

P-20 Registered Nursing Associates: is there a role for them in Endoscopy?

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Context: With nurse vacancies in England over 40 000 (Imison, 2016), Health Education England (HEE) (2016) announced the development of a new role - nursing associates - to 'bridge the gap' between non-registered and registered staff, allowing registered nurses (RN) to deliver the more complex care. As the first wave of trainees began the pilot programme in January 2017 the Nursing and Midwifery Council (NMC) stated they would open a register for the new nursing associates when they qualified (NMC, 2017). In England 11 test sites, each consisting of a partnership of Higher education Institutes (HEI) and employers, were established to provide a two year apprenticeship. Royal Free London NHS Foundation Trust (RFL) was part of the North Central London partnership. In the first pilot wave there were 10 trainee nursing associates (TNAs) in the Trust; one based in Royal Free Hospital Endoscopy unit

The aim: to assist the TNA in meeting her objectives and learning for the programme and to develop the role of the registered nursing associate (RNA) within the endoscopy department. This is a lived experience review from a clinical practice educator (CPE), supporting the TNA and endoscopy staff to develop the role of the nursing associate in the Endoscopy unit.

The results: the TNA has qualified and as a RNA in endoscopy, is working within her role limitations and is accountable for her practice as a registered professional. In December 2018 two TNAs have started, one in the original endoscopy unit and one in the diagnostic endoscopy department, Chase Farm Hospital, with a further applicant for our next cohort in October 2019. Discussion: The TNA was able to meet her programme objectives through her placements in Endoscopy and across the partnership, and used learning from external placements within endoscopy to support patients. Developing the role of a RNA within Endoscopy is ongoing but the foundations were completed through aligning the TNA objectives not only with the programme learning but also with specific learning related to Endoscopy. Using the endoscopy competency book and information provided by the NMC these objectives were started in the first hub placement. The RNA is consolidating her development through completion of the assessments of competencies gained during the programme and increasing her practice scope in our therapeutic lists.

Conclusion: through the apprenticeship style programme it has been possible to train a TNA to point of registration and to develop the role in the department. The RNA is able to work in most of our clinical areas. Although RNAs can administer medication, within our Trust they cannot administer IV or controlled drugs therefore the RNA cannot act as lead for a room unless it is a non-sedation list with a registered nurse in the vicinity. Relevance to practice: RNAs have an effective role within Endoscopy department' nursing workforce and can help the department meet the rising demands on the service. Within the partnership there are 2 RNAs and 2 TNAs in endoscopy units, 4 TNAs in theatre and 2 in DSU. In other regions of England there are RNAs working within theatres.

References:

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