



Just about to graduate

What you need to know

0345 772 6100
www.rcn.org.uk/students



A world without boundaries...

On the day you join the register, you enter a world without boundaries. Your nursing qualification can take you many places, working with the young or the old, with the well and the dying, with individuals or whole communities, in hospitals or schools, in the NHS or independent sector, etc.

The RCN is here to help and support you during this time and in this booklet you will find some key information you will need as you are approaching registration. Our aim is to support you in your professional career and we welcome you to become part of our nursing voice.

The RCN

How to get on the NMC register



Now that you've finished your nurse training, done all your practice placements and written all your essays, you probably just want to get on with being a nurse.

There are a few more hoops to jump through, however, not least registering with the NMC. If you're not registered, you're not a nurse – and remember that it is an offence to falsely represent yourself as being on the register.

If you have recently qualified as a nurse in the UK, you can register with the NMC by completing an application form and paying the subscription fee. You'll be sent an application pack once the NMC has received your course completion details from the higher education institute (HEI) where you were a nursing student. The HEI will also send the NMC a declaration of your good health and good character.

Things can go wrong if your HEI and the NMC end up with different details for you – your postal address, for example – so make sure that both have the same information.

Your application pack will usually take seven to ten days to reach you by post and the NMC says that when you complete the application important things to check include:

- **your student PIN is entered correctly**
- **your course details are entered correctly**
- **you've stated clearly which part of the register you are applying for.**

Once the NMC has received all your details and payment has been received, it will complete your registration within two to ten working days. You'll receive a statement of entry seven to ten days after you are registered.

You can also register with the NMC online at www.nmc.org.uk

Important information

Every year, you will need to make a payment to remain on the NMC register. You must pay your annual fee before your retention date or your registration will lapse and you will automatically be removed from the register. It is therefore vital you know when this date is. It will correspond with the month your application was submitted, so please check this. You will also receive emails from the NMC reminding you of your renewal. Please ensure these emails are not going into your spam and keep the NMC updated with your email address.

Preceptorship

What is preceptorship?

A period of quality preceptorship with a skilled mentor for several months at the start of your career can help you get off to the best possible start, enabling you to develop your confidence, skills and professionalism.

To some degree your learning starts here – your employer and your colleagues should not expect you to emerge from your training as the complete, fully rounded nursing package. What you need to develop now is the necessary insight, knowledge and experience that will help you to become a confident and innovative practitioner. At present, however, employers are not required to offer preceptorship to new registrants – the NMC has only “strongly recommended” it – but you might want to treat with caution any potential employer whose preceptorship arrangements are ambiguous or vague. The RCN has noted particular issues with preceptorship in community settings, exacerbated by the lone working aspect of many community nursing roles. The importance of preceptorship is also recognised in the Shape of Caring review report *Raising the bar* (2015).

The RCN believe that in order to ensure a smoother transition into the profession, a preceptorship period, or a Newly

Registered Nurse (NRN) period is essential. We recognise that any such period would ideally be clearly defined through a national framework or standards set.

So whether your first post as a registered nurse is to be hospital-based or in the community, within the NHS or beyond, preceptorship is a good topic to raise at a job interview.

Each of the four UK countries has undertaken work to help put into practice the NMC's recommendations on preceptorship. For example, in 2010 the DH in England published a preceptorship framework and NHS Education for Scotland updated in 2013 the NES National Approach to Mentor Preparation in Scotland. For you, the newly registered practitioner, it can:

- improve confidence
- increase job satisfaction
- offer a sense of being valued and respected by your employing organisation
- build a commitment to the organisation's corporate strategy and objectives.

For your employer, preceptorship enhances the quality of patient care, improves recruitment and retention of staff, boosts staff morale, and reduces the risk of complaints. All of the above may be useful arguments if your employer is proving slow to assign you a mentor. So what should

Preceptorship

you look for in an effective mentor? The RCN Library has an online subject guides on mentorship www.rcn.org.uk/library/subject-guides/mentorship

Helping students get the best from their practice placements provides details of

the importance of the role of the mentor and the quality of the mentorship offered in the practice environment

www.rcn.org.uk/professional-development/publications/pub-006035

England:

HEE has developed a multidisciplinary preceptorship toolkit, which provides working examples of best practice techniques.

See the following links for details:

www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff

www.hee.nhs.uk/sites/default/files/documents/DoH%20Preceptorship%20Framework%20for%20newly%20registered%20nurses%20midwives%20and%20allied%20health%20professionals%202010.PDF

Scotland:

Flying Start NHS® is the national development programme in NHS Scotland <https://learn.nes.nhs.scot/735/flying-start-nhs>

Northern Ireland:

The Northern Ireland Practice and Education Council for Nursing and Midwifery has a microsite dedicated to preceptorship

www.nipec.hscni.net/resource-section/preceptorship

Wales:

There is a published document called the Core Principles for Preceptorship. See

www.weds.wales.nhs.uk/aligning-nursing-skills-guidelines for further information.

Accountability and delegation

Take accountability seriously to protect the public

You and your colleagues will need to hold one another to account. As a registered nurse you make an assessment of the patient and act on that assessment.

Accountability: you and the law

Health service providers are accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. Registered practitioners are also accountable to regulatory bodies in terms of standards of practice and patient care (RCN et al., 2006).

The law imposes a duty of care on practitioners, whether they are HCAs, APs, students, registered nurses, doctors or others, when it is “reasonably foreseeable” that they might cause harm to patients through their actions or their failure to act (Cox, 2010).

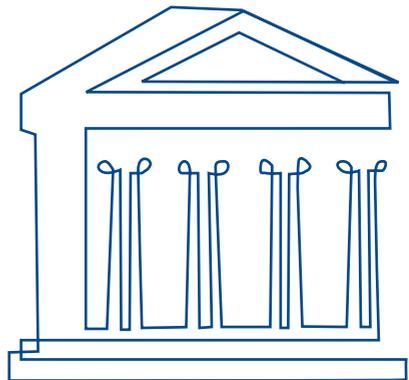
The duty of care applies whenever there is an opportunity for harm to occur. Once a duty of care applies, the key question to

ask is: what standard of care is expected of practitioners performing particular roles?

All practitioners must ensure that they perform competently. They must also inform another when they are unable to perform competently.

In order for anyone to be accountable they must:

- have the ability (knowledge and skills) to perform the activity or intervention
- accept the responsibility for doing the activity
- have the authority to perform the activity within their role, through delegation and the policies and protocols of the organisation.



Accountability and delegation

Delegation

Registered nurses have a duty of care and a legal liability with regard to the patient. If they have delegated an activity they must ensure that it has been appropriately delegated.

The Nursing and Midwifery Council's Code (NMC, 2015) states in section 11 entitled 'Practice effectively' that registrants must:

Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and confirm that the outcome of any task you have delegated to someone else meets the required standard.

Delegation of duties is summarised in this statement from NHS Wales (NLIAH, 2010):

"Delegation is the process by which you (the delegator) allocate clinical or non-clinical treatment or care to a competent person (the delegatee). You will remain responsible for the overall management of the service user, and accountable for your decision to delegate. You will not be accountable for the decisions and actions of the delegatee".

Enabling professionalism in nursing and midwifery practice describes and demonstrates what professionalism looks like in everyday practice through the application of the Code.

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/enabling-professionalism.pdf>

Accountability and delegation

Delegation checklist

Are you delegating an activity? Ask yourself the following questions.

Delegation must take into account the context of every situation rather than focusing on activities alone.

- Is delegation in the best interests of the patient?
- Is there a nursing plan of care? Nothing should be delegated without an appropriate plan of care that has been discussed with the service user.
- Have you considered the clinical risk involved in delegating?
- Do you have authority to delegate the work and the appropriate clinical knowledge?

- Does the person you are delegating to have the skills and knowledge required to undertake the activity, including communication and interpersonal skills, as well as clinical competence?
- Do they have the capacity to take on additional work?
 - Can you provide support and supervision and check that the outcome of the delegation meets the required standard?

Have you answered yes to all of these questions? If so, then delegation is appropriate. If not, you must not delegate the activity as it would not be appropriate or in the best interests of the patient. If there is a need for additional training and development, consider when and how this need may be addressed.

Visit: www.rcn.org.uk/professional-development/accountability-and-delegation for further information

Delegation must take into account the context of every situation rather than focusing on activities alone

The NMC Code of conduct

All registered nurses must follow the Nursing and Midwifery Council (NMC) Code of conduct at all times, and other members of the team should also use it to guide their practice. The Code (2015) presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.

It reflects the world in which we live and work today, and changing roles and expectations of nurses and midwives. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. Developed in collaboration with many who care about good nursing and midwifery, the Code can be used by nurses and midwives as a way of reinforcing their professionalism. Failure to comply with the Code may bring their fitness to practise into question.

A key addition to the Code is: 20.10 use all forms of spoken, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of others at all times.

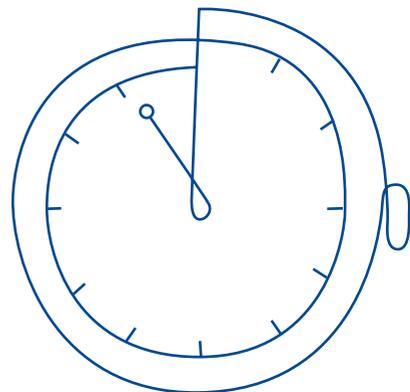
To familiarise yourself with the Code, visit:

www.nmc.org.uk/code

Time for reflection

You need to take some time to look at what you have achieved and where you are going and the only way to do that is to reflect. You need to take time to think about how you are progressing, make sure you learn from new experiences and be more invested in yourself than you have ever been. By making the time to routinely reflect, this will serve you all your working life.

Take time to reflect on your practice - link everything you do back to the four themes of the Code.



Revalidation: What you need to know

The Nursing and Midwifery Council (NMC) introduced revalidation in April 2016 for all staff registered with the NMC. As a newly registered nurse this won't affect you just yet but you should be aware that you will have to renew three years after your registration. It is important to note that you will need to pay your annual fee to the NMC to maintain your name on the register. This will be due on the anniversary of your first registration each year.

What is revalidation?

Revalidation is the method by which you will renew your registration every three years. It is the way in which nurses and midwives demonstrate to the NMC that they continue to practice safely and effectively, and can remain on the register. In order to revalidate, every nurse and midwife will have to declare to the NMC that they are meeting the standards of the NMC Code, have met the revalidation requirements and received confirmation from a third party that this is true. Furthermore, evidence which shows how the requirements have been achieved is needed.

The NMC Code is available on the NMC website: www.nmc.org.uk/code

You can also read up on revalidation on the NMC website: revalidation.nmc.org.uk

What will this mean for you?

Revalidation is a continual process and your whole three year period is counted toward the evidence you provide. So it is a good idea to start collecting evidence as you go along and do not leave it until a few months before. Three years after you register with the NMC, you will need to show you comply with the revalidation requirements in order to renew your registration. Applications for revalidation must be completed through the NMC online.

How will we support you?

The RCN is here to support nurses and midwives with revalidation. We have extensive resources on our revalidation web pages to give you as much information as possible about the process and the requirements.

Many of you will already have a portfolio from your current studies. You need to decide how you are going to collect and store your evidence of your continuing professional development and keep it up to date in preparation for revalidation.

Visit: www.rcn.org.uk/library/subject-guides/revalidation-subject-guide and www.rcn.org.uk/professional-development/revalidation for further information.

Professional indemnity



As part of changes introduced in late 2013, when you first apply for registration with the NMC, and every time you undergo revalidation in the future, you will be asked to complete a declaration to confirm that you have in place, or will have in place when you practise, appropriate indemnity arrangements. The aim is to make sure that where a patient suffers harm through the negligent action of a nurse or midwife, the patient will be able to recover any compensation that is due.

Previously, professional indemnity was only recommended in the NMC Code, but new legislation makes it a requirement so you can't afford to ignore it. However, it is likely that you are covered:

- **through your employer if you already have a job lined up**
- **directly from a commercial provider**
- **as part of your membership of the RCN**
- **as a combination of the above.**

For employed members, personal cover is not generally needed for work undertaken as part of your contract of employment - because your employer is liable and will have cover for you.

If you have any queries about indemnity, please contact:

RCN Direct 0345 772 6100

Where indemnity is required, the RCN provides up to £3 million cover for members

Campaigns

The RCN runs a range of campaigns that promote nursing, champion high quality care, and fight against harmful cuts to health care.

As a student member you can get involved in RCN campaigns and help us to promote nursing, champion great patient care, and shape the future of the profession you're about to join.

Through our *Close the Gap* campaign we are calling on the governments of the UK to show they value nursing staff and give nurses a fair, above inflation pay award.

Through our *Proud* campaign we celebrate diversity and champion members' rights at Pride events across the UK.

And our *Healthy Workplace, Healthy You* campaign helps members stay healthy at work.

Adding your voice to RCN campaigns makes them stronger and can help you grow as a leader too.

Getting involved can be as simple as writing to your MP, completing a survey or sharing a film with friends and colleagues – and it will make a difference.

You can find out more by following us on Twitter **@theRCN**, on Facebook **www.facebook.com/royalcollegeofnursing** and on Instagram **@theRCN**.



Close
the gap



proud

RCN championing equality and diversity
www.rcn.org.uk/proud



Finding your feet

If you are planning on working in the **NHS in England**, it is important that you familiarise yourself with the *Leading Change, Adding Value* (NHS England, 2016) framework for all nursing, midwifery and care staff, wherever they work and whatever role they might have. It builds upon *Compassion in Practice* (DH, 2012) and is directly aligned with the *Five Year Forward View* (DH, 2014) and its vision to integrate health and social care services, improve the adoption of preventative measures and narrow three gaps in:

- Health and wellbeing: A greater focus on prevention is needed to enable health improvements to continue and to counter pressure on services
- Care and quality: Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety
- Funding and efficiency: Without efficiencies, a shortage of resources will hinder care services and progress

If you are planning on working in the **NHS in Wales**, it is advisable that you familiarise yourself with Welsh Government strategies. The following link will act as a gateway for a better understanding of the context and direction of health and social care in Wales <https://beta.gov.wales/review-health-and-social-care?lang=en>

It would also be beneficial for you to be aware of the Post Registration Career Framework for Nurses in Wales <http://gov.wales/topics/health/professionals/nursing/professional/?lang=en>

If you are planning on working in the health and social care (HSC) sector or the independent sector in **Northern Ireland**, it is important that you familiarise yourself with the current Northern Ireland government strategies.

development of a framework to determine staffing ranges for the nursing and midwifery workforce in a range of major specialties.

The strategic direction for health is contained in the Health Ministers vision *Health and Wellbeing 2026 Delivering Together*.

The Northern Ireland Practice and Education Council (NIPEC) www.nipec.hscni.net also have a number of very useful microsites which give information on a range of professional tools and resources including:

Delivering Care: Nurse Staffing in Northern Ireland is a policy framework that aims to support the provision of high quality care which is safe and effective in hospital and community settings, through the

Career progression and development www.nursingandmidwiferycareersni.hscni.net

Preceptorship www.nipec.hscni.net/resource-section/preceptorship

If you are planning to work in Scotland

If you are planning to work in Scotland, there are a few key national health policies it is important for you to be familiar with.

In 2010 the Scottish Government published *The Healthcare Quality Strategy for NHS Scotland* that aimed to establish a shared understanding of quality and a commitment to placing it at the heart of healthcare in Scotland. The Quality Strategy set out the important principles of safe, effective and person-centred care. Since then, the Government has produced a number of other key documents intended to transform services and embed the Quality Strategy. These include *A National Clinical Strategy for Scotland* (2016) and the *2020 Vision* (2011).

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a health care system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions

- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

The Public Bodies Joint Working (Scotland) Act 2014 came into force in April 2016 to integrate the planning and delivery of health and social care. Integration aims to improve the health and wellbeing of people using health and care support and services in Scotland, and to make sure that those working in health and social care are equipped to make best use of their collective skills and resources to improve outcomes for individuals. New integration authorities have been established between health boards and local authorities to commission and oversee the commissioning and delivery of health and social care services in each partnership area. They have control of an integrated budget. Integration covers adult social care, adult community health care and some aspects of adult hospital care.

Health boards and local authorities decide locally whether to include children's health and social care services. Services must be planned and provided in a way that takes into account the principles of integration set out in the legislation and meets a suite of National Health and Wellbeing Outcomes.

Principles of Nursing Practice

The Principles of Nursing Practice are used by the RCN to describe what everyone can expect from nursing:

Principle A

Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.

Principle B

Nurses and nursing staff take responsibility for the care they provide and answer for their own judgments and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.

Principle C

Nurses and nursing staff manage risk, are vigilant about risk, and help to keep everyone safe in the places they receive health care.

Principle D

Nurses and nursing staff provide and promote care that puts people at the centre, involves patients, service users, their families and their carers in decisions and helps them make informed choices about their treatment and care.

Principle E

Nurses and nursing staff are at the heart of the communication process: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.

Principle F

Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.

Principle G

Nurses and nursing staff work closely with their own team and with other professionals, making sure patients' care and treatment is co-ordinated, is of a high standard and has the best possible outcome.

Principle H

Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.

For more information:

www.rcn.org.uk/professional-development/principles-of-nursing-practice

The 6Cs (England only):

Care, Compassion, Competence, Communication, Courage and Commitment are mapped against these principles.

www.healthcareers.nhs.uk/about/working-health/6cs

Patient safety and human factors

As you are approaching your first job it would be beneficial to consider how human factors can impact on patient safety. An example is the case of Martin Bromiley who in the film *Just a routine operation* discusses his personal experience of health care in the treatment of his wife's routine operation.

The film of this case study is available at: <http://chfg.org/learning-resources/just-a-routine-operation-teaching-video/>

This case study shows the importance of interprofessional teamwork, communication and listening.

Case study: Elaine Bromiley

Elaine Bromiley was a fit and healthy young woman who was admitted to hospital for routine sinus surgery. During the anaesthetic she experienced breathing problems and the anaesthetist was unable to insert a device to secure her airway. After 10 minutes it was a situation of 'can't intubate, can't ventilate'; a recognised anaesthetic emergency for which guidelines exist.

For a further 15 minutes, three highly experienced consultants made numerous unsuccessful attempts to secure Elaine's airway and she suffered prolonged periods with dangerously low levels of oxygen in her bloodstream. Early on nurses informed the team that they had brought emergency equipment to the room and booked a bed in intensive care but neither were utilised.

35 minutes after the start of the anaesthetic it was decided that Elaine should be allowed to wake up naturally and was transferred to the recovery unit. When she failed to wake up she was then transferred to the intensive care unit. Elaine never regained consciousness and after 13 days the decision was made to withdraw the life support.



Patient safety and human factors

On the surface this could appear to be a tragic but unavoidable event resulting from an unexpected but recognised complication of anaesthesia. However, the outcome could have been quite different if human factors had been taken into account by everyone involved in the organisation. It is important to note that every member of the team treating Elaine was experienced and technically highly competent and yet the series of events and actions still resulted in her death. A detailed investigation highlighted some of the factors below.

- **Loss of situational awareness** – the stress of the situation meant that the consultants involved became highly focused on repeated attempts to insert the breathing tube. As a result of this they lost sight of the bigger picture, ie, how long these attempts had been taking. This ‘tunnel vision’ meant they had no sense of time passing or the severity of the situation.
- **Perception and cognition** - actions were not in line with the emergency protocol. In the pressure of the moment many options were being considered but they were not necessarily the options that made the most sense in hindsight.
- **Teamwork** – there was no clear leader. The consultants in the room were all providing help and support but no one person was seen to be in charge

throughout. This led to a breakdown in the decision making process and communication between the three consultants.

- **Culture** – Nurses who sensed the urgency early on brought the emergency kit to the room, and then alerted the intensive care unit. They stated that these were available but did not raise their concerns aloud when they were not utilised. Other nurses who were aware of what was happening did not know how to broach the subject. The hierarchy of the team made assertiveness difficult despite the severity of the situation.

To find out more visit:

<http://chfg.org/learning-resources/>

Further resources about human factors/non-technical skills

The RCN has a public facing online resource about patient safety on its website that will highlight RCN programmes of work, relevant reports and strategies from the four countries and internationally.

Please go to: www.rcn.org.uk/clinical-topics/patient-safety-and-human-factors

Raising concerns

Look at your employer's policy on raising concerns and make sure you know what the process is.

Raising and responding to concerns is something that we should all comfortably be able to do but we know that being able to speak out is not always as easy as it sounds. The RCN has developed a guide to make it easier for you to assess whether a situation you've witnessed or experienced should be raised as a concern, and to support you through the process of reporting it if you do have reason to believe it was an act of wrongdoing or misconduct.

The resource answers the questions you might have about raising a concern including confidentiality; the support you will receive and how raised concerns are dealt with. There is also advice for managers on what to do if they have been approached about a concern.

Information is available at:

www.rcn.org.uk/raisingconcerns

You are also encouraged to call RCN Direct on 0345 772 6100 or speak to your local rep for advice about raising concerns.

The NMC has produced its own guidance on raising concerns, including a training toolkit. Please see **www.nmc-uk.org** and search for 'raising concerns'.

You have the right to be protected.

What is happening in the wider NHS?

You may find it useful to take a look at the following areas/resources:

The Berwick report

www.gov.uk/government/publications

The Francis report

www.midstaffspublicinquiry.com

Shape of Caring review, Raising the Bar

www.hee.nhs.uk/sites/default/files/documents/Shape-of-caring-review-FINAL.pdf

Future year forward: setting out the vision for the future of the NHS

www.england.nhs.uk

The Health Foundation

www.health.org.uk

The King's Fund

www.kingsfund.org.uk

Royal College of Nursing

www.rcn.org.uk

Nursing and Midwifery Council

www.nmc-uk.org.uk

Early Warning Score Tool

www.rcplondon.ac.uk/resources/national-early-warning-score-news

Nursing associates

The role of nursing associate is currently being trialled in England. At present, the role sits alongside existing nursing care support workers and fully-qualified registered nurses in both health and social care. It will be a role in itself and subject to regulation. This may offer an opportunity for a career in nursing by enabling candidates to progress their training and become a registered nurse. <https://hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing>

Nursing degree apprenticeships

The nursing degree apprenticeship has been approved for delivery commencing 2017. They will offer flexible routes to becoming a nurse that won't require full-time study at university - although nursing degree apprentices will still need to undertake academic study at degree level and meet the standards laid down by the NMC. www.gov.uk/government/publications/nursing-degree-apprenticeships-factsheet/nursing-degree-apprenticeship-factsheet

The RCN represents nurses and nursing,
promotes excellence in practice and
shapes health policies.



Royal College
of Nursing

The Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

www.rcn.org.uk
RCN Direct 0345 772 6100

December 2017
Publication code: 006 565