

KEEPING YOU SAFE: REDUCING YOUR RISKS AS A GENERAL PRACTICE NURSE



Practice nurses play a pivotal role in Irish general practice. Recent research suggests that of the 29 million consultations undertaken in Irish general practice approximately 7.7 million of these consultations are performed by practice nurses.¹

The changing healthcare climate has resulted in increased pressures on primary care. Sláintecare policy² advocates the reorientation of the model of healthcare away from the hospital setting towards primary and community care.

The ICGP “Shaping the Future” document³ acknowledges that practice nurses are central to the development of Irish general practice. The ICGP has advocated the need for a substantial increase in the number of practice nurses as a key strategy for addressing the challenges facing Irish general practice.³ They also highlight the potential for the career development of practice nurses having advanced roles within primary care.³

The role of the practice nurse is continuously evolving. As the role of the practice nurse is expanded and they take on additional responsibilities there is also the potential for increased risk. Being aware of potential risk areas can help to reduce the likelihood of a complaint or claim against you.

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In this article, Suzanne Creed, Clinical Risk Advisor with Medisec and former Practice Nurse, aims to provide you with some practical tips to reduce your risk.

1. Work within your scope of competence

Practice nurses should only practise within their scope of professional competence to minimise the potential for error.



The Nursing and Midwifery Board of Ireland (NMBI) clearly define the Scope of Practice as “the range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform.”⁴

Continuing professional and personal development (CPD) is a key aspect of maintaining professional competence and enables practice nurses to maintain and enhance professional standards facilitating the provision of high-quality, safe patient care.

It is essential that practice nurses engage in CPD, following registration, to acquire new knowledge and competence to practise effectively in an ever-changing healthcare environment. CPD is also essential before undertaking new and extended nursing roles and is required by the NMBI.⁴

Potential challenges may arise if a practice nurse is asked by a colleague or their employer to work outside their scope of competence. In such instances, it is important for the practice nurse to be able to say “No” and discuss their professional competency. GPs are also ethically obliged when assigning tasks to other clinicians to take steps to make sure that the person to whom they delegate or refer to, has the qualifications, experience, knowledge, and skills to give the care needed.⁵

2. Keep good medical records

Maintaining accurate and complete contemporaneous records is an essential component of providing high-quality patient care.

“Good practice in record management is an integral part of quality nursing and midwifery practice.”⁷

Good medical records facilitate a seamless transition of care. This is particularly important in a general practice setting where many different clinicians are contributing simultaneously to patient care. Everyone involved in a patient’s clinical management should have access to the most up-to-date information they need – otherwise, duplication of work, delays, and mistakes are inevitable.

Medical records are also evidence of the care provided and can prove invaluable in defending a complaint or claim which may often arise several months or years after the episode of care was provided. In the event of a claim or a complaint, nursing records will be examined closely by experts, administrators, lawyers, the courts as well as by patients under the Data Protection legislation.

The NMBI Recording Clinical Practice states “The quality of records maintained by nurses and midwives is a reflection of the quality of the care provided by them to patients. Nurses and midwives are professionally and legally accountable and responsible for the standard of practice which they deliver and to which they contribute.

“Good practice in record management is an integral part of quality nursing and midwifery practice.”⁷

3. Medication administration and prescribing

Administering medication plays a large part of a practice nurse's role, in particular the administration of childhood immunisations. Practice nurses who are not nurse prescribers, and who are administering medication without a named prescription, should ensure a practice medication protocol is in place.

A medication protocol is a written direction that authorises the supply and administration by the nurse/midwife of a named medicinal product by a nurse or midwife in defined clinical situations where specific criteria are met and where the patients may not be individually identified before presentation for treatment.

Both the NMBI⁸ and the HSE⁹ strongly advocate the use of medication protocols. The HSE guidance document titled, "Supporting information for vaccinations in general practice" provides a very useful template for vaccinations in general practice.⁹ An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect.

There may be occasions where you are requested to administer a medication to a patient that is not governed by a medication protocol e.g. analgesia or nebuliser. In such instances, if not a nurse prescriber, it is imperative that the medication is appropriately prescribed by the GP in the prescription section of the patient's medical record prior to administration and not just written as an instruction in the notes/consultation section of the medical record.

Some practice nurses have decided to further enhance their skill set and undertake additional training to become nurse prescribers. It is important to ensure that appropriate policies and procedures are in place to support nurse prescribing within the GP practice setting, ensuring that nurses only prescribe within their scope of competence. The NMBI sets out very clear standards and guidance for nurses and midwives with prescribing authority.¹⁰

Your local practice nurse professional development coordinator is also an invaluable resource for anyone considering becoming a nurse prescriber. Details of your local HSE practice nurse professional development coordinator are available on the HSE website.¹¹

4. Consent to treatment

Obtaining patient consent is an integral part of healthcare and a fundamental legal and ethical obligation for all clinicians. Practice nurses are involved in obtaining patient and parental consent for many aspects of their job and in particular concerning childhood immunisations.

It is important to be familiar with key documents surrounding patient consent such as the HSE, National Consent Policy which was updated in March 2022,¹² and the HSE "Supporting information for vaccinations in general practice" document which provides specific guidance on consent issues.

Parents will often consent to have their children included in the Health Service Executive national immunisation programme using the HSE vaccination consent form. However, this does not mean that they have given consent to all vaccinations. Consent should be sought before each vaccination administration.

For consent to be valid, three key criteria must be met:

- 1) Sufficient information – the patient must have sufficient information in a comprehensible format to enable them 'make a choice'. The information provided must include details about the nature of the intervention, potential risks and benefits, and alternatives to the intervention including the consequences of not receiving the intervention.
- 2) Capacity – the patient must have the decision-making capacity to make the decision (even if requiring support to do so).
- 3) Voluntary – consent must be given freely and without duress or coercion.

A common misunderstanding is that a signed consent form constitutes informed consent. A signed consent form does not in itself prove valid consent was obtained; it merely demonstrates that some discussion about the intervention or treatment took place. Consent forms are evidence of a process, but not the process itself.

Details of information provided, including any discussions around the consent process should be clearly documented in the patient's medical records as evidence that these discussions took place. It is advisable to also retain copies of any information leaflets given to the patient to support the consent process, in the medical records.

5. Clinical protocols

Effective clinical risk management involves the development of systems that reduce the likelihood of patient harm, by establishing standards and processes that the practice wishes to adhere to. Clinical protocols summarise these standards and processes. By following them, all staff should be practicing in the same way, contributing towards good clinical governance, thus reducing the likelihood of individual error.

Protocols also define areas of responsibility and can also demonstrate that an organisation places appropriate emphasis on careful risk management.

This may be helpful when dealing with serious complaints, litigation, or when having an external review by a body such as Health Information Quality Authority (HIQA).

There is a danger that protocols may be developed by individuals in isolation, resulting in a lack of adherence and/or ownership by other members of the practice team.

Protocols should:

- Be discussed and agreed upon by the relevant practice teams
- Involve relevant personnel from different teams within the practice (eg, doctor, nurse) in their development
- Be reviewed regularly, eg, annually, with necessary amendments included as required
- State the date the protocol came into effect
- Be readily accessible to all relevant members of the practice team.

Out-of-date protocols should:

- Note the date they are withdrawn
- Be stored indefinitely, as litigation may occur many years after an event.

6. Professional indemnity

Last but not least... professional indemnity! All practice nurses should ensure that they have appropriate professional indemnity. The NMBI Code of Professional Conduct and Ethics for Registered Nurses and Midwives,¹³ clearly states that nurses are responsible for ensuring that they have professional indemnity insurance. Patients also have the right to expect clinicians to have indemnity or insurance in case there is a claim of professional negligence against them. We strongly advise obtaining professional indemnity insurance from a suitable provider. At Medisec we provide a claims-made insurance cover for GP practice teams which includes cover for practice nurses, nurse prescribers, and advanced nurse practitioners (ANPs). For further information please contact a member of the Medisec team on 01 661 0504 or visit the Medisec website on What We Offer – Medisec Ireland.

In summary

As a nurse's clinical responsibility increases, so too does the risk of an adverse event, potential patient harm, and a claim or complaint against you. By having an awareness of the common pitfalls, ensuring the correct protocols are in place, and continuing professional development, the margin for error can be greatly reduced. Appropriate medical indemnity will also give you peace of mind should you face a medicolegal dilemma, a claim, or a complaint.

Ultimately keeping you safe as a practice nurse will also mean safer healthcare for patients – a win-win for all!

By Suzanne Creed

References

- ¹ Collins. C and Homeniuk. R, How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices (2021). How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices | BMC Primary Care | Full Text (biomedcentral.com)
- ² Houses of the Oireachtas Committee on the Future of Healthcare Houses of the Oireachtas Committee on the Future of Healthcare Sláintecare Report; May 2017. Dublin: Department of Health. An Coiste um Chúram Sláinte sa Toghchán - Tuarascáil maidir le Cúram Sláinte - Bealtaine 2017 | Committee on the Future of Healthcare - Sláintecare Report - May 2017 - 270718095030-1134389-Slaintecare-Report-May-2017.pdf (www.gov.ie)
- ³ The Irish College of General Practitioners, Shaping the Future, A Discussion Paper on the Workforce & Workload Crisis in General Practice In Ireland (October 2022): asset.cfm (icgp.ie)
- ⁴ Nursing and Midwifery Board of Ireland (NMBI), Scope of Nursing and Midwifery Practice Framework (2015) Scope of Nursing and Midwifery Practice Framework 2015 .indd (nmbi.ie)
- ⁵ Irish Medical Council, Guide to Professional Conduct and Ethics for Registered Medical Practitioners 8th Edition (2019): <https://www.medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-amended-.pdf>
- ⁶ Data Protection Commissioner, Data Protection Legislation: Data Protection Legislation | Data Protection Commissioner
- ⁷ Nursing and Midwifery Board of Ireland (NMBI), Recording Clinical Practice (2015): <https://www.nmbi.ie/nmbi/media/NMBI/Publications/recording-clinical-practice-professional-guidance.pdf?ext=.pdf>
- ⁸ Nursing and Midwifery Board of Ireland (NMBI), Guidance for Registered Nurses and Midwives on Medication Administration (2020): <https://www.nmbi.ie/NMBI/media/NMBI/NMBI-Medication-Administration-2020.pdf?ext=.pdf>
- ⁹ Health Service Executive (HSE), Supporting information for vaccinations in general practice, (December 2022): <https://www.hse.ie/eng/health/immunisation/infomaterials/gpsupportingdocpci.pdf>
- ¹⁰ Nursing and Midwifery Board of Ireland (NMBI), Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (4th Edition October 2019): NMBI-Practice-Standards-Guidelines-02-03-2020_2.pdf
- ¹¹ Health Service Executive (HSE), Contact a General Practice Nursing Professional Development Coordinator (PDCGPN): Contact a General Practice Nursing Coordinator - HSE.ie
- ¹² Health Service Executive (HSE), National Consent Policy, (March 2022): [hse-national-consent-policy.pdf](https://www.hse.ie/national-consent-policy.pdf)
- ¹³ Nursing and Midwifery Board of Ireland (NMBI), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (May 2021): Code-of-Professional-Conduct-and-Ethics.pdf (nmbi.ie)