Advancing professional health care practice and the issue of accountability

Until relatively recently in the United Kingdom, there has been a marked divide between the role of the doctor and that of the nurse. There were traditional roles for doctors and nurses, with doctors diagnosing and curing patients, and nurses caring for patients during this process.

ABSTRACT

This article is based on a presentation given at the 2016 Conference of the European Wound Management Association in Bremen Germany on 13 May 2016.

The aim of this article is to examine how health care practitioners can advance their practice. This article will consider traditional roles of health care practitioners, together with new and emerging roles; the limitations on professional practice; competence, and how it relates to the health care practitioner's practice and its advancement; and the nature of accountability.

The article adopts a perspective from the United Kingdom, using nursing as a case study, but the broad theoretical, legal, and regulatory perspectives presented are generally applicable across all areas.

Finally, this article concludes with a consideration of important guidelines for health care practitioners wishing to advance their practice.

INTRODUCTION

The European Wound Management Association educational session at the 2016 Conference in Bremen Germany (13 May 2016) had the following main title: "To do or not to do," and in the conference programme, this was noted as being an issue "that may evolve out of the fear of being held accountable for doing something"[1]. This article builds upon a presentation during that educational session, which examined how health care practitioners can expand their practice and how this affects their accountability.

Although this article uses the United Kingdom, and nursing in particular, as a basis for discussion, the principles it examines are applicable to most countries where health care practitioners and their practices are regulated.

HEALTH CARE PRACTITIONER ROLES

Traditional roles

Until relatively recently in the United Kingdom, there has been a marked divide between the role of the doctor and that of the nurse. There were traditional roles for doctors and nurses, with doctors diagnosing and curing patients, and nurses caring for patients during this process.

Naughton & Nolan[2] noted that nursing has a task-orientated focus, meaning that nurses undertake specific tasks, rather than having a role that allows them to use a holistic approach to their patients. This may in part be due to the focus on basic duties and tasks during pre-registration nurse training. Classically, at the point of registration, a nurse in the United Kingdom was considered competent to undertake a specific role, but if they wished to expand or extend that role, they had to undergo specific training to perform the new tasks.

It was only in the 1970s that the situation began to change and nurses began to take a more holistic approach and extend the range of their roles. A key factor in the development of nursing roles was the publication of a circular from the Department of Health & Social Security[3], which was supported by a joint document from the Royal College of Nursing and British Medical Association[4]. These two documents outlined what is involved in a ▶

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nurse's basic training and what can be performed under the supervision of a doctor once the nurse had achieved competence in a particular skill or role. This allows doctors to delegate some roles and tasks to a nurse, and thus, for the nurse to extend their area of practice into areas once reserved for doctors, albeit under their supervision.

New and emerging roles

Health care is constantly changing, and what were once novel or cutting edge techniques 20 or 30 years ago, are now commonplace or even superseded by newer techniques. Likewise, there has been a dramatic change in the roles of health care practitioners. Many roles undertaken by health care practitioners today did not even exist 20 years ago. As a consequence, the boundaries that existed between doctors and nurses are blurred, and in some areas, broken; for instance, nurses now have the ability to prescribe independently of a doctor. Therefore, the modern health care practitioner role is constantly evolving and advancing, and the traditional role of nurses in the United Kingdom as carers - in deference to a doctor's role in providing diagnosis and treatment - can be considered part of the past.

LIMITATIONS ON PROFESSIONAL PRACTICE

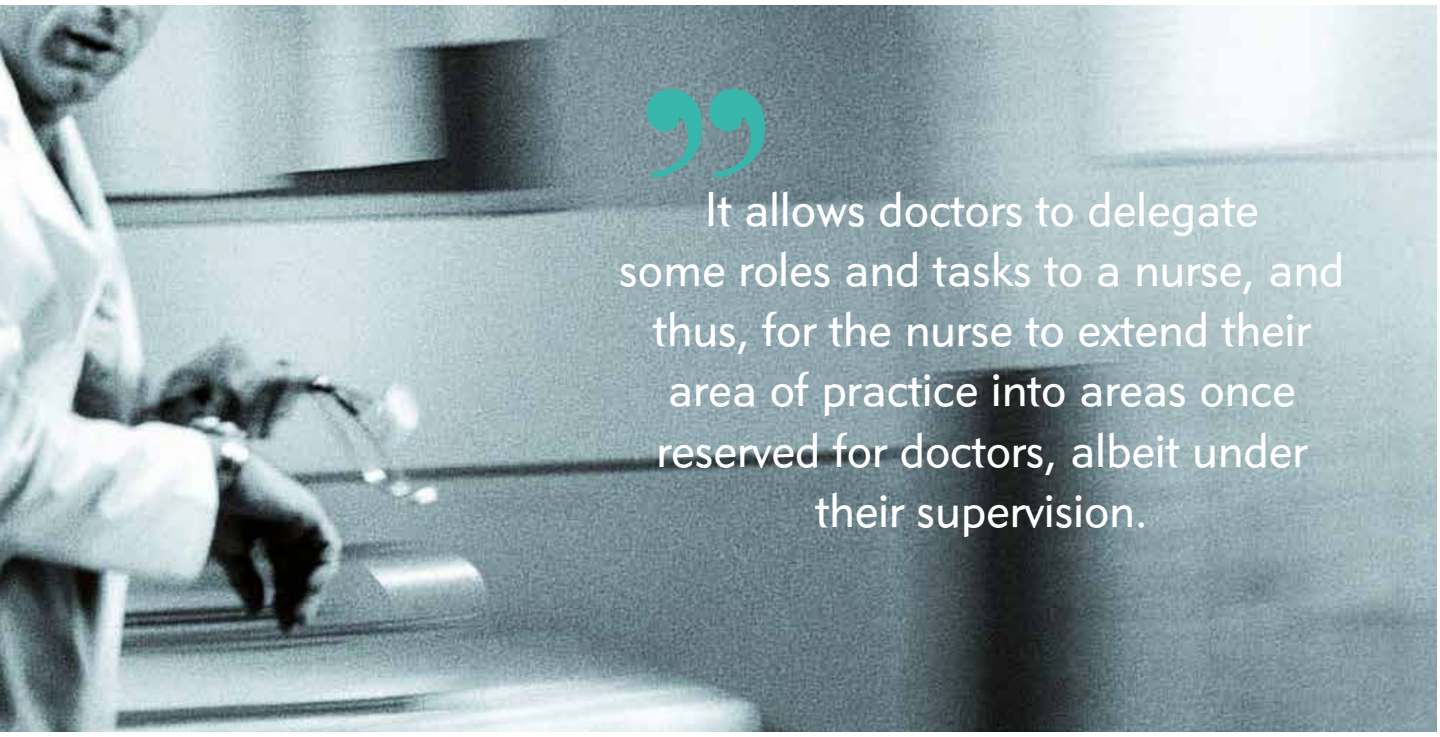
If, as suggested in the previous section, health care practitioners are changing the focus of their professional practice by taking on new roles and advancing the areas in which they practice, what should limit their practice?

The obvious answer is the law and regulatory mechanisms that govern their area of expertise. However, as health care changes, the law is not always able to adapt simultaneously. Therefore, both law and regulation often strive to keep up with changes in health care treatment and practice, as well as the roles of health care practitioners. Despite having to provide the framework within which healthcare practitioners can act, law and regulation often lag behind advances in the field. Thus, the legal and regulatory framework has to be one that is as permissive as it is restrictive in order to allow professional practices to develop, whilst at the same time ensuring that there are no detrimental effects to the care and treatment that patients receive.

In the United Kingdom, it is often thought that someone has to be a doctor to treat a patient[5]. However, this is not true, as one does not have to be a registered health care practitioner. Interestingly, in the United Kingdom, anyone can treat an individual, provided they obtain the relevant consent and do not purport to have any qualification or registration that they do not possess, "even if they have no training in any type of healthcare whatsoever" (paragraph 5.9)[5].

What this means, for the United Kingdom at least, is that there are no overarching legal restrictions on the practice of health care; although, there are some legislative restrictions for certain treatments and procedures that require a doctor, including certifying death[6], signing statutory sick certificates[7], and performing abortions[8]. Additionally, only a doctor or midwife may attend a woman in childbirth[9].

Other factors that may limit a health care practitioner's practice are those set out by their employer. Any employer will want to ensure that their employees are performing the duties for which they are employed. Therefore, a contract



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of employment will usually have some form of role description, outlining the duties expected of the employee and the scope of their practice. However, these role descriptions do not typically have explicit lists of tasks, procedures, or treatments that the health care practitioner may perform, but more often provide the context and structure within which the person may work. This means that these contracts allow the freedom for health care practitioners to work within specific parameters.

Therefore, in response to the question of what limits the practice of a health care practitioner, the answer is the competence of the health care practitioner, unless there is a legal restriction on performing a particular procedure or prohibition by the employer.

COMPETENCE

The performance of health care practitioners often reflects their capabilities and competence; however, competence is more than performance - it also includes skill, ability, knowledge, and judgment[10]. For instance, it is possible for a health care practitioner to perform well under certain circumstances, but, if the practitioner is called upon to act in a slightly different way or in a different area, performance may deteriorate. Competence also involves "the judgment and discretion to be able to choose how to perform a particular task, which technique to utilise, when to undertake it and in what manner it should be used. The health care practitioner is able to judge when a particular task is outside of their level of competence and when to refer to another professional, or to decline the task altogether. Thus, the competent heath care practitioner does not need supervision as they can effectively supervise themselves" (Cornock M., unpublished PhD thesis, 2008). Indeed, the United Kingdom regulatory body for nurses, the Nursing and Midwifery Council, appears to endorse this view of competence, stating that competence is defined as "possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision"[11].

Together, this allows health care practitioners to assume safe effective practices, because, along with knowing their skills and abilities, they are equally able to understand their limitations. They are aware of when it is appropriate to perform a particular treatment or procedure or when a task is outside of their area of practice and to request assistance. In this way, there is a link between the expertise of health care practitioners and their competence: as their competence increases, so do their areas of expertise.

The issue of competence as an essential feature that defines the area of a health care practitioner's practice is illustrated by a landmark document issued by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (the then nursing and midwifery regulatory body) for nurses who were interested in advancing their practice. This position paper[12] removed the requirement for nurses to undergo training and obtain certificates for procedures they had not been taught during their basic training. This meant that "nurses were able to decide, using their professional judgment, whether they had the necessary skills, knowledge and ability to undertake any procedure that was necessary for the care of their patients, and to decide what skills and knowledge they needed to develop their practice.

Where the nurse was confident of their competence, they were able to undertake that procedure"[10].

Because it is one's own competence that limits the area of practice, there must be some degree of accountability on the part of health care practitioners for their own practice.

ACCOUNTABILITY

During question and answer sessions at conferences and workshops, this author found that when health care practitioners expressed concerns about accountability, they were typically most concerned about being held culpable for aspects of their practice and being sanctioned as a result.

Within the United Kingdom, many commentators and official documents use responsibility, accountability, and liability interchangeably, even though they actually refer to different concepts within the regulatory process. In this article, the term accountability is used to discuss how health care practitioners can be held culpable for their actions.

Accountability refers to the practice of holding health care practitioners accountable for their actions, whether or not a mistake occurred in their practice. This also includes the possibility of sanctions being applied, which may include revoking a licence to practice if one's practice is deemed to be below the required standard.

The question that arises and was at the heart of the education session at the 2016 Conference of the European Wound Management Association is whether a health care practitioner should be concerned about accountability in advancing their practice.

WHO IS ACCOUNTABLE?

Legal and professional accountability in the United Kingdom rests with individual health care practitioners. If a health care practitioner is 'asked' or 'ordered' to perform a treatment, he or she is accountable for their own actions, regardless of whether they were acting as part of a team or on their own, although the individual who made the request may also be somewhat accountable.

ACCOUNTABLE TO WHOM?

There are some thirty-two bodies or organisations to which a health care practitioner is accountable in the United Kingdom (Cornock M., unpublished PhD thesis, 2008). Thus, the concerns of health care practitioners are justified by the sheer number of organisations that could hold them accountable.

Although there are a large number of regulatory bodies within the United Kingdom, in essence a health care practitioner is accountable to patients and their families; employers, who may dispense disciplinary action; the law, which may issue criminal charges and/or civil actions brought by patients; and the public, particularly through professional regulatory bodies, such as the General Medical Council and the Nursing and Midwifery Council.

ACCOUNTABLE TO WHAT STANDARD?

If a health care practitioner is accountable for an aspect of their practice and could receive a sanction, there has to be some standard against which his or her practice can be judged so no arbitrary judgments are made about that practice.

For health care practitioners within the United Kingdom, the standard of accountability is illustrated by multiple legal cases[13,14]. The current standard is to judge one health care practitioner against others. If there are multiple methods for performing a particular procedure or treatment, and a health care practitioner can demonstrate they used one of these methods and had a logical basis for their actions, they will likely meet the standard.

One of the critical links between advancing practice and accountability is a standard of practice. This becomes important for advancing practice, where a health care practitioner is not necessarily evaluated against his or her own professional group (e.g., nurses judged against other nurses), but against those who are skilled in that particular treatment. For example, if a nurse performs procedures and treatments normally performed by a doctor or physiotherapist, they will be judged against the standard of a doctor or physiotherapist.

Additionally, with the application of the standard of accountability in the United Kingdom, a health care practitioner is judged against "the ordinary skilled practitioner"[13] (that is, someone who practises without advanced skills) and is not required to meet the standard of those holding the highest skill in that practice area. However, if a health care practitioner presents himself or herself as an expert or specialist, they will be judged against an expert or specialist in that practice area.

Therefore, a health care practitioner who demonstrates competence and has a logical basis for his or her actions should easily achieve the standard of accountability to which they are being held.

CONCLUSION

Although this article has used nursing within the United Kingdom as the basis for a case study, there are a number of concluding points that are broadly applicable to most

GUIDANCE FOR THOSE WISHING TO ADVANCE THEIR PRACTICE

There are five key guidelines that health care practitioners wishing to advance their practice would be advised to heed:

1.
Never work outside of your competence. If something is outside your level of competence, do not do it. Instead, obtain help, guidance, advice, and supervision from a competent practitioner.

2.
Ensure the patient understands. Ensure that you speak with patients and keep them informed of who you are and what you are doing, and be certain they understand what they have heard.

3.
Documentation is critical. Reliable records allow a consultation to be reconstructed without depending on memory. Records can protect an individual if they exist, but there is no way to demonstrate what occurred and what was done if records are not kept accurately.

4.
If guidelines exist, have a very good reason for not following them. Guidelines indicate a standard procedure; disregarding guidelines may result in being considered below the required standard, unless there is a good explanation for not adhering to them.

5.
If in doubt, seek advice. This is perhaps the single most important piece of advice recommended by this author: if in doubt seek advice, regardless of experience. From a legal and regulatory perspective, seeking advice will only improve a situation.

countries where health care practitioners and their practices are regulated.

Law and regulatory bodies assist health care practitioners with advancing their practices, and there is almost no limit to how one can advance his or her practice, provided that he or she is competent in those areas. All health care practitioners are accountable for their practice and the actions they take. Provided they work within their area of competence, health care practitioners should not be afraid of advancing their practice.

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Note: UK statutes and other legislation can be found at: https://www.legislation.gov.uk/