

Advisory Guidance: Administration of Medicines by Nursing Associates



Frequently asked questions

Why is Health Education England releasing this guidance?

During the consultation on developing the Nursing Associate role it was clear that health and care providers wanted Nursing Associates to be able to administer medicines. The resulting curriculum framework, that would frame the education programme for the role, included detail on the knowledge, skill and behaviours a trainee Nursing Associate would need to exhibit prior to being deemed as competent in medicines administration.

Alongside the forthcoming Nursing and Midwifery Council's (NMC) regulatory standards of proficiency for the role, HEE is publishing this supplementary guidance to provide clarity to all health and care organisations about how Nursing Associates could be deployed to administer medicines safely and effectively.

How was the guidance developed?

HEE convened a Medicines Management group in January 2017. The group met three times and produced the guidance and recommendations. The guidance was then 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 MHRA.

Who was on the Medicines Management group?

The group was chaired by Professor David Sines and included Directors of Nursing from the acute sector, integrated health services, mental health and community services, social care and hospice. The group also had pharmacy experts, the NMC and the CQC. The group fed back into the Scrutiny group and also the national Implementation group that involved a range of key stakeholders.

What was the purpose of the group?

The purpose of the group was to:

- Outline current medicines administration practice and guidance, nationally and internationally.
- Explore any safety concerns around medicines administration by Nursing Associates.
- Develop guidance to support organisations who employ qualified Nursing Associates on the administration of medicines.

Key discussions by the medicines group included:

- Should Nursing Associates be able to administer medicines via all routes or via named routes?
- Should the developing NMC Nursing Associate standards of proficiency focus on a prescribed list of medicines rather than routes of administration?
- How can organisational policy be utilised to mitigate risk if a service requires a Nursing Associate to administer medicines or to use routes of administration that are beyond the regulated standards of proficiency?
- How to manage the priority of patient safety, at the same time as developing the parameters of the Nursing Associate role to meet service needs. Some sector leads raised concern that if the role of the Nursing Associates in regard to medicines administration was too restricted then the role would not be utilised.

What did the Medicines Management group find?

1. Across England unregulated workers are administering medicines using a variety of routes on a daily basis. This is particularly evident in social care services and in community nursing services. These employers mitigate against risk by ensuring that their staff have the correct education and training and that their medicines policy is robust. They provide assurance to the system regulator, the CQC, when they are inspected.
2. Regulation alone does not mitigate against the risk of errors in medicines administration.
3. In England there is guidance for the administration of medicines by care assistants in care homes but no other standardised guidance exists.

Who is the guidance for?

There are 2 sections of the guidance. Section 1 refers to Nursing Associates in training and Section 2 focuses on the qualified Nursing Associate. The guidance is for:

- Employers of Nursing Associates
- Trainers/educators of Nursing Associates
- Supervisors of Nursing Associates
- Commissioners of Nursing Associate training programmes
- Prospective Nursing Associates
- People cared for by Nursing Associates

What does the guidance include?

There are seven recommendations in the guidance. All of the recommendations are underpinned by the fundamental principle that trainee nursing associates will learn about the promotion of self-care and safe, self-administration of medicines during their education programme

Why does it specify routes of administration not an agreed list of medicines?

For two reasons. The first is that an agreed list of medicines would date as soon as it was written and secondly, and more importantly, medicines carry a higher risk of harm dependant on their route of administration. Therefore, the group recommended a core list of routes of administration that all Nursing Associates would demonstrate competence with and that these routes are included in the NMC Standards of Proficiency for the role.

Why is Intramuscular Injection not one of the routes?

The inclusion of Intramuscular Injection as an acceptable route of administration was discussed at length by the group. Whilst some felt that services would require Nursing Associates to administer Intramuscular medicines others felt this was not a route regularly used and therefore to expect every Nursing Associate to demonstrate proficiency during their training would be problematic.

Can Nursing Associates administer under a Patient Group Directive?

A Patient Group Directive (PGD) is a written instruction for the supply or administration of medicines to certain groups of patients by a named health professional.

Only regulated professions are able to supply or administer medicine under a PGD, and ministers are responsible for making decisions about whether legislation should be amended to allow professions to supply or administer medicines through a PGD in the future. Currently Nursing Associates, as a new profession, are not on the list of professions lawfully allowed to administer medicines under a PGD.

Nursing Associates cannot be added to this list until they become a regulated role. Once regulated, a Case of Need would need to be made by NHS England through the Department of Health Non-Medical Prescribing Board, to seek agreement from Ministers for a public consultation. The results of a public consultation would then need to be submitted to the Commission on Human Medicines (CHM), who would make recommendations to Ministers regarding any changes to legislation.

This guidance recommends that a case of need is developed and submitted.

Can Nursing Associates administer controlled drugs?

Upon publication of the Curriculum Framework, questions were asked concerning Nursing Associates administering Controlled Medicines. The Medicines Management Group discussed this at length, with some sector representatives (care home, hospice, community services) providing comparable examples of how this is already occurring, safely, within their settings.

The Group and provider feedback highlighted that this is a complex area. The risk of administration of medicines to patient safety heightens depending on the route of

administration, not purely on the medicine itself. It was therefore decided that the focus should be on organisations being aware, and providing assurance, in regard to safety critical medicines rather than focusing purely on medicines identified as Controlled under the Misuse of Drugs legislation.

Medicines which carry a higher risk of harm are sometimes referred to as safety critical medicines. Examples of these are Digoxin, Warfarin, opioids, Insulin, Methotrexate and Lithium. Whilst Nursing Associates should not be precluded from administering these medicines the group recommends that employing organisations name any safety critical medicines that will be administered by Nursing Associates in their organisation.

Recommendation 4 refers to verbal orders. Is this deemed as safe practice?

Whilst in the majority of settings verbal orders are not permitted, if they are then the recommendation is that the organisational policy has clear guidance for Nursing Associates. This recommendation focuses on ensuring local policy is clear in regards to the remit, responsibilities and duties of qualified Nursing Associates with regards to medicines management.

How often should qualified Nursing Associates be expected to be re-assessed as competent in the administration of medicines?

Nursing Associates will be regulated by the NMC and be expected to work safely within the standards of proficiency of the role. If organisations are expecting Nursing Associates to perform duties beyond these standards of proficiency, then good practice suggests that their organisational policy will state how regularly competence is re-assessed.

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