

AANPE Response Regarding New Code of Conduct Consultation

Your views of the Code

Thinking about the Code as a whole, please answer the following questions:

a) Overall, do you find the Code easy to understand? Yes No

b) Do you consider that the language is appropriate? Yes No

c) Do you find the Code clear and unambiguous? Yes No

d) Will it help nurses and midwives make ethical decisions in their jobs? Yes No

e) Will it be an effective support for professional practice? Yes No

f) Does it make nurses' and midwives' duties and responsibilities clear? Yes No

g) Will it support the effective management of nurses & midwives? Yes No

h) Overall, are you satisfied it will support safe and effective practice? Yes No

Is there anything you think should be ADDED to any part of the Code? If so, please use the spaces below to describe the addition, showing which section it should go in.

Section A:

Gaining Consent

Clause 3.10 in the current Code regarding consent has been lost, yet is an important principle especially in respect of written consent (the principles in clause 3.10 are echoed by BMA guidelines for medical practice). This clause is particularly pertinent for advanced practitioners working in roles with high levels of autonomy who increasingly carry out procedures requiring written consent. It is also important for Nurse Practitioners and Clinical Nurse Specialists whose roles increasingly replace junior doctors, and who as a consequence are sometimes asked to gain patient/client written consent as part of their roles when

this may well not be in the best interest of the patient.

Section B:

None

Section C:

Maintenance of professional knowledge and competence

This is a crucial element of advanced practice regulation. There is a marked lack of clarity in relation to maintenance of professional knowledge and competence, as covered within Clause 6 in the current (2004) Code of Conduct. The section entitled 'keep your knowledge and skills up to date' in the new draft Code does not adequately substitute for this clause:

- Clause 6.1 is the only part to have been adequately retained (in C1.3 and 1.4).
- Clause 6.2 has been split and as a result has lost its clarity. The first part of the clause is evident but is no longer clearly linked to the definition of competence. The second part has lost explicit clarity regarding the importance of not undertaking practice or accepting responsibilities for which practitioners are not competent.
- Clause 6.3 has been virtually lost, and in particular guidance has been lost regarding the shared accountability of the practitioner and employer in determining the adequacy of newly acquired knowledge and skill.
- Clause 6.4 and 6.5, both very important issues, seem to have more or less disappeared from the Code.

Clause 6, especially 6.2 and 6.3, is of pivotal importance because it was introduced into the Code in 2002 in order to replace and adapt the previous guidance in the Scope of Professional Practice (UKCC 1992-2002). Prior to 1992 it was clear (via the previous version of the Code) that accountability for decisions regarding competence to undertake new roles/skills (notably extended roles) lay solely with the employer. From 1992 to 2002 it was clear via 'Scope' that (in policy terms at least – local trusts frequently imposed more stringent regulation) accountability for 'role enhancements' lay with the individual practitioner. From 2002 to the current day clause 6.3 makes clear the

shared accountability between the individual and the employer. However the newly proposed Code seems to offer no clear guidance on this crucially important issue....

Section D: None

Other addition: None

In your opinion, are any parts of the Code NOT helpful in supporting safe and effective practice?

Yes

No

If Yes, which parts of the Code are NOT helpful in supporting safe and effective practice? Please list the sentence numbers (eg A3.1, C2.2) in the boxes below.

Could the Nursing and Midwifery Council do more to help you understand and use the Code in practice?

Yes

No

Not sure

How do you think we could best do this?

Conferences and events

Case studies

Articles in NMC News

Give specific advice for

- different areas of practice*
- Online discussions*
 - Telephone support*
 - Other (please specify)*
Easier navigation of NMC website

These questions will help us check that the mix of respondents to the consultation reflects the composition of the register, and to explore differences in views between different groups of respondents. They will not be used to identify you.

Are you responding:

- As an individual*
- On behalf of an organisation*

Which one of the following best describes you as an organisation:

Professional organisation or trade union

In which countries do you operate?

- England*
- Scotland*
- Northern Ireland*
- Wales*

Are there any other comments you would like to make?

It is accepted (as explained in phase one focus group events) that the NMC Code of Conduct can no longer be 'entire of itself', and that rather than seek to cover all relevant aspects of law and policy across four countries, it is proposed instead that it will offer (in a separate column or similar) links to the relevant legislation that applies to particular clauses. This seems to be a pragmatic solution to the issues of devolution, and the desire to be as inclusive as possible, whilst at the same time simplifying the Code. However it is disappointing that this second phase of the consultation has not included any indication of these elements, so respondents have no opportunity to contribute to debate on this important issue.

It is also understood that as with the current Code there will be a glossary. This is essential, and again it is very disappointing that this hasn't been including in phase two of the consultation.

The following amendments to the glossary are suggested:

- The current definition of *competence* is very helpful and should be maintained.
- It would be very helpful to define *accountability* and *responsibility* as two separate terms, rather than use one to define the other. The terms are seemingly used interchangeably within the new code, and this is unhelpful.
- The citation of the *Bolam principles* should be retained as this is very helpful for practitioners taking on new roles/responsibilities, especially those roles/responsibilities more usually the domain of another practitioner group. However its links to the term reasonable could be made clearer. It would also benefit from an accompanying explanation of the legal language as this does not necessarily make

sense to many practitioners– the work of Brigit Dimond is especially helpful in offering clear explanation of its meaning.

- It would be helpful to offer definitions of the terms *delegation* and *referral* – key terms within the new draft Code and also key terms within medical regulation; these will become increasingly important within advanced nursing practice.

NB: This collective response is made on behalf of the Association of Advanced Nursing Practice Educators (AANPE). The AANPE represents a collaborative network of Higher Education Institutions across the United Kingdom who are providers of advanced clinical programmes of education for nurses. The AANPE liaises closely with the Royal College of Nursing Nurse Practitioner Association and the NMC. The development work of the AANPE has played a significant part in the development of the national competency standards for Advanced Nurse Practitioner practice.