Professional issues

Clinical competency in children’s nursing: a legal commentary

Nurses should be aware of their limitations and abilities and not take on a task or role for which they do not feel competent, cautions Marc Cornock

Abstract

Competence can be defined as having the requisite knowledge, skills, judgement, and experience to undertake a role or task. This article – part ten and the last in the series – discusses competency and why it is important for children’s nurses to consider their skills and knowledge before taking on a procedure or role.

Keywords
Competence, law, legal issues, patient safety

Abstract

COMPETENCE IS linked to the standard of care that underpins clinical practice and ensures patient safety. The assessment of competence is illustrated when a clinical negligence claim is considered (see Cornock 2011a). Therefore, competence is related to the clinical performance of the individual children’s nurse. However, it is far more than that. It encompasses the nurse’s knowledge, skills and abilities, but crucially encompasses their judgement. This judgement is vital to competence because without being able to exercise their judgement in clinical practice, nurses would be performing a skill or task on the orders of others and not acting as a professional.

Judgement is also necessary to ascertain when a skill or task is outside the nurse’s own competence and he or she needs to refer to another healthcare professional to undertake a patient procedure. Without the judgement to decide when or whether to undertake a particular task or skill, nurses would need their work to be supervised by those qualified to make such decisions.

Competence may also be said to be linked to expertise because the competent nurse’s clinical practice is based on knowledge, skills, abilities and judgement. Nurses only perform those tasks and roles of which they believe themselves to be capable, and only perform them when necessary. When they are unable to do something they seek the guidance and support of other healthcare professionals. They may be said to be effective practitioners who are aware of their abilities and their limitations.

Competence and registration

To work as a nurse in the UK it is necessary to be registered with the Nursing and Midwifery Council (NMC). To achieve initial registration, nurses must show that they are competent in terms of their knowledge and skills. However, competence needs to be maintained and developed.

The NMC code (NMC 2008a) states that nurses must:

■ Have the knowledge and skills for safe and effective practice when working without direct supervision.
■ Recognise and work within the limits of their competence.
■ Keep knowledge and skills up to date throughout their working life.
■ Take part in learning and practice activities that maintain and develop competence and performance.

The need to maintain competence and to develop it further is shown by the NMC’s requirement for nurses to have completed practice and continuing professional development (CPD) requirements to continue their registration. To maintain registration a nurse needs to have completed 450 hours of registered practice and 35 hours of learning activity in the previous three years (NMC 2011).

CPD is described by Peck et al (2000) as: ‘The process by which health professionals keep updated to meet the needs of their patients, the health service, and their own professional development. It includes the continuous acquisition of new knowledge, skills, and attitudes to enable competent practice.’ The PREP Handbook (NMC 2008b) contains details of the NMC PREP standard as
well as providing details and examples of appropriate CPD activities.

Developing roles
In 1997, the then general secretary of the RCN, Christine Hancock, stated that 'Nurses are continuously pushing at the boundaries of care. We are creating new and expanding roles, based on our skills and experience. As a result, we are raising standards of patient care' (RCN 1997). Yet, how far can nurses take on tasks and roles for the benefit of their patients and maintain the competence to undertake them?

Before 1992, when the UK Central Council for Nursing, Midwifery and Health Visiting (UKCC) published the Scope of Professional Practice (UKCC 1992) nurses were constrained by what they could and could not do. Nurses were directly or, more usually, indirectly supervised by medical staff for extended roles, that is those roles and tasks that were not part of their basic training, for example administering intravenous medication. They had to undertake training courses that increased their competence and receive a certificate confirming the fact before they could carry out these extended roles – and the tasks had to be authorised by their employer. Even when the employer had authorised the task and the nurses had their certificate of competence, the task was usually undertaken according to a rigid protocol.

UKCC (1992) was a landmark position paper for the development of nursing practice. The UKCC effectively removed the need for nurses, midwives and health visitors to achieve extended training certificates issued on the completion of study days before being able to perform a particular procedure. Instead, nurses were able to decide, using their professional judgement, whether they had the requisite skills, knowledge and ability to undertake any procedure necessary for the care of their patients. Where nurses were confident of their competence, they were able to undertake that procedure; where they were not, they were to gain assistance from a qualified colleague – nurse or doctor – in performing the procedure, or to request that individual to undertake the procedure for them. Therefore the UKCC provided a framework that encouraged nurses to adapt to the changing healthcare environment by extending the boundaries of their practice while staying focused on the patient. It urged nurses to consider how their practice could meet patients’ needs while emphasising that accountability rested with the individual nurses, that they had to ensure their practice was based on knowledge, skills and competence, and that they needed to attain, maintain and develop these.

As a result of the UKCC framework, there has been an abolition of the term extended role, and nurses can perform any task, procedure or role, that is not expressly prohibited or restricted by legislation, provided that they believe themselves to be competent to undertake the role to the required standard (Department of Health 2002). There remains a few roles in health care that can only legally be undertaken by a registered medical practitioner, for example termination of pregnancy and certification of death (Cornock 2006).

The UKCC framework was based on the premise that nurses should only take on new roles and tasks when they believe themselves to be competent to do so, and that doing so is for the benefit of their patients and not simply as a means to develop nursing practice itself. In addition, when taking on new roles and tasks, nurses should ensure that they have the appropriate indemnity for the practice (Cornock 2011b).

Conclusion
It is part of professional accountability to know your limitations and to accept or refuse tasks and roles based on whether you feel competent to accomplish them. If children's nurses accept a task or role for which they do not consider themselves competent then they are not exercising their professional judgement or accountability, and may fail to meet the required standard of care and patients’ interests.

If a children’s nurse fails to meet the standard of care, this potentially renders him or her liable to a negligence claim or to a professional conduct hearing before the NMC.

References