

Registered Nurses and Health Care Support Workers

A summary of RCN policy positions



Overview

This briefing is a summary of established RCN positions that refer to the education of the registered and non-registered nursing workforce. The briefing highlights that:

- the registered nursing workforce should remain an all graduate profession
- the RCN does not support the return of the second level Registered Nurse
- there are defined accountability and delegation responsibilities for Registered Nurses
- all health care support workers (HCSWs) should be regulated in the interest of public protection
- HCSWs must be supported to develop the knowledge and skills required to deliver competent and compassionate patient-centred care
- a structured career framework for HCSWs should be developed
- responsibility for the overall nursing care of the patient and clinical decision making lies with the Registered Nurse and cannot be substituted by an HCSW or assistant practitioner (AP)
- staffing levels and skill mix should be determined appropriately using professional judgement, guidance and tools
- in relation to safe staffing, there is an association between the number of Registered Nurses and better patient outcomes.

Situation update:

The government announced on 17 December that it is creating a new route into nursing, by introducing a Nursing Associate role. The RCN has welcomed this recognition of the value of HCSWs, and the development of an initiative which will allow them to build their skills and to access training via a clear structure.

The scheme also offers the opportunity for those in supporting roles to take a shorter route into

graduate nursing. The fundamental role of the Registered Nurse does not change – studies show that the number of Registered Nurses has a significant impact on patient outcomes, and this is backed up by the World Health Organization.

We will be responding in full to the consultation to ensure that this new role is fully funded, without detracting from the wider workforce, and above all is an asset to care and to patients.

Registered Nurses – all graduate profession

The nursing workforce consists of Registered Nurses and non-registered health care assistants and assistant practitioners. The RCN position is that graduate entry to the registered nursing profession is critical to the preparation of a nursing workforce equipped to meet current and future patient and population health and care needs.¹

The Nursing and Midwifery Council (NMC) regulates nurses and midwives in England, Wales, Scotland and Northern Ireland. The NMC sets standards of education, training, conduct and performance and ensures that nurses and midwives keep their skills and knowledge up to date and uphold professional standards.

Second level Registered Nurses

The RCN does not support the return of the second level Registered Nurse (commonly referred to as the Enrolled Nurse) or the creation of a stand-alone new role to plug a perceived gap between HCSWs and Registered Nurses. Instead the RCN has consistently called for a clear career ladder, that includes step on and step off points, to support and develop HCSWs and provide opportunities for those who wish to enter the workforce at graduate level.

Second level nurses had no opportunity to progress their career unless they undertook a Registered Nurse conversion course. They consistently reported very high workloads and concerns regarding lack of support and supervision, while some described the role as being exploited. Black and ethnic minority staff were also disproportionately represented in these roles.

The experience of previous second level nurses, combined with the significant financial pressures that the NHS is experiencing, suggests that there is a very high risk that if reintroduced they would be regarded as a cheaper and faster option to grow the workforce. This may result in the substitution of level one Registered Nurses. On the basis of the current and growing body of research regarding the relationship between Registered Nurses and patient care this would undermine quality and safety.

Further research is needed to explore the implications of reintroducing the second level Registered Nurse. However, King's College London has shown that research exploring the impact of the second level nurse (similar to the old 'EN' qualification) is not supportive of the role. This research indicates that reinvention of a second level nurse would not offer a simple solution to current workforce challenges.²

1 RCN (2007), *Pre-registration Nurse Education. The NMC Review and the Issues*, www.rcn.org.uk/_data/assets/pdf_file/0004/313582/14.07_Pre_Registration_Nurse_Education_-_The_NMC_Review_and_Issues.pdf

2 King's College London (2009), *Policy+ Issue 21*, [www.kcl.ac.uk/nursing/research/nrru/policy/Policy-Plus-Issues-by-Theme/Whodeliversnursingcare\(roles\)/PolicyIssue21.pdf](http://www.kcl.ac.uk/nursing/research/nrru/policy/Policy-Plus-Issues-by-Theme/Whodeliversnursingcare(roles)/PolicyIssue21.pdf)

Health care support workers

The RCN recognises the need for a flexible workforce with appropriate skills and competencies which can respond to the changing requirements across both the health and social care sectors. Registered Nurses are commonly the greatest advocates for HCSWs.

The RCN contributed to the independent *Cavendish Review* into HCSWs and was a strong supporter of the recommendations.³ There are inconsistencies in the education, training and support for HCSWs across the UK which must be addressed by a robust structure for development, training and education and a linked career framework. In the interests of public protection the RCN believes this should be underpinned by mandatory regulation.

Such an approach reinforces the crucial supplementary and support role that HCSWs play rather than creating a second tier or substitute nursing workforce.

Regulation:

Since 2007, the RCN has consistently called for the mandatory, statutory regulation of all HCSWs. The RCN believes all HCSWs, including health care assistants (HCAs) and assistant practitioners (APs), should be regulated in the interests of public safety and is committed to supporting steps towards mandatory regulation.

The RCN believes that mandatory regulation enshrined in law is the only way to ensure that HCSWs are trained and educated with consistency and are working to values and behaviours that all people receiving health care in the UK should expect. The RCN has real concerns that a voluntary system will only lead to confusion and inconsistency in both application and approach, leading to continued erosion of patient and professional confidence in the wider regulatory system.⁴

³ Cavendish (2015), *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

⁴ RCN, www.rcn.org.uk/development/health_care_support_workers/professional_issues/regulation/rcn_work_on_regulation

Accountability and delegation⁵:

Registered Nurses⁶:

- use their specific knowledge and skills to make clinical judgements when assessing the needs of patients
- act upon their assessment and prescribe, delegate and supervise nursing care
- are accountable for their decisions and actions, including the decision to delegate to others
- use their training and clinical experience to judge when delegation is safe and appropriate within the context of any particular situation.

HCSWs and APs work under delegation from registered practitioners and should not be expected to make ‘stand alone’ clinical judgements. They should work within guidelines and protocols and should be supervised (in varying degrees) by the registered practitioner.

HCSWs and APs, like other team members, are accountable for their actions. They have social, ethical, legal and contractual accountabilities and are responsible for the tasks they undertake. HCSWs and APs must not work beyond their level of competence.

The distinction between the roles and responsibilities of Registered Nurses, HCSWs and APs is often not clear to others, as boundaries between different health disciplines are becoming increasingly blurred. Team members, patients and the public frequently misunderstand the difference between the Registered Nurse and the support worker role. In order to maximise safety and quality of care, HCSWs and APs must only be asked to perform activities that fall within their assessed competence.

Whilst there are a wide range of activities that can be undertaken by appropriately trained and competent support workers, the responsibility for the overall nursing care of the patient and clinical decision making lies with the Registered Nurse, and this is not something that can be substituted by an HCSW or AP.

Education training and career progression for a regulated HCA workforce⁷:

HCSWs are valued and integral members of the nursing team. They must be supported to develop the knowledge and skills required to deliver competent and compassionate patient-centred care.

5 RCN, www.rcn.org.uk/development/health_care_support_workers/professional_issues/accountability_and_delegation_film

6 RCN (2013), *The Nursing Team: Common Goals, Different Roles*, www.rcn.org.uk/_data/assets/pdf_file/0010/441919/004213.pdf

7 RCN (2012), *Position Statement on the Education and Training of Health Care Assistants (HCAs)*, www.rcn.org.uk/_data/assets/pdf_file/0005/441059/Position_statement_-_HCAs_Final_2.pdf and RCN (2014), *Shape of Caring RCN submission*, www.rcn.org.uk/_data/assets/pdf_file/0004/595282/66.14_Shape_of_Caring_RCN_submission.pdf

Training should be competence-based, quality-assured, and assessed against nationally recognised standards. It must be set at an appropriate level to the HCSW's needs within the organisation.

Competence should be assessed and documented regularly, in line with the annual personal development plan and appraisal. This assessment has resource implications as it is an additional part of the Registered Nurse role.

Valuing the health care support workforce is rooted in identifying and developing potential in all workers; this includes involving them in decision making on the future direction of the workforce.

There is a need to widen opportunities for career progression within a national nursing career framework. This issue was raised in the *Shape of Caring Review*⁸ and the RCN is open to working collaboratively with partners such as Health Education England on what any framework may look like.

Regulation of the HCSW workforce is primarily for public protection. It can help reduce unnecessary variation in training and development. However, this requires consensus on the knowledge, skills and competencies that HCSWs require to provide effective care and add value to the health care system.

The HCSW workforce needs robustly evaluated programmes of education and further training (which could be supported by the RCN's *First Steps* resource) within a national framework of HCSW career progression, linked to regulation and accompanied by appropriate support from all senior staff, particularly line managers. This is key in enabling more seamless progression routes for the health care workforce.

Investment in training and education needs to be accompanied by policies and initiatives that widen access to those opportunities.

Research indicates that there is potential for considerable benefits in developing and evaluating HCSW training programmes, including: improved confidence and cross-team working, a freeing up of nursing time together with confident and appropriate delegation of activities, reduced staff turnover, improved clinical outcomes and more effective patient communication skills.

The natural progression for understanding core skills, competencies and capabilities will be to set these out in a cohesive, nationally agreed career framework. At a time of financial constraints, employers may seek to provide or fund the cheapest – rather than the best or best-value – learning options. A career framework, linked to regulation, will help ensure minimum standards for quality are met and that the HCSW and nursing workforce are able to meet the emerging challenges in the next 10 to 15 years.

⁸ Willis (2015), *Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*, <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2015/03/2348-Shape-of-caring-review-FINAL.pdf>

The RCN has developed the *First Steps* online learning resource for HCSWs, which supports the codes and standards of all UK countries and has been robustly evaluated for its impact on learning outcomes: www.rcn.org.uk/firststeps

Staffing levels and skill mix

The RCN's formal position is that there is no one definitive number when setting nurse to patient ratios in relation to staffing levels. Instead, staffing levels and skill mix should be determined appropriately using professional judgement, current recommendations, guidance and workforce planning tools. Setting staffing levels and determining the skill mix depends on a range of factors, including clinical setting and the acuity of patients. In 2012 the RCN published the guidance *Safe Staffing For Older People's Wards*.⁹

There is a growing body of research clearly demonstrating a link between safe staffing levels of Registered Nurses and better patient outcomes. This research and recent guidance provides ranges where care is more likely to be safe and levels at which care becomes unsafe. For example, the evidence shows that in adult acute medical wards, care becomes unsafe when the ratio is more than 1:8. The RCN is an active member of the Safe Staffing Alliance and supports the 'Never More Than 8' campaign for acute adult wards.

The RCN's formal position on skill mix can be found in *Guidance On Safe Nurse Staffing Levels in the UK*, which looks at determining the skill mix in a variety of settings.¹⁰ In relation to general medical wards the RCN recommends that the ratio of registered: unregistered nursing staff should not fall below 65: 35 per cent.

Link between Registered Nurses and patient outcomes

Guidance on safe nurse staffing levels in the UK highlights the body of research by academics (Rafferty (2007), Aiken et al. (2002) and Needleman et al. (2002)) showing the link between Registered Nurses and improved patient outcomes.

The RCN guidance states:

'There is a growing body of research evidence which shows that nurse staffing levels make a difference to patient outcomes (mortality and adverse events), patient experience, quality of care and the efficiency of care delivery. For example, a systematic review in 2007 concluded that there was evidence of an association between increased Registered Nurse staffing and a lower rate of hospital related mortality and adverse patient events.'

Recent research showed the association between 'care left undone' with workload and perceived quality of care (Ball, J., Murrell, T., Rafferty, A.M., Morrow, E. & Griffiths, P. 2014).

At present there is no evidence in relation to an association for non-registered staff.

⁹ RCN (2012), *Safe Staffing for Older People's Wards*, www.rcn.org.uk/_data/assets/pdf_file/0009/479349/004301.pdf

¹⁰ RCN (2007), *Guidance on Safe Nurse Staffing Levels in the UK*, www.rcn.org.uk/a/353237

Personalised care and skill mix

The Dignity in Care Commission established by Age UK, the NHS Confederation and the Local Government Association published the *Delivering Dignity* report, which stated that:

'The Commission noted evidence from the Royal College of Nursing (RCN) that older people's wards routinely have lower staffing levels than other wards, which the RCN believes has a significant impact on quality and safety.

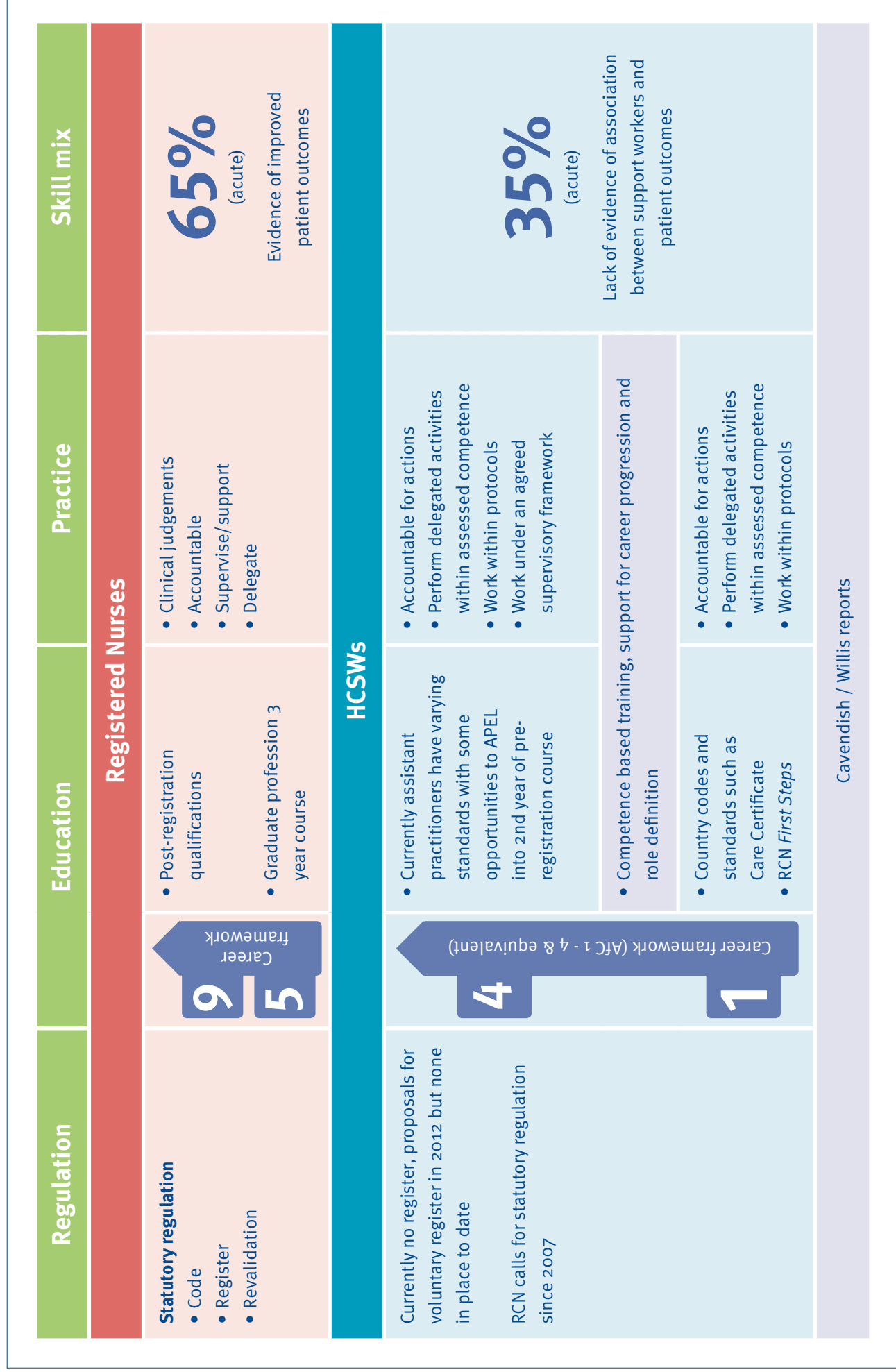
*There is a need for enough staff to provide personalised care, rather than rushing through each task as quickly as possible, and the additional needs of older people should be taken fully into consideration when making staffing decisions. So we have stressed the responsibility of ward sisters, charge nurses and care home managers to raise concerns if the number or skill mix of staff on duty is inadequate, and the responsibility of managers to respect and consider those concerns.'*¹¹



¹¹ Dignity in Care Commission (2012), *Delivering Dignity*, www.ageuk.org.uk/Global/Delivering%20Dignity%20Report.pdf

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The diagram below pulls together the RCN policy positions, highlighting the important relationship between education, practice, regulation and skill mix in the nursing workforce.







Royal College
of Nursing

The RCN represents nurses and nursing,
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