

ASSISTANT PRACTITIONERS & ADMINISTERING MEDICINES

INTRODUCTION

The North West Workforce Modernisation Hub (WM Hub) are pleased to announce the publication of a research report: [Assistant Practitioners and the Administration of Medicines – Experiences from the North West.](#)

Assistant Practitioners (APs) were introduced in the North West in 2002 and now there are approximately 2,800 APs in the region. All AP roles are generic, multi-professional and multidisciplinary.

As these AP roles have become more established and understood, a number of health and social care organisations have authorised APs to administer a limited range of medicines.

In order to gain a fuller picture of current practice, and to inform updated guidance for organisations, the North West Workforce Modernisation Hub (and NHS North West) commissioned Firefly Research and the Department of Health Sciences at the University of York to carry out a scoping study into the administration of medicines by APs in the North West.

THE RESEARCH REPORT

The study identifies organisations across NHS North West where APs administer medicines, and explores themes such as service needs and drivers, the arrangements established to enable APs to administer medicines, and the training APs have received to ensure that they are competent for this role.

The study has three parts: a survey of all organisations that employ APs, follow-up interviews with ten organisations and five case studies based on interviews with key people in each site.

CURRENT PRACTICE

31% of survey respondents said that APs were administering medicines in their organisation or service. APs are administering a range of medicines including eye and ear drops, analgesics, insulin, vitamin B12, immunisations and antipsychotics.

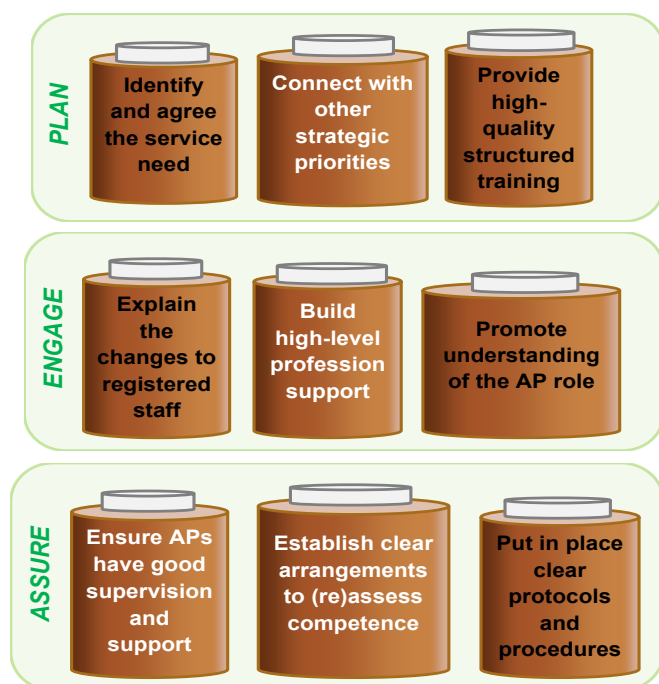
DRIVERS AND BENEFITS

The study identified key drivers for introducing AP medicines administration, and also found that this brings benefits for patient care, for registered staff and service delivery, and for the APs themselves.

Drivers:

- Ensuring that APs were using their skills to the full
- Continuing professional development for APs
- Freeing up time for registered staff to give more complex care.





Benefits for patient care:

- Improved continuity of care
- More timely care
- Opportunity for building up positive relationships
- More comprehensive service to patients.

Benefits for registered staff and service delivery:

- Reduced workload pressures
- Time freed up to give more complex care
- Easier work allocation
- Reduced travel time and costs in community settings
- Reduced waiting times for assessments
- Improved care coordination.

Benefits for APs:

- Enhanced professional development
- Increased job satisfaction
- Increased confidence
- Feel more valued by colleagues.

PERCEIVED BARRIERS

Over two thirds of survey respondents stated that currently their organisation did not allow APs to administer medicines. By far the most common reason given for this was that APs are not registered practitioners.

The survey uncovered further perceived barriers as follows:

- Misperception that as non-registered practitioners APs cannot administer medicines
- Concerns about accountability and governance
- Level of training not sufficient
- APs may not be able to cope with additional training
- Resistance from other health professionals
- Lack of understanding of the AP role
- Lack of time to develop new policies and procedures
- Difficulty in releasing APs to undertake training
- Assessing whether the benefits outweighed the resources required to train and support APs.

RECOMMENDATIONS

The study highlights a number of important building blocks which organisations need to put in place if they plan to allow APs to administer medicines:

- Identify and agree the service need
- Build high level profession support
- Make connections with other strategic priorities
- Understand the AP role
- Provide high quality structured training
- Establish clear arrangements for assessing (and reassessing) competency
- Put in place clear protocols and procedures
- Explain the changes to registered staff
- Audit and review on a regular basis
- Ensure APs have good supervision and support.

From the study it is clear that the organisations that had taken the step to allow APs to administer medicines felt that it was the right move and that, despite the challenges, the benefits justified the effort.

NEXT STEPS

Assistant Practitioners: Administration of Medicines Guidance

The WM Hub is currently developing the above guidance document, with support and input from members of the North West Workforce Modernisation Networks. The guidance is intended as a practical complement to the research report, and builds on the work of the NHS North West 2007 document, Medicines Administration Guidance for Assistant Practitioners.

The document's purpose is to share what is known about current practice and offer a framework for organisations to work within and add to their own policies and procedures to give robust assurance that protects and benefits patients/service users, practitioners and organisations. It will contain case studies, examples, and links to useful resources for organisations planning to introduce medicines administration by Assistant Practitioners.

CONTACT FOR FURTHER INFORMATION

Email: wmhub@5bp.nhs.uk