primary health care

Health care assistants in general practice: delegation and accountability

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THE PURPOSE OF this guide is to address some of the key issues regarding the delegation of tasks to health care assistants (HCAs) in general practice, and to offer practical guidance on a number of topics, including:

- Training
- Supervision
- Liability, accountability and responsibility.

The guide focuses on HCAs and registered nurses (RNs) and though written specifically for the general practice setting, this guide should be useful for all nurses and HCAs, regardless of their particular work place. It is usually nurses who take the lead in delegating clinical care to HCAs in general practice, but the issues that will be discussed are also relevant to other health care professionals who may delegate care to HCAs.

The role of the HCA in general practice

General practice teams have evolved to meet the changing demands and needs of patients and the healthcare system in general. In response to these changes, HCAs are increasingly taking on a range of routine tasks delegated by nurses and GPs such as phlebotomy, new patient health checks and health promotion. As a result, HCAs can provide extra capacity in general practice by freeing up the time of nurses and GPs.

Currently, HCAs are not professionally regulated or registered. It is important, therefore, that they have clear guidance about their role and that RNs understand the principles of safe delegation as stated by the Nursing and Midwifery Council (NMC 2004).

Preparation for the role

When HCAs are appropriately trained, assessed, supervised and supported, their contribution to patient care as a member of the team ensures patients and the practice benefit. Delegating care to HCAs requires defined standards of practice to ensure patient safety and the delivery of high-quality care. With this in mind,
careful consideration should be given to the education programme for HCAs. It is important that HCAs understand the core principles of care before undertaking delegated tasks. In addition to clinical skills, their initial preparation should include training in:
- Communication, such as listening skills
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity
- Information technology skills.

It is good practice for HCAs to undertake a nationally recognised qualification in care, such as National Vocational Qualifications (NVQs) and Scottish Vocational Qualifications (SVQs). The Open University and Primary Care Training Centre also offer recognised qualifications.

National Vocational Qualifications are the most readily recognised vocational training for health care assistants. They offer HCAs a qualification that recognises the transferable skills they develop during the course of their work (see www.skillsforhealth.org.uk/frameworks.php). However, ‘the acquisition of a vocational qualification is not a permit to practise, but merely identifies the holder as competent to undertake a range of duties in a care environment’ (Storey 1991).

Decisions as to ‘who should do what’ remain with the RN (or other health care professional) and are determined by the needs of the practice and patients.

Any role development – for example, from receptionist to HCA – must be undertaken within an approved framework of training, assessment, supervision and update. Any person who trains, assesses and updates HCAs must be competent in the skills in question and should ideally be an accredited trainer and assessor. Records must be kept of training undertaken, with dates, names and signatures of those concerned.

**Employers’ obligations**

**Job description** It is considered good practice that all employees are given a job description and person specification detailing their role and responsibilities. Health care assistants should also receive:
- A clear list of appropriate tasks, with adequate training to enable them to undertake the tasks as necessary
- Clear guidance on role boundaries
- Agreed protocols for the delivery of care
- Clarification of the issues around delegation, accountability, vicarious liability and indemnity insurance
- Supervision, support and guidance in the role
- Opportunity to develop new roles as practice and patients’ needs allow.

The lines of responsibility should be identified clearly in any job description in relation to what HCAs are responsible for, and who they are responsible to. It is important that both the person delegating duties and the person carrying them out have a clear understanding of what that responsibility entails. Protocols and guidelines can help in this process. In the general practice setting it is considered good practice that clinical work is delegated to the HCA solely by the RN, and not by both the GP and the RN. This helps to minimise the risk of confusion and ensures clear lines of accountability.

**Competences** General practice employers should ensure their HCAs’ competence to carry out a task has been assessed and documented in a framework that states when the skills and knowledge required to undertake a particular task have been acquired. This helps to:
- Demonstrate the competence of the HCA to patients and staff
- Reduce the risk of inappropriate delegation of work
- Support the practice to demonstrate that it meets the clinical governance agenda
- Support a risk-management strategy
- Support the personal and professional development of HCAs.
HCAs must not be allowed to work beyond their level of competence, which is why assessment and documentation of their competency is important.

The employers’ liability Legal liability ultimately rests with the employer and it is up to the employer to ensure staff are competent. Employers must, by law, accept ‘vicarious liability’ for any negligent acts performed by a HCA. Vicarious liability means ‘the employer is accountable for the standard of care delivered and responsible for employees working within areas of competence appropriate to their abilities. To remain covered by an employer’s vicarious liability clause, an employee must only work within their abilities and sphere of assessed competence’ (NMC 2006a).

Legal and professional accountability

There are very few healthcare tasks or roles that are restricted by law to practitioners with a specific medical or nursing qualification or registration. Examples are:

- Prescribing, which can only be undertaken by a regulated professional
- Certifying death, which is still solely within the remit of a doctor.

There is, however, a legal standard of care associated with any particular role or healthcare task, from bathing patients to performing neurosurgery. Once healthcare professionals or HCAs assume responsibility for a patient or undertake to exercise their skills on a patient’s behalf, they:

- Owe the patient a legal duty of care
- Declare themselves as having the qualifications, skills and competence that can be ordinarily expected of those undertaking that care
- Are legally accountable under civil law for their actions in carrying out that care.

The term professional accountability relates to the additional obligation of those in regulated professions (for example, RNs) not to abuse trust and to be able to justify their professional actions, even if those actions are not against the law.

Accountability and the HCA Health care assistants are:

- Legally accountable to the patient for any errors they may make through civil law.
- Accountable to their employer through employment law, by way of their contract.

Health care assistants cannot be ‘professionally accountable’ as they are currently unregulated and therefore not part of a profession. Guidance from the NMC states that HCAs become responsible for care delegated by RNs when it forms part of their individual employment contracts. This normally occurs when the HCA has undergone training and has been assessed as competent within the employer’s framework (NMC 2006b).

Health care assistants undertaking a caring task are accountable on the basis that they have the competence to do the task following training and adequate preparation; the responsibility, because they are working within guidelines or protocols; and the authority delegated by a RN (or other healthcare professional). The RN is responsible for ensuring the criteria for delegation are met and is accountable if the delegation is inappropriate. (see Box 1).

To ensure HCAs do not breach the standard of care under which they operate, the following guidelines should be adhered to. HCAs should:

- Be aware of their limitations

Box 1. Competence, responsibility and authority

Patsy, a HCA, is working in the asthma clinic with the practice nurse. She measures the peak flow reading of a patient being assessed for reversibility, having been previously assessed as competent to carry this out following training and education in reversibility testing and asthma (ability). The role forms part of her job description (responsibility). The practice nurse has delegated this activity (authority) to her in full knowledge of her competences and job description. The practice nurse retains the professional responsibility of appropriate delegation and Patsy, though not currently regulated, is accountable for her actions.
Refuse to undertake any duty they have not been appropriately trained to do
Not enter into consultations with patients without the appropriate supervision
Be assessed as competent by an accredited assessor or by the supervising nurse
Ensure they maintain and update their competences, as should their employer.

Health care assistants must always work within defined protocols and procedures, under the supervision of a healthcare professional. Supervision should be ongoing and HCAs’ competence should be regularly assessed. Supervision and assessment should be routinely documented, and protected time for learning, supervision and observation must be set aside.

Accountability and the RN
Being accountable for deciding to delegate work to another person, RNs must be sure the person has the knowledge, skills and competence to undertake the delegated work. Continued supervision of HCAs remains an integral part of the RNs role. While HCAs are responsible for their actions, the RN holds responsibility for the general standard of nursing in the workplace (see Box 2).

The NMC’s Code of Professional Conduct (2004) states that when an RN delegates work to a HCA, the RN ‘remain[s] accountable for the appropriateness of the delegation, for ensuring that the person who does the work is able to do it and that adequate supervision or support is provided’.

Health care assistants should have explicit job descriptions and a record of their assessed competences. Unless the task delegated clearly forms part of the HCAs individual job description (and hence his or her employment contract) and he or she has been signed off as competent to do it, the RN remains professionally accountable for any aspect of care he or she delegates to the HCA (NMC 2006b).

If a RN is supervising a HCA who is carrying out a task that is part of his or her job description and competences, then although the RN is not directly accountable for the HCA’s actions, the RN is still accountable for ensuring the overall care delivered is safe and within agreed parameters of competence (NMC 2006a).

Registered nurses should adhere to the following guidance:

They should not delegate without giving adequate instructions and having the assurance that the person to whom they are delegating is able to do the work competently
If they are unclear about the appropriateness of the delegation, they should seek advice and assistance from those more experienced than themselves
They should ensure the level of supervision and feedback is appropriate to the task delegated
They should review delegated tasks on a regular basis (once or twice a year, depending on the task)
They should not delegate a task they are not competent to carry out themselves or any that are beyond their own level of skill and experience
If a RN has been asked to delegate care to a HCA and he or she believes the HCA does not have the required competency, or that it is an inappropriate delegation, he or she should refuse the instruction. This should then be raised formally in writing with the employer.

Box 2: Accountability

Question Who is accountable for the care received by a patient when the RN delegates tasks such as baseline observations to a HCA?
1. The HCA?
2. The RN?
3. Both?

Answer Both – the RN is professionally accountable for delegating to a competent individual and ensuring the task is completed satisfactorily. If the HCA fails to deliver care to a level for which he or she has been prepared and assessed as competent, the HCA is accountable to his or her employer (and may be legally accountable if the law has been breached). (Storey 2002)
Points to remember

- The patient has the right to expect the same standard of care, and outcome of care, whoever is delivering it, and to know the qualifications of that person.
- Delegation should be directed to meeting the needs and serving the interests of patients and clients, and should not compromise existing care.

REFERENCES


FURTHER INFORMATION

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