

How the nursing and
midwifery council
protects and
maintains care
standards



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Introduction

The author aims to discuss the role of an adult nurse and the regulatory body Nursing and Midwifery council (NMC). NMC has been a statutory body since 2002. Nursing is profession regulated by the nursing and midwifery council NMC (2008). NMC was set up by parliament to safeguard the health and wellbeing of public by ensuring that nurses and midwives provide high standards of care to their patients. The author will also focus on the role of a regulatory body by maintaining a professional register, pre-registration, also monitoring standards for education and training. It shall also be the authors aim to demonstrate understanding of code of conduct and understanding of NMC code of conduct and how it can be applied to practice. The author will also highlight how NMC deals with allegations and misconducts, confidentiality and Reflective practice. The author will also focus on whistle blowing and advocacy

According to NMC (2015) the purpose of an Adult Nurse is to promote and maintain health, to care for people for people when their health is compromised, to assist recovery, facilitate independence, to meet needs and to improve and maintain a wellbeing quality of life (Kozier, 2008) Registered nurses are bound by NMC code, which sets out standard of behaviour and professional practice. Hinchcliff, Norman, Schober, 2008). Nurses are professionally accountable to the public, patients and their employer and their profession. They should therefore be able to provide rationale for their actions based on sound knowledge (Burnard and Chapman 1993). In addition, nurses are accountable to themselves in situation. According to (Pattisson and Wainwright 2010) one is that can present challenges for <https://assignbuster.com/how-nthe-nursing-and-midwifery-council-protects-and-maintains-care-standards/>

nurses is to accountability to conform to professional guidance with individual ethical and moral obligation to do what is felt to be right and also nurses must act in good personality even if they are in work or outside work and must adhere to the rules set by the code from the moment of registration onwards.

(Peate, 2012) states that The Nursing and Midwifery council (NMC) was set up by the parliament in the aspect of safeguarding the public by ensuring that nurses and midwives provide high standards of care to their patients. The Nurses are also accountable for their own action. The body set standards for education, practice and conduct suggesting ways it could be used to practice.

The code, published by the nursing and midwifery council (NMC, 2008) provides standards of performance and ethnics for nurse. This essay will identify the specific challenges that nurses with when adhering to the code of conduct. The NMC set standards in the code of conduct by monitoring and maintaining standards and register for all nurses and midwives who aim to study in the UK. Nurses should undergo PRE-REGISTRATION. The competence-based pre-registration nursing was introduced to address concerns about level of confidence and competence in skills of newly qualified nurses NMC (2010) In addition all nurses are required to meet NMC requirements when they qualify, and they must be fit to practice by maintaining knowledge and skills for the best interest of safeguarding and protecting the wellbeing of public All AElS and their partner practice learning provider are required to comply fully with these standards and requirements in all UK pre-registration nursing programmes. Required minimum for pre-<https://assignbuster.com/how-nthe-nursing-and-midwifery-council-protects-and-maintains-care-standards/>

registration nursing education programme is a degree-level registration it underpins the level of practice needed for the future and enables new nurses to work closely and effectively with other professionals. The programme cannot be less than 4600 hours. Entry to register is still subject to the individual meeting all proficiencies within the relevant education standards and completion of education programme. The AEI will still be responsible for confirming that the individual is fit and proper for admission to the register NMC (2010) Nurses are required to do an overall of 50 percent theory (2300 hours) and fifty percent practice (2300 hours).

The Nursing and Midwifery council has professional development domains in the standard of Pre- Registration Nursing NMC (2010). The four domains are professional value, communication and interpersonal skills, nursing practice and decision making, and leadership, management and team work respectively. It is essential to reflect upon skills knowledge and challenges faced in order to develop into expert nurses (Benner, 1984) NMC requires every nurse to reflect on their nursing care with their patients, families and other multi- disciplinary teams NMC (2015) Reflection is the progression through which you look at yourself and practice objectively it involves theoretical and analytical of your skills. Reflection allows growth and maturation as a professional. The NMC requires every nurse to reflect on their nursing care with the patients. Reflection is also how you prove the fruition to other like, tutors, students, mentors and other multi-disciplinary teams and the NMC. Reflecting from professional experiences rather than learning from formal teaching maybe the most important source of personal profession development and improvement (Jasper, 2003) The NMC also

established the new Revalidation Process (2015) which requires every qualified nurse to produce five reflective accounts and practice feedback or an event in their practice and how it reflects to NMC code NMC(2015) the revalidation has to be done every three years in order to keep nurses up to date with learning process through reflection. Reflection helps us to think about, plan and deliver high quality and safe care to our patients/service users (RCN). The key introduction of reflection was through the finding of Francis enquiry into failures of care at mid Staffordshire trust (Francis report , 2013) there was a lot of failings in nursing care hence reflection was introduced in order to sustain patient's safety NMC (2010).

According to NMC (2015) Nurses must respect a person's right to CONFIDENTIALITY in all aspects of their care. Patients should always be informed how their information is used and shared by those who will be providing care. Confidentiality is present when one person discloses information to another, whether through words or other means and the person to whom the information is disclosed pledges (implicitly or explicitly) not to divulge that information to a third party without confiders permission. (Beauchamp and Childless, 2009). Nurses are only obliged to disclose information if they believe the service user is at risk of harm

According to (Hocking and Tomlison, 2016) Safeguarding is everyone's business and nurses have professional duty as directed by NMC. Nurses should be able to protect the right of patients who are not able to protect themselves from harm or abuse. Vulnerable adults are kept as safe as possible and are involved in safeguarding decisions. Nurses are required to have a basic level of awareness (level 1 training) that addresses what abuse <https://assignbuster.com/how-nthe-nursing-and-midwifery-council-protects-and-maintains-care-standards/>

is. Practice nurses will also learn how to recognise signs and symptoms of abuse and also actions to take if they have concerns and where to report them. Nurses should be aware that abuse and neglect can happen anywhere in a person's home, hospital or any other environment. They should also know who to contact if there is a safeguarding concern. Good record keeping is also vital. The Human Rights Act (1998) is at the heart of safeguarding and is reflected in definition of abuse - " a violation of an individual's human and civil rights. However, the system sometimes get it wrong they cannot always get it right in reference to Baby P (2007) where the NHS and health professionals missed the opportunity to safeguard and save him. NHS was criticised by CQC for failing in the care given. CQC (2017) defines safeguarding as a way of protecting human rights, people's health and wellbeing. Nurses should then have a duty to make sure service user are not being harmed in any form or shape of way and making the feel safe and free from harm and neglect.

Nurses play a big role in safeguarding and looking out for vulnerable people by providing advocacy. According to NHS choices (2015) an advocacy is someone who speaks up for you when you find it hard to speak up and understand, they act as a spokesperson. an advocacy is someone a service user can trust and are able to help make decisions and support you in care and support planning and also in safeguarding reviews. As an advocate you are able to access patient's information and also write letters on their behalf. Advocates are independent of social services and the NHS. A paid carer cannot act as an advocate. RCNi (2015) Nurses must always remember there 6c's which are care, compassionate, communication, courage,

competence and commitment these helps with promoting and protecting the wellbeing of service users and the public.

NMC (2017) stated about whistleblowing. Whistleblowing is when a worker including a student nurse, or student midwife raise a concern about wrong doing in the public interest. The Public Interest Disclosure Act 1998 was introduced to protect whistle blowers from victimisation. The law set out several criteria that must be met for raising concerns to qualify as whistleblowing. However not all institutions have responded appropriately to concerns raised by employers. Rather than addressing concerns the employers have turned on the whistle-blowers or even dismissed them.

According to NMC (2018) misconduct is when a clinical practice becomes serious professional misconduct. If nurse fall short of the code what they did or failed to do maybe serious professional misconduct. The failings will have to be investigated and action taken if that's the case. Because fitness to practice is about keeping people safe rather than punishing nurses, for past mistakes, one of clinical incidents won't be considered as serious professional misconduct. However, some concerns about patient's harm will be serious harm so they can't be remedied and will need to take action to protect the public. (Barker, 2014) states the NMC investigates allegations about misconduct- behaviour that falls short of what is expected of a nurse. Lack of competence -lack of knowledge, skills or judgement that means practitioner is unfit to practise. Character issues- usually some form of criminal behaviour. The sanctions available to the conduct and competence committee in the event of a finding against the registrant include Caution

order (1-5 years), Suspension order Condition of practice order and finally Striking off order.

Conclusion

In conclusion the NMC and all professional teams have one goal which is to protect and provide a consistent and high-quality service to patients and the public. Nurses should always keep their skills and knowledge up to date so that they can maintain professional standards. The NMC provide guidance and regulates nurses but it's up to every individual profession to put it into practice. Nurses should therefore stick to the guidelines of their code of conduct at all times.

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