

activity

Do you think registration is important in relation to professional standards?

What, in your view, would be the consequences of not having a professional register?

What does it mean to be a registered nurse?

The UKCC sets standards for:

- Education
- Registration
- Continuing professional development and post-registration education and practice (PREP)
- Conduct.

In order to be registered and maintain registration, these standards must be met. Being a registered nurse carries with it a range of responsibilities; registered nurses must know and understand the *Code of Professional Conduct* (UKCC, 1992a) and *The Scope of Professional Practice* (UKCC, 1992b), and apply the principles contained in these documents to every part of their daily professional practice. (These issues are explored further later in this Section.)

To remain on the register, nurses need to practise for at least 100 working days or 750 hours (or 100 working sessions in a specific area of practice, such as family planning) during any five-year period. Nurses who do not fulfil this minimum requirement are considered to have had a break in practice and need to re-apply for registration. Before they can do this they must complete a Return to Practice programme which has been approved by their national board.

Nursing competence

To achieve registration a nurse must meet a number of specific nursing competencies. These are set out in Rule 18A (2) of the Nurses, Midwives and Health Visitors Rules Approval Order (1989):

'Rule 18A (2): The Common Foundation Programme and the Branch Programme shall be designed to prepare the student to assume the responsibilities and accountability that registration confers, and to prepare the nursing student to apply knowledge and skills to meet the nursing need of individuals and of groups in health and sickness in the area of practice of the Branch Programme and shall include enabling the student to achieve the following outcomes:



(a) the identification of the social and health implications of pregnancy and child bearing, physical and mental handicap, disease, disability or ageing for the individual, her or his friends, family and community;

(b) the recognition of common factors which contribute to, and those which adversely affect, physical, mental and social well-being of patients, clients and take appropriate action;

(c) the use of relevant literature and research to inform the practice of nursing;

(d) the appreciation of the influence of social, political and cultural factors in relation to healthcare;

(e) an understanding of the requirements of legislation relevant to the practice of nursing;

(f) the use of appropriate communication skills to enable the development of helpful caring relationships with patients and clients and their families and friends, and to initiate and conduct therapeutic relationships with patients and clients;

(g) the identification of health-related learning needs of patients and clients,

Supervision, teaching and monitoring are integral to nursing practice

families and friends and to participate in health promotion;

(h) an understanding of the ethics of healthcare and of the nursing profession and the responsibilities which these impose of the nurse's professional practice;

(i) the identification of the needs of the patients and clients to enable them to progress from varying degrees of dependence to maximum independence or to a peaceful death;

(j) the identification of physical, psychological, social and spiritual needs of the patient or client, an awareness of values and concepts of individual care, the ability to devise a plan of care, contribute to its implementation and evaluation and the demonstration of the application of the principles of a problem solving approach to the practice of nursing; the ability to function effectively in a team and participate in a multiprofessional approach to the care of patients and clients;

(k) the use of appropriate channels of referral for matters not within her sphere of competence;

(l) the assignment of appropriate duties to others and the supervision, teaching and monitoring of assigned duties.'

HMSO, 1989

The Code of Professional Conduct

Once registered, nurses are required to continue to maintain and develop their professional knowledge and competence in the many years of practice that may follow registration. They are bound by the *Code of Professional Conduct* (UKCC, 1992a), which fulfils a number of functions:

- To define standards of care in order to protect the public
- To support good practice
- To form the basis from which to challenge unacceptable standards of care
- To offer a realistic framework within which professional dilemmas can be considered.

Background

The *Code of Professional Conduct* is not in itself a piece of legislation, but grows out of the UKCC's legislative requirement to 'provide in such a manner as it thinks fit, advice for nurses, midwives and health visitors on standards of professional conduct' (UKCC, 1992a). It therefore has its basis in the law and is what you, as an individual practitioner, can measure your own conduct against, knowing that this is the template against which your behaviour would be measured if you were ever to be called to account for your practice. Such judgement could be either through a local disciplinary hearing in your workplace, or in extreme circumstances, in front of the UKCC's Professional Conduct Committee.

The Code also offers to the public a description of what can be expected of registered nurses — an essential part of the openness and visibility that the professions must increasingly have if they are to keep and retain public confidence.

In a nutshell, Rule 18A means that you are expected to have the knowledge, communication skills and ability to offer effective, safe, evidence-based nursing in your field of practice. Nursing competence and standards are discussed further in Section 4.