



Standards of proficiency for nursing associates

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Introduction

The standards of proficiency presented here represent the standards of knowledge and skills that a nursing associate will need to meet in order to be considered by the NMC as capable of safe and effective nursing associate practice. These standards have been designed to apply across all health and care settings.



The proficiencies serve a number of purposes:

- They set out for **patients and the public** what nursing associates know and can do when they join the NMC register.
- The standards help **nursing associates** by providing clarity about their role. Read alongside the nursing standards of proficiency, they demonstrate the synergies and differences between the two roles.
- For **nurses and other health and care professionals**, the standards provide clarity on the knowledge and skills they can reasonably expect all nursing associates to have and this will help inform safe decisions about delegation.
- **Employers** understand what nursing associates can contribute to the health and wellbeing of patients and service users, and can make effective decisions about whether and how to use the role.
- **Educators** must develop and deliver programmes that equip nursing associates with the skills, knowledge and behaviours needed to meet these standards of proficiency when they qualify.

Nursing associate is a new role being introduced into the health and care workforce in England from 2019¹. It is a generic role (not defined by a field of nursing) but within the discipline of nursing. Nursing associates are intended to bridge a gap between health and care assistants, and registered nurses.

While the nursing associate role is new, it is particularly important that the public, health and care professionals, and employers can develop an understanding of what nursing associates know and can do.

¹ The nursing associate role is being introduced and regulated in England from 2019. If other countries of the UK decide to use and regulate the role in future it will require a change to our legislation, and the updating of our standards

Nursing associates are members of the nursing team, who have gained a Foundation Degree, typically involving two years of higher education. They are not nurses; nursing is a graduate entry profession and those joining the nursing part of the NMC register require a degree. Nurses also develop additional skills and knowledge within a specific field of nursing.

Nursing associates are a new profession, accountable for their practice. These proficiencies set out what pre-registration training will equip nursing associates to know, and do. Once they are practising, nursing associates can undertake further education and training and demonstrate additional knowledge and skills, enhancing their competence as other registered professionals routinely do. The roles played by nursing associates will vary from setting to setting, depending on local clinical frameworks, and it may also be shaped by national guidance.

Nursing associates provide care for [people](#) of all ages and from different backgrounds, cultures and beliefs. They provide care for people who have mental, physical, [cognitive](#) and behavioural care needs, those living with dementia, the elderly and for people at the end of their life. They must be able to care for people in their own home, in the community or hospital or in any health care settings where their needs are supported and managed. They work in the context of continual change, challenging environments, different models of care delivery, shifting demographics, innovation and rapidly evolving technologies. Increasing integration of health and social care services will require nursing associates to play a proactive role in multidisciplinary teams.

We have designed these proficiencies to align with the latest standards of proficiency for nurses:

- To allow people to understand the differences between the two roles
- To enable education providers to facilitate educational progression from nursing associate to nurse
- To demonstrate how the nursing associate role can support the registered nurse, to allow registered nurses to deliver the NMC's enhanced 'Future Nurse' standards of proficiency.

The outcome statements for each platform have been designed to apply across all health and care settings. At the point of registration, nursing associates are required to meet all outcome statements and to demonstrate an awareness of how requirements vary across different health and care settings. As the nursing associate role is generic, students may demonstrate proficiencies in any appropriate context, and there is no expectation that they must be demonstrated in every health and care setting.

In common with all of our regulatory standards and guidance, these proficiencies will be subject to periodic review. The current version of our proficiencies can always be found on our website.

Platform 1

Being an accountable professional

Nursing associates act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence based decisions and solve problems. They recognise and work within the limits of their competence and are responsible for their actions.



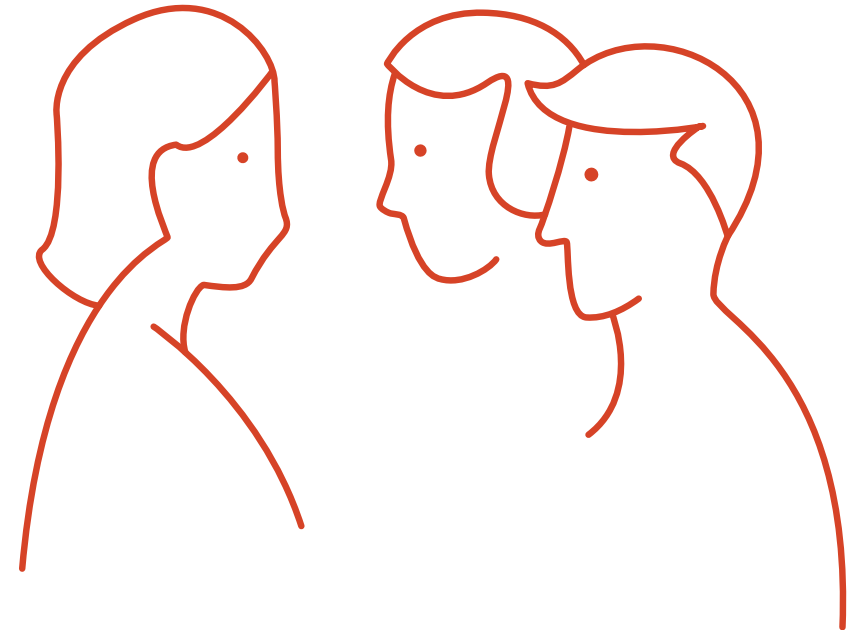
1. Outcomes:

The outcomes set out below reflect the proficiencies for accountable practice that must be applied across all standards of proficiency for nursing associates, as described in platforms 2-6.

At the point of registration, the nursing associate will be able to:

- 1.1 understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements
- 1.2 understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice
- 1.3 understand the importance of courage and transparency and apply the Duty of [Candour](#), recognising and reporting any situations, behaviours or errors that could result in poor care outcomes
- 1.4 demonstrate an understanding of, and the ability to, challenge or report discriminatory behaviour
- 1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health
- 1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care
- 1.7 describe the principles of research and how research findings are used to inform evidence-based practice
- 1.8 understand and explain the meaning of resilience and emotional intelligence, and their influence on an individual's ability to provide care
- 1.9 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges
- 1.10 demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues
- 1.11 provide, promote, and where appropriate advocate for, non-discriminatory, person-centred and sensitive care at all times. Reflect on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments
- 1.12 recognise and report any factors that may adversely impact safe and effective care provision
- 1.13 demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective practice

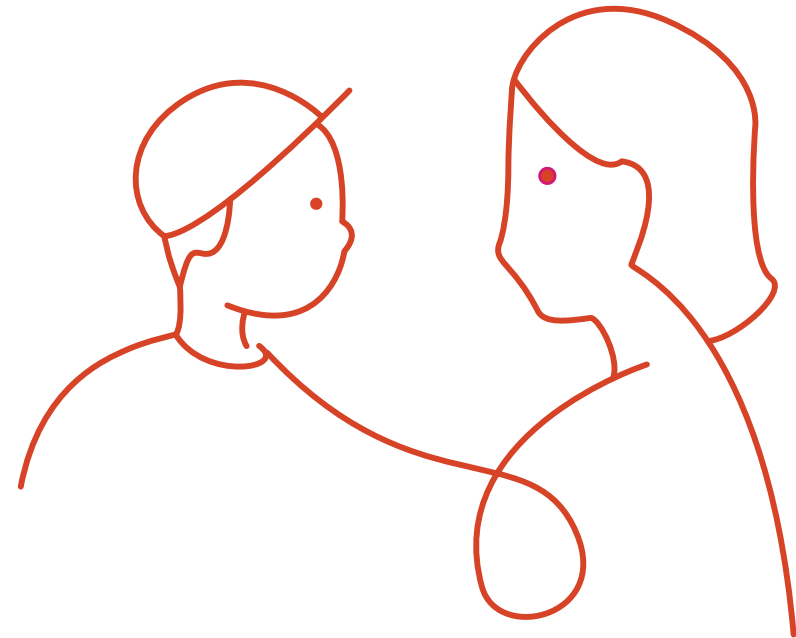
- 1.14 demonstrate the ability to keep complete, clear, accurate and timely records
- 1.15 take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop professional knowledge and skills
- 1.16 act as an ambassador for their profession and promote public confidence in health and care services
- 1.17 safely demonstrate evidence based practice in all skills and procedures stated in Annexes A and B.



Platform 2

Promoting health and preventing ill health

Nursing associates play a role in supporting people to improve and maintain their mental, physical, behavioural health and wellbeing. They are actively involved in the prevention of and protection against disease and ill health, and engage in public health, community development, and in the reduction of health inequalities.

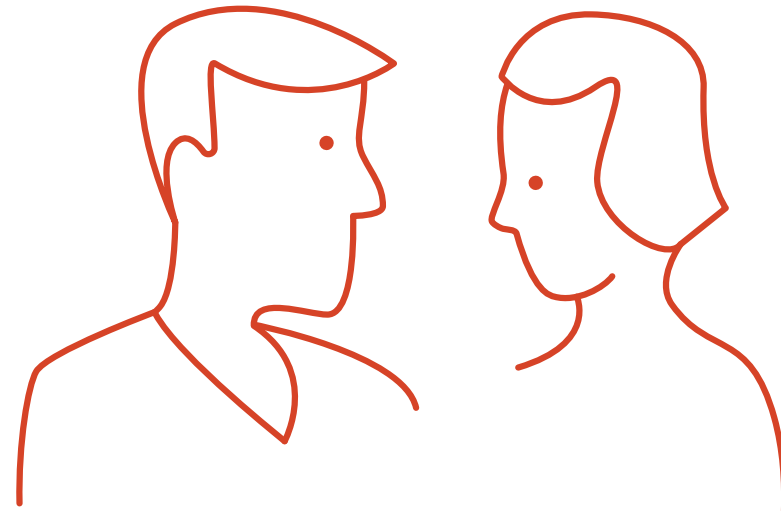


2. Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in health promotion and protection and prevention of ill health.

At the point of registration, the nursing associate will be able to:

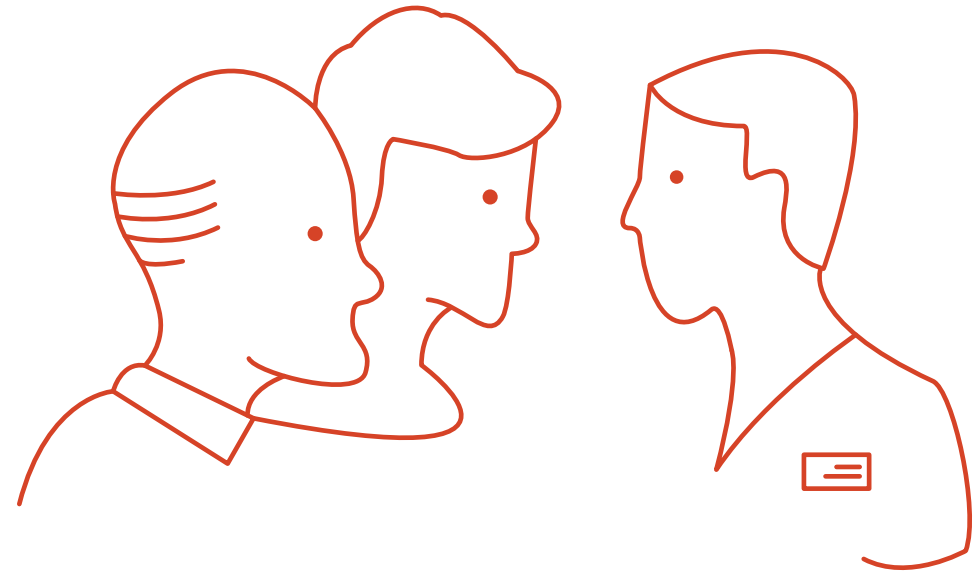
- 2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people
- 2.2 promote preventive health behaviours and provide information to support people to make informed choices to improve their mental, physical, behavioural health and wellbeing
- 2.3 describe the principles of epidemiology, [demography](#), and [genomics](#) and how these may influence health and wellbeing outcomes
- 2.4 understand the factors that may lead to inequalities in health outcomes
- 2.5 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing
- 2.6 understand and explain the contribution of social influences, [health literacy](#), individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes
- 2.7 explain why health screening is important and identify those who are eligible for screening
- 2.8 promote health and prevent ill health by understanding the evidence base for immunisation, vaccination and herd immunity
- 2.9 protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.



Platform 3

Provide and monitor care

Nursing associates provide compassionate, safe and effective care and support to people in a range of care settings. They monitor the condition and health needs of people within their care on a continual basis in partnership with people, families, and carers. They contribute to ongoing assessment and can recognise when it is necessary to refer to others for reassessment.



3. Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in providing and monitoring care.

At the point of registration, the nursing associate will be able to:

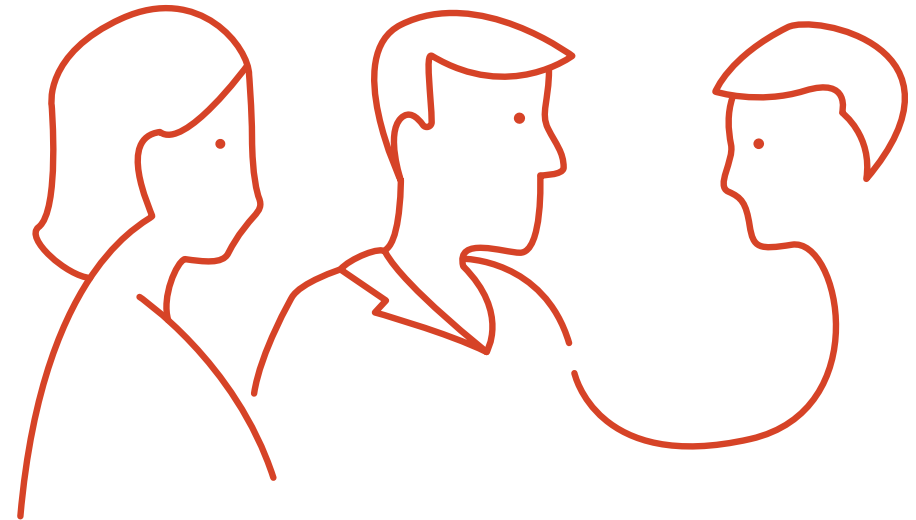
- 3.1 demonstrate an understanding of human development from conception to death, to enable delivery of person-centred safe and effective care
- 3.2 demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology, social and behavioural sciences when delivering care
- 3.3 recognise and apply knowledge of commonly encountered mental, physical, behavioural and cognitive health conditions when delivering care
- 3.4 demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of [interventions](#)
- 3.5 work in partnership with people, to encourage shared decision making, in order to support individuals, their families and carers to manage their own care when appropriate
- 3.6 demonstrate the knowledge, skills and ability to perform a range of nursing procedures and manage devices, to meet people's need for safe, effective and person-centred care
- 3.7 demonstrate and apply an understanding of how and when to escalate to the appropriate professional for expert help and advice
- 3.8 demonstrate and apply an understanding of how people's needs for safety, dignity, privacy, comfort and sleep can be met
- 3.9 demonstrate the knowledge, skills and ability required to meet people's needs related to nutrition, hydration and bladder and bowel health
- 3.10 demonstrate the knowledge, skills and ability to act as required to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity
- 3.11 demonstrate the ability to recognise when a person's condition has improved or deteriorated by undertaking health monitoring. Interpret, promptly respond, share findings, and escalate as needed
- 3.12 demonstrate the knowledge and skills required to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain

- 3.13 demonstrate an understanding of how to deliver sensitive and compassionate end of life care to support people to plan for their end of life, giving information and support to people who are dying, their families and the bereaved. Provide care to the deceased
- 3.14 understand and act in line with any end of life decisions and orders, organ and tissue donation protocols, infection protocols, advanced planning decisions, living wills and lasting powers of attorney for health
- 3.15 understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies
- 3.16 demonstrate the ability to recognise the effects of medicines, allergies, drug sensitivity, side effects, [contraindications](#) and adverse reactions
- 3.17 recognise the different ways by which medicines can be prescribed
- 3.18 demonstrate the ability to monitor the effectiveness of care in partnership with people, families and carers. Document progress and report outcomes
- 3.19 demonstrate an understanding of [co-morbidities](#) and the demands of meeting people's holistic needs when prioritising care
- 3.20 understand and apply the principles and processes for making reasonable adjustments
- 3.21 recognise how a person's capacity affects their ability to make decisions about their own care and to give or withhold consent
- 3.22 recognise when capacity has changed and understand where and how to seek guidance and support from others to ensure that the best interests of those receiving care are upheld
- 3.23 recognise people at risk of [abuse](#), self-harm and/or suicidal ideation and the situations that may put them and others at risk
- 3.24 take personal responsibility to ensure that relevant information is shared according to local policy and appropriate immediate action is taken to provide adequate safeguarding and that concerns are escalated.

Platform 4

Working in teams

Nursing associates play an active role as members of interdisciplinary teams, collaborating and communicating effectively with nurses, a range of other health and care professionals and lay carers.



4. Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required to understand and apply their role to work effectively as part of an interdisciplinary team.

At the point of registration, the nursing associate will be able to:

- 4.1 demonstrate an awareness of the roles, responsibilities and scope of practice of different members of the nursing and interdisciplinary team, and their own role within it
- 4.2 demonstrate an ability to support and motivate other members of the care team and interact confidently with them
- 4.3 understand and apply the principles of [human factors](#) and environmental factors when working in teams
- 4.4 demonstrate the ability to effectively and responsibly access, input, and apply information and data using a range of methods including digital technologies, and share appropriately within interdisciplinary teams
- 4.5 demonstrate an ability to prioritise and manage their own workload, and recognise where elements of care can safely be delegated to other colleagues, carers and family members
- 4.6 demonstrate the ability to monitor and review the quality of care delivered, providing challenge and constructive feedback, when an aspect of care has been delegated to others
- 4.7 support, supervise and act as a role model to nursing associate students, health care support workers and those new to care roles, review the quality of the care they provide, promoting [reflection](#) and providing constructive feedback
- 4.8 contribute to team reflection activities, to promote improvements in practice and services
- 4.9 discuss the influence of policy and political drivers that impact health and care provision.

Platform 5

Improving safety and quality of care

Nursing associates improve the quality of care by contributing to the continuous monitoring of people's experience of care. They identify risks to safety or experience and take appropriate action, putting the best interests, needs and preferences of people first.



5. Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in contributing to risk monitoring and quality of care.

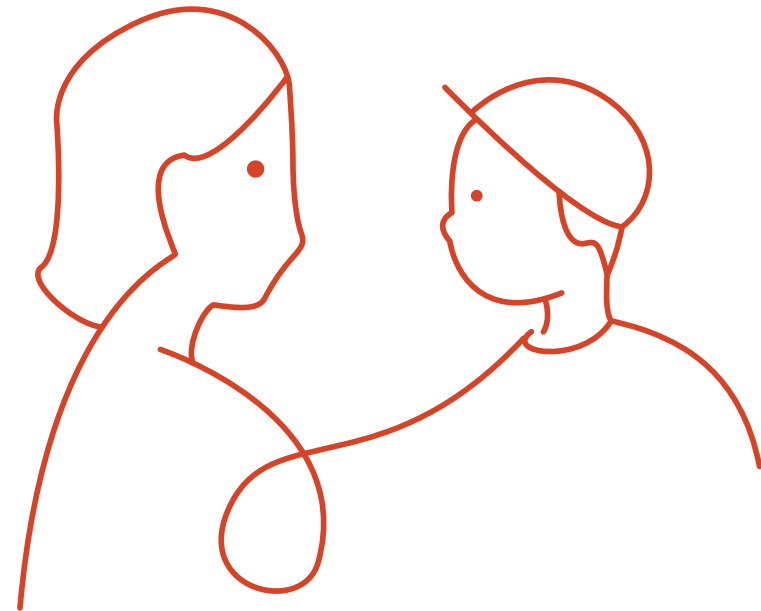
At the point of registration, the nursing associate will be able to:

- 5.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments
- 5.2 participate in data collection to support audit activity, and contribute to the implementation of quality improvement strategies
- 5.3 accurately undertake risk assessments, using contemporary assessment tools
- 5.4 respond to and escalate potential hazards that may affect the safety of people
- 5.5 recognise when inadequate staffing levels impact on the ability to provide safe care and escalate concerns appropriately
- 5.6 understand and act in line with local and national organisational frameworks, legislation and regulations to report risks, and implement actions as instructed, following up and escalating as required
- 5.7 understand what constitutes a near miss, a serious adverse event, a critical incident and a major incident
- 5.8 understand when to seek appropriate advice to manage a risk and avoid compromising quality of care and health outcomes
- 5.9 recognise uncertainty, and demonstrate an awareness of strategies to develop resilience in themselves. Know how to seek support to help deal with uncertain situations
- 5.10 understand their own role and the roles of all other staff at different levels of experience and seniority in the event of a major incident.

Platform 6

Contributing to integrated care

Nursing associates contribute to the provision of care for people, including those with complex needs. They understand the roles of a range of professionals and carers from other organisations and settings who may be participating in the care of a person and their family, and their responsibilities in relation to communication and collaboration.



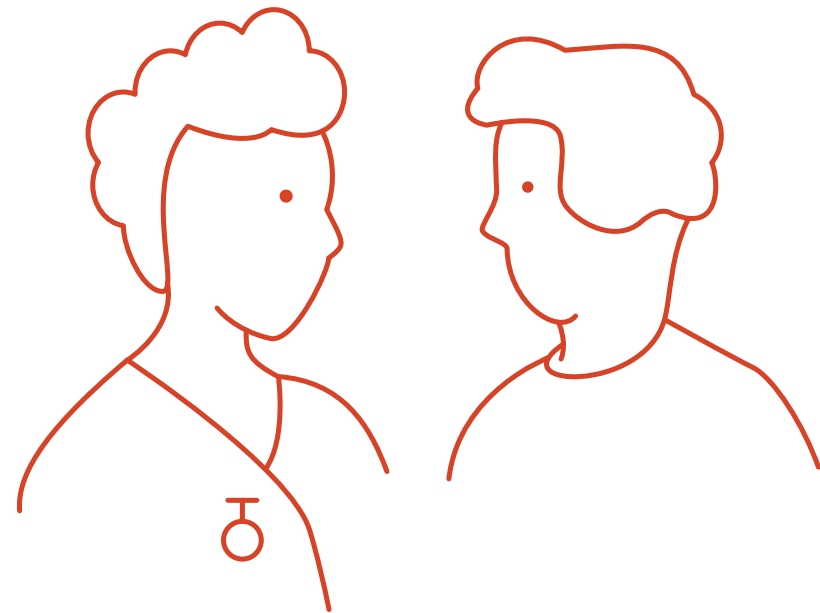
6. Outcomes:

The proficiencies identified below will equip the newly registered nursing associate with the underpinning knowledge and skills required for their role in contributing to integrated care to meet the needs of people across organisations and settings.

At the point of registration, the nursing associate will be able to:

- 6.1 understand the roles of the different providers of health and care. Demonstrate the ability to work collaboratively and in partnership with professionals from different agencies in interdisciplinary teams
- 6.2 understand and explore the challenges of providing safe nursing care for people with complex co-morbidities and complex care needs
- 6.3 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings
- 6.4 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives
- 6.5 identify when people need help to facilitate equitable access to care, support and escalate concerns appropriately

- 6.6 demonstrate an understanding of their own role and contribution when involved in the care of a person who is undergoing discharge or a transition of care between professionals, settings or services.



Annexe A: Communication and relationship management skills

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to demonstrate the communication and relationship management skills described in this annexe at the point of registration.

The ability to communicate effectively, with sensitivity and compassion, and to manage relationships with people is central to the provision of high quality person-centred care. These competencies must be demonstrated in practice settings and adapted to meet the needs of people across their lifespan. Nursing associates need a diverse range of communication skills and strategies to ensure that individuals, their families and carers are supported to be actively involved in their own care wherever appropriate, and that they are kept informed and well prepared.

It will be important for nursing associates to demonstrate cultural awareness when caring for people and to ensure that the needs, priorities, expertise and preferences of people are always valued and taken into account.

Where people have special communication needs or a disability, it is essential that nursing associates make reasonable adjustments. This means they'll be able to provide and share information in a way that promotes good health and health outcomes and does not prevent people from having equal access to the highest quality of care.

The skills listed below are those that all nursing associates are expected to demonstrate at the point of registration.

At the point of registration, the nursing associate will be able to safely demonstrate the following skills:

1. Underpinning communication skills for providing and monitoring care:

- 1.1 actively listen, recognise and respond to verbal and non-verbal cues
- 1.2 use prompts and positive verbal and non-verbal reinforcement
- 1.3 use appropriate non-verbal communication including touch, eye contact and personal space
- 1.4 make appropriate use of open and closed questioning
- 1.5 speak clearly and accurately
- 1.6 use caring conversation techniques
- 1.7 check understanding and use clarification techniques
- 1.8 be aware of the possibility of own unconscious bias in communication encounters
- 1.9 write accurate, clear, legible records and documentation
- 1.10 clearly record digital information and data
- 1.11 provide clear verbal, digital or written information and instructions when sharing information, delegating or handing over responsibility for care

- 1.12 recognise the need for translator services and material
- 1.13 use age appropriate communication techniques.

2. Communication skills for supporting people to prevent ill health and manage their health challenges:

- 2.1 effectively share information and check understanding about:
 - preventative health behaviours that help people to make lifestyle choices and improve their own health and wellbeing
 - a range of common conditions including: anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis in accordance with care plans
- 2.2 clearly and confidently explain to the individual and family how their lifestyle choices may influence their health. This includes the impact of common health risk behaviours including smoking, diet, sexual practice, alcohol and substance use
- 2.3 use appropriate materials, making reasonable adjustments where appropriate to support people's understanding of what may have caused their health condition and the implications of their care and treatment

- 2.4 use repetition and positive reinforcement strategies
- 2.5 recognise and accommodate sensory impairments during all communications
- 2.6 support and monitor the use of personal communication aids
- 2.7 address and respond to people's questions, recognising when to refer to others in order to provide accurate responses
- 2.8 identify the need for and manage a range of alternative communication techniques
- 2.9 engage in difficult conversations with support from others, helping people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.

3. Communication skills and approaches for providing therapeutic interventions:

- 3.1 identify the need for and use appropriate approaches to develop therapeutic relationships with people
- 3.2 demonstrate the use of a variety of effective communication strategies:
 - reassurance and affirmation
 - de-escalation strategies and techniques
 - distraction and diversion strategies
 - positive behaviour support approaches.

4. Communication skills for working in professional teams:

Demonstrate effective skills when working in teams through:

- 4.1 active listening when receiving feedback and when dealing with team members' concerns and anxieties
- 4.2 timely and appropriate escalation
- 4.3 being a calm presence when exposed to situations involving conflict
- 4.4 being assertive when required
- 4.5 using de-escalation strategies and techniques when dealing with conflict.

5. Demonstrate effective supervision skills by providing:

- 5.1 clear instructions and explanations when supervising others
- 5.2 clear instructions and checking understanding when delegating care responsibilities to others
- 5.3 clear constructive feedback in relation to care delivered by others
- 5.4 encouragement to colleagues that helps them to reflect on their practice.

Annexe B: Procedures to be undertaken by the nursing associate

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document, nursing associates must be able to carry out the procedures described in this annexe at the point of their registration. Nursing associates are required to demonstrate an awareness of how requirements for procedures may vary across different health and care settings. As the nursing associate role is generic, students may demonstrate the ability to carry out procedures in any appropriate context, and there is no expectation that this must be demonstrated in every health and care setting. Ideally students will demonstrate skills in a practice setting, but where necessary some procedures may be demonstrated through simulation.

Nursing associates are expected to apply evidence based best practice across all procedures. The ability to carry out these procedures, safely, effectively, with sensitivity and compassion (while demonstrating the communication and relationship

management skills described in Annexe A) is crucial to the provision of person-centred care. These procedures must be demonstrated with an awareness of variations required for different practice settings and for people across their lifespan. They must be carried out in a way that reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account.

At the point of registration, the nursing associate will be able to safely demonstrate the following procedures:

Part 1: Procedures to enable effective monitoring of a person's condition

1. Demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration and improvement:

- 1.1 accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings
- 1.2 use manual techniques and devices to take, record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry in order to identify signs of improvement, deterioration or concern
- 1.3 undertake venepuncture and routine ECG recording
- 1.4 measure and interpret blood glucose levels
- 1.5 collect and observe sputum, urine, stool and vomit specimens, interpreting findings and reporting as appropriate
- 1.6 recognise and escalate signs of all forms of abuse

- 1.7 recognise and escalate signs of self-harm and/or suicidal ideation
- 1.8 undertake and interpret neurological observations
- 1.9 recognise signs of mental and emotional distress including agitation, or vulnerability
- 1.10 administer basic mental health first aid
- 1.11 recognise emergency situations and administer basic physical first aid, including basic life support.

Part 2: Procedures for provision of person-centred nursing care

2. Provide support in meeting the needs of people in relation to rest, sleep, comfort and the maintenance of dignity:

- 2.1 observe and monitor comfort and pain levels and rest and sleep patterns
- 2.2 use appropriate bed-making techniques, including those required for people who are unconscious or who have limited mobility
- 2.3 use appropriate positioning and pressure relieving techniques
- 2.4 take appropriate action to ensure privacy and dignity at all times

2.5 appropriate action to reduce or minimise pain or discomfort

2.6 support people to reduce fatigue, minimise insomnia and take appropriate rest.

3. Provide care and support with hygiene and the maintenance of skin integrity:

3.1 observe and reassess skin and hygiene status using contemporary approaches to determine the need for support and ongoing intervention.

3.2 identify the need for and provide appropriate assistance with washing, bathing, shaving and dressing

3.3 identify the need for and provide appropriate oral, dental, eye and nail care and suggest to others when an onward referral is needed

3.4 prevent and manage skin breakdown through appropriate use of products

3.5 Identify and manage skin irritations and rashes

3.6 monitor wounds and undertake wound care using appropriate evidence-based techniques.

4. Provide support with nutrition and hydration:

4.1 use contemporary nutritional assessment tools

4.2 assist with feeding and drinking and use appropriate feeding and drinking aids

4.3 record fluid intake and output to identify signs of dehydration or fluid retention and escalate as necessary

4.4 support the delivery of artificial nutrition and hydration using oral and enteral routes.

5. Provide support with maintaining bladder and bowel health:

- 5.1 observe and monitor the level of urinary and bowel continence to determine the need for ongoing support and intervention, the level of independence and self-management of care that an individual can manage
- 5.2 assist with toileting, maintaining dignity and privacy and use appropriate continence products
- 5.3 care for and manage catheters for all genders
- 5.4 recognise bladder and bowel patterns to identify and respond to incontinence, constipation, diarrhoea and urinary and faecal retention.

6. Provide support with mobility and safety:

- 6.1 use appropriate risk assessment tools to determine the ongoing need for support and intervention, the level of independence and self-care that an individual can manage
- 6.2 use appropriate assessment tools to determine, manage and escalate the ongoing risk of falls
- 6.3 use a range of contemporary moving and handling techniques and mobility aids
- 6.4 use appropriate moving and handling equipment to support people with impaired mobility.

7. Provide support with respiratory care:

- 7.1 manage the administration of oxygen using a range of routes and approaches
- 7.2 take and be able to identify normal peak flow and oximetry measurements
- 7.3 use appropriate nasal and oral suctioning techniques
- 7.4 manage inhalation, humidifier and nebuliser devices.

8. Preventing and managing infection:

- 8.1 observe and respond rapidly to potential infection risks using best practice guidelines
- 8.2 use standard precautions protocols
- 8.3 use aseptic, non-touch techniques
- 8.4 use appropriate personal protection equipment
- 8.5 implement isolation procedures
- 8.6 use hand hygiene techniques
- 8.7 safely decontaminate equipment and environment
- 8.8 safely handle waste, laundry and sharps.

9. Meeting needs for care and support at the end of life:

- 9.1 recognise and take immediate steps to respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression
- 9.2 review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate
- 9.3 provide care for the deceased person and the bereaved respecting cultural requirements and protocols.

10. Procedural competencies required for administering medicines safely:

- 10.1 continually assess people receiving care and their ongoing ability to self-administer their own medications. Know when and how to escalate any concerns
- 10.2 undertake accurate drug calculations for a range of medications
- 10.3 exercise professional accountability in ensuring the safe administration of medicines to those receiving care
- 10.4 administer medication via oral, topical and inhalation routes

- 10.5 administer injections using subcutaneous and intramuscular routes and manage injection equipment
- 10.6 administer and monitor medications using enteral equipment
- 10.7 administer enemas and suppositories
- 10.8 manage and monitor effectiveness of symptom relief medication
- 10.9 recognise and respond to adverse or abnormal reactions to medications, and when and how to escalate any concerns
- 10.10 undertake safe storage, transportation and disposal of medicinal products.

Glossary

Abuse: is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of abuse may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

Candour: being open and honest with patients when things go wrong.

Cognitive: The mental processes of perception, memory, judgment and reasoning.

Co-morbidities: the presence of one or more additional diseases or disorders that occur with a primary disease or disorder.

Contraindications: a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Demography: the study of statistics such as births, deaths, income, or the incidence of disease, which illustrate the changing structure of human populations.

Evidence based person-centred care/nursing care: making sure that any care and treatment is given to people, by looking at what research has shown to be most effective. The judgment and experience of the nurse and the views of the person should also be taken into account when choosing which treatment is most likely to be successful for an individual patient.

Genomics: branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.

Health literacy: the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Human factors: environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Intervention: any investigations, procedures, or treatments given to a person.

People: individuals or groups who receive services from nurses, midwives and nursing associates, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and other within and outside the learning environment.

Person-centred: an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan.

Reflection: to carefully consider actions or decisions and learn from them.

Vulnerable people: those who at any age are at a higher risk of harm than others. Vulnerability might be in relation to a personal characteristic or a situation. The type of harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.

The role of the Nursing and Midwifery Council

What we do

We regulate nurses, midwives and nursing associates in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses, midwives and nursing associates can deliver high quality care throughout their careers. We maintain a register of nurses and midwives allowed to practise in the UK.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards.

We have clear and transparent processes to investigate people who fall short of our standards.

These standards were approved by Council at their meeting on 26 September 2018.

