SIDELINES

Philip Hunt received a mixed welcome when he addressed Unison’s healthcare conference last week. There were boos and groans when he was introduced as director of the National Association of Health Authorities and Trusts. But the conference cheered when chair Anne Picking said he was also a member of Unison. He remarked wryly that it was a long time since he had been cheered for being a Unison member.

The government’s Private Finance Initiative is acquiring a number of pseudonyms reflecting how it is viewed. For shadow health secretary Harriet Harman, it is the ‘privatisation initiative’, which does not quite have the same ring as the alternative offered at Unison’s health care conference — PFI ‘Privatisation – the Final Insult’.

Talking of Unison, a group of delegates at RCN Congress decided it would be amusing to have some Unison t-shirts printed for a ‘bad taste’ disco. Unison may never have known about the prank if it hadn’t been for a resourceful printer. Unable to contact the group on the mobile phone number they gave him, he rang up Unison headquarters to discuss problems with the graphics.

THE REDUCTION in junior doctors’ hours has been the catalyst for the emergence of a whole range of new roles and responsibilities for nurses and other members of the healthcare team. These opportunities, or threats, have led to wide ranging debates on where boundaries should lie and even whether boundaries are necessary at all.

One emerging role is that of the doctors’ assistant. Given nurses’ battle to rid themselves of the ‘doctors’ handmaiden’ title they have a natural reluctance to take on this role themselves, so other people are being employed and trained to undertake a variety of tasks ranging from cannulation to male catheterisation. While this may free the doctor from repetitive and routine procedures, it can lead to fragmented care for the patient and questions regarding the accountability of the assistant and of the nursing staff.

While some tasks undertaken by doctors can be delegated to unqualified but trained members of the healthcare team, many should now be forming part of the total nursing care given by the named nurse. It is now common for nurses to administer intravenous medication surely it is reasonable for the nurse to be taught to cannulate too.

Venepuncture is another task the named nurse should be able to perform for the patient, while catheterisation, whether male or female, is surely a fundamental nursing responsibility.

Any decision regarding changes to the practice of the members of the healthcare team should be subject to discussion and review by the team. This must include all issues around training needs and assessment of competence and accountability of those accepting new duties and those responsible for the delegation of these duties. The patient’s needs must be at the heart of the debate with the aim of providing the best patient-centred service possible. A key question nurses must ask themselves when adjusting their practice with doctors is: are they going to work as doctors, for doctors or with doctors? The answer lies with whoever is making the decision on who does what.

For instance, gastro-enterologists have decided that nurses can carry out endoscopy. That may be a good thing, and many nurses will welcome it, but it would have been much better if they had formally consulted nurses first, so that there was a feeling of working together on this.

A lot of expanded practice up to now has involved nurses who are very experienced practitioners, extremely capable of stepping in to take over certain tasks because they have watched them carried out day after day for years. A gastro-enterology sister may have watched and assisted at the same procedure many, many times. But what happens to that role when she retires and is replaced by an E grade staff nurse who doesn’t have that background? What will we do to ensure that the next generation of nurses coming up are well equipped to do these things?

It may not always be nurses who pick up these tasks from doctors, but we still need to be involved in decision making, about who is being trained, how they are trained, and perhaps most importantly, who is accountable for their practice. Often it will be nurses, so it is essential we are involved with the rest of the team in discussing and implementing all of these changes.

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