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Advancing practice
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Scenario

You work as an experienced plaster technician and are regularly asked to present a short series of teaching sessions to nurses working in accident & emergency, trainee plaster technicians, support workers, medical students and student/cadet nurses.

You are happy to undertake the teaching and consider that as an experienced plaster technician you are able to determine who is capable of undertaking the task and who isn't. However, one of your colleagues has suggested that all staff who wish to undertake the task of applying plaster casts need to attend a formal course where their skills are assessed and a certificate is issued. Is your colleague correct?

Introduction

This scenario is concerned with the competence of individuals to undertake tasks after a short period of instruction, the so-called extended roles of old. Although it may appear a simple query to answer, in fact do so, this article will have to consider the historical position re extended roles; what competence is and why it is important in modern health care practice; the current position re extended roles; legal and regulatory positions on extended roles and competence; and what an individual needs to do before taking on additional roles. Because there are so many variables in discussing competence, this article will use nurses as a focus for its discussion. Note, the term extended role will be used as shorthand throughout this article for developing a nurse's area of practice.

Historical position on extended roles

Until 1992, with the publication of 'The Scope of Professional Practice' by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), role boundaries were rigid and it was quite easy to determine who did what task. If a role was included in a nurse's basic training then they could undertake that role and if it was not then they couldn't without attending the so-called 'extended training'. At the end of an 'extended training' course nurses who passed were issued with a certificate that conformed their competence in that extended role.

Very often if the nurse moved from one hospital to another they had to undertake their new employer's 'extended training' course if they wished to continue to practise the extended role.

The UKCC freed the nursing profession from the adherence to basic and extended roles by recognising that it is nurses themselves who are best positioned to determine if they have the necessary knowledge, skills and experience to be able to undertake a particular task. If they determined that they were not competent they could go and develop their practice by seeking the necessary knowledge or skills or have their practice supervised by someone who was competent until such time as they were confident in their own abilities.

Competence

The Nursing & Midwifery Council (NMC) code on professional standards and behaviours makes mention several times to nurses practising within their competence, yet does not define what competence is (NMC 2015). However, a previous iteration of the code did and this was that competence is 'possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision' (Nursing and Midwifery Council 2004), at section 6.2).

This is a good starting point from which to think about competence. As although competence is concerned with skills and abilities, it also has to have an element of judgment to it as well. There are several ways in which judgment relates to competence. One of the paramount is in being able to *'ascertain when a particular skill or task is outside of the nurse's own competence and they need to refer to another health care professional to undertake the particular procedure for the patient. Without the judgment to decide when to undertake particular task or skill, or even how to undertake that task or skill, nurses would need their practice to be supervised by those who do have the judgment to make such decisions'* (Cornock 2011 at page 18).

Judgment is also a necessary part of competence because it allows the nurse to decide when to use a particular skill in treating a particular patient. It allows them to

make an informed decision as to whether a particular skill of theirs is required by that patient or whether something else would be more appropriate. By exercising their judgment they may choose to treat the patient themselves or to refer them to someone else for a different form of treatment.

A final consideration with regards to judgment is that it allows the nurse to determine when something is outside of their scope of practice. The effective professional is one who knows the limitations to their practice.

The importance of competence

Having considered what competence it is now time to move on to examining why competence is of importance to modern health care practice.

Unfortunately it is a truism to say that contemporary society is a litigious one. The plethora of adverts on television bears witness to the fact that individuals are ever looking to sue for a perceived wrong. In addition, to seeking to sue a nurse or their employer, there is also the possibility that a nurse can be reported to the Nursing & Midwifery Council for professional incompetence, with the ultimate sanction of removal from the professional register and the loss of their livelihood.

This means that nurses, and other health care professionals, need to ensure that their practice meets the required standards. But what is that standard?

Because there are so many areas of nursing practice it would be difficult to have an agreed standard for each and every nursing task that could be looked up to see if an individual nurse has achieved the standard. Instead there is a legal principle that governs the standard of practice that all nurses must achieve.

The legal principle is known as the 'Bolam test' as it arises from a legal case of the same name (*Bolam v Friern Hospital Management Committee* [1957]). Essentially the standard asks what another nurse would do in the same circumstances. Your practice would be judged as meeting the standard if the other nurse would have performed the same action as you took. If they would have done something altogether different, then you would have failed the standard. As noted in an earlier

article (Cornock 2014) there has been criticism of the 'Bolam test' as it can be seen as a group of individuals (nurses in this case) looking after each other by agreeing as to a course of action.

To counter this criticism a modification was introduced which required that 'a court is not bound to hold that a doctor can escape liability for negligence merely by producing evidence from a number of experts that his opinion accorded with medical practice. The body of opinion relied upon must have a basis in logic, and the judge must be satisfied that the experts have directed their minds to the question of comparative risks and benefits and have reached a defensible conclusion on the matter. However, only in rare cases might it be possible to demonstrate that the professional opinion does not withstand logical analysis' (*Bolitho v City & Hackney Health Authority* [1998] at page 242). This means that not only must you have the support of your fellow professionals for your course of action, but also that there is a logical basis and rational explanation for the support of your actions: this logical basis and rational basis being some form of evidence for the course of action.

This all means that in order to be a competent practitioner, the nurse needs to ensure that their practice is supported by their peers and also has a rationale and logical basis that can be demonstrated by reference to evidence – that their practice is evidence based.

Current position re extended roles

Having examined what a competent practitioner is, we can move our discussion to consider the current legal and regulatory position re extended roles.

Extended roles are not a contemporary concern. Therefore to identify the legal position it is necessary to look back to when they had currency. In 2002 the Department of Health has attempted to clarify the legal situation regarding extended roles in two publications. The first of these, 'Developing key roles for nurses and midwives: a guide for managers' (Department of Health 2002) provides the general statement that nurses taking on extended roles need to be aware 'of the legal boundaries relating to the role' and 'that they have sufficient training and preparation to ensure that they can perform the role to the required standard' (at

page 18). Yet, it does not provide the information regarding the legal boundaries, which would have been a useful addition. The second publication 'Freedom to practise: dispelling the myths' (Department of Health 2003) merely repeats the information in the first, agreeing that nurses must follow their regulatory body's standards and suggesting that they have professional indemnity insurance.

Turning to the regulatory body, in this case the NMC, because there is no such thing as 'extended roles' anymore the current NMC Code (NMC 2015) does not make mention of them. Instead we need to scrutinise the code to determine the relevant provisions within. These are section 6, 13 and 19.

The first relevant provision is that of 6.2 which states that nurses must 'maintain the knowledge and skills you need for safe and effective practice' (NMC 2015). Section 13 is concerned with recognising and working with the limits of your competence. Of particular relevance to our discussion are provisions 13.3 and 13.5, these state: '13.3 ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence 13.5 complete the necessary training before carrying out a new role' (NMC 2015). Finally account needs to be taken of section 19 which is concerned with reducing harm and requires nurses to 'take account of current evidence, knowledge and developments in reducing mistakes and the effect of them' (NMC 2015, section 19.2).

Because of the movement away from extended roles, first advanced by the UKCC, nurses are not constrained in what they can and cannot do. A nurse can take on any area or practice, role, task or procedure that has not been restricted or prohibited by law. Some procedures that are restricted in law are those such as termination of pregnancy and issuing a death certification which can only legally be undertaken by a registered medical practitioner.

Taking on extended roles – what a nurse needs to do

To develop their area of practice a nurse needs to become competent to practice in that area. Competence in this context being defined as having the requisite knowledge, skills, judgment, and experience to undertake one's role and tasks.

Where the nurse does not consider that they have the necessary competence in order to be able to safely perform a task or role they should refuse to do so. 'It is part of professional accountability to know one's limitations and to be able to accept or refuse tasks and roles based upon whether one feels competent to accomplish them successfully' (Cornock 2011 at page 19).

As noted above, if a nurse were to accept a role for which they were not competent their action would be judged against other nurses who were able to perform that role and they would fail the required standard. This could lead to them being seen as negligent and also subject to a case of professional misconduct.

Nurses must also ensure that they practise with the authority of their employer and that they do not practise outside of the areas for which they have been employed, without explicit permission from their employer.

A final consideration is the need to 'Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse or midwife in the United Kingdom' (NMC 2015, section 12). This means that if you develop your practice you must ensure that the indemnity arrangement's you have cover you for this as well as your normal area of practice.

Answering the scenario query

Having considered all we have examined above, the simple answer is no your colleague is not correct.

There is no requirement for anyone who wishes to develop their practice to obtain a certificate stating they have achieved a level of competence. What is important is that the individual is competent to do the task and that they recognise themselves as being competent. It is the individual who undertakes the task who will be accountable and liable for their actions.

Someone who teaches a skill to a group of individuals does not bear any liability for those individual's own practice, unless their teaching was inadequate or incompetent itself and, for instance, you taught the wrong techniques. Provided that you are

competent (see above for what this means) to teach a particular skill, you are able to determine if someone has achieved that skill. This will probably require some assessment of the individuals being taught. If no assessment is made, how does the trainer know that the person has mastered the necessary knowledge and skills? But this does not mean that the training has to be undertaken by an outside organisation that issues certificates or on a formally recognised course.

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