The role of the Registered Nursing Associates and prevention of role creep within critical care

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The Nursing Associate Role

- The Shape of Caring review recommended the creation of a care role to bridge the gap between unregulated health care support workers and registered nurses (Willis, 2015)
- The first Nursing Associates were admitted to the NMC Register in January 2019 (Peate 2023)

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Nursing Associates on the NMC Register

The number of **nursing associates** grew from 6,874 in March 2022 to **9,339** in March 2023. In 2022–2023, 756 nursing associates converted to registered nurses. Of these, 563 retained their nursing associate registration.

35.9%
(+2,465)

NMC(2023)

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Scope of Practice

Nursing associate 6 platforms	Registered nurse 7 platforms
Be an accountable professional	Be an accountable professional
Promoting health and preventing ill health	Promoting health and preventing ill health
Provide and monitor care	Provide and evaluate care
Working in teams	Leading and managing nursing care and working in teams
Improving safety and quality of care	Improving safety and quality of care
Contributing to integrated care	Coordinating care
	Assessing needs and planning care

NMC Nursing & Midwifery Council

NMC(2019)

CC-NN

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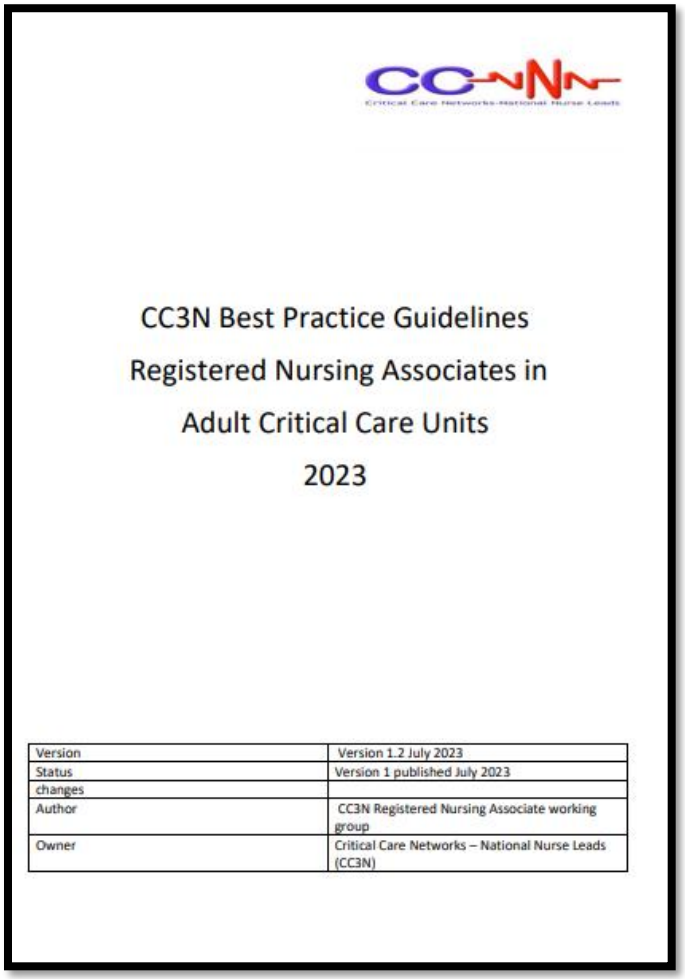
CC3N Guidelines



CC3N Best Practice Guidelines

Registered Nursing Associates in

Adult Critical Care Units

2023

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Status	Version 1 published July 2023
changes	
Author	CC3N Registered Nursing Associate working group
Owner	Critical Care Networks – National Nurse Leads (CC3N)

Anecdotally, nursing associates are working outside scope of practice.

In response to this CC3N have produced guidelines to support nursing associates working in critical care

CC3N (2023)

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Patients that RNA's can look after within critical care as per their scope of practice - **Inclusion**	Patients that RNAs cannot look after within critical care – not included in the scope of practice of an RNA - **Exclusion**
Airway (A)	
• Established Airway – Own, Endo-tracheal tube and tracheostomy. • Stable Trajectory of patient	• Difficult and complex intubation • Patients with newly formed tracheostomy that are classed as high risk. • Deteriorating airway where patient is likely to need intubation. • Perform extubation
Breathing (B)	
• Patient who is mechanically ventilated and is stable with standard ventilation needs. - **RN to change settings** • Stable oxygen requirements • Patients with standard pressure support / PEEP requirements - **RN to change settings.** • Self-ventilating patient with oxygen via nasal cannulae or facemask • Patient receiving Non-Invasive Ventilation NIV (BIPAP or CPAP) with stable trajectory – **RN to change settings.** • Patient with established chest drain or part of an established patient pathway. • Take and process an arterial blood gas.	• Leading the care for ventilated patients, e.g., altering ventilation settings • Respiratory advanced ventilation requiring high levels of oxygen, PEEP and /or pressure support. • Intubated patients who require proning • Unstable respiratory status/ high risk of respiratory deterioration / deteriorating breathing function • Non- standard modes of ventilation • Acute / unplanned chest drains • Respiratory Wean – short term / long term. • Intubated patients whose sedation has been stopped and are being monitored for extubation.

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Where direct care is augmented using assistive and supportive staff (including registered and unregistered nursing roles), appropriate training and competence assessment of those staff is required.	Where staff undertaking assistive and supportive roles that involves direct care, specific critical care training and assessment is required. (CC3N Registered Nursing Associate and Health Care Support Worker in Adult Critical Care Assistive Level (Band 3) and Supportive Level (Band 2) Competencies)
The role of a Registered Nursing Associate (RNA) is additional to augment care delivery and not there to replace the RN workforce. It is assistive in care delivery. RNAs should not be used as a substitution for Registered Nurses (NMC/CC3N).	Registered Nursing Associates require supervision and support in the delivery and planning of patient care. The supervision required should not impact on the care of other patients under the direct care of other RNs respecting the recognised nurse patient ratios, therefore registered nursing associate supervision should be provided by the supernumerary Enhanced Critical Care RNs in units with >10 beds; in units with less than 10 beds this will need to be adjusted accordingly.
Nursing associates will require a supernumerary period appropriate to their critical care experience before and during training. The supernumerary period should be a minimum of 3 months.	It is acknowledged that RNAs appointed to critical care will come with varying degrees of critical care experience. As such there should be a minimum period of 3 months for any RNA appointed.

UKCCNA (2023)

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- Nursing Associates are valuable members of the critical care nursing team.
- The aim of document produced by CC3N is to support nursing associates to work in critical care within their scope of practice

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References

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