



RCN Policy and International Department
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Draft revised NMC Code and proposed approach to revalidation

Briefing on the part two of the Nursing and Midwifery
Council's consultation on revalidation and a new Code

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Introduction

The Nursing and Midwifery Council (NMC) has publicly committed to begin rolling out revalidation for nurses and midwives from December 2015; and the organisation is currently engaging with registrants and the public about how revalidation will work.

Following a first public consultation on the NMC's proposed plans for revalidation earlier in 2014, the NMC is now consulting for a second time¹. This consultation focuses on a revised draft NMC Code; and the key themes raised in the first round of consultation, namely third party confirmation, the use of feedback and reflection, continuing professional development and practice hours.

The NMC Code

The NMC Code is the key document underpinning the professional regulation of all nurses and midwives. It sets out the standards of conduct, performance and ethics which members of the nursing profession must adhere to and uphold, in order to remain on the NMC register.

The revalidation process will require each nurse and midwife to periodically demonstrate that they continue to meet the principles set out in the Code, and therefore remain fit to practise.

Background

The critical importance of effective professional regulation was one of the key themes in the final report and recommendations published by Sir Robert Francis following his inquiry into the care failings which took place in Mid Staffordshire NHS Trust².

Alongside the recruitment, education and training of nursing professionals, issues such as continued professional development and fitness to remain on the register, effectiveness of raising concerns and whistle blowing, and even the visibility of the nursing regulator, are of direct relevance to the work being carried out now by the NMC on revalidation and the revision of the Code.

The RCN provided a detailed response to the first stage of the consultation on revalidation³ in March 2014. This response was based on extensive engagement with our members, including through a survey which over 9,500 RCN members responded to.

¹ <http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code/>

² <http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

³ <http://www.rcn.org.uk/support/consultations/responses/revalidation>

RCN view

The RCN has been unequivocal in our support for the establishment of a proportionate, effective system of revalidation. We believe that revalidation will help protect the safety of patients and promote professionalism amongst nurses. However, the RCN has expressed significant concerns about some elements of the NMC's current proposals.

As set out comprehensively in our response to part one of the consultation process, we believe there are significant practical and ideological problems associated with the use of employer appraisal for the purpose of third party confirmation.

The revised draft Code is substantially more detailed and lengthy than the current, existing Code. The RCN will be looking carefully at key issues such as whether the proposed draft strikes the right balance between high level requirements and useful detail; new paragraphs on social media; paragraphs on accountability; and paragraphs on declarations in relation to cautions and convictions.

Responding to the consultation

The deadline for responding to the NMC is Monday 11 August 2014. For more information about revalidation and the draft revised code, or to take part in the online consultation, please visit the NMC website:

<http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code/>

The RCN will be responding in full to this consultation. You can provide feedback and comments to the RCN policy team by contacting Alex Callaghan at alexandra.callaghan@rcn.org.uk

The new draft NMC Code

The NMC Code has been revised and expanded, with both new thematic content and additional detail on existing themes. The NMC Code currently contains 64 substantive paragraphs and the new draft contains 115 individual points.

The NMC's consultation invites general comments on the **language and tone** of the proposed new Code, as well as **how easy it is to understand and to apply** in the variety of roles and settings in which nurses and midwives work.

The following section of this briefing provides detail about the significant alterations and additions the NMC is proposing to make to the Code.

New section on patient and public expectations

The proposed draft Code contains a new substantive first section entitled 'patient and public expectations'. It details expectations others may have of nurses in relation to putting the interests of people in your care first; communication and collaboration; treatment, assessment and evaluation; teamwork; raising concerns and handling complaints; and professionalism.

New paragraph on the duty of candour in professional accountability

Paragraph 4: "you must exercise your professional duty of candour and give a constructive and honest response to anyone who complains about the care they have received, including an apology where appropriate."

New paragraphs on the fundamentals of care

Paragraph 25: "you must assess and respond to the physical, social and psychological needs of people in your care, paying special attention to changing health needs during different stages (including those who are dying or in the last days of life) and signs of normal or deteriorating mental and physical health."

Paragraph 26: "you must ensure that those for whom you are responsible have adequate access to nutrition and hydration, providing assistance to those who are unable to feed themselves or drink liquids unaided where appropriate."

Paragraph 27: "you must ensure that the fundamentals of basic care are adhered to and delivered effectively and compassionately, ensuring that those in your care are kept in clean and hygienic conditions, and are physically handled and moved appropriately."

Amended and expanded section on maintaining clear professional and sexual boundaries

Paragraph 41: "you must refuse any loans from anyone in your care or anyone close to them."

Paragraph 42: "you must maintain clear professional boundaries (including sexual, personal and emotional boundaries) at all times with people in your care, their families and carers. (This requirement would not apply in circumstances where you need to administer emergency care or treatment to an individual with whom you already have a personal or familiar relationship.)"

Paragraph 43: "you must end the professional relationship with a person in your care when it becomes clear that the bond of trust that should exist between you and the person in your care has permanently broken down to the extent that it is no longer possible for you to administer good and safe clinical care to them."

New paragraph on delegation

Paragraph 56: “you must remain accountable for all tasks you delegate to other people.”

New paragraphs on prescribing and medicines management

Paragraph 59: “you must only prescribe, dispense and administer medicines within the limits of your training and competence, the law, our guidance and that of your employer and other regulations.”

Paragraph 60: “in delivering care you must prescribe medicines or treatment, including repeat prescriptions only when you have adequate knowledge of the patient’s health and are satisfied that the medicines or treatment serve the patient’s needs.”

Paragraph 61: “in delivering care you must check that the care or treatment you prescribe for each patient is compatible with any other care the patient is receiving, including (where possible) self-prescribed over-the-counter medicines.”

Paragraph 62: “you must comply with appropriate guidance when recording the prescribing, dispensing or administration of controlled drugs”.

Amended paragraphs on raising concerns

The former section entitled ‘managing risk’ has been replaced with a new and expanded section explicitly referring ‘whistleblowing’.

Paragraph 63: “you must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk or working in breach of the Code.”

Paragraph 64: “you must not obstruct, intimidate or in any way hinder a colleague, person you care for or member of the public who wishes to raise a concern.”

Paragraph 65: “you must inform someone in authority if you experience problems that prevent you working within the Code or other national standards, taking appropriate action to address the causes of concern if it is within your remit to do so once you become aware of them.”

Paragraph 66: “you must raise concerns if you believe a person in your care is vulnerable or at risk and in need of extra support and protection, taking all reasonable steps to protect them from neglect or abuse.”

Paragraph 67: “those with managerial responsibilities must ensure that those they are responsible for are protected from any harm, detriment or unwarranted treatment following the raising of a concern and that concerns are escalated promptly and appropriately.”

New paragraph on when to take emergency action

Paragraph 71: “you must only take emergency action within the limits of your knowledge and skills”.

New paragraphs on skills and knowledge

Paragraph 76: “you must undertake revalidation in line with the requirements of our revalidation process, fulfilling these requirements and adhering to any reasonable requests made by those responsible for overseeing the process in line with our guidance.”

Paragraph 77: “you must, when requested and where appropriate, provide honest, accurate and constructive feedback to colleagues and fulfil any relevant confirmation duties for revalidation purposes. This includes confirming the fitness to practise of other registered nurses and midwives against the requirements of the Code where appropriate.”

Paragraph 78: “you must cooperate with any audits of training records, registration records or other relevant audits that we may wish to carry out to ensure you remain fit to practise.”

Paragraph 79: “you must ensure that you have the knowledge and skills for safe and effective practice when working without direct supervision.”

Paragraph 81: “you must seek assistance from a suitably qualified and experienced healthcare professional if you require it to carry out a task that is beyond the limits of your competence.”

Paragraph 82: “you must raise your concerns if you are repeatedly being asked to carry out tasks that are clearly beyond your remit, experience and training and without sufficient supervision and coaching being provided to enable you to carry out the task safely.”

Amended and expanded section on being open honest and acting with integrity

Paragraph 92: “you must act with honesty and integrity at all times.”

Paragraph 94: “you must ensure that you do not express your personal beliefs (including political, religious or moral beliefs) to people in a way that may exploit their vulnerability or cause them upset or distress.”

Paragraph 95: “you must adhere to the laws of the country in which you are practising.”

Paragraph 96: “you must inform us and any employers you work for at the first reasonable opportunity if you are or have in the past been cautioned or charged, or have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction).

New section on social networking

Paragraph 114: “you must ensure that you use social networking sites and other forms of electronic communication responsibly and in line with our guidance, in particular by not referring to employers, colleagues or past or current people you have cared for.”

Questions on the proposed revalidation model

Following the first part of the consultation earlier in 2014, the NMC has also published further information about the detail of the proposed revalidation model.

The NMC is proposing that revalidation take the form of self-declaration by individual registrants that they remain fit to practise. Registrants must also declare that they have received confirmation that their declaration of fitness to practise is reliable; have obtained third party feedback, which they have reflected upon; and have met the requirements for minimum hours of practice and continuing professional development (CPD).

The consultation seeks feedback on the following themes:

Third party confirmation

The NMC describe this element of revalidation as third party ‘checking’ in order to maintain public confidence in the system. A person carrying out the role of confirmer must meet two requirements: they must oversee the practise of the registrant, for example, as an employer, manager or supervisor; and they must currently be a UK registered nurse or midwife.

The NMC recognises that there are some groups of nurses for whom it will not be possible to find one other person to fulfil the confirmation role (for example those working independently, in very senior roles, etc.). In these situations, it is proposed that the registrant can provide confirmation from two people, as long as each person can meet one of the criteria required. For example, a nurse working with a manager who is not an NMC registrant can seek confirmation from both that manager and a peer registrant.

The consultation seeks feedback on who is an appropriate person (or persons) to provide the third party confirmation that a nurse or midwife is fit to practise.

Use of feedback

An important part of revalidation will be seeking and reflecting on feedback in order to improve practice. Nurses will be expected to provide the NMC with evidence that they have reflected on

feedback, rather than evidence of the feedback itself. It is proposed that each nurse should be required to provide a minimum of five reflective accounts over a three year period.

Continuing professional development

It is proposed that every nurse must complete 40 hours of CPD over a three year period; and that at least 20 hours of this must be 'participatory' meaning that the CPD must involve learning and/or interaction with other people.

The CPD activity must also be linked to the NMC Code and the outcome must contribute to keeping the registrant up to date within the scope of their practise.

In the consultation, the NMC seeks feedback on whether this is the right approach to measuring CPD; whether 40 hours is the right number; and the principle of directly linking CPD to the NMC Code.

Practice hours

Every nurse or midwife must undertake 450 practice hours over three years; and a registrant who is both a nurse and a midwife must undertake 900 practice hours. For those nurses on the SCPHN part of register, SCPHN practice hours will count towards the required hours to maintain registration as a nurse or midwife.

The consultation seeks feedback on whether or not there is agreement with this approach.

RCN contact

Please contact Alex Callaghan, in the RCN policy and international department, for further information or to provide feedback, at alexandra.callaghan@rcn.org.uk