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# RCN Policy Unit

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## Policy Statement 16/2006

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# Acute and Multidisciplinary Working

**The Royal College of Nursing of the  
United Kingdom and the Royal College  
of Physicians (London)**

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## Introduction

We are currently experiencing a period of unprecedented change both in the configuration of the services that provide health care, and in the composition and competencies of the staff that deliver them. In addition to this, the boundaries between the health care professions have become increasingly blurred, and this trend is likely to continue into the future.

The challenges facing the UK health and social care systems over the next decade include:

- the cost of health care provision
- measures to increase the efficiency and effectiveness of health and social care systems
- changes in population demography, including a decline in the birth rate and predicted rise in the numbers of older people
- changes in patterns of disease, including an increase in the prevalence of long term illnesses
- the impact of lifestyle patterns on health, for example diet, exercise and sexual activity
- public expectation and demand for quality and personalised health and social care
- inequalities in health status and health care outcomes
- reconciling demand, need, and access to health care, with safety and quality

The creativity and flexibility of health care staff are two key determinants of the unique character of our health service that have been vital and sustaining factors throughout decades of evolution and progress.

This statement from Royal College of Nursing (RCN) and the Royal College of Physicians of London (RCP) sets out core principles we believe to be critical to the delivery of high quality nursing and acute medical care.

## Principles

Care should:

- be focussed on the needs of the patient, their family and their carers
- ensure dignity and respect for the patient, including provision of essential nursing care
- be delivered in safe and appropriate environments where care is given at the right time, and by the most appropriate person with the right skills
- value not only the patient, but also the individual skill, competence, and experience of those delivering care

The RCN and the RCP believe that the following issues are important for the achievement of these principles.

## Clinical Leadership

*'Leadership is as much individual as collective'<sup>1</sup>*

*'Leadership capacity (is) integral to (nurses) ability to deliver high quality care in partnership with patients, communities and other health care team members'<sup>2</sup>*

*'Healthcare policy needs clinical leadership and effective team working to be at the heart of creating high quality, modernised, patient focussed services for the 21<sup>st</sup> century'<sup>3</sup>*

A recent RCP working party report on medical professionalism<sup>4</sup> considered leadership in medicine at four distinct levels:

- the individual doctor
- the front-line clinical team
- the local service entity
- the national policy stage

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<sup>1</sup> RCP (2005) Doctors in Society: Medical Professionalism in a Changing World RCP: London

<sup>2</sup> RCN (2004) The Future Nurse: The RCN Vision Explained RCN: London

<sup>3</sup> Department of Health (2004) The NHS Improvement Plan DH: London

<sup>4</sup> RCP (2005) Op Cit

This demarcation is equally applicable to nursing – both nurses and doctors must provide leadership and inspiration for the staff groups that they encompass. A basic level of management and leadership competence is a key skill for all clinical staff to acquire. Each doctor and nurse has the potential to be an individual role model for others in many facets of their lives. The General Medical Council has also emphasised the importance of teamwork and good leadership<sup>5</sup>.

Good leadership means better patient care and improved working practices for NHS staff. Evaluation of the RCN Clinical Leadership Programme<sup>6</sup> has found that positive leadership can make a positive difference to patient care. Many participant nurses have gained confidence and are empowered to lead their teams in spite of difficult circumstances. Better care results when clinical leaders feel more able to take action on difficult care issues. Effective clinical leadership is also an effective antidote to stress<sup>7</sup>.

However, for the purposes of this statement, only the skills and abilities required to lead effectively at the front-line and local service level are examined further.

## Leadership: The Front Line Clinical Team

Research has demonstrated that effective teamwork can have a direct impact on patient morbidity and mortality and on the health and well being of team members<sup>8</sup>. Managing conflict within the team and between teams is vital and requires doctors, nurses and others to be clear about their own roles and their level of authority, responsibility and accountability within the team. Doctors and nurses need to see themselves as members of the same team and should be clear about team objectives and how to achieve these.

Leadership within a team is an important issue that should not be ignored. It encompasses good management skills, but also requires vision for how health care should be developed and delivered plus acceptance of responsibility and accountability for a leadership role.

Teams will need to determine for themselves the most appropriate methods, models and designations, reflecting the particular needs of the

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5 General Medical Council (2006) Management for Doctors GMC: London

6 Large, S. et al (2005) A Multiple Case Study Evaluation of the RCN Clinical Leadership Programme in England RCN: London

7 Nolan, A (2006) 'Leadership in Tune with the Team' HSJ, 20th June

8 Borrell, C. and West, M. (2000) Teamworking and Effectiveness in Health Care: Findings from the Health Care Team Effectiveness Project Centre for Health Service Organisation Research, University of Aston

service. Leadership roles should be assigned acknowledging the work that need to be undertaken, and recognising the educational background, experience and aptitude of team members - including acknowledgment that traditional roles are not always the most appropriate ones to lead delivery of optimal patient care.

## Leadership: Local Services

Doctors and nurses have a critical part to play in shaping, managing, and delivering local health services, but this role has become a neglected one. Front line clinical duties tend to dominate, which is often to the detriment of rational service planning in the best interests of patients. Front line clinicians, as part of a team, need to be able to contribute to making the vital decisions that shape patient care. There are many examples of how involving clinical staff makes a positive difference to patient care. One example from the RCN Clinical Teams Project highlights this:

*'We called upon one of the medical consultants here to act as a clinical champion in terms of the project. And certainly the influence he had around getting individuals to the table to discuss the issues has been very powerful. The age-old issue around the timing of the discussions and clinical priorities and competing priorities in order to get the time to debate the issues have clearly been an issue. ... but once that was sorted out it has really made a difference and patient care has really improved'<sup>9</sup>*

The full impact of clinical teams' knowledge and experience will only be realised if they engage fully in a dialogue with managers and play a full part in determining how best to meet the needs of individual patients and patient communities.

## Team Working

*'Multidisciplinary health care teams are the indivisible units of delivery of high quality health services'<sup>10</sup>.*

*'Healthcare is increasingly provided by multi-disciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the care you provide'<sup>11</sup>.*

Increasingly, and quite properly, comprehensive clinical care is delivered in multi professional teams. There are, of course, many health care

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<sup>9</sup> RCN clinical teams project

<sup>10</sup> RCP (2005) *Op Cit*

<sup>11</sup> GMC (2006) *Op Cit*

professionals who contribute to patient care within a team - although this joint statement is focussed on the contributions of the nursing and medical professions. Teamwork is the key medium for health care delivery in the future and teams will need to be able to work flexibly together and engage with new agendas that emerge in population health and health care.

Historical notions of team working often conjure up images of nurses working together as a nursing team, with doctors owing allegiance to 'firms' and a senior consultant. The modern health care team is wider than nurses and doctors and includes professionals allied to medicine, social care staff, and 'alternative' health care providers. However, few teams until recently would have included amongst their membership patients and their carers as equal partners and contributors. The RCN and RCP strongly believe that patients and their carers should be included as full partners in the health care team.

The expanded breadth, experience and multiplicity of membership of health care teams bring complexity to team functioning, including the need to:

- respect the expertise of individual team members
- understand differences in education and knowledge base
- appreciate variation in the regulatory processes that govern individual team members.

However some perceived barriers on what team members can undertake safely and competently are often based on myths and traditions rather than reality, and these need to be confronted.

Getting the most out of modern health teams is vital, but exploiting their effectiveness maximally will require a new set of skills and understanding from amongst their constituents. Members of modern health care teams will need to be clear about their own contribution in the team and how they add value to the process of care. They also need to understand and respect the contribution of other team members. Teams must come together to agree common standards of care and common values and how these will be monitored for continuous improvement.

## Joint Protocols

Joint protocols for care are one mechanism to facilitate better team working and shape care in the patient's best interest. For example, joint protocols on the transfer of care can achieve appropriate and timely discharge to home or other settings, but is dependant on joint work and collaboration within the health care team.

## The Appropriate Use of Staff

Many different members of the clinical team provide care - teams are constantly changing in both form and function. Some team members may be transient, for example, medical trainees. Nursing staff and medical consultant staff often provide the core continuity for patients with chronic conditions. Extended and changing roles mean that the specific tasks carried out by team members will alter over time. With the continued redefining of professional boundaries, team members can learn from each other, and respect each other's contributions.

A clear identification of the needs of the patient is fundamental to determining the most appropriate mix of skills in the team delivering care. Care must only be delivered by those with the appropriate expertise, education and competencies. There is good evidence that the appropriate numbers and expertise of staff has an impact on good clinical and quality outcomes<sup>12</sup>.

## Continuity of Care

The provision of continuity of care is no longer just about continuity in the person delivering care. The impact of the European Working Time Directive together with an increasing desire to live a more balanced life combining work and domestic responsibilities means that individual health care professionals are not necessarily able to be the sole deliverer of continuing and personalised care to one patient. However, it is not inevitable that lack of continuity of person will equate with lack of continuity of *information* - continuity of information about the patient and his or her care being one of the most important factors in maintaining high quality care.

Evidence gathered by the RCP working party on medical professionalism<sup>13</sup> revealed that patients put a premium on continuity of care, but similarly understood that no one doctor or nurse can be with them every step of the way. However patients and their families need and want to know '*who is in overall charge of their case*' so identification of a clinical team leader who leads the care of an individual patient, and readily identified by them, is important.

High standards of inter team communication, including appropriate handover arrangements, can enable care delivery to be seamless - although actually administered by different team members. An RCP report

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<sup>12</sup> West, E. et al (2005) *The Future Nurse: Evidence of the Impact of Registered Nurses* RCN: London

<sup>13</sup> RCP (2005) Op C<sup>it</sup>

on continuity of care sets out strategies to improve the flow of information between staff in hospitals<sup>14</sup>

Diversification of health services and a multiplicity of providers means it is even more critical to ensure that patient information is comprehensive, accurate, adequate for purpose, and secure, whilst being rapidly available to those who need to know it. It is especially important that team members do not give conflicting information to patients and their carers, and that all work to the same protocols.

## The Care Environment

The context in which clinical care is provided has changed and is set to change even more. For example lines of demarcation between primary and secondary care will, increasingly, become more blurred. The introduction of alternative care providers will lead to further diversity.

However, we believe there are several fundamental premises that must underpin the provision of safe clinical care:

- it must be comfortable and clean
- it must be safe
- people need to feel well cared for
- privacy and dignity must be maintained

All healthcare team members have a responsibility for this, which includes the need to:

- listen to the patient and hear their views
- observe and optimise the environment of care

## Education and Supervision

Education and supervision are critically important to ensure appropriate skills and competencies are developed within the changing health care environment. For example there is an increasing requirement to supervise medical trainees in delivering direct clinical care and for formal assessment against specific competencies.

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<sup>14</sup>RCP (2004) Continuity of Care for Medical Inpatients: Standards of Good Practice RCP: London



The development of nurses to provide health care fit for the future requires investment in pre- and post-registration education in order to develop the range of expertise needed. The RCN remains committed to achieving graduate level entry to the nursing profession at the point of initial registration: this is a sound foundation for the development of advanced practice.

Although nurses and doctors need education and training in their own disciplines we believe that some joint education and training at undergraduate and postgraduate levels will be beneficial to the development of shared skills and competencies and a better understanding of the contribution that each group brings to patient care. Therefore this should be encouraged wherever possible and appropriate.

## Conclusion and Recommendations

The Royal College of Nursing and the Royal College of Physicians are committed to the promotion of collaborative working between nurses and doctors. The benefits generated by this position will be of mutual advantage to both patients and health care professionals. We make the following recommendations for Doctors and Nurses working in an acute medical setting;

- Effective team working between doctors, nurses, patients and their carers as the best method to ensure high quality patient care
- Teams must foster clear understanding of the contribution, responsibilities and accountabilities of individual team members to maximise their impact
- Teams must provide patients with identified leaders for their care
- Excellent communication is vital for effective team working and must include time set aside for doctors and nurses to discuss management of patient care, the care environment, joint care protocols and clear arrangements for timed hand over of clinical care
- Seamless continuity of care for patients recognising that the care will be delivered by many individuals and therefore continuity of information is paramount
- A clear focus on the needs of the patient in a well-managed care environment that maintains patient safety, dignity and respect.