

Deborah Taylor

Level 5 Nursing Associate (NMC 2018)

Meet Deborah Taylor, a Level 5 Nursing Associate (NMC 2018) apprentice working at the Westleigh Medical Practice, Wigan CCG.

We spoke with Deborah about her apprenticeship journey, keep reading to find out more.

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You can access the standard [here](#).

Nursing associates provide care for people of all ages and from different backgrounds, cultures and beliefs. They may provide care for people who have mental, physical, cognitive and behavioural care needs. They may provide care for people in their own home, in the community or hospital or in any health care setting where their needs are supported and managed. They contribute to the promotion of health, health protection and the prevention of ill health. They do this by empowering people and communities to exercise choice, take control of their own health decisions and behaviours and by supporting people to manage their own care where possible.

1. What apprenticeship are you studying and what does the study involve?

I am currently a 2nd year Trainee Nursing Associate (TNA) at Salford University (September 2020 cohort). I was originally due to start in March 2020, but due to the pandemic, the start date was delayed. As the pandemic continued, the decision was made for us to start our foundation degree online. So not only was this the first cohort to train Primary Care TNAs but also the first to primarily learn virtually. This was new not only for the students but also the clinical educators which is something we all had to learn to adapt to.

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One day a week I attend university either face to face or most commonly online. Within my working week, I incorporate time that is protected for learning. This can include online webinars, training from e-learning for health and similar training courses as well as spending time with other healthcare professionals in our MDT (Multidisciplinary Team) model of practice such as, GPs, Advanced Nurse Practitioners, Prescribing Practice Nurse and Clinical Pharmacist.

As Nursing Associate is a generic role, I have needed to gain experience in all 4 fields of Nursing (Adult, Learning Disability, Mental Health and Children and Young People). Luckily in Primary Care, I get the exposure of working, with patients that can fall into not just one but sometimes multiple categories. The underpinning knowledge, skills and behaviours taught from university have certainly helped in providing holistic care to support the patient, their families and the wider healthcare team. I feel I have been proactive in finding time to organise spoke placements to further help me achieve the proficiencies set.

In terms of assessments these have been either a professional discussion, written essay or exam questions in open book format. I personally found the professional discussions more suited to me (I love to talk!), but I am putting my all into every exam, knowing I have tried my best. As a mature student, working full time and being a mum/housewife, I wondered how I would fit it all in and now on reflection I can't believe it's nearly all finished.



[Click here](#) to access our Pathways Tool to see how apprentices may progress from one occupation to another.

2. Why did you want to do the apprenticeship?

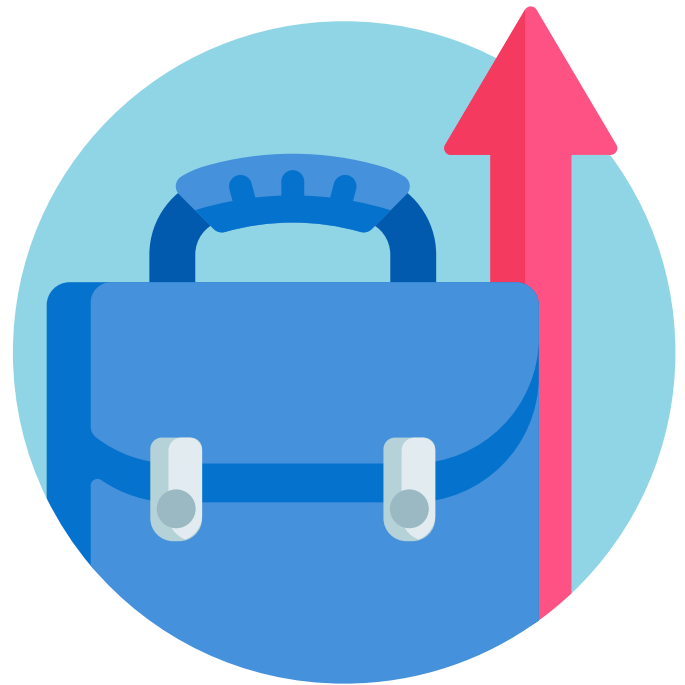
I've always really wanted to be a Nurse, from leaving school, but life took a different path and I enjoyed working for a wage rather than studying. Then I had my children and felt it was just a pipe dream. When the opportunity arose to take this route to be a Registered Health Care Professional, I took it with both hands and ran with it.

3. What is your current role?

As a TNA in Primary Care, and being in the first cohort, it has been a great opportunity to work with the practice to tailor the role to suit the practice and patient's needs.

I spent time with the Practice Nurse shadowing various chronic disease management reviews. We then worked up to completing asthma reviews, under direct supervision, then under long arm supervision, working toward GMMM (Greater Manchester Medicines Management Group) guidelines, and educating patients about the NRAD (National Review of Asthma Deaths) study and the most basic but essential knowledge of inhaler technique. This was then built up to diabetes, COPD etc.

I also still carry out my original HCA (Healthcare Assistant) duties. But nowadays a "New Patient Medical" may be more in depth if they have a chronic condition, now that I have a vast knowledge of the drugs they are taking, their side effects, symptoms of the disease and the NICE (National Institute for Health and Care Excellence) algorithms. All of this I have learnt by giving SBAR (Situation, Background, Assessment and Recommendation) handovers. As we are a training practice, the clinicians then discuss with me why or why not my recommendations are justified. They encourage me to reflect and to self-assess which develops my knowledge.



4. How did you get into your current role?

I've only ever worked in healthcare in the practice I work in now, which I started 7 years ago, as a medical receptionist.

I have always worked in administration roles, from telesales selling pest control, generator maintenance to working in the Child Support Agency. I was then working for the dog wardens before being made redundant and applying for the post. I originally turned it down as I thought I would struggle with child care but I negotiated my hours. I was then asked if I would like to have a dual role as part administration part HCA (Healthcare Assistant). I was trained in completing NHS Health Checks and put myself through both NVQs Level 2 and 3 in Health and Social Care in my spare time.

The practice I worked for changed hands. The new Practice Nurse, Vicky O'Brien, took me under her wing. The Partnership asked me how I visualised my role going forward and allowed me to give up my reception role and become a HCA full time. I was trained in various skills, ECGs, phlebotomy, performing spirometry and immunisation training, to name but a few. I always wanted to be a nurse and follow in my late Grandmother's footsteps, so this felt like I was getting the opportunity to have a taste of a clinical role.

I enjoyed my role and wanted to progress further and had asked if I could start the Assistant Practitioner course. At the Greater Manchester Primary Care Conference I was speaking to the Clinical Lead of the GM (Greater Manchester) Training Hub for Wigan/Bolton (Sam Howard), she advised me the Nursing Associate Apprenticeship was going live and the first pilot with Primary Care was starting soon. She forwarded me all the relevant information quickly as the deadline was fast approaching, I think I had 10 days to submit everything. The Practice Partners (Emma White & Wendy Fairhurst alongside my Practice Manager Sharon Sargent), were brilliant at prioritising everything to ensure I got on the course. I feel really lucky that I actually managed to get it all sorted within the deadline.

5. What has been your proudest achievement on your apprenticeship to date?

It is hard to define just one proud moment. I am proud of myself for coming this far in the training, when times have been tough, I've strived to carry on to succeed.

As a cohort I think we all need to be proud for not only being frontline staff in a pandemic but also for studying for this foundation degree.

One particular patient who I helped to diagnose with Type 2 Diabetes and sat with when he cried at the news. Then several months later, he had reduced his HbA1c (Hemoglobin A1c) from over 100 to 41. I then started to reduce his medications, and he thanked me for all the support and education I had given him. That was really humbling, to me it was my job, but to him it's his life. I think being in a position to reduce his cardiovascular risk factors is very rewarding. Primary Care often gets overlooked as we don't have the drama that is seen in Secondary care. But actually what people often forget is that it's our job, to support patients to maintain their health to reduce A&E attendance, or provide their care following a hospital stay.

I am also the key contact for a young adult with learning disabilities and mental health. I am involved in the Multi-Disciplinary Team meetings with the community teams involved. After 3 failed referrals into Mental Health, I managed to escalate her case to be triaged and she is now actively receiving the help needed.

And thirdly, promoting the role of TNA at an online event to GP Practices in Cheshire and Merseyside, alongside their workforce lead for Health Education North West. Here I presented how my role had developed from HCA. How being a 2nd year TNA differed from my 1st year, and how I incorporated my study into my working week. I was asked many questions at the end and received some lovely feedback after the event.

6. What do you want to do once you complete your apprenticeship?

Well, I am honestly looking forward to a holiday! But after that, I am going to access my preceptorship including cytology and further immunisation training so that I will be able to perform smears and added immunisations such as baby vaccinations.

I said in my interview that my dream is to be an Advanced Nurse Practitioner in General Practice, I have been inspired with the colleagues I have worked with. I hope that I am able to complete my top training to be a registered nurse and then hopefully revisit studying at master level as a 10 year goal.

It is clear to see that the Nursing Associate role in Primary Care is really taking off. I have seen recruitment adverts for TNA's within the PCN's (Primary Care Network) of Wigan CCG (Clinical Commissioning Group), I would also like to be a supporting contact for them in the future.

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7. What would you say to someone considering an apprenticeship?

When I was applying for my place on the apprenticeship, I worried about how I would overcome obstacles, such as childcare, when on placement, or when in university as these hours would differ from what I've worked previously.


One of the partners gave me some advice. I should follow what I want to do, and overcome each obstacle as they approach, rather than worrying about them before they happen. This was exactly what I needed to hear, and exactly what I did.

So I would echo that to any future TNA's, to go for it.

Even as an experienced HCA, I wondered if this was the right path, but it absolutely was. I have not only recognised the skills, knowledge, and behaviours I already had, but also the underpinning knowledge which is invaluable to the role.



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