

# National slidepack to support the Advisory Guidance on the administration of medicines by Nursing Associates



## Health Education England

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# Background

HEE convened a Medicines Management group in January 2017 to provide guidance on the administration of medicines by Nursing Associates.

The purpose of the group was to:

1. Outline **current** available practice and guidance nationally and internationally
2. Explore any **safety concerns** around medicines administration by Nursing Associates
3. Develop **guidance to support** organisations who will train and employ Nursing Associates

# Membership of the group

- Directors of Nursing from acute, community, mental health, learning disability, hospice and social care services.
- Pharmacists
- Nursing and Midwifery Council
- CQC
- Academics with pharmacy and safety expertise
- HEE



# Key discussions

1. Should there be a focus on routes of administration or named medicines?
2. Should Nursing Associates be able to administer medicines via all routes or named routes?
3. How can organisational policy be utilised to mitigate risk if a service requires Nursing Associates to use routes of administration beyond those stated in the (draft) NMC standards of proficiency?
4. How to manage the priority of patient safety when also allowing the role to have the required capabilities

**The resulting guidance includes recommendations on:**

- Education and training
- Organisational level policy
- Safety critical medications
- Administration of medicines via alternative routes
- Governance and assurance

**The guidance was reviewed by key partners in the healthcare sector to help ensure accuracy. These include officials from NHS England, NHS Improvement, the Department of Health and Social Care, the Home Office and the Medical and Healthcare Regulations Authority.**

# Trainee Nursing Associates

The promotion of self-care and self-administration of medicines are fundamental principles in the education and training of Nursing Associates

## Recommendation 1

- Employing organisations should ensure **adequate levels of supervision** are in place to support trainee Nursing Associates in the education and training of medicines management, and
- These supervision levels should be clearly stated in any **local medicines policy** (where such a policy exists).

# Trainee Nursing Associates

## Recommendation 2

The Nursing and Midwifery Council should ensure the following core routes of medicines administration are included by name in the Nursing Associate standards of proficiency:

- Oral
- Topical
- Subcutaneous
- Per rectum
- Inhaled

# Qualified Nursing Associates

## Recommendation 3

Employing organisations should ensure **themselves and the CQC** that practicing Nursing Associates have the **qualifications, competence, skills and experience** to undertake the activities required of them.

## Recommendation 4

**Employers** should maintain an appropriate **local policy** to guide all parties in the **remit, responsibilities and activities** Nursing Associates are expected to perform with regards to medicines administration



# Qualified Nursing Associates

## Recommendation 5

Employing organisations that expect Nursing Associates to administer medicines should name any **safety critical medicines** that will be administered by Nursing Associates in their organisation and ensure local policies (aligned to national guidance) exist to mitigate risk.

**Safety critical medicines** refer to medicines that carry a higher risk of harm. Examples include methotrexate, warfarin, insulin, digoxin and opioids.

**This is NOT to preclude the administration of these medicines but to overtly promote a patient safety culture.**

# Qualified Nursing Associates

## Recommendation 6

Employing organisations that wish for Nursing Associates to administer medicines via **additional routes** should ensure there is a **robust organisational policy** that:

1. Defines these additional routes
2. Ensures that this is in the best interest of the patient
3. Clearly state the threshold standard of competency for each administration route
4. Outlines the necessary education and training
5. States how the training is formally assessed and when re-assessment should occur
6. Provides clear lines of delegation and accountability for any administration

## Recommendation 7

HEE should work with employers and **NHS England** to develop proposals for Nursing Associates to be able to supply and administer medicines using a **Patient Group Directive**

- Only **regulated roles on the approved PGD administration list** can administer medicines under a Patient Group Directive. The Nursing Associate is a new role and therefore not on the approved list.
- Employers have stated how advantageous this would be to patient care without compromising on safety.
- Examples include **immunisations** as part of a national programme – e.g the influenza vaccine.

# Tiers of Governance and Assurance

System Regulator

Employers will provide assurance to the system regulators (NHS I and the CQC) that Nursing Associates are deployed safely.

Employing Organisation

Employers will decide how to deploy Nursing Associates and mitigate risk through education, training and policy

Regulated professional

The Nursing Associate will be expected to work safely within the standards of proficiency set by the NMC

## Further Information

- Visit HEE's website for more information on the Nursing Associate role including the Curriculum Framework and FAQs
- The HEE Curriculum Framework outlines the knowledge and skills expected to be included within the Nursing Associate education programmes.
- Visit [www.nmc-uk.org](http://www.nmc-uk.org) for information on the NMC's consultation on Nursing Associates

# Thank you

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