“Agency staff are fit and proper – unlike some employers”

Agency staff are fit and proper? Working as a clinical lead for a nursing agency I can respond with a resounding yes.

I recognise the daunting prospect of working in different environments, with different systems and service users, and in established teams. Often, the biggest challenge is comprehending different medication systems, sometimes with poorly completed drug administration record charts, out-of-date patient ID photographs and general poor medication management.

How does our agency prepare nurses for this? It’s certainly not a quick interview, here’s a uniform and away you go.

All wards and nursing homes are visited by the agency before it supplies staff so nurses can be prepared before starting work. This ensures they are aware of the medication system and have an idea of the client group’s needs. It also ensures the skills required by the placement match those of the nurse.

When I applied to work for an agency, I had to provide an employment history back to secondary school, five years’ references, ID and documented evidence of all training within the last year, including safeguarding, first aid, moving and handling and understanding the Mental Health Act. No training record or attendance on courses provided by agency equals no work. I had to have an enhanced criminal record check. After a thorough interview, I had to answer clinical-based scenario questions set by a nurse.

I was extremely impressed with the support and supervision available to all nurses. This includes regular meetings and plenty of training.

This process made me realise that there are agencies that expect and demand high standards, employing only high-quality clinicians. Once I began working I quickly became aware that as an agency nurse you must be proficient, capable, experienced, have a full understanding of accountability and be an up-to-date clinician.

So, are agency nurses fit and proper? Absolutely.

The questions we should be asking are: are hospitals and nursing homes fit and proper to employ staff provided by agencies? What policies do they have in place for using agency staff? Are there proper handovers? Are care plans up to date? Are medication cards clearly written, with additional instructions on specifics, such as ways to approach certain clients? Are the out-of-hours contact details for management easy to find in an emergency?

Regular staff attitudes towards agency staff can vary: they can be seen as a hindrance, incompetent or lazy. The reality is they are competent clinicians, often with years of experience under their belts. They can also be a fresh pair of eyes, seeing issues that need addressing that have not been identified by regular staff.

Agency staff should be viewed as an extension of the team and given support by employers. Most importantly, regular staff and agency staff should work together to ensure high standards of care are delivered, regardless of employer.

Helen Goldsmith is clinical nurse lead, Local Care Force nursing agency, Leeds.

The desire to have a healthy limb amputated for no clinical reason seems bizarre. However, people have requested this intervention. The debate on page 18 looks at the ethical issues raised by a case in which a man asked to have a healthy limb amputated because he felt it was not part of his body.

The authors pose some interesting questions: Did the patient have the capacity to make this decision? Was the surgeon right to amputate his healthy limb, and should amputations of this sort be carried out by the NHS?

This article is one of an occasional series of ethical debates discussing pertinent nursing issues. The articles present the arguments “for” and “against” but leave readers to decide what they believe is the correct course of action. You can comment on this and previous debates at nursingtimes.net/amputate and nursingtimes.net/organtransplants.

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