The Role of Unlicensed Assistive Personnel in Cancer Care

The Oncology Nursing Society (ONS) supports the collaborative role of registered nurses with members of the multidisciplinary team in the provision of quality cancer care regardless of the clinical setting. ONS recognizes that unlicensed assistive personnel (UAP) can make significant contributions in cancer-care delivery systems. UAP in cancer-care settings are individuals who are trained to function in an assistive role to oncology nurses in the provision of direct and indirect activities as delegated by the RN.

ONS supports the American Nurses Association (ANA, 1992) position that the control and monitoring of UAP in clinical settings should be performed through the use of existing mechanisms that regulate nursing practice, typically, the state board of nursing. ONS also supports the ANA position that any nursing intervention that requires independent, specialized nursing knowledge, skill, or judgment cannot be delegated.

It is the Position of ONS That

- The RN should provide or delegate to other team members the provision of patient-care activities.
- The RN should assess the patient and develop and evaluate the nursing plan of care with input from all team members.
- When UAP participate in the delivery of cancer care to patients, they must do so under the direct supervision of an RN. The UAP’s level of participation is based on the oncology nurse’s assessment of the patient’s condition and care needs, the UAP’s clinical competency and skill, and any relevant state regulations.
- UAP provide support and do not replace the RN staff.
- The RN uses professional judgment to determine the appropriate activities to delegate. The determination is based on the concept of protection of the public and includes consideration of the needs of the patients, the education and training of the nursing and assistive staff, and the extent of supervision required.
- Oncology nurses should establish the standards for competency and education curricula for UAP in oncology settings.
- UAP caring for patients with cancer should receive specialized oncology education.
- Clinical competency of UAP should be evaluated initially on employment and on an ongoing basis.
- The education of professional nurses should include delegation, effective teaching and supervision, communication, team building, competency, critical thinking, utilization of UAP, cultural diversity, decision making, and interpersonal skills.

Background

The growing cost of health care has increased the need for efficient care-delivery models that decrease the financial risk for healthcare organizations and healthcare practices. Many organizations and regulatory agencies are evaluating the types of work that must be performed to ensure quality care. To achieve quality care, ONS understands that a multidisciplinary approach must be used. This means that in the provision of nursing care, the oncology nurse will utilize the services of UAP in cancer care.

Issues that affect licensure, regulation of nursing practice, oncology practice standards, and patient-care outcomes require ongoing nursing research. Additional research also is needed to determine the appropriate provider mix and to define cancer-care delivery systems that ensure optimal clinical outcomes and cost-effective care for individuals with cancer.

Bibliography

Massachusetts Board of Registration in Nursing. (1997). Delegation: An increasing part of nursing care. Clinical Journal of Oncology Nursing, 1, 107–113. (Reprinted with permission from Nursing Board News, 3(2). 1997, the official publication of the Massachusetts Board of Registration in Nursing.)

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To obtain copies of the ONS position “The Role of Unlicensed Assistive Personnel in Cancer Care,” contact the Customer Service Center at the ONS National Office at 125 Holiday Drive, Pittsburgh, PA 15275-1214 (412-859-6100). Positions also may be downloaded from ONS Online (www.ons.org).