Nursing Associate Scope of Practice

Document Data			
Document Type:	Policy		
Document Reference:	25853		
Document Status:	Approved		
Document Owner:	Senior Nurse Quality		
Executive Lead:	Chief Nurse		
Approval Authority:	People and Education Committee		
Review Cycle:	24 Months		
Date Version Effective From:	30 November 2022	**Date Version Effective To:**	29 November 2024

What is in this policy?
This document sets out the Trust scope of practice for new Nursing Associates. The nursing associate is a stand-alone role that will also provide a progression route into graduate level nurse. This role is registered with the NMC, and proficiencies for entry into the register (NMC 2018a) provide a baseline expectation of competence and it is the responsibility of individual organisations to set additional competence standards for the Nursing Associate role.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
11/2021	1.00	Chief Nurse Team	NA	New policy
11/2022	1.1	Chief Nurse Team	small	Addition to scope of practice – Administration of Intravenous Medication

Sign off Process and Dates	
Groups consulted	**Date agreed**
Nursing Associate Steering group	27/07/2021
Heads of Nursing	05/08/2021
Nursing Midwifery and AHP controls	25/08/2021
Policy Assurance Group	02/11/2021
People and Education Committee	12/11/2021

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

Table of Contents

Do I need to read this Policy?

Heads of Nursing, Matrons, Ward Sisters

Must read whole policy

1. Introduction

This document sets out the Trust scope of practice for new Nursing Associates.

The Nursing Associate is a stand-alone role that will also provide a progression route into graduate level nurse. Training supports staff to work with people of all ages and in a variety of healthcare settings.

This role is registered with the NMC, and proficiencies for entry into the register (NMC 2018a) provide a baseline expectation of competence and it is the responsibility of individual organisations to set additional competence standards for the Nursing Associate role.

This policy has been produced to provide a framework for standards and expectations on the safe development of a scope of practice. It is anticipated that once this role is established and embedded into practice over the next two-three years that this policy will no longer be required as role boundaries and expectations will be set within relevant policies.

2. Purpose

This policy aims to provide a clear framework to support the development of the Nursing Associate role. These practitioners will be working within the clinical areas and this policy is intended to ensure that governance frameworks are adhered to, and that patient safety remains paramount.

3. Scope

This policy relates to:

- Registered Nursing Associates
- Registered Nurses and Midwives who work alongside Nursing Associates
- Line manager of Nursing Associate
- Heads of Nursing and Midwifery / Deputy Heads of Nursing
- Any staff or management group involved in workforce planning

This policy does not apply to non-Registered band three or four healthcare support roles, such as Assistant Practitioner.

4. Definitions

4.1 Nursing Associate

A new member of the nursing team who will provide care and support for patients. This role is being used and regulated in England and it is intended to address a skills gap between Health Care Assistants (Nursing Assistants) and Registered Nurses. 'Nursing Associate is a protected title in law.'

4.2 Scope of Practice

The Scope of Practice will set out clear principles and guidance relating to the Nursing Associate role. These practitioners will be working within the clinical areas and this policy is intended to ensure that governance frameworks are adhered to, and that patient safety remains paramount.

5. Duties, Roles and Responsibilities

5.1 Chief Nurse

(a) Responsible professional for setting the vision and ensuring the Scope of Practice is reflective of workforce and clinical need.

5.2 Heads of Nursing / Midwifery

(a) Implement the role of Nursing Associate where possible within their Divisions, clinical areas.

(b) Support creative workforce planning to utilise the role to its full potential.

(c) Ensure clinical areas understand and work to the role boundaries and scope of practice for Nursing Associates.

(d) Implement governance and monitoring procedures for the effectiveness of the role.

(e) Support the development of policies and guidelines that support scope of practice within their clinical areas.

5.3 Ward Sister/Charge Nurse / Line Manager or Matron

(a) Support the Nursing Associate in their development or competence and skills.

(b) Identify areas where the role will complement the Nursing workforce.

(c) Effective rostering and deployment of staff to ensure quality of care and patient safety in line with the Rostering Policy.

5.4 Nursing Associate

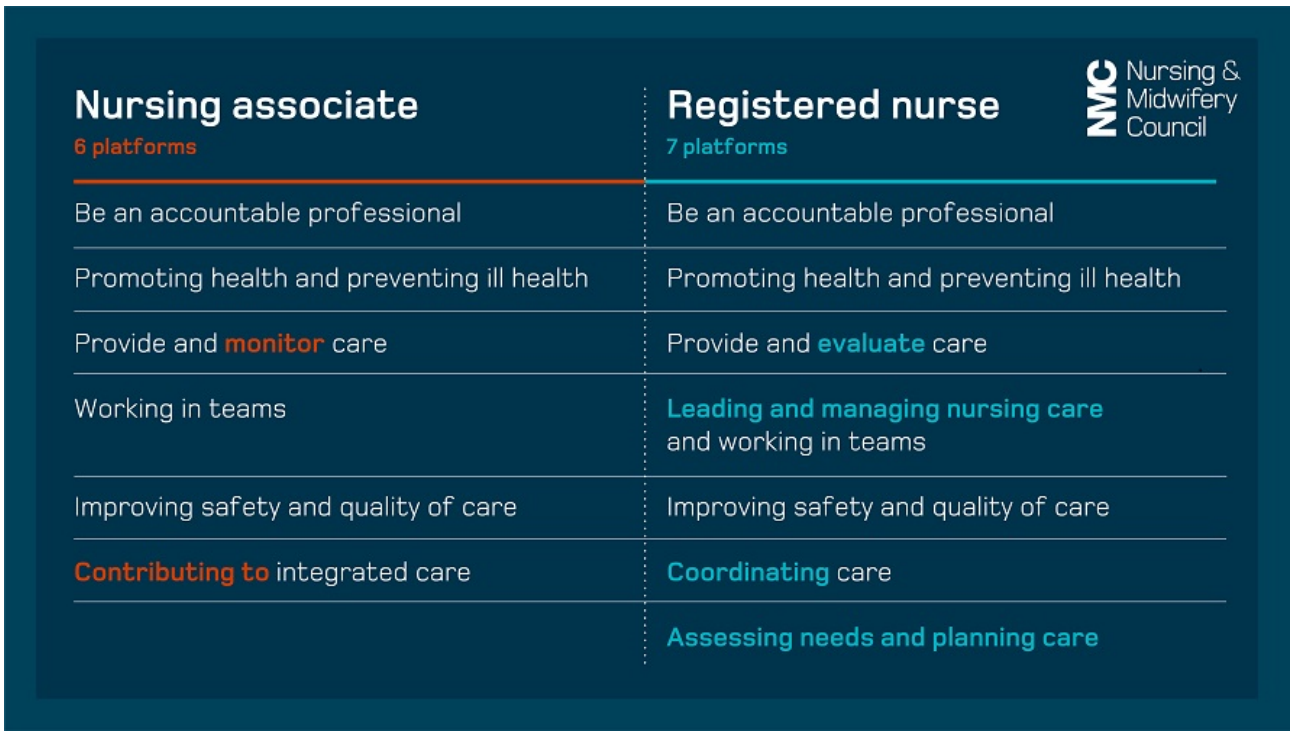
(a) Work within the agreed scope of practice at all times and being accountable for their actions as set out in the NMC Code (2018b).

6. Policy Statement and Provisions

The NMC have set out what a Nursing Associates should know and be able to do when they join the register via the Standards of Proficiency (NMC 2018a).

While Nursing Associates will contribute to most aspects of care, including delivery and monitoring,
Registered Nurses will take the lead on assessment, planning and evaluation. Nurses will also lead on managing and coordinating care with full contribution from the Nursing Associate within the integrated care team.

The standards and the differences between the two roles are summarised by figure 1 produced by the NMC.



Scope of Practice: Practice in which the Nursing Associate is educated competent and authorised either at point of registration or post registration (see also 3.4).

Like Nurses and other Health Care Professionals, Nursing Associates can expand their scope of practice through further education and experience. This will usually be after a period of consolidation and Preceptorship which supports the transition from trainee to registered professional.

Some skills / standards not required for registration may have been taught during pre-registration training, depending on the service needs in the placement area. Nursing Associates will be able to continue practicing these skills following assessment in practice.

The challenge for a new role is to ensure a degree of reasonableness and consistency, ensuring that the Nursing Associate has the necessary underpinning theory and competence for safe practice and to fulfil their role in supporting the Registered Nurse while acknowledging the role is a Registered Professional in its own right.

Medicines administration by Nursing Associate is a required proficiency, however there are restrictions to their practice compared to the RN. All newly qualified Nursing Associates are required to undertake an assessment prior to undertaking medicines administration as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nurse Associates (2009).

Monitoring and assessing patient care. Patient risk assessment (e.g., Infection, prevention and control; pressure injury; falls) forms part of the nursing assessment of patient needs.

In ward areas the Nursing Associate will be required to undertake an assessment of knowledge and skill prior to performing risk assessment and countersigned by an RN until deemed competent. The exception to this practice is in all emergency department and admission/assessment areas where countersignature of risk assessment will be required.
The scope of practice was compiled by:

- Mapping all the standards of proficiency for Nursing Associates which they meet at registration.
- Gathering feedback from Ward Managers and Matrons and Deputy Heads of Nursing throughout the trust during Nursing Associate workshops, webinars and away days.

The scope of practice is not exhaustive and is considered an iterative document. This is live and under constant review in line with patient needs, a developing hybrid workforce, patient safety, education, training and competency assessment.

The NMC is clear that like registered nurses (RNs), a Registered Nursing Associate (RNA) scope of practice will develop through CPD, additional training, education and competency assessment throughout their career in response to the needs of a service.

A guideline for developing and expanding the scope of practice has been developed to support this process throughout the trust and can be found in appendix 2

In line with introducing a new service or workforce and quality impact assessment is required (NHSi, 2018).

7. References

National Quality Board (2018) *Safe, sustainable and productive staffing. An improvement resource for the deployment of nursing associates in secondary care*, London, NHS Improvement
Nursing and Midwifery Council (2018a) *Standards of Proficiency for Nursing Associates,* London, NMC
Nursing and Midwifery Council (2018b) *The Code,* London, NMC
NHS Improvement (2018) Developing workforce safeguards, NHSi
Nursing and Midwifery Council (2019) *Blog: Role differences between nursing associates and nurses, 13.03.19, by Sue West, Senior Nursing Education Adviser* [online] available at https://www.nmc.org.uk/news/news-and-updates/blog-whats-a-nursing-associate/

8. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table. **The first line is an example for you and should be removed prior to submission**.

Objective	Evidence	Method	Frequency	Responsible	Committee
Monitoring of ESR numbers of RNA staff within	ESR	Data extraction from reporting system.	Annually and ad hoc as required.	Divisional leads	Divisional workforce meeting

Objective	Evidence	Method	Frequency	Responsible	Committee
the organisation.					

9. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Senior Nurse Quality
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	C
If answer above is B: Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	Heads of Nursing; Education Leads; Matrons; Ward Sisters
Method of dissemination:	Email; meeting
Is Training required:	No
The Training Lead is:	[DITP - Training Lead Job Title]

Additional Comments
[DITP - Additional Comments]

10. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

Query	Response
What is the main purpose of the document?	This document sets out the Trust scope of practice for new Nursing Associates.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ **Staff** Patients Visitors Carers Others

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		No	
Disability (including physical and sensory impairments, learning disabilities, mental health)		No	
Gender reassignment		No	
Pregnancy and maternity		No	
Race (includes ethnicity as well as gypsy travelers)		No	
Religion and belief (include non-belief)		No	
Sex (male and female)		No	
Sexual Orientation (lesbian, gay, bisexual, other)		No	
Groups at risk of stigma or social exclusion (e.g., offenders, homeless people)		No	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		No	

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		No	
Will it help to get rid of discrimination?		No	
Will it help to get rid of harassment?		No	
Will it promote good relations between people from all groups?		No	
Will it promote and protect human rights?		No	

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				**Negative Impact**		
Significant	**Some**	Very Little	NONE	Very Little	Some	Significant

Will the document create any problems or barriers to any community or group? YES / **NO**

Will any group be excluded because of this document? YES / **NO**

Will the document result in discrimination against any group? YES / **NO**

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

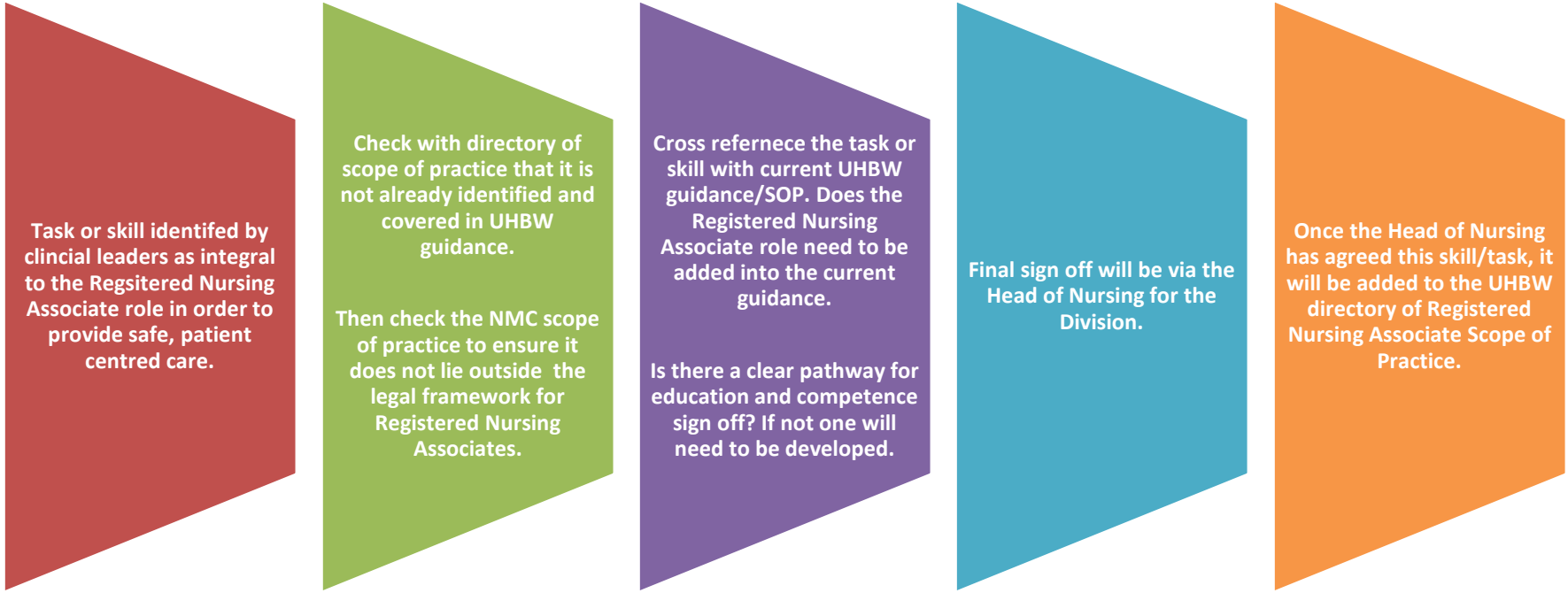
Is a full equality impact assessment required? YES / **NO**

Date assessment completed: 22 July 2021

Person completing the assessment: [redacted] Senior Nurse

11. Appendix D – Governance process to expand the scope of practice for a Registered Nursing Associate within a speciality

The Registered Nursing Associate role is relatively new and the introduction of the role within existing and new teams in UHBW is at various stages of maturation. The first cohort of Registered Nursing Associates in UHBW will qualify and register with the NMC in April 2022. An initial project identified the Registered Nursing Associate's scope of practice in the trust aligned with the NMC capabilities and early adopters of the role. A directory of skills was developed aligned with the relevant policy/guideline or SOP which were revised to include the role and educational preparation and competency sign off process. Any new skills or tasks agreed via this process can be added to the directory, making it a live iterative document.



12. Appendix E –Scope of Practice for Administration of Intravenous Medication

Scope of Practice
Adult Nursing Associates - Administration of Intravenous Medication

SETTING Adult inpatient ward areas

FOR STAFF Nursing Associates

SCOPE OF PRACTICE

Trainee Nursing Associates are not permitted, even under direct supervision of a registered healthcare professional to administer intravenous medications including fluids, blood or blood products.

Nursing Associates may administer selected intravenous medications and fluids under the following circumstances – see medication list

Nursing Associates – Administration of Intravenous medications
Authority
Any Nursing Associates expanding their practice to administer intravenous medication must have first undertaken and completed the Trust's training programme and completed a work-based competence assessment. Prior to accessing this training, the Nursing Associate must have: • The support of their ward/department manager • Successfully completed the medicines management section of the preceptorship programme • Have been on the NMC register for a minimum of 3 months.
Knowledge and Competence
Education and training may be accessed through the Trust's recognised Intravenous Drug Administration education programme. Nursing Associates are referred to the Trust's Guidelines for the Administration of Intravenous (IV) Medications by Registered Non-Medical Healthcare Professionals for their training requirements and further procedural guidance, available from – DMS. On successful completion of the IV Additives theoretical learning the Nursing Associate may commence practice and formal competency assessment in the workplace (Medicines administration and IV additives' competencies): • All theoretical / e-Learning must be completed prior to commencement of any practical elements and assessments. • All practice must be performed under the direct supervision of an assessor(s) who are themselves IV proficient and able to supervise and support the practice of others. • Assessment must be evidenced on the Trust IV Additives Competency Assessment

- Training and assessment of competence in the use of any Medical Devices used in the administration of IV medications must also be completed as part of the Trust's education programme.

Where routes other than the peripheral cannula route are to be accessed Additional assessment in the safe management and use of the relevant access device will also need to be demonstrated, for example, central venous line. The competence tool for these is available on the Trust's Education and Training webpages - Kallidus – clinical skills:

Practice

Independent practice may only commence when:

- All relevant learning and competence assessments are completed signed off and recorded This as a minimum must include the competence assessment for IV Drug Administration and Medical Devices
- Assessment must include a minimum of 10 administrations in each method of administration i.e., bolus, slow injection, infusion.
- Practice is in concordance with the Trust's Guidelines for the Administration of Intravenous Medications by Registered Non-Medical Healthcare Professionals

Successful completion, of both the education programme, subsequent practice-based learning and assessment will be monitored by the Ward Manager and may also be reviewed by Practice Educator Lead for Clinical Skills (Education Centre).

Any requirement for re-assessment of competence will be managed by the Nursing Associate and their manager

Limitations of Scope of Practice

- Nursing Associates must not administer medications from a Patient Group Direction (PGD) or where a valid prescription does not exist, this includes the use of verbal or remote orders
- Nursing Associates may only administer intravenous medication from a valid prescription
- Nursing Associates may only administer intravenous medications to those patients directly in their care. even if on the same ward/clinical area
- Additional support must be sought and agreed prior to any administration of medications requiring specific patient monitoring beyond the scope of practice / capability of the Nursing Associate. For example, cardiac monitoring.

Summary of Permissions within the Scope of Practice for Nursing Associates to administer intravenous medications

Vascular Access Device	Conditions for Practice
Peripheral short length and duration cannula	Must be competent in the assessment and management of peripheral cannula, the use of any clinical monitoring system in use such as Vitals and the Visual Infusion Phlebitis Scoring and actions to be undertaken in the event the line cannot be used.
Midline	Must be competent in the assessment and management of midlines, the use of any clinical monitoring system in use such as Vitals and actions to be taken including escalation in the event the line cannot be used. Frequency of practice in use of these lines needs to be considered
Central Line: PICC CVC Tunnelled Implanted	Must be competent in the assessment and management of each type of line being accessed, the use of any clinical monitoring system in use such as Vitals and actions to be taken including escalation in the event the line cannot be used. Frequency of practice in use of these lines needs to be considered
Medication Preparation	**Conditions for Practice**
No dilution or reconstitution required	Simple Drug Calculations to ensure correct dose administered at correct rate
Single constituent reconstitution or dilution *Drug to be mixed with only 1 other product e.g., Water for Injection*	More complex drug calculations may be required if less than total reconstituted volume to be administered. Second checking of drug calculations will be required. Drug calculations should be an independent process made by each practitioner and the calculations then compared for accuracy
2 stage or more reconstitution Drug to be reconstituted and then mixed with further diluent	The reconstitution and mixing of the medication should be directly witnessed by a Registered Nurse (RN) competent in the administration of IV medicines. Second checking of drug calculations will be required. Drug calculations should be an independent process made by each practitioner and the calculations then compared for accuracy.

Dose of Medications	Conditions for Practice
Prescribed dose given as a single administration or at set intervals	Competence in delivering single doses, loading doses and PRN doses are included in the Trust's education programme All second checks must be done in – (i) the treatment room and/or (ii) at the bedside prior to administering the IV medication
Loading doses	
PRN / as and when required medications	
Method of Administration	**Conditions for Practice**
Bolus	Very few injections given as a true bolus. It is the responsibility of the practitioner to ensure this is the required method before proceeding,
Slow Injection	Majority of non-infused medications given as a slow injection, including saline flushes which must be administered at the same rate of any preceding drug
Infusion	Competence in the use of any medical devices will be required to administer an infusion i.e., Infusion Pumps and Syringe Pumps
Variable doses Titrated doses	Competence in the use of any medical devices will be required to administer variable doses or titrated dose medication.
Dose based on weight	This could lead to a complex drug calculation (i.e., 2 stage) 1. Determining the dose required based on the patient's weight. 2. Drawing-up the required dose from stock volume Second checking of drug calculations will be required. Drug calculations should be an independent process made by each practitioner and the calculations then compared for accuracy

Medication List		
Common Drug Classes	**May Administer**	**Conditions for Practice**
Clinical Practice Requirements **Double check all medications with a Registered Nurse**		
	✓	
Paracetamol (IV)	✓	Post anaphylaxis training
IV Antibiotics Amoxicillin Benzylpenicillin Co-Amoxiclav Co-Trimoxazole Tazocin Flucloxacillin Levofloxacin Meropenum Metronidazole	✓	Post anaphylaxis training Some are infusions so may need length of infusion double checking with RN
Antibiotics prescription on separate chart e.g. Vancomycin, Gentamycin	✓	Understanding around checking / taking levels.
IV Anti-emetics Ondansetron Metaclopramide Cyclizine	✓	Slow bolus
IV fluids bar those containing potassium IV Dexrose 10%	✓	Post - anaphylaxis training

IV Hartmans IV Normal Saline 0.9% IV Glucose 5%		
Premixed antibiotics	✓	Post - anaphylaxis training
Monoclonal Antibodies e.g., Infliximab	✓	Awareness of pre-medications, administered through a filter
Insulin (as part of fixed rate insulin infusion or Variable rate insulin infusion)	✓	
Antifungals	✓	
Antivirals e.g., Aciclovir	✓	
Steroids Hydrocortisone Methylprednisolone	✓	
IV Pabrinex	✓	
Terlipressin	✓	Cardiac monitor, daily ECGs and getting them reviewed.
Omeprazole	✓	
Furosemide	✓	
Electrolyte replacement e.g., Potassium, Magnesium Sulphate, Phosphate Polyfusor	✓	
IV Iron e.g. Cosmofer, Monofer	✓	Understanding how to give test dose in some instances.
Vitamin K	✓	Awareness of flushing with glucose only.
Calcium gluconate	✓	
N-Acetylcysteine	✓	
Tranexamic acid	✓	
Antiepileptic e.g.	✓	

Levetiracetam Phenytoin		
Sedatives e.g. Lorazepam, haloperidol	✓	
Linelocks/flushes e.g. Taurolock Hepsal	✓	Would need to be able to use CVC/PICC.
Heparin (for continuous infusion)	✓	Awareness of checking levels and adjusting accordingly.
Alteplase - flush	✓	
Blood products – main components	✓	Added competency requirement around blood products.
Blood products –fractionated e.g., HAS	✓	Added competency around blood products.
Total Parenteral Nutrition	✓	Requires Additional competencies
Specialised Services Division Specific		
Antifungals	✓	
Immunoglobulins	✓	
Systemic Anticancer Therapy	✓	Requires Additional competencies
Cardiovascular	✓	Requires Additional competencies Cardiac monitoring, daily ECG
Surgical Division Specific		
Complex Analgesic techniques, including Patient controlled Analgesia (PCA)	✓	Requires Additional training from Pain specialist team and competencies
Biphosphate – IV Zoledronic Acid infusion	✓	Requirement for checklist completion – Nursing Associate awareness to ensure doctor and RN sections are completed before infusion

Registered Nursing Associates are only permitted to administer medication in accordance with the scope set out by the Nursing and Midwifery Council.

All medications administered via all routes will only be undertaken with the explicit consent of the patient.

It is the responsibility of the supervisor and the trainee to ensure that where any specific training is required before a drug may be administered that this is carried out and evidenced in the learner's assessment portfolio, for example vaccines or the use of specific equipment.

Policy and Competency links:

[redacted]

[redacted]

[redacted]