

FAQs from UEC TNA Session 1:

What are number of placements would an individual employer have to offer if they wanted to be involved with this initiative?

This is completely up to the employer and there is no minimum or maximum number; the University of Huddersfield currently has capacity for over 100 trainees. 52 of these places have already been taken by students enrolling onto the generic TNA course. If we were to receive more interest than there is currently capacity for, capacity could be increased through the expansion of teaching resources. Equally, we are more than happy for employers to enrol a single trainee onto the course.

What are the TNAs trained, taught and allowed to do?

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.

A few examples of these skills include the administration of oral medications (including controlled drugs), venepuncture, IM and subcutaneous injections and cannulation.

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. In some cases this can be without direct supervision from a registered nurse, but indirect supervision is always necessary.

For a more in-depth look at the curriculum taught to nursing associates, please see the [curriculum framework](#) that has been published by HEE with particular reference to **The Nursing Associate Role** on page 15, **Appendix 2** on page 56, and **Appendix 3** on page 59, which seeks to illustrate the differences between a HCA, NA and a RN.

What are the differences between NAs and RNs and how to they work together?

Working within the sphere of nursing and care, NAs 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.

The registered nurse will retain responsibility as the primary care assessor, planner and evaluator.

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 an individuals' care plans.

For a further look into how the roles differ and compare, please see **Appendix 3** on page 59 of the HEE [curriculum framework](#).

If a TNA has been trained in catheterisation prior to commencing the course, can they continue to utilise this skill whilst they are training?

TNAs are not taught male or female catheterisation as part of the course. However, if they have been fully trained and are competent to use this skill prior to commencing the course, they can continue to use this skill.

What supervision and mentorship do the TNAs require?

Both trainee and fully registered NAs require the supervision of a registered nurse or other occupationally competent person or registered health or care professional.

For a more in-depth outline, please see the **Supervisory Arrangements** in the HEE NA [curriculum framework](#).

Clinical Nurse Educators will be able to advise and assist with supporting trainees throughout the two-year course, and employers are also welcome to attend the employer induction.

What are the career pathway and progression opportunities for TNAs?

The TNA programme is intended as a standalone qualification at academic level 5, but can also provide the basis for further lifelong study and progression into higher-level qualifications.

At level 5, the qualifying nursing associate will have the qualities necessary for working in situations that require personal responsibility and decision-making, and will have the ability to work at AfC Band 4. Working within their competencies and with the right support and governance, Nursing Associates can go on to be employed in a wide range of settings and roles. The unique rotational element of the UEC TNA course even further enhances these opportunities for progression and career development, through the wide range of skills, experience and knowledge gained through the variety of employment settings.

Page 59 of the [curriculum framework](#) gives a nursing home scenario of how a registered nursing associate can work below a registered nurse, and above a healthcare assistant. In the scenario they are able to delegate tasks to HCAs, oversee care for residents and have a role in education and assessment for level 2 and 3 apprentices. The NA is able to support the RN to plan care, and has the skills, knowledge and confidence to recognise when an individual's care plan requires review.

The 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.

They will be able to undertake further training, develop existing skills and acquire new competencies, for example going on to study the level 6 Registered Nursing Degree Apprenticeship.

FAQS from UEC TNA Session 2:

Are we interested in employers who are able to provide employment in secondary care MH/LD settings?

Yes. There is also additional funding available for employers from a MH/LD setting and early conversations are taking place to explore the possibility of creating a more focused 'MH/LD offer' if the placement provider opportunities are there. We recognise that providing good quality care for this patient group can be particularly challenging, so this absolutely fits with our vision of creating well-rounded UEC specialists, able to support the delivery of urgent care and prevent its need for all patient groups across the UEC system.

What is the difference from standard curriculum and UEC curriculum?

The university curricula for the standard TNA and the UEC TNA courses are exactly the same. At the end of the course, both sets of students will obtain the standard NMC-registered NA qualification and they will attend (or join remotely) the same formal teaching provided by the university. The additional placements (5 weeks spread out over each course year) also have the same requirements. The only difference between the two courses is the rotational employment setting.

Can TNAs do night/evening shifts?

TNAs are able and encouraged to participate with the shift and rota pattern of the employing organisation. The university timetable will be supplied to employers well in advance of the course commencing so that employers can plan rotas around this.