

Seal of approval

Extending the role of the nurse must be one subject that is constantly under discussion in every hospital in the country. But, if it seems appropriate, what defined system of approval should be used? TONY CARR outlines the procedure set up in Newcastle-upon-Tyne.

CONSIDERABLE changes are taking place in the types of duties some nurses are called on to perform and often nurses have not been taught these tasks in their basic training, or are not fully proficient.

As these extended duties can be expected to increase over the next few years, it is important for professional staff to realise that each time a nurse undertakes a new procedure – not normally associated as a nursing task – on a regular basis, then there is less time available for basic nursing care.

In Newcastle, following the issue of the 1977 DHSS circular HC(77)22, "The extending role of the clinical nurse – legal implications and training requirements", it was decided to set up a nursing committee, including medical representation, to review applications from nurses wanting to extend their role.

This circular clearly states the legal implications for doctors who delegate some of their duties to nurses. Paragraph 3 states:

"In an action for damages, a nurse may be held legally liable if it can be shown either that she has failed to exercise the skills properly expected of her, or that she has undertaken tasks she was not competent to perform. The doctor may be held to be guilty of negligent delegation if it can be shown that he conferred authority on a nurse to perform a task which was either outside the scope of the duties she was normally expected to perform, or for which she had no special qualification. Work which has hitherto been carried out by doctors ought to be delegated to nurses only when:

- (a) the nurse has been specifically and adequately trained for the performance of the new task and she agrees to undertake it;
- (b) this training has been recognised as satisfactory by the employing authority;
- (c) the new task has been recognised by the professions and by the employing authority as a task which may be properly delegated to a nurse;

(d) the delegating doctor has been assured of the competence of the individual nurse concerned."

Therefore it is important that a nurse does not attempt to undertake any duty unless the conditions listed in (a) to (d) above can be fulfilled.

Not wishing to be over-restrictive in determining what duties a nurse should or should not carry out, a system was introduced in Newcastle in 1976 to encourage nurses and doctors to seek approval for nurses to undertake extended duties.

Reference terms

The membership of the Extension of the Nurse's Duties Committee has been revised from time to time, with its terms of reference. At present the terms of reference are:

"To receive and review applications from nurse managers who wish to obtain permission to extend nursing duties in specific wards and departments. The committee has power, if thought appropriate, to incorporate procedures not having been previously taught and tested for proficiency in any approved syllabus or curriculum at basic or postbasic level.

"It should include in its review the procedures taught in all ENB courses to ascertain:

- (a) those areas of practice that the student should demonstrate competence;
- (b) those other areas of practice where extra training in line with the approved procedures of the committee are appropriate and make recommendations."

The committee consists of one nurse from each unit of nursing appointed by the director of nursing service. This includes three general nurses, a midwife, health visitor, district nurse, mental nurse and a nurse for the mentally handicapped. Of the two educational representatives appointed by the director of nurse education, one is the assistant director of nurse education (professional development). Two medical consultant staff members are appointed by the hospital medical committee.

When matters relating to the community nursing service are discussed,

the committee may be strengthened by the attendance of a GP. Because of the specialist nature of the work, the committee has the power to co-opt other doctors and nurses for consultation on specific subjects.

After consultation, the chief nursing officer appoints the chairman.

A nurse may draw her nursing officer's attention to a difficulty where she has been asked to undertake duties for which she is not trained. If, after investigation, it is thought necessary to consider extending her duties, a request will be sent to the committee on a standard application form, completed by the appropriate senior nurse manager.

The director of nursing, having the possible manpower implications under consideration, has discretion to give or withhold approval for the extension of the nurse's duties in any particular ward or department, and this is ascertained before the application is reviewed by the committee.

When giving approval, the committee has to:

- satisfy itself as to the theoretical education necessary and arrange a programme through the assistant director of nursing (professional development);
- request the director of nursing to make arrangements to ensure that appropriate practical instruction is given to the nurse;
- arrange through the director of nursing for a form of competence to be completed as soon as the nurse is assessed as competent;
- receive confirmation from the director of nursing that a suitable entry has been made in the unit of nursing management's register signifying that the above stages have been carried out satisfactorily.

Nothing in this policy removes the right of a medical consultant to withhold his approval for a particular procedure to be carried out by a nurse.

This procedure has resulted in nurses being trained in extended duties safely and properly, but only if the committee is satisfied that by such approval the standards of nursing care are enhanced ☐

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