

# Trainee/Nursing Associate Toolkit for Employers



# The Nursing Associate role

The Nursing Associate role was created following the Shape of Caring review (2015). The role was designed to 'bridge the gap' between Health Care Support Worker (HCSW) and Registered Nurse (RN).

Nursing Associates (NA) are registered members of the nursing team who works with people of all ages, in a variety of settings in health and social care.

All NA's must have undertaken a recognised Nursing Associate programme and adhere to the Nursing and Midwifery Council's (NMC) Code of Conduct

## Key documents

### [Standards for proficiency for nursing associates](#)

NMC standards of proficiency that set out the knowledge and skills that a nursing associate needs to meet

### [Standards framework for nursing and midwifery education](#)

Part 1 of Realising professionalism: Standards for education and training

### [Standards for student supervision and assessment](#)

Part 2 of Realising professionalism: Standards for education and training

### [Standards for pre-registration nursing associate programmes](#)

Part 3 of Realising professionalism: Standards for education and training

## [The Code](#)

<b>Nursing associate</b> 6 platforms	<b>Registered nurse</b> 7 platforms	<b>NMC</b> Nursing & Midwifery Council
Be an accountable professional	Be an accountable professional	
Promoting health and preventing ill health	Promoting health and preventing ill health	
Provide and <b>monitor</b> care	Provide and <b>evaluate</b> care	
Working in teams	<b>Leading and managing nursing care</b> and working in teams	
Improving safety and quality of care	Improving safety and quality of care	
<b>Contributing to</b> integrated care	<b>Coordinating</b> care	
	<b>Assessing needs and planning care</b>	

## Key points for the deployment of Nursing Associates

### **Care Quality Commission Regulation 18: Staffing**

The regulation requires you to deploy enough suitably qualified, competent, skilled and experienced staff to make sure that you can meet people's care and treatment needs and meet the other regulatory requirements. This applies to nursing associates in the same way as employing other registered healthcare professionals.

As with the introduction of any other new role, we expect all providers to adopt a systematic approach to deploying nursing associates. This should involve using evidence-based decision tools and professional judgement and comparing with similar providers to determine the number of nursing associates and range of skills required to meet patients' needs and maintain safety.

Staffing levels and skill mix need to be constantly reviewed, and all providers should adapt and respond to the changing needs and circumstances of people using the service, particularly when introducing nursing associates to a workforce.

We expect you to clearly articulate how you have counted nursing associates into the staffing establishment and to carry out regular staffing reviews after deployment, ensuring that nurse-sensitive quality indicators are considered to improve quality and safety for people who use services. We also expect you to develop local guidelines to ensure that existing staff understand the rationale for deploying nursing associates, the benefits of the role, and the process for escalating any concerns.

The standards of proficiency set out the procedures that nursing associates must be able to carry out at the point of registration with the NMC. However, we recognise that they may develop additional skills, knowledge, and competencies within specific areas of nursing and/or service specialism and that their practice is not limited to their initial competencies. Therefore, nursing associates must have access to clinical or professional supervision, in line with the NMC's requirements.

### **Regulation 17: Good governance.**

This regulation requires you to have systems and processes to ensure that you can meet all regulatory requirements. It includes assessing, monitoring, and mitigating any risks relating to the health, safety and welfare of people using services and others. Good governance also requires you to seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that you can continually evaluate the service and drive improvement.

If you are introducing the role of nursing associates into the workforce, your assurance and auditing systems or processes should assess and monitor whether this has improved the quality and safety of your services and the quality of people's experiences.

### **Regulation 12: Safe care and treatment.**

This regulation aims to prevent people from receiving unsafe care and treatment and prevent avoidable harm or the risk of harm. You must assess and mitigate the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

The regulation applies to nursing associates in the same way as other registered staff. This means that if you employ any nursing associates you should be able to demonstrate that they are suitably qualified, competent, skilled, and experienced to assess the health, safety and welfare of people who use the service and to meet their care and treatment needs, as well as

meet regulatory requirements. You must also be able to demonstrate that such assessments balance people's needs and safety with their rights and preferences and include arrangements to respond appropriately and in good time to their changing needs.

### **Nursing associates and regulated activities**

The following points detail current regulated activities. The position may change depending on changes to legislation.

**Treatment of disease, disorder, or injury (TDDI).** This regulated activity must be carried out by, or under the supervision of, a healthcare professional (HCP) included on the TDDI list. At the time the NMC's register opened, nursing associates were not included on the TDDI HCP list.

However, nursing associates will commonly be working in a team alongside a registered nurse(s) and/or other HCPs that are included in the TDDI list. In these cases, TDDI applies to a registered provider in the same way as it applied before the nursing associate role was introduced. For example, where a provider registered to carry on TDDI employs a senior carer who completes some nursing-related tasks that they are competent to do under the supervision of an HCP. In cases where a provider employs nursing associates and/or other HCPs who are not in the TDDI list, the regulated activity of TDDI will not apply in the same way, as it would not have applied before the role of nursing associate was introduced.

To carry on activities under TDDI, the provider **MUST** deploy a healthcare professional included on the TDDI list. For example, under the current regulations, Care homes with nursing need to be registered for TDDI and need to employ a professional who is on the TDDI HCP list, for example a registered nurse. They can also employ nursing associates, with the provider ensuring that they are deployed appropriately to ensure that people who use services receive high-quality safe care.

Care homes without nursing can employ nursing associates, but they cannot carry out nursing activity unless delegated by a HCP from the TDDI list, for example a district nurse. This would be similar for domiciliary care agencies (DCAs). If a DCA provider wants to provide TDDI, they must employ a registered nurse (or other from the HCP list), otherwise nursing associates cannot carry out nursing care unless delegated by a HCP from the TDDI list, for example a district nurse.

**Nursing care.** This regulated activity applies to the provision of nursing care, including nursing care provided in a person's own home.

Nursing care is care carried out by, or planned, supervised, or delegated by a (registered) nurse. This regulated activity does not apply to nursing associates unless the care is planned or supervised by a registered nurse or is delegated to them by a registered nurse working for the same provider.

**Accommodation for people who require nursing or personal care.** Where a nursing associate is deployed in a setting under this regulated activity, any nursing tasks they carry out must be planned, delegated, or supervised by a registered nurse or other listed healthcare professional. This is the same as the current situation for care staff. For example, a nursing associate deployed in a residential care home will carry out nursing tasks that have been delegated by a healthcare professional employed by another provider, such as a district nurse. The nursing associate must ensure that they are competent to carry out such tasks and that the scope of their professional registration allows it. The provider of the care

home must make sure that the staff they employ are suitably competent, qualified, and supervised to provide this care.

## Patient group directions

Patient group directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations where it improves patient care, without compromising patient safety. As with the regulated activity of TDDI, only those professions listed in legislation can operate under a PGD. Nursing associates cannot operate under a PGD as they are not currently included within the legislation, but this may change in the future.

## Employing a Trainee Nursing Associate

**YOUR FUTURE NURSING ASSOCIATES**

**APPRENTICESHIP**  
 Entry  
 • Salary and any additional training and travel costs paid by employer  
 • Learner pays up to £1,000 training costs  
**Entry requirements**  
 • Proficient in English language and literacy, and have a level of digital competency  
 • Minimum experience  
**Talent Pool**  
 • Existing support workers  
 • Work experience  
 • School leavers

**RETIRE AND RETURN**  
 1 Year  
 • Helping to reduce the number of vacancies in primary care  
 • NHS will provide additional training  
 • NHS will provide additional resources  
 • Support to employer  
**Entry requirements**  
 • APET qualification  
 • Most education standards met (METS)  
**Talent Pool**  
 • Return to work programs

**SELF-FUNDED**  
 Entry  
 • Access to employer  
 • NHS need to provide a placement  
**Entry requirements**  
 • Proficient in English language and literacy and have a level of digital competency  
 • Healthcare experience  
**Talent Pool**  
 • Existing support workers  
 • Work experience  
 • School leavers

**OVERSEAS**  
 1 Year to 18 months  
 • No cost to employer and no training costs  
 • Employment visa  
**Entry requirements**  
 • APET qualification  
 • Meet education standards from APET  
**Talent Pool**  
 • Nurses qualified overseas who are not able to join the NMC register as a registered nurse may be able to join as a nursing associate with APET

The entry requirements in all educational programmes must comply with the NMC STANDARDS for pre-registered nursing associate programmes.

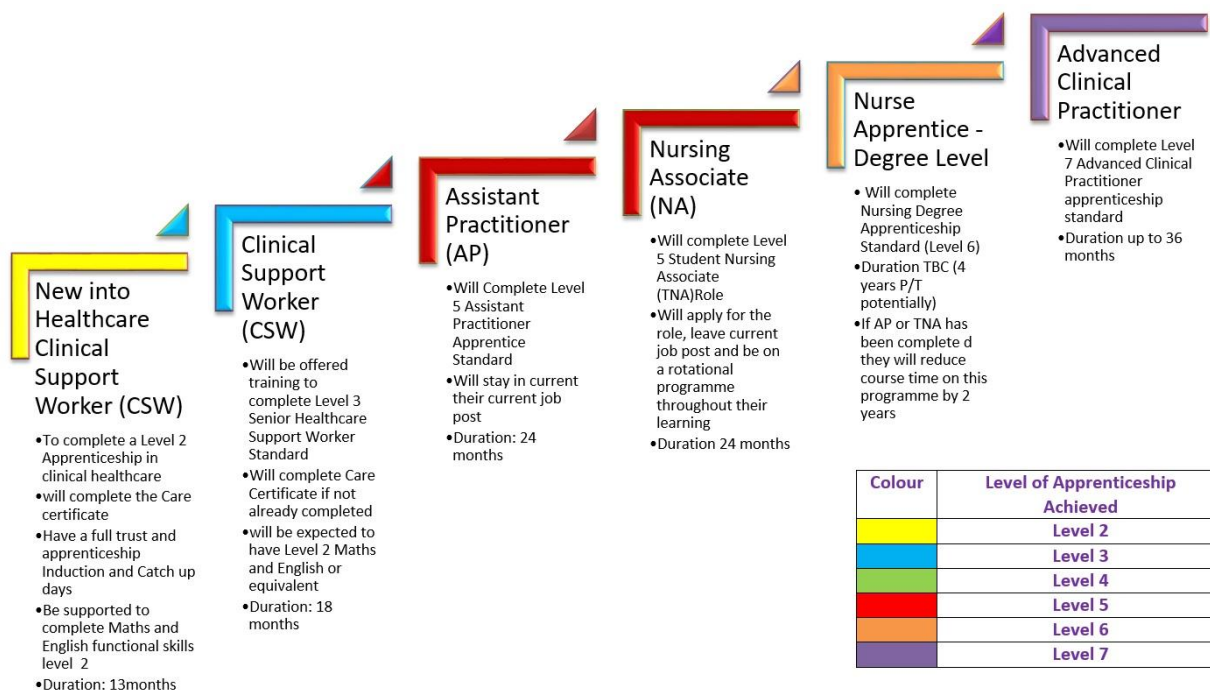
There are 4 ways of becoming a Nursing Associate as demonstrated above the most popular being the apprenticeship route where the cost of the training can be off set against the apprentice levy and SARRs funding assisting to develop Primary Care Roles.

It is important to remember that unlike other nursing programs the Trainee Nursing Associate Program is delivered by all Higher Education Institute's across the 4 domains of nursing and are all taught together as one group demonstrating a true MDT style Learning.

The benefits to be taught non domain specific main that when qualified the Nursing Associate can work in any scope of practice meaning there are endless possibilities of how a Nursing Associate can be deployed across the health and social care systems.

Continuing Professional Development / Careers Pathways are key in primary to ensure that inhouse workforce developments is up taken ensuring that primary care organisations can retain their current work force this can be supported through HEE and the Apprentice Levey.

Options Currently Available:



Grow your own – draw on case studies, look at development of current staff in the practice

### Banding

This is very specific to each employer; it is typically band 3 for training and then rising to band 4 on registration.

### How to recruit

There is lots of useful information at; <https://www.gov.uk/guidance/how-to-take-on-an-apprentice>

You can create an advert in the [‘adverts’ section of your apprenticeship service account](#) with the ESFA. You can also give your training provider permission to create apprenticeship adverts for you.

Before you start, you’ll need to know the:

- advert name - this must relate to the apprenticeship training and use the word ‘apprentice’ or ‘apprenticeship’
- [training that the apprentice will take](#)
- training provider that will deliver the training

- number of available positions
- organisation's name, address, and location
- start date, application closing date and whether the job is disability confident
- duration of the apprenticeship and details of a typical working week
- wage
- places you want to get applications (on 'find an apprenticeship' or an external site)

You can save each advert as a draft on the Gov.uk site and edit it before you submit it, as well as preview how it'll look. You will receive a reference number for the advert after you submit it.

You can check the status of each advert in your advert's dashboard. The statuses are:

- rejected
- Draft
- Live
- Closed
- Pending review

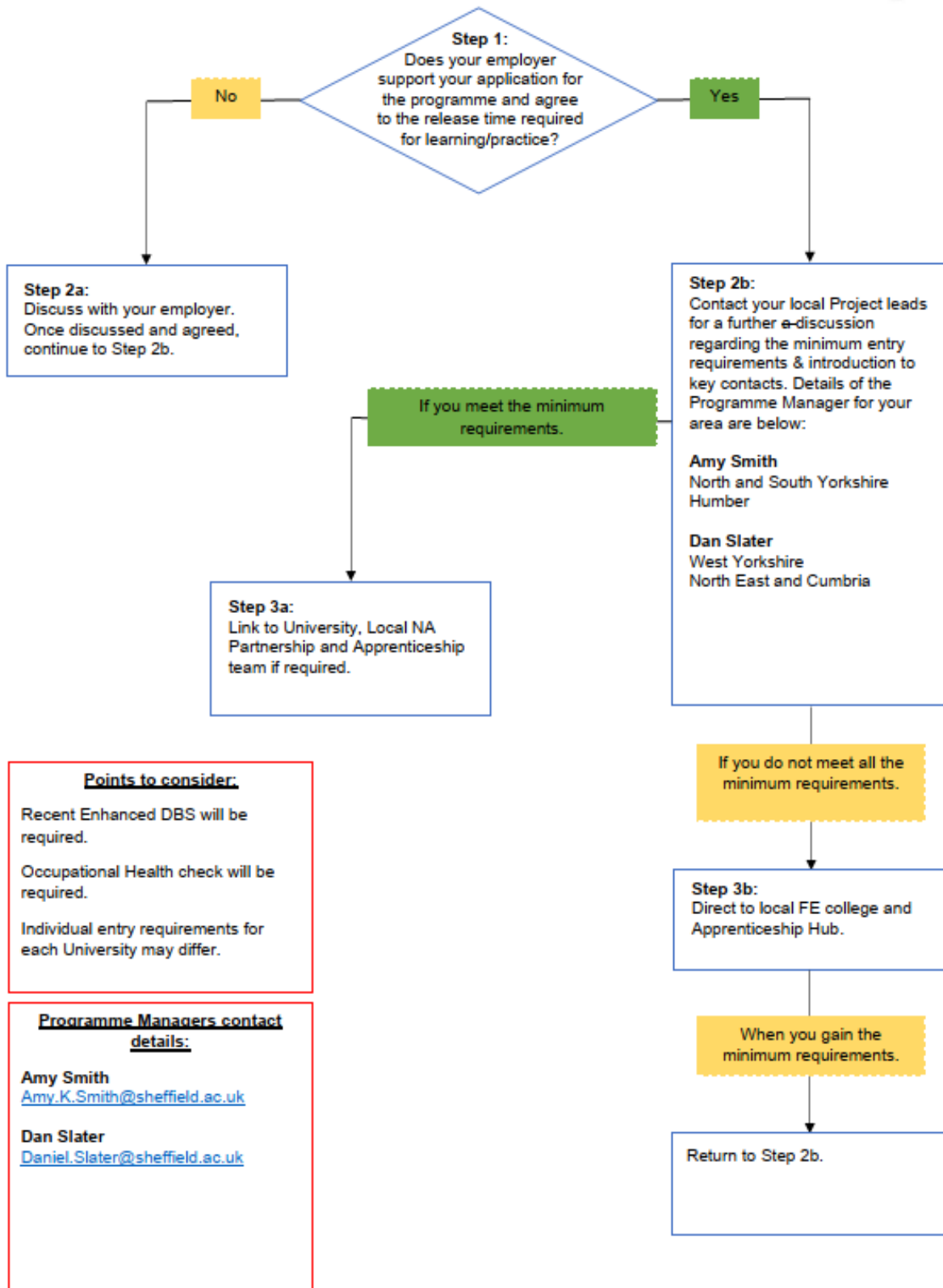
The advert will be checked the advert and you will be informed if you need to make any edits within 24 hours. You can view what edits you need to make on your 'adverts' dashboard, but you can also choose to get email notifications.

Once it's been approved, you can view it on [Find an apprenticeship](#).

You can also increase the wage or extend the closing date after the advert has gone live. There is more information about creating adverts at;

<https://www.gov.uk/guidance/creating-an-apprenticeship-advert>

The interview process varies depending on the Higher Education Institution (HEI) you are working with. They will be able to guide you on their individual process. HEI's will usually check the candidate's education certificates prior to the interview to ensure they meet the requirements for the course. Employers can interview together with the HEI, or it might be that you interview and decide on a suitable candidate and then the HEI interviews them separately to decide if they meet the criteria for the course.





## Funding available

### Apprenticeship Levy

- Cost of programme delivered by the university is £15,000.
- This can be paid for through the apprenticeship levy.

For those who are non-levy paying organisations There are two options a reservation of funds (95% of costs paid with 5% contribution from the employer) or a levy transfer (100% of costs paid).

### Incentive Funding

There is currently an incentive funding offer from Health Education England up to March 2023 for those who employ a Trainee Nursing Associate, these are.

- **Trainee Nursing Associate – Standard offer**

For each TNA, an employer will be eligible for a total funding sum of **£8,000 over two years (£4,000 per year)**.

- **Trainee Nursing Associates - Learning Disability offer**

For trainees that are working at least 50% of their practice time with people who have a learning disability or/and are autistic, an employer will be eligible for a total funding sum of **£15,800 over two years (£7,900 per year) \***.

*\*To be eligible to access the enhanced funding for TNA (learning disability/autism), the TNA will need to be spending 50% or more of their time working with people who have a learning disability or/and are autistic. There are no restrictions in relation to clinical or social setting in which the TNA (learning disability/autism) is or plans to work within during their apprenticeship.*

### NA ARRS (Additional Roles Reimbursement Scheme) Project

To support the increase of the Primary Care workforce by 26,000 additional Primary Care professionals and to support the Department of Health and Social Care initiative to increase the nursing workforce by 50,000 by end of March 2024. The number of TNAs and NA within Primary Care must be increased by 3,000 FTEs using ARRS funding, this equates to 1,500 in 2022 and 1,500 in 2023.

The below points apply to those TNAs commencing the apprenticeship programme within Primary Care:

- Each TNA will receive total funding of **£8,000 over two years (£4,000 per year)**
- Each TNA will receive an apprenticeship levy funding of up to **£15,000**
- Each TNA will receive ARRS funding of **£21,777\***

**\* Cost based on TNA PCN GP**

## Trainee Nursing Associate Costings

Income	ARRS support	HEE Incentive				Total (C14+C15)
Annual Y1	£26,600	£4,000				£30,600
Annual Y2	£26,600	£4,000				£30,600
<b>Total</b>	<b>£53,200</b>	<b>£8,000</b>				<b>£61,200</b>

Outgoings	Fee cost 15K (from levy transfer)	Levy reservation *	SD per week (20%)	Protected Learning Time (20%)	External placements approx 8 weeks per year (280 hours)	Total cost (F9+G9+H9=I9)
Annual Y1	£7,500	£750	£5,401	£5,401	£4,154	£15,705
Annual Y2	£7,500		£5,401	£5,401	£4,154	£14,955
<b>Total</b>	<b>£15,000</b>	<b>£750</b>	<b>£10,801</b>	<b>£10,801</b>	<b>£8,308</b>	<b>£30,661</b>

\* Levy Reservation pays for 95% of levy fee meaning employer need to pay remaining 5% = £750

Balance
<b>£29,789</b>

## Course Dates 2022/2023

Each university has different course dates, and the format of the course varies between institutions, some have one cohort per year others have two, these dates below are subject to change and so the institution will need to be contacted directly to confirm.

Open University - October and March  
 University of York – September  
 University of Hull – September  
 University of Huddersfield – December  
 University of Bradford – August and December  
 University of Coventry at Scarborough – September and January  
 University of Lincoln - January  
 University of Central Lancashire – September and March  
 University of Cumbria – September  
 Teeside University - December and March  
 University of Sheffield – October and March  
 Leeds Beckett University - September

## Responsibility of the Employer

- Dependent on which HEI the TNA is completing the course at, the employer may be responsible for supporting and organising the external placements required to complete

the course alternative placement requirements. Placements should be varied and cover all the fields and settings of nursing.

- Students should have a designated Practice Assessor (PA) on base and several designated Practice Supervisors (PS) to work with on both base and alternative placements. These PA's and PS's should be suitably trained and comply with the NMC standards for support and supervision
- Employers support the TNA's in meeting the 20% "off the job" course requirements.
- TNA's need to be released to attend academic study day's one day per week depending on the HEI. This academic day is part of the TNA's working week.
- Employers along with the HEI's ensure that the TNA meets the 2300 programme hours requirement.
- The employer must ensure that the TNA is up to date with all mandatory training such as complex manual handling before commencement of the course to enable them to be fully functioning safely on placement.
- Employers need to liaise with the HEI about whether they are responsible for provision of uniform for the TNA.
- Employers are expected to attend tripartite reviews as part of the apprenticeship and there may also be an expectation to attend regular partnership operational meetings with other employers
- All new employers will be assessed by the NMC to ensure their suitability to support the TNA's on programme.

### **Responsibility of the Trainee Nursing Associate**

Must have the required entry requirements

- Depending on academic provider, undertake the pre course work before the academic programme begins
- Complete the academic requirements for the programme and attend university 1 day a week or as scheduled by the Approved Education Institution
- Complete the placement requirements for the programme
- Ensure the learning electronic log of protected learning time is maintained
- Absences and sickness are reported as per organisational and Approved Education Institution's policy
- Uphold the professional values of the position and of the NMC code at all times
- Ensure you are in date for all mandatory training
- Ensure all documentation in relation to your Practice Assessment document is completed within the date specified
- Ensure you are assigned a practice assessor and practice supervisor
  - Ensure you make contact with external placement areas in a timely manner to introduce yourself to the area and team
- Ensure you are prepared for placement, that you are aware of your learning needs and what proficiencies you want to meet whilst you are there
- Ensure that you meet the apprenticeship requirements, attend tri-partite reviews and complete the end point assessment

## Responsibilities of the External Placement Provider

- Your team are up to date with the Nursing Associate standards of proficiency and aware of the scope of practice
  - You have enough suitably prepared practice assessors and supervisors to support the Trainee Nursing Associate on programme
  - You have allocated a designated practice supervisor and / or practice assessor
  - You ensure the trainee is aware of all learning opportunities linked to your area
  - On the first day of placement you must orientate the trainee to your area using an orientation or induction checklist
  - You provide feedback on a regular basis in relation to knowledge, skills, values and behaviours
  - You raise concerns in a timely manner
    - You ensure the trainee's employer is aware of issues raised
- Ensure the practice assessment document is completed in full before the end of the placement

## Case studies

### **Lucy Snape - Registered Nursing Associate.**

I qualified as a Nursing Associate in November 2021; I was a previous HCA on an oncology ward and did my Trainee Nursing Associate course based in hospital and community environments. Over the past 12-18 months I have had some health issues, this is what drew me to look for a job away from a hospital environment. When looking on the NHS jobs website there wasn't anything much option for qualified Nursing Associate positions at the time, this is what drew me to look at HCA advertisements in a primary care setting. I came across an HCA position at a GP practice and I sent the practice manager an email asking would she consider a Nursing Associate for this role, I then went on to explain the benefits and attached my C.V. The following day I received a phone call asking me if I would be interested in coming for an interview the following week. I attended the interview, and I could tell the doctor and practice manager interviewing me wasn't aware of what a Nursing Associate is. The following week I received a phone call saying the job was mine and I sold the role to them very well.

I have been in the role for around 3 months now and it was the best decision I have made. I feel like I am giving my patients the best care possible, I am enjoying my job again, I am learning new things every day, the team of nurses are very supportive and there are a lot of training opportunities.

### **Laura Allison - TNA**

I have some good experience of progression through PCS. I started 8 years ago as a receptionist at my current practice. I did phlebotomy 3 years ago then quickly turned into an HCA during Covid, I then became a TNA.

### **Sophie McCall TNA**

From an early age I wanted to pursue a career in general nursing however was

unsure the best path for this. I was a dental nurse for 5 years and always loved the patient care side to it, striving towards wanting to become more involved with the patients and make a difference to their care, I newly discovered the role of a TNA and began in the October 2021 Cohort, with my base placement at a GP practice. I first began shadowing the nurses and GP's appointments for various clinics such as smear tests, wound care, asthma and diabetes clinics, bloods, ECG's, baby immunisations, bad chests etc, this continued for around 2 months. I received in house training for taking manual blood pressures, ECG's, 'New patient health check' appointments which includes health and lifestyle questions, blood pressure, pulse and oxygen saturations, height and weight. As well as cholesterol and blood sugar checks, I attended and completed anaphylaxis and intramuscular training, performed this in house under supervision from my assessor before being signed off as competent to administer this by myself. I now have full clinics

running where I see patients by myself for, B12 injections Intramuscular, manual blood pressure checks, new patient checks, health checks, ECG's, 24-hour blood pressures and 'Telederm' appointments for mole changes/ new lesions; creating a referral for dermatology via questions and photos. I am currently undertaking a simple wound care course and soon a venepuncture course to add these to my clinics. I have fantastic support from my practice assessor, The staff from the GP and the university team. The placements are amazing and fantastic experiences, I can honestly say I love my job and it is my biggest passion, I cannot recommend the TNA course enough for people wanting to pursue a career in nursing, it is both rewarding and satisfying, truly the best thing I have ever done.

### **Jayne Fields TNA**

I work full time in General Practice as a TNA, before I started the TNA programme, my role was a Health Care Assistant which I have been for 16 years and really enjoyed.

As an HCA my role was:

Blood pressure checks

Phlebotomy

INR's which is checking patients that take warfarin

Diabetic reviews

Ear irrigation

Simple wound dressings

B12, Shingles, Influenza and Pneumococcal vaccinations

My knowledge was basic, If I was asked about blood pressure I would have explained to the patient, oh its pressure in and out of your heart, whereas now, as a TNA, I can explain in more depth, I am able to discuss clinical matters with those I support in more depth and have the confidence to ask If I don't know the answer.

Wound care, I know do 3-layer bandaging. I am involved in COPD and Asthma now.

Before I started the TNA role, the only qualifications I had was, NVQ level 3.

I needed to have Maths and English and was able to do this alongside the programme.

Working full time and completing assignments, finding time to revise for exams and work in the NAPAD has been challenging and very hard at times, luckily, my children

have grown up and I have a very supportive husband. This allows me to be able to catch up with work in the evenings or weekends.

My base placement allows me to have a Thursday morning for Protected Learning, this can be either sitting in with a Nurse/GP or other medical professional or writing up on what I have learnt.

What has also helped with assignments is because, I don't do a 2-week block for alternative placement, I do every Tuesday, so on a Wednesday when there is no university I can catch up with work, this is agreed with my employers who are very supportive.

At the beginning of the course, it was all online, which helped with catching up with work but now we have the odd days where it is in university or online and occasionally we have a study day.

Clinical skills at Sam Fox House were extremely useful, learning how to take a manual blood pressure, catheter care, ECG, and bowel care, plus extra.

Working in different areas of nursing has been amazing. It has helped me gain more confidence, knowledge and new skills, I have managed to obtain all my proficiencies and values through my placements, all staff that I have worked alongside have been very supportive and encourage you to get in and learn.

The areas I have worked on so far is:

SCBU

Dementia Unit on the Glades

Stroke unit

UECC

B5, A3

Learning Disabilities

Community Nursing Team

Because the TNA course is still new, staff that I have worked alongside have been interested in this role as they have not heard much about it.

Though the course has been challenging, I have really enjoyed it. The University staff are friendly, welcoming, and always available to support me.

I think the only downside to the course is if you were to take annual leave or be sick from university, you need to write a 500-word essay and upload it, but then what's 500 words.

The TNA's that are on the course with me are also very supportive of each other, we have a WhatsApp group, this is to help each other, and we can have a little moan if our day doesn't run smoothly.

I would encourage all HCAs to get on and do the course, all the hard work will be worth it in the end.

### **Tom Connelly RNA**

I completed my apprenticeship in 2020 and continued to work in Accident and Emergency where I was based as a TNA. The apprenticeship scheme worked well for me as I was still able to work full time and gain a qualification alongside. It has allowed me to continue to learn and develop my skills. The learning opportunities gained from the placements on the course are invaluable. The course can change your professional life, it opens different avenues and opportunities throughout your career. In November 2020 I was given the opportunity to become a Clinical Educator for the TNA programme at the University where I completed my apprenticeship. My role is to provide support to TNA's and their employers for the duration of the course. As a result of being appointed into this role I was awarded a HEE NEY award for raising the profile of the TNA role.

**Jess Lombardi RNA**

My main job role is in Memory Assessment Services as an RNA, and I regularly do bank work doing COVID and flu vaccinations, as well as working in a Secure Psychiatric unit. Last year I had a permanent job in a Community Rehab ward for the elderly, so I have a fair scope of practice.

**Lynette Mullikin RNA**

I work as a Care Homes Nurse Associate link worker/social prescriber for a Primary Care Network. I'm basically the link between all care homes and the MDT services around it. I organise all ward rounds, year or cares and all queries relating. I help with referrals, signposting and clarifying referral pathways for the care homes. It's a very proactive role, I describe my role as a bit of a firefighter role, putting the flames out before they get big. I also get to take part in community project work like 'improving end of life' for the area that I work - with a view to rolling it out to the city. The care homes I cover are mental health based, residential and nursing, so a real variety!

**Employer Case Study - Rose Fells - Practice Manager - Managing Partner**

As a practice and partnership, we really have embraced the nursing associate role, there have been challenges and difficulties to overcome but our TNA is very much integrated and a valued member of our nursing workforce. Staff release for training is always controversial due to high vacancy levels, sickness and increased demand and capacity.

As an independent GP Practice, we simply cannot compete with bigger organisations that can offer higher wages and more flexible working practices, with this in mind we must invest in our current workforce or as a practice we are aware staff will not stay. The NA course was a way we could do this while retaining the staff member in our practice as part of our extended team and was also able to back fill her HCA post with an apprentice post, linking into our workforce plans. We are now in a position where we are looking at sending another staff member on the NA course this year to work wider across the and as a primary care network sharing Steph Ewing RNA I chose to work in the community because I felt I would have a better homework life balance and meant I could be around for my children as they grew up which is really important to me. Since completing the TNA course I have been able to further develop which has allowed me to progress in primary care where the working hours now suit me better and I retain my new learnt skill set while working independently and flexibly around my needs and my children.

## Acknowledgements

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