

## **Guidance on the Recent Changes to the Royal College of Nursing's Nurse Indemnity Scheme**

In January 2012, the Royal College of Nursing (RCN) made changes to its nurse indemnity scheme. RCN members currently working in GP practices no longer receive indemnity as part of their membership benefits.

The GPC recently wrote to the three Medical Defence Organisations (MDOs) to ask them for their advice following the announcement from the RCN. The three MDOs have responded to these changes in slightly different ways and their responses have been summarised below.

### **GPs are advised to check their indemnity arrangements to ensure that work carried out by their practice nurses and all practice staff is appropriately covered.**

GPs should also note the following:

- The Nursing and Midwifery Council (NMC) advises that all registered nurses should have professional indemnity insurance and that while employers have vicarious liability cover 'it is the individual's responsibility to establish their insurance status and take appropriate action'.
- All nurses are advised to retain their membership of the RCN or similar organisation to support them in any non-indemnity issues, including claims made against them by the NMC.

#### Advice from the Medical and Dental Defence Union of Scotland (MDDUS)

- Nurses employed by members of MDDUS are vicariously indemnified by the GP's practice group cover.
- MDDUS "does not envisage a major change in the level of cover" for GPs following the RCN's changes. This will be reviewed periodically depending on any change in claim levels.

#### Advice from the Medical Defence Union (MDU)

- Doctors covered by MDU have vicarious indemnity for any nurse (in an extended role or not) in their practice.
- This provision does not protect nurses against whom specific claims of negligence are made, and as with the other MDOs, nurses are advised to take out their own indemnity cover.

#### Advice from the Medical Protection Society (MPS)

- GPs are advised to ensure that all the clinical staff employed by the practice have appropriate indemnity in place.
- MPS has developed a matrix of associate levels which rates clinical staff according to the tasks they undertake (associate levels 1-6). These can be accessed on the MPS website:  
([http://www.medicalprotection.org/adx.aspx/adxGetMedia.aspx?DocID=c3597de7-64ab-42f1-b7fc-b08f8e9fc4d6&MediaID=88dbe2e5-ecd5-4392-af36-843443c95d80&Filename=MPS1442+Practice+Xtra+Associate+tasks2\\_2012\\_WEBVERSION.pdf](http://www.medicalprotection.org/adx.aspx/adxGetMedia.aspx?DocID=c3597de7-64ab-42f1-b7fc-b08f8e9fc4d6&MediaID=88dbe2e5-ecd5-4392-af36-843443c95d80&Filename=MPS1442+Practice+Xtra+Associate+tasks2_2012_WEBVERSION.pdf)).

- Associate levels 1-3 – MPS is likely to assist GPs with claims arising from the work of this group of employees.
- Associate level 4-6 – MPS is unlikely to assist GPs with claims arising from the work of this group of employees as they are generally working autonomously. For this reason practices are strongly advised to ensure that appropriate indemnity arrangements for these employees are in place.
- Practice Xtra (the MPS GP group product) currently provides practices with free indemnity only memberships for associate levels up to and including 5 (subject to the Practice Xtra rules).

GPC  
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