li> <li>c. contributing to a culture that values CPD in recognising strengths, identifying areas for improvement and supporting others to do the same</li> </ol> </li> <li>2. demonstrate best practice in educational theories that underpin learning and teaching in nursing, by:               <ol style="list-style-type: none"> <li>a. delivering (or supporting others to deliver) training through demonstration and instruction</li> <li>b. acting as a role model and mentor to peers</li> <li>c. assisting or leading in the education of individuals, their families and/or carers</li> <li>d. providing constructive and meaningful feedback to others and supporting them to develop ongoing action plans</li> <li>e. appropriately assessing others' learning</li> <li>f. using a wide range of appropriate, established and emerging, methods and technologies in support of high-quality learning and teaching</li> </ol> </li> </ol>	

Topic	Supporting learning and assessment in practice	Cross-reference
<b>Attitudes and behaviours</b>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role and will be able to:</p> <ol style="list-style-type: none"> <li>1. act as a role model for ongoing learning and development of professional knowledge, skills and capabilities</li> <li>2. promote and actively support training and teaching and learning in the workplace</li> <li>3. promote and contribute to the education and promotion of health and wellbeing in individuals, their families and/or carers</li> <li>4. champion innovative methods and technologies in teaching and learning</li> </ol>	

## Domain 8: Research, Development and Innovation

Topic	Research, development and innovation	Cross-reference
<b>Learning outcome</b>	<p>By the end of the programme the trainee nursing associate will be able to demonstrate the importance of research and innovation, and being research aware, across the health and care landscape. They will also be able to demonstrate how research and innovation, and their role in this, improves the quality of patient/individual safety and care and addresses the challenges faced in the context of rising public expectations.</p>	
<b>Knowledge</b>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. explain the importance of research, innovation and audit in improving the quality of patient safety and</li> </ol>	

Topic	Research, development and innovation	Cross-reference
	<p>care and in meeting the challenges of the future</p> <ol style="list-style-type: none"> <li>2. describe the various established methods of research and audit how these are used to interpret and apply new knowledge in health and social care</li> <li>3. explain the importance of:               <ol style="list-style-type: none"> <li>a. user involvement and peer review in research</li> <li>b. the role of statutory and advisory regulatory bodies, for example, National Institute for Health and Care Excellence (NICE) and explain the concept of evidence-based practice</li> <li>c. quality assurance frameworks in research, audit and service improvement</li> <li>d. governance and ethical frameworks</li> <li>e. evidence-based practice</li> <li>f. critically evaluate ways the individual nursing associate can support wider health and care teams in innovative technologies and practice</li> </ol> </li> </ol>	

Topic	Research, development and innovation	Cross-reference
<p><b>Clinical and care skills</b></p>	<p>By the end of the programme the trainee nursing associate will be able to:</p> <ol style="list-style-type: none"> <li>1. apply critical analytical skills in a research/audit/service improvement context, working within an ethical framework</li> <li>2. participate in a research or service improvement project and present data, research findings and/or innovative approaches to practice to peers in appropriate forms</li> <li>3. demonstrate research awareness in evidence-based practice</li> <li>4. make use of existing and new technologies to support service improvement</li> <li>5. support the wider health and care team in the spread and adoption of innovative technologies and practice</li> </ol>	
<p><b>Attitudes and behaviours</b></p>	<p>By the end of the programme the trainee nursing associate is expected to demonstrate the attitudes and behaviours necessary for the nursing associate role. They will be able to:</p> <ol style="list-style-type: none"> <li>1. promote the need for and demonstrate evidence-based practice, audit procedures, research, development and innovation in the delivery of health and care to contribute to high-quality patient safety and care</li> <li>2. promote adherence to all ethical, legal, governance and quality assurance frameworks that pertain to research, development and innovation</li> <li>3. champion the use of technology and innovation in research and audit</li> <li>4. engage in continuous service improvement for better healthcare outcomes</li> <li>5. act as an advocate for the service</li> </ol>	

### Appendix 1:

#### Curriculum Framework Working Group

The Nursing Associate Curriculum Framework Group was established in June 2016.

##### Scope of work

The group was charged with writing a curriculum framework document to be used by all partnerships to devise their own Nursing Associate Training Programmes. In addition, the group was to:

- use the parameters of practice as agreed through the consultation and engagement events to form the basis of the framework document
- research existing programmes and apprenticeships that the new Nursing Associate Training Programmes could have an impact on or align to
- use existing and emerging codes, standards, legislation and initiatives that should inform and direct the new nursing associate role
- liaise with the Institute of Education to ensure that the curriculum framework is at an appropriate level suitable for higher education institutions
- work with and take feedback from the working group, the engagement group and other key stakeholders such as the Nursing & Midwifery Council

##### Membership

Sam Donohue  
Senior Nursing Policy Manager  
Health Education England

Susan Kennedy  
Educationalist and Curriculum Lead  
Health Education England

Tracey Nicholson  
Project Manager  
Standards, Learning, Qualifications & Apprenticeships  
Skills for Care

Angelo Varetto  
Head of National Occupational Standards (NOS), Qualifications and Apprenticeships  
Skills for Health

The group met regularly and members led on specific areas of work, including outreach and liaison with stakeholders. They wrote specific sections of the framework, identified and shared existing documentation, standards, frameworks and pertinent best practice.

A near-final draft of the document was used with the test-site partnerships at an engagement event on 25 October 2016, resulting in some subsequent amendments and additions.

## Appendix 2:

### Domains mapped to Draft Parameters of practice from Engagement events

Table A1 aligns the core components of the draft parameters of practice to the superseded eight overarching domains of practice.

Draft parameters of practice were used in the original stakeholder document. They helped us to create the curriculum framework and write the programme domains. There was huge consensus on the top five parameters identified by participants. The final parameters of practice that describe the role are contained in the learning outcomes in each of the domains but the essence of these original draft components has been retained.

**Table A1: core components of draft parameters of practice**

Programme domains	Parameters of practice
<p><b>Domain 1: Professional values and parameters of practice:</b></p> <p>Exercise personal responsibility and work independently within defined parameters of practice, taking the appropriate initiative in a variety of situations and performing a range of clinical and care skills consistent with the roles, responsibilities and professional values of a nursing associate.</p>	<ul style="list-style-type: none"> <li>a) Recognise situations where they have reached their own parameters of practice and need to refer to a registered nurse or other appropriate health or care professional.</li> <li>b) Practice at a higher level than a care assistant or healthcare support worker.</li> <li>c) Deliver care under the direction of a registered nurse (and/or other appropriate health or care professional) but do not require direct supervision, delivering care at times independently in line with an agreed and defined plan of care.</li> <li>d) Proficient attitudes and behaviours (including acting in a manner that is kind, compassionate and non-discriminatory).</li> </ul>
<p><b>Domain 2: Person-centred approaches to care:</b></p> <p>Exercise those skills, attitudes and behaviours that support the planning, delivery and evaluation of high-quality, person-centred, holistic care.</p>	<ul style="list-style-type: none"> <li>a) Deliver person-centred, holistic care planned and evaluated through reflection in practice and in partnership with a clinical team.</li> </ul>
<p><b>Domain 3: Delivering care</b></p> <p>Work across organisational boundaries in a range of health and care settings and apply in practice the range of clinical and care skills appropriate to their parameters of practice.</p>	<ul style="list-style-type: none"> <li>a) Recognise the early signs of illness or deterioration, including physiological assessments and observations.</li> <li>b) Preventative interventions and health promotion, understanding the wider determinants of health and the management of long-term conditions, including focused competencies on national and local public health initiatives such as:</li> </ul>



	<ul style="list-style-type: none"> <li>i) wellbeing</li> <li>ii) obesity reduction</li> <li>iii) smoking cessation</li> <li>iv) prevention of coronary heart disease</li> <li>v) substance misuse</li> <li>vi) sexually transmitted diseases</li> <li>vii) appropriate signposting to step up agencies (for example, when a person's condition worsens)</li> </ul> <ul style="list-style-type: none"> <li>c) Prioritising workloads and caseloads, including <b>delegation</b>, time management and flexibility.</li> <li>d) Administering prescribed medicines, including pharmacokinetics and pharmacology.</li> <li>e) Work across organisational boundaries.</li> </ul>
<p><b>Domain 4: Communication and interpersonal skills:</b></p> <p>Communicate effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of communication on delivering and improving health and care services and will possess those interpersonal skills that promote clarity, compassion, empathy, respect and trust.</p>	<ul style="list-style-type: none"> <li>a) Communication and interpersonal skills, including demonstrating the ability to: <ul style="list-style-type: none"> <li>i) develop therapeutic relationships</li> <li>ii) use different forms of communication to make reasonable adjustments, for example, for people with learning disabilities</li> <li>iii) maintain confidentiality and data protection</li> <li>iv) show emotional intelligence</li> <li>v) show resilience in situations of conflict and aggression</li> <li>vi) demonstrate professional communication and record-keeping</li> </ul> </li> <li>b) Digital literacy and the use of technology in the future health and care sectors.</li> </ul>
<p><b>Domain 5: Team working and leadership:</b></p> <p>Explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and demonstrate a range of those competencies, attitudes and behaviours required of a nursing associate.</p>	<ul style="list-style-type: none"> <li>a) As a member of a multidisciplinary team, coordinate and oversee care interventions under the direction of a senior professional.</li> <li>b) Effective team working and leadership collaborative practice, multidisciplinary working and care navigation.</li> </ul>
<p><b>Domain 6: Duty of care, candour, equality and diversity:</b></p> <p>Explain the principles underpinning duty of care, equality and diversity and the need for candour and will consistently demonstrate the application of those principles in and across a range of</p>	<ul style="list-style-type: none"> <li>a) An understanding of health inequalities and a basic understanding of legislation as it affects their care group (for example, the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards)</li> <li>b) Safety and risk management and knowing when</li> </ul>

<p>settings across life-course.</p>	<p>to seek advice from a registered nurse or other personnel.</p>
<p><b>Domain 7: Supporting learning and assessment in practice:</b></p> <p>Exercise those skills, attitudes and behaviours that support personal development and lifelong learning together as well as those associated with the development of others.</p>	<p>a) Personal development and the development of others, including mentoring healthcare assistants throughout lifelong learning and teaching skills.</p>
<p><b>Domain 8: Research, development and innovation:</b></p> <p>Demonstrate the importance of research and innovation, and being research aware, across the health and care landscape. They will also be able to demonstrate how research and innovation, and their role in this, improves the quality of patient/individual safety and care and addresses the challenges faced in the context of rising public expectations.</p>	<p>a) Be research aware and make use of existing and new technologies to support service improvement.</p> <p>b) Apply appropriate and approved new scientific, technical, diagnostic, monitoring, treatment and therapeutic procedures, innovations and technologies in routine practice.</p>

### Appendix 3:

## Nursing Associate nursing and care scenarios

Situational examples are provided to help determine the role and level of the nursing associate in relation to other health and care roles.

### Situational Example: Nursing Home with associated care scenarios

#### Setting: Nursing Home

Role	Parameters of practice	Knowledge
<b>Registered Nurse</b>	<ul style="list-style-type: none"> <li>• Overall responsibility for provision and delegation of care for residents who shift.</li> <li>• Needs to assess and plan care for a new resident.</li> <li>• Needs to meet with the GP and community palliative care nurse to discuss end-of-life care needs for one resident.</li> <li>• One resident had fallen and sustained an injury and the registered nurse must complete all incident paper work and contact the family to discuss the incident. Plus arrange a meeting with senior staff to review slips, trip and falls policy.</li> <li>• Two residents have deteriorated and she needs to review their care.</li> <li>• The registered nurse is providing all care for a further two residents who have been discharged from hospital with multiple, complex care needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Degree-level registered nurse with specialist knowledge of older person's care and dementia care.</li> </ul>
<b>Nursing Associate</b>	<ul style="list-style-type: none"> <li>• Responsible for delegation of direct care tasks to care assistants.</li> <li>• Will oversee care for their allocated residents including administering medicines, complex wound care, and recognising if a resident is deteriorating or improving; will alert registered nurse if the prescribed plan of care needs to be altered.</li> <li>• Responsible for the education of new care assistants and the assessment of the Care Certificate. Will educate them in the need of individual residents, in particular with dementia, and the tools used to enable care to be person-centred and holistic.</li> <li>• Will be an assessor for level 2 and 3 apprenticeship provision in the home.</li> </ul>	<p>Educated to level 5 and having undertaken the Nursing Associate Training Programme, the nursing associate will have the ability to:</p> <ul style="list-style-type: none"> <li>• deliver person-centred care</li> <li>• solve problems</li> <li>• support the education and assessment of competence of others</li> <li>• be fully aware of the parameters of their own practice</li> </ul>

<p><b>Care Assistant</b></p>	<ul style="list-style-type: none"> <li>Provides direct care to residents under supervision of the nursing associate. Includes supporting residents with hygiene needs, nutrition and hydration, elimination and assisting them to access therapeutic activities.</li> </ul>	<p>Junior care assistants will have completed the Care Certificate and are competent to:</p> <ul style="list-style-type: none"> <li>deliver direct care</li> <li>perform allocated tasks where appropriate</li> </ul> <p>Senior care assistants will have achieved level 2 or 3 apprenticeship standard and will:</p> <ul style="list-style-type: none"> <li>perform a wider range of tasks</li> <li>perform with lower levels of supervision</li> </ul>
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**Associated care scenarios:**

**Care scenario 1: The Care Assistant**

Maggie is a 78-year-old resident who has lived in the home for 18 months. Maggie is in stage 2 of dementia and she normally wakes in the morning needing reassurance of her surroundings. Maggie has few physical health needs and is on a small range of medicines that only require routine review.

A new care assistant is allocated to look after Maggie on the early shift. The nursing associate talks her through how to minimise Maggie’s anxiety by reading Maggie’s ‘This Is Me’ booklet. This helps her to know how Maggie likes to be addressed, particular nuances that she prefers and her personal preferences for nutrition, clothing and assisting with her hygiene needs. Soon the care assistant will also be administering Maggie’s medicines according to the care home protocol as Maggie is stable and they are straightforward.

The nursing associate explains the importance of allowing Maggie time to feel reassured. When Maggie gets anxious she becomes agitated and, recently, aggressive. The nursing associate explains the importance of consent and how we can use communication techniques to ensure that Maggie is not led into a situation where her anxiety escalates. This is extremely important as we must safeguard Maggie against any situations where she feels physically threatened or where restraint is used.

They have previously discussed the stages of dementia and how varying forms of dementia manifest.

**Care scenario 2: The Nursing Associate**

Phil is an 82-year-old resident in the nursing home. He is well-liked by all and typically stoical, rarely asking for additional help.

Phil is an insulin-dependent diabetic. His peripheral vascular disease has left him with an above-knee amputation of his right leg and he has recently been complaining of pain in his left leg. He has developed a sacral sore, which the registered nurse classified as a grade 2 and he is losing weight due to his recent lack of appetite.

Due to Phil’s condition, he needs holistic care. Therefore, the nursing associate will provide care for Phil that shift, instead of a care assistant. The nursing associate asked the registered nurse to assess Phil on the previous shift and they have instigated a new plan of care for his nutrition and his sacral sore.

The nursing associate needs to administer Phil's insulin but she notices he feels warm and clammy to touch, he hasn't eaten his breakfast and he is hanging his leg out of the bed. He says the covers feel heavy.

The nursing associate is concerned and she performs a blood glucose test to see if Phil's glucose levels are low (no breakfast, clammy to touch in which case if she administers the insulin she may cause him to deteriorate into a hypoglycaemic coma) or if his levels are high, despite not eating which could identify a potential infection. He may then need an increased dose of Insulin.

The nursing associate reassures Phil, administers his other medicines and additional pain relief as she knows she will need to remove the dressing on the sacral sore to see if it could be the cause of infection. She is also concerned about his urine output. Phil is not catheterised but does use a urinal bottle in the night and there is a very small amount of foul-smelling urine in the bottle. She decides to perform a urinalysis test.

Phil is struggling with his speech this morning. The nursing associate assists him to sit up and take a drink. His mouth is very dry and his lips have cracked in the night. She speaks to the care assistant and asks that she ensure that Phil is assisted to have a drink every 30 to 60 minutes.

As Phil sits up, the nursing associate touches his left leg. She notices it feels cold to touch from his knee down and his toes are slightly mottled. She knows that Phil has peripheral vascular disease and that this is an extremely serious sign that his arterial supply to his remaining foot has deteriorated.

The nursing associate is concerned about Phil and she rightly requests that the registered nurse comes to review him immediately. She knows that Phil's condition is deteriorating and she has reached the parameters of her practice.

She outlines her review of Phil:

- elevated blood glucose
- mottled toes
- elevated temperature
- sacral sore is inflamed around the edge and the exudate has an odour
- dehydrated
- poor nutritional intake
- uncontrolled pain
- urinalysis indicates infection
- low in mood

The registered nurse comes immediately. She trusts the nursing associate's judgement and competence. Prior to having the nursing associate role there had been a number of incidents where the deterioration of a resident had not been noticed in time and this has ended in a hospital admission.

### **Case scenario 3: The Registered Nurse**

Daphne is 85 and has been a resident in the home for eight years. She originally came for day respite when she was first diagnosed with stage 1 dementia. She is now in end of life stage and is deteriorating by the day.

Daphne has a subcutaneous morphine pump to relieve her pain, subcutaneous fluids. She is unable to swallow and requires provision of full care. Daphne cannot communicate and so she needs the registered nurse's communication skills to assess her needs.

Daphne's family now visit daily and also need support.

The registered nurse has a specialist qualification in dementia care (postgraduate diploma in dementia care) and specialist knowledge in end of life care. She has developed a therapeutic relationship with

Daphne and her family and is able to provide the specialist, skilled care that Daphne needs at this time of her life.

### **Case scenario 4: Wound and pressure sore care (including tissue viability)**

The need for the nursing associate, or the registered nurse or care assistant, to perform wound care will differ according to care settings. All registered nurses possess knowledge of the principles of wound healing and will be able to care for a variety of wounds. During their nurse education they will be taught and assessed in the knowledge of the complexity of wound healing and the need for holistic assessment of the individual to create the optimal situation for the wound to heal. It is important to be mindful of the person and focus on the holistic needs of the individual and the variables that may affect the healing process and plan care accordingly for the wound to heal.

The care settings nursing associates will determine the level of complex wound care knowledge they possess. Some services, such as community nursing, acute care settings, specialist services such as dermatology and many nursing care home settings will require the nursing associate to have advanced wound care knowledge. Others may see fewer wounds, with less complexity.

Simple wounds are those that are stable and require minimum intervention. They may range from a post-surgical wound that is healing without intervention or a longstanding venous leg ulcer that requires a care plan (assessed by the registered nurse) but the wound is static and rarely deviates from its plan of care.

Complex wounds present risk to the individual. A person's condition can deteriorate within a few hours and they need a carer to be knowledgeable about the wound-healing process. The carer must be aware of the risk of infection and acute onset of deterioration and the emotional, physical and social factors that have a direct effect on healing. If a nursing associate is looking after a person with a complex wound, it will be critical that they adhere to the prescribed plan of care and work within their own parameters of practice. This is the same for any professional providing care.

Care assistants have no national standards of education or training to care for wounds and pressure sores. Some organisations will have a programme of learning but others will provide little support. This leads to a range of care provision.

The nursing associate will be required to have a nationally standardised, higher level of knowledge and skills to care for complex wounds. To enable the registered nurse to support individuals with the most complex, unstable wounds, the nursing associate will be required to bridge the gap between the simple wound and the most unstable. These situations carry risk. The wrong judgement can mean that a healing wound deteriorates and a deteriorating wound is not appropriately assessed and the situation acted upon in time.

