Agreeing the parameters of practice for the registered nursing associate role: consultation response form

General information

Your name (optional):

| Chiara Dall'Ora, Peter Griffiths, Christina Saville |

Organisation (if applicable):

| University of Southampton, Health Workforce and Systems Research Group |

Email / telephone number (optional):

| cdo1m12@soton.ac.uk |

Your address (optional):

| Building 67 University Road, Southampton SO171BJ |

I am a/an (please select one from the following):

- Patient / family member or carer of a patient ☐
- Member of the public ☐
- Member of NHS staff ☐
- Collective response on behalf of local health board / NHS trust ☐
- Organisation with an interest in the health service ☒
- Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation) ☐
- Prefer not to say ☐
- Other group not listed above (please specify):

| |

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: ☐

Consultation questions

When responding to the consultation, please note that the questions focus on the proposed protected elements of the registered nurse role, as opposed to the role and function of the registered nursing associate.

Question 1

Do you think that leading, coordinating, managing care and being 'in charge' should be reserved for the registered nurse, with the registered nursing associate contributing to but not leading care?

> Yes. The leadership and coordination of nursing care, and leadership of the nursing team is a role for registered nurses.

Question 2

Do you think that holistic patient assessment should be reserved for the registered nurse, with the registered nursing associate only participating in elements of patient assessment?

In this context, 'holistic' means an approach which considers multi-dimensional aspects of health and well-being, recognising the whole person from a physical, mental, emotional, psychological, social, intellectual and spiritual perspective.

> Yes. Assessment of nursing needs is a professional nursing role. While support staff including registered nursing associates (RNA) may be able to provide data to inform such assessments the interpretation of such data is a core professional role. Interpretation of assessment data is crucial for proper care planning and for maintaining patient safety. While there is limited direct evidence relating to RNA roles (from England) or equivalent from other countries, such evidence as there is tends to indicate that substitution of lesser trained staff for RNs increases risks to patients. Our own recent research in acute hospital wards[1] suggested that safety benefits from including some Band 4 staff (the band for RNA) in the nursing support staff diminished with higher proportions of such staff – a finding that might reflect the consequences of unwarranted substitution.
>
> 1.   Griffiths, P., et al., *Nursing Team Composition and Mortality Following Acute Hospital Admission.* JAMA Network Open, 2024. **7**(8): p. e2428769-e2428769.

Question 3

Do you think that holistic planning of patient care and care plan development should be reserved for the registered nurse?

In this context, 'holistic' means an approach which considers multi-dimensional aspects of health and well-being, recognising the whole person from a physical, mental, emotional, psychological, social, intellectual and spiritual perspective.

Yes, interpretation of the results of assessment and the determination of an evidence-based care plan is a professional nursing role that requires significant university level training. There is little direct evidence because the absolute numbers of RNAs in the current workforce are low relative to the traditional roles. However, evidence such as the European wide RN4CAST study[1] shows that hospitals with higher proportions of nurses with a bachelors degree have better patient outcomes. In other settings, such as community, where direct supervision off support staff is more challenging, direct involvement of RNs in planning care is even more critical.

1.   Aiken, L.H., et al., *Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study.* Lancet, 2014. **383**(9931): p. 1824-30.

Question 4

Do you think that holistic evaluation of patient care should be reserved for the registered nurse, with registered nursing associates only participating in elements of patient evaluation?

In this context, 'holistic' means an approach which considers multi-dimensional aspects of health and well-being, recognising the whole person from a physical, mental, emotional, psychological, social, intellectual and spiritual perspective.

Yes. Assessment of the outcomes of patient care is a professional nursing role. While support staff including registered nursing associates (RNA) may be able to provide data to inform such assessments, the interpretation of such data is a core professional role. Interpretation of assessment data is crucial for proper adaption of the care plan and for maintaining patient safety. In other settings, such as community, where direct supervision off support staff is more challenging, direct involvement of RNs in evaluating care is even more critical.

Question 5

Do you think that leading, responding and supporting safeguarding enquiries into abuse and/or neglect of adults and children should be reserved for the registered nurse?

> Yes, while all staff play an important role if safeguarding, leading, responding and supporting safeguarding enquiries into abuse and/or neglect of adults and children is a complex and challenging area requiring significant training, skill and experience. Delegation of such work to staff with less training and experience is inappropriate.

Question 6

Do you think that complex and sensitive discussions with patients and families (or significant others) about ceilings of treatment (the maximum level of treatment a patient is set to receive) should be reserved for the registered nurse?

> Yes, this is a complex and challenging area requiring significant training, skills and experience. Delegation of such work to staff with less training and experience is inappropriate. Such work should be reserved for senior registered nurses.

Question 7

Do you think that clinical discussion relating to predictable cardiac arrest and do not attempt cardio-pulmonary resuscitation decision-making should be reserved for the registered nurse?

> The question is not specific – discussion with who? Discussions with patients about such matters is a complex and challenging area requiring significant training, skill and experience. This should be performed by RNs alongside qualified medical practitioners. However, as members of the care team, RNAs may be able to provide perspectives and depending on relationships with patients it might be appropriate to involve them in discussions with patients alongside other professional colleagues.

Question 8

Do you think that professional accountability for the decision to discharge a patient should be reserved for the registered nurse, with registered nursing associates only participating in elements of the discharge process?

Yes. Discharge decisions are complex and multifaceted with significant safety implications. The decision making should be a RN responsibility, in conjunction with medical colleagues in medically led services. However, a decision to discharge from a nursing service requires a full assessment including an evaluation of the current care plan and needs for ongoing support. This should be a registered nursing responsibility and the registered nurse must be accountable for the decision.

Question 9

Do you think that the decision to refer a patient to another regulated professional or provider should be reserved for the registered nurse, with registered nursing associates only supporting the referral process?

Yes, although there could be some limited exceptions under clear protocols which could benefit patients. Referral to other professionals is based on an assessment of need which is a registered nursing function. However, in some cases such referrals could be a routine part of the care pathway, in which case it could be unnecessary to involve registered nurses. In such cases the registered nurse would still need to be accountable for ensuring that appropriate referrals were made.

Question 10

Nine specific questions have been posed. If you consider there are vital aspects for consideration, which are important parameters of practice, which have not been addressed, please use the space below to raise them.

The approach taken here, asking about 9 specific areas, is somewhat reductionist. While we agree that the items identified are important and should (in most respects) be reserved for registered nurses the core challenges relate to the ability of registered nurses to properly supervise and direct the work of RNAs. It will be imperative that registered nurses have the capacity to fulfil that role. The consequences of the implied division of labour – with registered nurses assessing and evaluating care and RNAs delivering it – is unclear, and it should not be assumed that patients benefit. Much nursing assessment occurs informally, during other planned nursing care interactions, and so the division of labour has a potential to impair holistic assessment.

We also note that although the demarcations in roles outlined above seem clear, there is ample evidence in nursing and other fields that boundaries become blurred and there is a significant risk of 'mission creep' over time where less qualified support staff are deployed. A shared understanding of what these restrictions mean in practice is important.

Reviews of research, including that undertaken for NICE when developing safe staffing guidance for England have concluded that there is an association between a nursing skill mix that has a higher proportion of RNs and better outcomes including lower mortality/failure to rescue, lower rates of infections, falls, pressure ulcers, higher patient satisfaction and, potentially, reduced net costs.[1,2,3] A higher skill mix in RNs is potentially more important than the absolute number of staff in the nursing team in preventing patient harm. There is little equivalent direct evidence on Band 4 associates but unless adding them to the team leads to a net increase in skill mix then risk is likely. Even if there is a net increase in skills, the potential impacts on RN workload and the risks associated with additional handovers remains unclear. The reasons for diminishing returns from additional band 4 RNA staff within the nursing support staff in our recent study[4] is unclear, but merits consideration when considering issue of delegation and the division of work in the nursing team.

- We recommend that the implementation of the RNA role is closely monitored with independent research commissioned to examine the functioning and interpretation of regulations within established teams, not simply during initial implementation.
- The extent to which implementing the RNA role will mean that patients receive less direct care from RNs, and the consequences of that change, is unclear and should be monitored.

1 Griffiths, P., et al 2023. Costs and cost-effectiveness of improved nurse staffing levels and skill mix in acute hospitals: A systematic review. Int J Nurs St DOI:10.1016/j.ijnurstu.2023.104601
2 Griffiths, P., et al 2016. Nurse staffing and patient outcomes: Strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence Safe Staffing guideline development. Int J Nurs St DOI: 10.1016/j.ijnurstu.2016.03.012
3 Twigg, D.E.,et al 2019. A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting. Jou Adv Nurs DOI: 10.1111/jan.14194
4 Griffiths, P., et al., Nursing Team Composition and Mortality Following Acute Hospital Admission. JAMA Network Open, 2024. 7(8): p. e2428769-e2428769.

https://doi.org/10.5258/SOTON/PP0074