Health care assistants and assistant practitioners
Delegation and accountability
NURSING STANDARD ESSENTIAL GUIDE

Written by Susan Hopkins, Independent Education Adviser; Alison Hughes, Primary Care Facilitator, Torfaen Local Health Board; and Paul Vaughan, HCA Adviser, Royal College of Nursing.

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The purpose of this guide is to address some of the key issues regarding the safe delegation of tasks to health care assistants (HCAs) and assistant practitioners (APs), and to offer practical guidance on a number of topics, including:

- Training.
- Supervision.
- Liability, accountability and responsibility.

The guide focuses on HCAs, APs and registered nurses (RNs) and should be useful for all nurses, APs and HCAs, regardless of their particular workplace. It is usually nurses who take the lead in delegating clinical care to HCAs, but the issues that will be discussed are also relevant to other healthcare professionals who may delegate care to APs or HCAs.

**The role of the HCA and AP**

The NHS and the independent sector strive to meet the changing demands and needs of patients and the health and social care system. In response to these changes, HCAs and APs are increasingly taking on a range of routine activities delegated by nurses and other healthcare professionals, such as phlebotomy, new patient health checks, health promotion, wound care, catheter care and cannulation. As a result, HCAs and APs can provide extra capacity to the service by freeing up the time of nurses and other healthcare professionals.

Currently, HCAs and APs are not professionally regulated or registered. It is important, therefore, that they have clear guidance about their role and responsibilities and that RNs understand the principles of safe delegation as stated by the Nursing and Midwifery Council (NMC 2008a).

**Preparation for the role**

When HCAs and APs are appropriately trained, assessed, supervised and supported, their contribution to patient care as a member of the team ensures that patients, their colleagues and the organisation benefit. Delegating care 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 and APs. It is important that both 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 Scottish and National Vocational Qualifications (SNVQs/NVQs). NVQs/SNVQs are the most readily recognised vocational training for health care assistants. They offer a qualification that recognises the transferable skills HCAs develop during the course of their work (See http://www.skillsforhealth.org.uk/page/awards-and-qualifications/s-nvqs). The Open University also offers a range of distant learning programmes for HCAs (See http://www3.open.ac.uk/study/undergraduate/health-and-social-care/index.htm).

The majority of APs undertake a two-year foundation degree via a College of Further Education or a University, for more information visit www.fdf.ac.uk. The Primary Care Training Centre and Education for Health provide a range of courses for those working in primary care: http://primarycaretraining.co.uk/ and http://www.educationforhealth.org.uk/

However, an HCA or AP qualification does not mean that they have the right to carry out the tasks they have been educated and trained to undertake. Their training demonstrates they are competent to practice; decisions as to 'who should do what' remain with the RN or other healthcare professional.
and are determined by the needs of patients and the organisation.

Any role development – for example, from receptionist to HCA – must be undertaken within an approved framework of training, assessment, supervision and updating. Any person who trains, assesses and updates HCAs or APs 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. Training updates must be available to ensure that all procedures are up to date and based on good practice.

**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. HCAs and APs 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 patients’ and organisation needs allow.

The lines of responsibility should be identified clearly in any job description in relation to what HCAs and APs 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. For example, in the general practice setting it is considered good practice that clinical work is delegated to the HCA or AP solely by the RN, and not by both the GP and the RN. This approach helps to minimise the risk of confusion and ensures clear lines of accountability.
Competences 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 organisation to demonstrate that it meets the clinical governance agenda.
- Support a risk-management strategy.
- Support the personal and professional development of HCAs and APs.
HCAs and APS 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 that staff are competent. Employers must, by law, accept ‘vicarious liability’ for any negligent acts or omissions performed by a HCA or AP. Vicarious liability means that ‘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 2008a).

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.
- The use of Patient Group Directives (PGDs) only applies to regulated professionals.
- 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, APs 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 and AP** Health care assistants and assistant practitioners are:

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

HCAs and APs cannot be ‘professionally accountable’ as they are currently unregulated and therefore not part of a profession. Guidance from the NMC states that HCAs and APs become responsible for care delegated by RNs when it forms part of their individual employment contracts. This normally occurs when the HCA or AP has undergone training and has been assessed as competent within the employer’s framework (NMC 2008a).

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

- Be aware of their limitations.
- 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 and assistant practitioners must always work within defined protocols and procedures, under the supervision of a healthcare professional. Supervision should be ongoing and HCAs/APs 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 and APs remains an integral part of the RNs role. While HCAs and APs are responsible for their actions, the RN holds responsibility for the general standard of nursing in the workplace (see Box 2).

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**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.
The NMC’s Code of Professional Conduct advises on how to delegate effectively (NMC 2008b):

- You must establish that anyone you delegate to is able to carry out your instructions.
- You must make sure that everyone you are responsible for is supervised and supported.
- You must confirm that the outcome of any delegated task meets required standards.

HCAs and APs should have explicit job descriptions and a record of their assessed competences. Unless the task delegated clearly forms part of the HCAs or APs 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 2008b).

If a RN is supervising a HCA or AP 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 HCAs or APs actions, the RN is still accountable for ensuring the overall care.

**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/AP?

1. The HCA/AP?
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/AP fails to deliver care to a level for which he or she has been prepared and assessed as competent, the HCA/AP is accountable to his or her employer (and may be legally accountable if the law has been breached) (Storey 2002).
delivered is safe and within agreed parameters of competence (NMC 2008b). Registered nurses should adhere to the following guidance (NMC 2008a):

- 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 every six to 12 times a month, 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 or AP and he or she believes the HCA or AP 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.

**Points to remember**

- The patient has the right to expect the same standard of care, from 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**

Nursing and Midwifery Council (2008a) Advice on Delegation for Registered Nurses and Midwives. NMC, London.


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