NURSES IN GENERAL PRACTICE

" THERE, but for the grace of God go I " is a common reaction to those reading the annual reports of the Medical Defence Union and the Medical Protection Society. In 1974 the Medical Defence Union reported a case where a member had failed to give his nurse enough detailed instruction about a particular injection, and the Union subsequently settled the claim by an *ex-gratia* payment.

The Union, in a statement published in 1970 and agreed with the other defence societies, undertook in certain circumstances to defend and indemnify a member in proceedings brought against him in respect of an act or ommission of a non-medical subordinate. This would include a nurse unless, in the opinion of the Council of the Union, she was carrying out with the doctor's approval a duty which should be undertaken only by a practitioner or, without supervision, a duty which should be undertaken only by a subordinate under the orders and direct supervision of a practitioner.

The Union went on to point out that it is the practitioner's responsibility to ensure that any task delegated to a practice nurse is within her competence.

Nurses working in general practice have very rarely been sued. This may be because of careful supervision by doctors or could be because until recently there have been relatively few such nurses working and the range of their work has been limited. However, there are now more than 600 whole-time-equivalent practice nurses and a growing number of nurses employed by health authorities are being attached to practices. Simultaneously nurses in general practice are looking at their roles in a different light. Some difficult questions are arising.

In the United Kingdom the interpretation of law depends on the accumulation of a body of case law, but the paucity of cases makes interpretation difficult.

It is clear, however, that the roles have changed. Doctors and nurses should now be thinking urgently of the best way of protecting the patient and simultaneously the professional reputation of the nurse.

The National Health Service Regulations (1972) provide for delegation where they state that " a doctor shall be under no obligation to give treatment personally if such steps as are appropriate are taken to ensure continuity of treatment and treatment may be given . . . if it is treatment which it is clinically reasonable in the circumstances to delegate, by a person whom the doctor has authorised and who is competent to carry out such treatment."

Where that treatment forms part of a recently completed training syllabus either for a state registered nurse or a state enrolled nurse, such as removing sutures or syringing ears, there can be few problems. However, when the work covers subjects where training has been inadequate, or the experience was long ago, more difficult issues arise. How does the doctor satisfy himself of the nurse's competence? How should authorisation be given, what kind of in-service training is advisable? Do hard-pressed nurses working in the community, whether attached or employed now need programmes of continuing education?

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The Royal College of General Practitioners has now formed a working party with the Royal College of Nursing to examine many of these topics. In the meanwhile practitioners working with nurses should be aware of the regulations. One first step is to ensure the continuing membership of the Royal College of Nursing by every nurse working in the practice. This membership includes assurance of defence and indemnity in the face of legal action.

REFERENCE

National Health Service Regulations (1972). Terms and Conditions of Service. Subsection 16. Paragraph 13.

ARE THERE ADVANTAGES IN ADDED YEARS?

IN inflationary times it is always pleasant to have a chance to invest money to gain financial advantage with minimal risks. The present National Health Service pension scheme for general practitioners has recently been greatly improved, particularly since the General Medical Services Committee and the British Medical Association persuaded the Government to allow 'dynamism'—which means the pension, when ultimately paid, will roughly match the fall in the value of the pound.

One significant disadvantage which doctors and other professional people, who have long periods of training to reach qualification, have suffered in the past is that their pension has partly depended on the number of years of earnings credited to them. Thus those who start earning relatively late in their lives have suffered. It is now, however, possible for most doctors to buy added pension years so that they will be able to count 40 years' service for pension purposes should they choose to retire at the age of 60. The regulations are complex and difficult to summarise. Those interested should obtain full details from the Superannuation Division of the Department of Health or from their local family practitioner committee.

Every medical practitioner under the age of 70 on 1 October 1972 is eligible. The maximum number of added years that can be bought depends on the doctor's age and the age when he started earning. Those who did not pay superannuation while they were in the armed forces, or had been overseas, may also be able to buy benefit for those years.

There are three methods of payment. First, anyone can buy added years by paying a single lump sum. If so, they cannot claim the expense for income tax purposes, which for most people is a major disadvantage. The second method is applicable to all those now under the age of 60. They can have the payments spread over a period of not less than five and not more than ten years. Finally, those over the age of 60, but still under the age of 65, may have the payments spread over the whole period from the date of application to their 65th birthday. In both the last two cases, where the payment is spread over a period, the cost is increased by five per cent a year. (For example, if the payment is spread over the maximum period of ten years, the total cost is increased by 50 per cent.) However, each annual payment is allowable in full for tax relief, though those who have already joined a private pension scheme to supplement their NHS pension will find they are limited to a maximum expenditure of £1,500 a year for tax purposes.

An additional benefit from the instalment system of payment is that those who die, or retire on the grounds of ill-health, before completing the payments will (or their widows will) be given full credit for any outstanding instalments.