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- Health Education England's recommendations on medicines administration by NAs

Advisory guidance on medicines administration by nursing associates

Key points

From 2019, nursing associates (NAs) will be part of the care and nursing workforce in England

The administration of medicines will be part of NAs' remit, subject to their employers' policies

Health Education England has issued recommendations on how NAs could be deployed to administer medicines

The Nursing and Midwifery Council has recently released a first draft of its proficiency standards for NAs

Author Anne-Claire Bouzanne is assistant practice and learning editor at *Nursing Times*.

Abstract Health Education England (HEE) has published advisory guidance clarifying what will be expected of nursing associates in terms of medicines administration. This complements both the existing *Nursing Associate Curriculum Framework* and the forthcoming proficiency standards of the Nursing and Midwifery Council.

Citation Bouzanne AC (2018) Advisory guidance on medicines administration by nursing associates. *Nursing Times* [online]; 114: 4, 36-37.

From 2019, nursing associates (NAs) will become part of the care and nursing workforce in England, supporting registered nurses and contributing to care provision in all settings. In January 2017, the Nursing and Midwifery Council (NMC) agreed to become their regulator. NAs will need to meet standards of proficiency that the NMC is currently working on and medicines management will be included in their remit. Health Education England (HEE) has published advisory guidance on the administration of medicines by trainee and regulated NAs (HEE, 2018).

Rationale for advisory guidance

NAs will need to understand medicines management and be able to administer prescribed medicines safely and effectively, so it is essential that they are trained and competent in this area. NAs will be regulated under statute and join a register of qualified practitioners, providing reassurance on the standards of their education and training.

To join the register, all trainee NAs will need to demonstrate proficiency in medicines administration in line with the standards that the NMC is currently developing – a draft version of these standards was

released on 15 February ([Bit.ly/NTDraftNASKillsList](https://bit.ly/NTDraftNASKillsList); NMC, 2017a). Alongside these forthcoming NMC proficiency standards, HEE is publishing advisory guidance to provide clarity to all NHS organisations about how NAs could be deployed to administer medicines safely and effectively.

In October 2016, HEE published the *Nursing Associate Curriculum Framework*, followed by a second version in 2017 (HEE, 2017). This framework gives training providers a benchmark for equipping trainee NAs with the skills and competence they will need in their future roles, including preparing them to administer medicines. During the consultations leading to the framework, the issue of medicines management was often raised as needing further clarification. The new guidance is intended to expand on and clarify the *Nursing Associate Curriculum Framework*.

Who is this guidance for?

The guidance was developed over the past year by a cross-sector and time-limited Medicines Management Group convened by HEE. Drawing membership from health and care providers as well as system experts, the group included directors of nursing, pharmacists, representatives of the Care Quality Commission (CQC) and



NMC, academics with pharmacy and safety expertise, and a medical director.

The guidance is intended for NA employers, trainers/educators and supervisors; commissioners of NA training programmes; prospective NAs; and people cared for by NAs. Its purposes are to guide training providers in delivering medicines management training to future NAs; assist trainee NAs when receiving such training; and support future employers in the safe and effective deployment of NAs in medicines management activities. It is also intended to clarify the remit of NAs, and reassure the public about their role in medicines management.

What the guidance recommends

The guidance contains seven recommendations covering education and training; organisational level policy; safety critical medications and controlled drugs; and routes of administration. The recommendations are mainly addressed to NA employers, but also to the NMC and HEE. The first two pertain to trainee NAs and the others concern future regulated NAs.

The guidance clearly states that its recommendations supplement, and are subject to, any locally agreed policies and guidelines, and that it will be up to employers to decide whether, and to what extent, NAs will administer medicines within their organisations.

Education and training

Recommendation 1 pertains to the education and training of NAs, stressing that “it is essential that trainee NAs receive adequate practice experience, education, training, supervision and support to achieve the standards of proficiency associated with medicines management during their two-year programme”. Employers need to ensure that “adequate levels of supervision are in place” to support the education and training of NAs in medicines management.

Routes of administration

Recommendation 2 lists the “core routes of medicines administration” that will need to be included in the future NMC standards of proficiency for NAs. These routes are: oral; topical; subcutaneous; per rectum; and inhaled.

Ensuring NAs' qualifications, competence, skills and experience

As regulated health professionals, NAs will be subject to the same fitness-to-practise expectations as other NMC registrants and expected to comply with the NMC

standards and code of practice. Recommendation 3 highlights that, once NAs are regulated, employers “should take appropriate steps to assure themselves and the CQC that practising NAs have the qualifications, competence, skills and experience to undertake the activities required of them”, including the administration of medicines if appropriate. The recommendation specifies that “as with any medicines management policy, reporting patient safety and safeguarding incidents will occur at a local, organisational and national level”.

Local policies

In the social care sector, some medicines management (including administration) is routinely performed by unregulated care staff. In recommendation 4, HEE advises that employers should have local policies detailing the remit, responsibilities and activities of NAs in medicines management, and that these policies should cover: ordering medicines; receiving medicines; verbal orders; safe storage and disposal of medicine; and administering ‘as required’ medication.

Safety critical medicines

There are medicines that carry a higher risk of harm (safety critical medicines), such as: methotrexate, warfarin, insulin, digoxin, lithium and opioids; medicines used off-label; and medications that are new to the market. Recommendation 5 advises that “NAs should not be precluded from administering these medicines”, but that caution should be exercised, that a patient safety culture should be promoted, and that employers “should name any safety critical medicines to be administered by NAs in their organisation” in addition to controlled medicines.

The question of whether NAs should administer controlled medicines was discussed at length by the group. This is a complex area, as the risk to patient safety increases depending on the route of administration. HEE's Medicines Management Group recommends that, when determining NAs' scope of practice, employers should not focus purely on controlled medicines but consider all safety critical medicines.

Additional routes of administration

Some employers may want NAs to administer medicines via routes not included in the core routes of administration outlined in recommendation 2; for example, enteral or intramuscular. Recommendation 6 states that “such activity should only be carried out when an organisational policy

addressing NAs and additional routes is already in place”. This organisational policy should define each of these additional routes and look at patients' best interests; associated levels of risk; standards of competency; education and training; and delegation and accountability.

Patient group directions

Providers consider that NAs should be allowed to administer some medicines under patient group directions (PGDs), as this would be advantageous for patient care without compromising safety. This could include NAs administering the influenza vaccine as part of a national immunisation programme or using a saline flush following the insertion of a cannula.

NAs are not yet a regulated profession and only regulated professions can supply or administer medicines under a PGD. The list of professions allowed to do so includes an equivalent level role, that of dental hygienist. The guidance recommends that “HEE should work with employers and NHS England to develop proposals for NAs to be able to supply and administer medicines using PGDs”.

What happens next?

On 15 February, the NMC has released a first draft of its standards of proficiency for NAs (NMC, 2017a), as well as a list of over 90 procedures and communication skills that NAs need to be trained in (NMC, 2017b), some of which relate to medicines administration (Bit.ly/NTDraftNASkillsList). The NMC made the drafts public “to allow people to see how the skills annex is developing and what it contains” and will publish a final draft version for consultation in April. The standards are to be released in October 2018. **NT**

References

- Health Education England (2018) *Advisory Guidance: Administration of Medicines by Nursing Associates*. London: HEE. Bit.ly/HEEAdvisoryGuidance
- Health Education England (2017) *Nursing Associate Curriculum Framework*. London: HEE. Bit.ly/HEE_NAFramework
- Nursing and Midwifery Council (2017a) *Working Draft: Standards of proficiency for nursing associates*. Bit.ly/NMCPProficiency
- Nursing and Midwifery Council (2017b) *Working Draft: Nursing associates skills annex*. Bit.ly/NMCSkillsAnnex

For more on this topic go online...

- Guidance on medicines administration by care assistants in nursing homes
Bit.ly/NTHCAMedsAdmin