

FAQs

Urgent and Emergency Care Nursing Associate Programme

Is the £4k per year just for this Urgent Care Programme or is it for all TNAs?

This offer relates to all TNAs.

Is the proposed £333 per month throughout the 2 years in addition to the £3,200 monies we currently get, or is this the new offer this year?

Money for TNA's for 2020/2021 is going to be paid monthly. Previously, £3200 has been paid annually, this is now £4000 annually (£8000 over the two years), and will be paid as £333 monthly. So, this is instead of the £3200 upfront annual payment.

Can GP Federations be part of the levy?

In order to draw down levy, the institution must be a primary employer. If a Confederation/Federation is not a primary employer (as is often the case) they cannot draw down the levy. This would need to be done by the employing practice.

Have you managed to secure any additional funding that would enable back-fill?

Specifically thinking about the care sector?

Yes, we are delighted to have secured a small amount of additional funding to support smaller employers that would otherwise struggle to release staff to participate in the programme.

Are the demographics of previous course membership representative of the population?

Two years into the delivery of apprenticeships within the UoH, we are monitoring learner intake against the latest Yorkshire and Humber census, and University of Huddersfield BSc Nursing cohorts. This is in order to understand the learner profile and to identify any trends or areas for development as appropriate.

In summary, the Level 5 TNAs (comprising of four cohorts and a total of 337 learners) include a BAME representation that is slightly higher than the census, with a representation of just over 3% Black/Black Caribbean and 5% Asian/Pakistani learners.

As per the overall picture across the UK nursing professions, males are poorly represented. However, in the TNA cohorts, we have a slight higher proportion of males when compared with the UoH BSc Nursing cohort, of 10%, compared to just 8%.

Since the removal of bursaries in nursing and the health professions in 2016, there has been a marked drop in the number of mature student nurses. The introduction of apprenticeships has seen a significant increase in mature learners.

In comparison, learners reporting a disability are lower than the census and the BSc Nursing cohort. However, the academic teams are picking some undiagnosed mature learners showing signs of dyslexia and other learning issues, and therefore triggering the SEN assessment and PLSP. As a result, this figure is constantly being reviewed and updated.

We are now working to review this data and compare differential groups to highlight any attainment gaps and ensure the appropriate support is provided for each learner.

What would happen if one of the 4 TNA's took a pause in learning? There would then be a gap in rotation for one of the providers potentially for 6 months?

Yes, this is a possibility for all apprenticeships both static and rotational – The University recognise a learner may be hindered by factors beyond their control, such as illness, injury or personal difficulties, meaning they are unable continue. We have a range of existing processes that we can utilise to support learners who struggle to progress for academic, professional or personal reasons. We have established processes to step on and off a programme so that they are not disadvantaged and have minimal delay in their educational journey. The University deliver cohorts in December and June therefore if a TNA leaves then there is the opportunity to replace the vacancy in the next cohort minimising disruption to service.

What is the situation with apprentices taking annual leave?

Annual leave must be worked around the contents of the programme plan and is negotiated with the employer, not the University; we recommend that leave is distributed evenly across the year.

Are there any further updates regarding NAs and administration of controlled drugs?

Further information from the NMC on the Nursing Associate role and responsibilities can be found here: <https://www.nmc.org.uk/standards/nursing-associates/>

If the TNA coming onto this programme was from a Nursing Home or from a GP setting, then would they only send 6 months of the 2 year training programme with their usual employer, e.g. Nursing Home?

Yes, that's correct. The TNA would remain employed and contracted by their primary employer and work at their base setting (e.g. Nursing Home) for 6 months of the 2 year course (this could be 2 x 3 month placements), and the rest of the time they would rotate through the other bases (such as A&E, GP practice, UTC etc). The remaining 18 months of the two year course, the employer would have one of the other 3 TNAs that share the same rotations as the TNA that they employ. The TNAs spend 60% of their time working with a 'base' employer (e.g. the Nursing Home), 20% in mandatory placements (settings mandated by the NMC to for TNAs, these include MH, Children, LD), and 20% of the time receiving education from the University.

Are TNAs able to work in residential care homes, or do they have to work in a nursing home under the supervision of a registered nurse?

For the purpose of the course, TNAs would require an environment where there is a registered nurse available to supervise and/or assess the TNA as per the NMC requirements.

How would TNAs be supported to work in the different/unfamiliar settings?

Mandatory preparation would be covered on the programme and individual employers would be responsible for specific induction requirements, but to ensure individual support through the transition an UEC specific Clinical Nurse Educator will work with organisations, supervisors and trainees to make the transition as seamless as possible.

What is the interaction with PCNs?

In terms of primary and community care it would be sensible for PCNs to consider hosting a candidate as a collective rather than on a practice basis, we anticipate the best route to discuss and negotiate is via the lead training hub (The Ridge, Bradford).

What are the care settings in which the TNA cohorts will be working?

We hope to recruit from a variety of base settings across acute care, primary and community care, social care, hospices and specialist children's teams etc - and this is key to the unique rotational-base element of the course. We recognise that the urgent care pathway starts right from prevention, to early recognition, all the way to acute emergencies. By giving our apprentices experience across a wide range of settings, we hope to create nursing associates with breadth of knowledge and experience that they can bring to their future roles, not only of patient conditions and care, but also of system navigation. This will lead to better patient care, and help towards our goal of system transformation that will benefit all care settings. There are no set boundaries to the programme.

How do Hospices and EOLC fit with the course?

EOLC and hospices very much fit with the principles of what we are trying to achieve – that is avoidance of unnecessary admissions to ED/hospital. We would welcome opportunities to discuss the programme with hospices and specialist EOLC services for both adults and paediatrics.

Once registered would they be titled differently to a regular Nursing Associate?

No, the academic award is the nationally recognised NMC registered Nursing Associate.

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