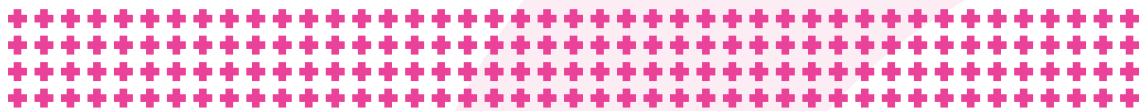


Position Statement

The safe and effective deployment of nursing associates in community nursing settings

February 2024



Colleagues will be aware of significant concerns about the deployment and extension of the scope of practice of registered nursing associates. The Queen's Nursing Institute (QNI) has been alerted, via its networks, about the deployment and extension of the scope of practice of registered nursing associates across a wide range of community nursing settings.

This document outlines the QNI's position in relation to the deployment and extension of the scope of practice of registered nursing associates within community nursing settings.

From the outset, it should be noted that the QNI recognises the invaluable contribution that registered nursing associates make to community nursing teams in assisting registered nurses to provide high quality, effective and safe care. When appropriately deployed and supervised, the QNI believes that nursing associates can be highly respected and valued members of the nursing team.

There are significant differences between the standards for registered nursing associates and registered nurses, recognising that nursing associates support registered nurses to provide and monitor care and contribute to integrated care. Whereas registered nurses assess, plan and evaluate care, as well as providing the leadership and management of the team.

Nursing is a profession characterised by, amongst other things, the management of complex care, risk assessment, hypervigilance and decision making. This is certainly true of registered nurses working in community settings, where care coordination and the management of distributed risk also plays a significant role in the day-to-day work of registered nurses.

Registered nursing associates are not registered nurses and should not be used in role substitution. The overwhelming evidence around registered nurses is unequivocal and is directly linked to lower mortality, better quality of care and improved patient safety.

The QNI is concerned that NHS England have commissioned and promoted identical courses for both registered nurses and registered nursing associates to prepare them to work in General Practice. The course 'Fundamentals of General Practice' has exactly the same content for both types of practitioner, potentially leading to misunderstandings about the scope of practice of registered nursing associates. For example, the course includes a focus on vaccinations and all the underpinning knowledge required for practice in this area. Vaccines are predominantly administered under Patient Group Direction (PGD). The Human Medicines Regulations 2012 only permit registered nurses and other types of registered healthcare professionals to work to a PGD. This means it is illegal for registered nursing associates to administer vaccines under a PGD, which may not be understood by their employers.

The QNI is also aware that a number of universities are offering Continuing Professional Development (CPD) courses to registered nursing associates which could lead them to be involved in the undifferentiated diagnosis of patients in community settings. The QNI believes that all practitioners should undertake CPD, but that such courses must be commensurate with the practitioner's role.

QNI network members have provided examples of nursing associates running independent clinics in Prison Healthcare settings and in General Practice, despite the nursing associate role not being associated with patient assessment, care planning and evaluation of care. This is unacceptable and serves both to exploit the registered nursing associate and to place patients at considerable risk. In addition, the QNI has seen numerous job advertisements which ask for applications from nursing associates, but describe a role way beyond that envisaged when nursing associates were introduced into the workforce.

The QNI is concerned that the Nursing and Midwifery Council (NMC) is powerless to intervene in these cases, instead referring concerns to other system-based regulators such as the Care Quality Commission (CQC). The NMC have also indicated that it is for employers to determine the scope of practice of the nursing associate role, not the regulator. This can only lead to widespread exploitation of registered nursing associates and significant and high-risk variation across the country, which raises concerns about the safety of patients.

The QNI is seeking clear guidance on the scope and limits of nursing associate practice, ideally from the NMC as regulator. We are concerned that without this there will continue to be inappropriate extensions of the role in many settings, creating significant concerns for standards of care and increasing the risk to patient safety.

The QNI is seeking urgent clarification from NHS England about the Fundamentals of General Practice courses which they have commissioned, to ensure a clear delineation of the role of registered nurses and registered nursing associates.

In the meantime, the QNI will continue to monitor the situation and will raise concerns with the CQC where employers in community settings are advertising registered nursing associate roles outside of the scope of practice.

The Queen's Nursing Institute
February 2024

