

# Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

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**Bord Altranais agus  
Cnámhseachais na hÉireann**  
Nursing and Midwifery  
Board of Ireland

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives comes into effect on 11 May 2021, replacing the previous edition published in December 2014.

Updates in this edition (2021)

- Inclusion of Irish legislation enacted since 2015 relevant to your practice
  - Assisted Decision-Making (Capacity) Act 2015
  - Children First Act 2015
  - Civil Liability (Amendment) Act 2017
  - Data Protection Acts 1988–2018
  - Freedom of Information Act 2014
  - Health (Regulation of Termination of Pregnancy) Act 2018
  - United Nations Convention on the Rights of Persons with Disabilities, 2007 (ratified by the Government of Ireland, 2018)
- Principle 1 – Respect for the dignity of the person
  - Revision and additions to the standards of conduct related to termination of pregnancy and conscientious objection; and capacity
  - Additional supporting guidance for capacity
- Principle 2 – Professional responsibility and accountability
  - Revision to the standard of conduct relating to health and safety of your patients and your personal safety
  - Update to the standards of conduct relating to conscientious objection
- Updated references and resources

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## Glossary

For the purposes of the Code, we have explained the following words and phrases.

**Advance healthcare directive:** sometimes called a 'living will'; is a written statement of a person's wishes and preferences regarding their future healthcare. If a person has concerns that they might lose their ability to make decisions due to a loss of capacity, they make the statement at a time when they are still capable of doing so.

**Adverse event:** an incident which results in or could result in harm.

**Autonomy:** self-determination; a person's ability to make choices on the basis of their own values.

**Capacity:** the ability to understand, deliberate and communicate a choice in relation to a particular healthcare decision at a particular time.

**Clinical governance:** the system of authority to which healthcare teams are accountable for the quality, safety and satisfaction of patients in the care they deliver.

**Colleagues:** co-workers, other health and social care professionals, other healthcare workers, and nursing and midwifery students.

**Competency:** the ability of a nurse or midwife to practise safely and effectively fulfilling their professional responsibility within their scope of practice.

**Conscientious objection:** a strong objection by a nurse or midwife – based on religious or moral grounds – to providing or participating in the provision of a particular service.

**Conduct:** a person's moral practices, actions, beliefs and standards of behaviour.

**Ethics:** principles, values and virtues that enable a person to live a morally good life. Applied to nursing and midwifery, the moral principles presented in this Code underpin professional practice.

**Evidence-based practice:** the use of the best available evidence together with the nurse's or midwife's expertise and a patient's values and preferences in making healthcare decisions.

**Inaction:** failure to act in a situation where an action is required.

**Incident:** an event or circumstance which could or does lead to unintended and unnecessary harm to a person, or to a complaint being made, or to loss or damage.

**Integrity:** upholding the values of the nursing and midwifery profession and the accepted standards of practice. Acting with integrity is acting honestly and behaving as expected under the Code of Professional Conduct and Ethics.

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**Must:** commands the action a nurse or midwife is obliged to take from which no deviation whatsoever is allowed.

**Omission:** failure to do something, especially something that a person has a moral or legal obligation to do.

**Patient:** a person who uses health and social care services. In some instances, the terms 'client', 'individual', 'person', 'people', 'resident', 'service user', 'mother', 'woman' or 'baby' are used in place of the term patient depending on the health or social care setting.

**Protected disclosure:**

A nurse or midwife, in good faith, can report:

- safety concerns which may put the patient or public at risk
- legal obligations that are not being met
- where public funds are being wasted

By reporting their concerns in line with the relevant legislation, the nurse or midwife is protected from their employer taking action against them.

**Quality of practice:** evidence-based professional standards balanced against patient needs, patient satisfaction and organisational efficiency.

**Registered midwife:** a midwife whose name is entered in the midwives division of the Register of Nurses and Midwives.

**Registered nurse:** a nurse whose name is entered in the nurses division of the Register of Nurses and Midwives.

**Self-determination:** a person taking control of their own life and making their own decisions.

**Should:** indicates a strong recommendation to perform a particular action from which deviation in particular circumstances must be justified.

**Standards:** authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board of Ireland to describe the responsibilities and conduct expected of registered nurses and midwives. The standards are based on the principles and values that underpin professional practice.

**Therapeutic relationship:** the relationship established and maintained between a person requiring or receiving care and a nurse or midwife through the use of professional knowledge, skills and attitudes in order to provide nursing or midwifery care expected to contribute to the person's health outcomes (adapted from the Nursing Council of New Zealand).

**Woman:** a female person of any age.

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## Bord Altranais agus Cnáimhseachais na hÉireann:

### Our functions

Bord Altranais agus Cnáimhseachais na hÉireann ( Nursing and Midwifery Board of Ireland) as described in the Nurses and Midwives Act 2011, has two main objectives:

- to protect the public
- to ensure the integrity of nursing and midwifery practices

We are the statutory body which sets the standards for the education, registration and professional conduct of nurses and midwives. We also advise on how nurses and midwives should provide care to patients, their families and society.

Our functions in safeguarding the public involve establishing and maintaining the Register of Nurses and Midwives. We also establish procedures and criteria for assessment and registration. Additionally, we approve education programmes and further education programmes for the purposes of registration and continued registration and keep these programmes under review.

We also set standards of practice and provide support for registered nurses and midwives. This includes developing, publishing and reviewing:

- a code of professional conduct and ethics
- guidance on all aspects of professional conduct and ethics
- guidance on maintaining professional competence

Through our fitness to practise functions, we are responsible for considering complaints against nurses and midwives.

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (the Code) is the overarching structure that informs our framework of professional guidance to registered nurses and midwives. Professional accountability, competency and the quality of professional practice are based on this structure together with other supporting guidance and standards frameworks.

Key among these frameworks is the Scope of Nursing and Midwifery Practice. It represents the range of roles, functions, responsibilities and professional activities a registered nurse or midwife has the authority to perform. In Ireland, the scope of practice for nurses and midwives is determined by national legislation, EU directives, international developments, social policy, national and local guidelines, education and individual levels of competence.

We publish rules, standards, guidelines and advice for nurses and midwives to help you comply with the Code and to support you in your scope of practice and

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professional responsibilities. These publications include information on education standards and requirements, practice standards, guidelines, decision-making frameworks, circulars and position statements. Many of these publications provide detailed guidance on specific areas of conduct such as managing documentation, medication management and research.

You must be familiar with and understand the importance of our most current version of standards and guideline documents and should apply them in any professional setting.

## The purpose and aims of the Code

The purpose of the Code is to guide you in your day-to-day practice and help you to understand your professional responsibilities in caring for patients in a safe, ethical and effective way.

### The aims of the Code are to:

- support and guide you in your ethical and clinical decision-making, your ongoing reflection and professional self-development
- inform the general public about the professional care they can expect from you
- emphasise the importance of your obligations to recognise and respond to the needs of patients and families
- set standards for the regulation, monitoring and enforcement of professional conduct

All registered nurses and midwives in each area of practice (clinical, education, research, administration and management) should adhere to the Code's principles, values and standards of conduct.

You have a responsibility to uphold the values of the professions to ensure your practice reflects high standards of professional practice and protects the public. If you do not follow the Code and a complaint is made against you, we can investigate you.

Nursing and midwifery students should become familiar with the Code as part of their education.

We believe that employers have a responsibility to acknowledge the importance of the Code's values and standards in their relationship with nurse and midwife employees. The Code refers to relevant national legislation, as it also directs and supports the promotion of the high standards expected of a nurse and midwife.

We will consider specific issues concerning professional practice when they arise, and we will produce professional practice guidelines on these as required.

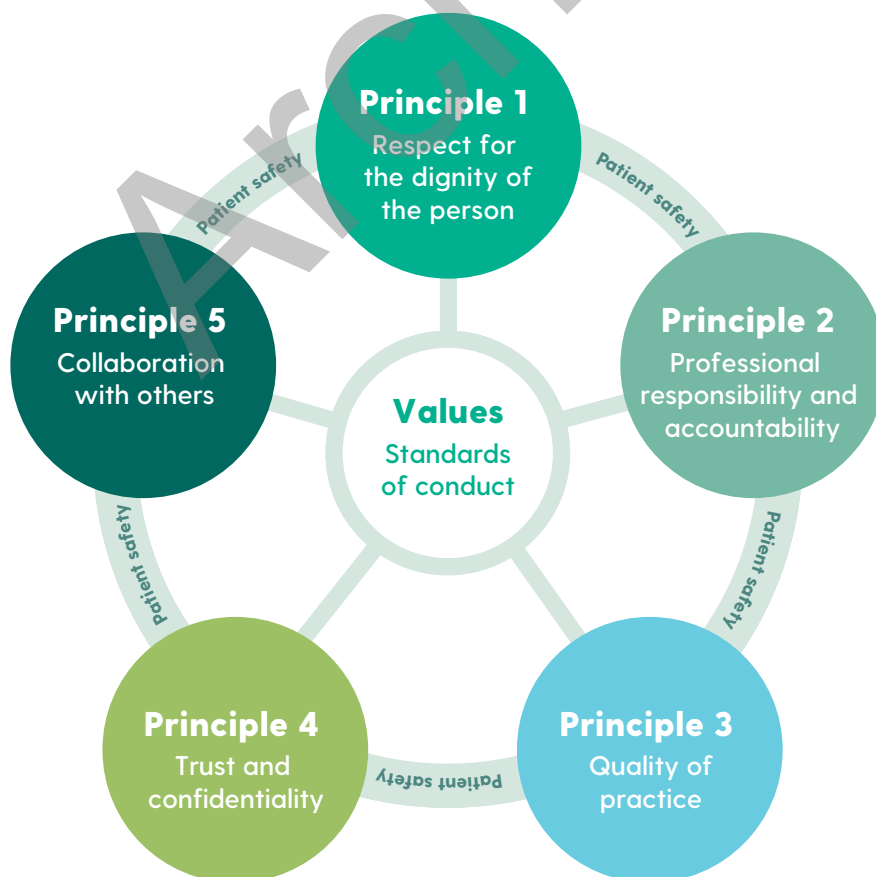
## The structure of the Code

The Code is based on five principles. They govern:

- respect for the dignity of the person
- professional responsibility and accountability
- quality of practice
- trust and confidentiality
- collaboration with others

Each principle underpins the Code's ethical values and related standards of conduct and practice, and guides the relationships between nurses, midwives, patients and colleagues. The ethical values state the primary goals and obligations of nurses and midwives. The standards of conduct and professional practice follow on from these values and show the attitudes and behaviours that members of the public have the right to expect from you. The trio of principles, values and standards of conduct are of equal importance and should be considered in association with each other.

## Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives





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## Principle 1

### Respect for the dignity of the person

This principle is drawn from the Universal Declaration of Human Rights (United Nations, 1948) which proclaims that the basis for freedom, justice and peace is founded on the recognition of the inherent dignity and equality of human beings.

The European Convention for the Protection of Human Rights and Fundamental Freedoms (Council of Europe, 1950), the Constitution of Ireland (Government of Ireland, 1937), the Equal Status Acts (Government of Ireland, 2000–2018) and the United Nations Convention on the Rights of Persons with Disabilities, 2007 (ratified by the Government of Ireland, 2018) also serve as references for the values and standards established for respecting the dignity of the person.

#### Values

- 1 Nurses and midwives respect each person as a unique individual.
- 2 Nurses and midwives respect and defend the dignity of every stage of human life.
- 3 Nurses and midwives respect and maintain their own dignity and that of patients in their professional practice. They believe that this respect is mutual with patients.
- 4 Nurses and midwives respect each person's right to self-determination as a basic human right. In respecting the right to self-determination, the requirement of informed consent is key. Except in exceptional circumstances, it is a violation of patients' rights to treat them without their consent. It is presumed that all adults have capacity to make healthcare decisions. Capacity is understood as the ability to understand, deliberate and communicate a choice in relation to a particular healthcare decision at a particular time.
- 5 Nurses and midwives respect all people equally without discriminating on the grounds of age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community.

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## Standards of conduct

- 1** You must respect each person as a unique individual.
  - 2** You must respect and maintain the dignity of every stage of human life.
  - 3** You have a responsibility to make every valid or reasonable effort to protect the life and health of pregnant women and their unborn babies.
  - 4** You must respect a woman's legal right to a termination of pregnancy within the provisions of the Health (Regulation of Termination of Pregnancy) Act 2018.
  - 5** You should respect an individual's advance healthcare directive if you know they have one.
  - 6** In end-of-life care, you should support the person to die with dignity and comfort. This extends to ensuring respect for the patient in the period after their death, taking into consideration the cultural norms and values of the patient and their family.
  - 7** If you have a conscientious objection, you may refuse to provide care, or to participate in any procedure or treatment which conflicts with your ethical or moral values. (Standards of conduct 6 and 7 in Principle 2 Professional Responsibility and Accountability – conscientious objection – are linked with this standard.)
  - 8** You must strive to communicate with patients about their care and give them information in a manner they can understand.
  - 9** If patients have communication or language needs, you should try to ensure that services are put in place so that you can communicate effectively with each other.
  - 10** You should protect and promote the autonomy of patients: respect their choices, priorities, beliefs and values. Decisions to refuse care or treatment should trigger further discussion and be respected in the context of the person's capacity.
  - 11** You are responsible for seeking the patient's consent to nursing and midwifery treatment and care. Never presume a patient's consent. The consent is valid if:
    - information is communicated in a clear manner about the nature, purpose, benefits and risks of treatments and care in a way the patient can understand
    - the patient has the capacity to make a decision about a particular procedure
    - the patient gives their agreement freely
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- 12** If a patient seems to lack understanding or capacity and is unable to communicate a choice about a treatment or procedure, you should give them the time and support they need to maximise their ability to make decisions for themselves. If you are still unsure about a patient's capacity to make healthcare decisions, that patient's capacity should be assessed by their doctor and other members of the healthcare team. If it is determined that a patient lacks capacity, you should:
- take into account the person's previous directions and wishes, if known
  - discuss the case with appropriate family members, carers or guardians
  - discuss the case with other members of the healthcare team
  - take into account (if possible) the expressed views of the person who lacks capacity in making a treatment or care decision (Standards of conduct 4 and 5 in Principle 4 Trust and Confidentiality – discussing personal information – are linked with this standard.)
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- 13** In exceptional circumstances, such as emergencies where a patient lacks capacity, consent to treatment or care is not necessary.
- You may treat the person when it is immediately necessary to save their life or to prevent a serious deterioration in their condition and there is no advance refusal of treatment.
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- 14** You must ensure that the rights and best interests of those who lack capacity are at the centre of all decision-making processes concerning their care and welfare.
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- 15** You must respect diversity among patients and colleagues in your professional practice.
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- 16** You must respect all people equally and not discriminate on grounds of age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community.
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## Supporting guidance

### Advance healthcare directives

Advance healthcare directives have been recognised by the courts in Ireland. The Irish courts have established that a person with capacity has the right to refuse treatment.

Guidance from healthcare regulators and other agencies may help to inform you about best practice regarding the ethical and professional issues associated with advance healthcare directives.

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An advance healthcare directive should be respected on condition that:

- the person made an informed choice regarding their decisions at the time of making the plan
- the decision in the directive covers the situation that has now arisen
- there is no indication that the person has changed their mind since the advance care directive or plan was made

Further information about advance healthcare directives can be found on the Department of Health website [www.health.gov.ie](http://www.health.gov.ie) and on the Mental Health Commission (MHC) website [www.mhcirl.ie](http://www.mhcirl.ie).

The Assisted Decision-Making (Capacity) Act 2015 is a legal framework that supports individuals who lack or may be deemed to lack capacity. It uses a functional approach to decision-making and places the obligation on all those working in healthcare to support a person whose capacity may be in question to maximise their ability to be part of the decision-making process. This includes advance healthcare directives.

A functional approach to capacity entails assessing a person's capacity in a time specific and issue specific way.

A cognitive impairment is relevant only if it affects capacity. A government decision support service under the auspices of the Mental Health Commission (MHC) has been set up to regulate and register support arrangements and to supervise the actions of legally appointed decision supporters.

## Consent

Your communication and information sharing is key to the patient understanding and consenting to nursing or midwifery care. The need for consent extends to all nursing or midwifery intervention with patients in all settings. How the key elements of consent are applied, such as listening to and supporting the patient to ensure that their consent is freely given and considered, will vary with the particular situation. The amount of information that you should provide about an intervention will depend on the urgency, complexity, nature and risks associated with the intervention.

The verbal or implied (for example by a gesture) consent of patients to normally risk-free nursing or midwifery care is a sufficient indication that the consent is valid. As with medical interventions, the consent of patients to more serious and higher risk procedures should be informed, written consent. There must be no doubt that informed consent was given and it is documented in the nursing or midwifery notes and the patient consent form.

There may be occasions when a patient's state of health may prevent them taking part in the consent process. Health legislation, such as the Assisted Decision-Making (Capacity) Act 2015 (once fully commenced), the Mental Health Act 2001, supporting guidance from the MHC ([www.mhcirl.ie](http://www.mhcirl.ie)) and employer policy also direct best practice.

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## Principle 2

### Professional responsibility and accountability

This principle focuses on professional responsibility and accountability, personal and professional integrity, and advocacy. It also refers to professional boundaries, insurance and conscientious objection.

#### Values

- 1 Nurses and midwives are expected to show high standards of professional behaviour.
- 2 Nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions including inactions and omissions.
- 3 Nurses and midwives recognise the relationship between professional responsibility and accountability, and their professional integrity.
- 4 Nurses and midwives advocate for patients' rights.
- 5 Nurses and midwives recognise their role in the appropriate management of healthcare resources.

#### Standards of conduct

- 1 You must act within the law and follow Nursing and Midwifery Board of Ireland rules and regulations.
- 2 You should abide by the ethical and professional values and the standards of conduct and practice in the Code and in our other standards and guidance.
- 3 You are responsible and accountable for your decisions and actions, including inactions and omissions, in your practice.
- 4 You have a duty to protect the health of your patient, your own health and safety and that of the wider community. If, in extreme infectious clinical situations where adequate and sufficient protective clothing is not available, it is your responsibility to raise the matter immediately with your manager.

If the matter is not resolved satisfactorily, you may need to make difficult decisions quickly to preserve the safety of the patient, your own personal safety and the safety of others.

Decisions should be made in so far as is possible with your colleagues while also taking account of local and national guidelines and protocols. (Value 2 and Standards of conduct 1–3 in Principle 3 Quality of Practice, and Standards of conduct 1–4 in Principle 5 Collaboration with Others are linked with this standard.)

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- 5** You should act as an advocate on behalf of patients who require you to do so to ensure their rights and interests are protected.
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- 6** If you have a conscientious objection based on religious or moral beliefs which is relevant to your professional practice, you must tell your employer and, if appropriate, tell the patient as soon as you can. If you cannot meet the patient's needs because of this objection, you must talk with your employer and, if appropriate, talk to the patient about other care arrangements.
- If you have a conscientious objection in relation to carrying out or participating in a woman's termination of pregnancy, you are required by law to make arrangements for the transfer of care of the pregnant woman as may be necessary, to enable the woman to avail of the termination of pregnancy concerned.
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- 7** Even if you have a conscientious objection, you must provide care to a patient in an emergency where there is a risk to the patient's life.
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- 8** You should be aware of your professional responsibility when using social media.
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- 9** You should keep professional boundaries with patients. Professional boundaries set the limits of the therapeutic relationship including acceptable behaviour between yourself and the patient.
- Your professional position must never be used to form a relationship of an emotional, sexual or exploitative nature with a patient, their spouse, partner or close relative.
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- 10** You must not ask for or accept loans of money from patients.
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- 11** You must not accept any gifts or favours from patients, healthcare and pharmaceutical companies that could:
- reasonably give the impression that you are providing someone with preferential treatment
  - influence your professional integrity
  - cause a conflict of interest – where your private interests might interfere with your professional responsibility to your patient
- You should abide by your employer's policy about the acceptance and reporting of gifts.
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- 12** If you are promoting or advertising a product or service for commercial purposes, you should be aware of your professional, ethical and legal obligations to provide accurate and impartial information.
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- 13** You should use healthcare resources effectively in your practice setting and respect patients' and employers' property.
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- 14** You are responsible and accountable for your own health and wellbeing. If you become aware that your own health is affecting your ability to practise safely, you must get help to manage your condition.
- 15** You are responsible for ensuring you have professional indemnity insurance. Patients have a right to expect you to hold this insurance in case there is a claim of professional negligence against you.

## Supporting guidance

### Professional clinical indemnity insurance

If you are employed in the public health service or in certain voluntary organisations, you are protected by the Clinical Indemnity Scheme (CIS) ([www.stateclaims.ie](http://www.stateclaims.ie)). If you are working in the private sector, you may be covered by your employer's insurance.

The CIS provides insurance cover for nurses and midwives working in the public health sector and certain voluntary organisations as listed in SI No. 63 of 2003 National Treasury Management Agency (Delegation of Functions) Order 2003 and National Treasury Management Agency (Delegation of Functions) (Amendment) Order 2007.

In the interest of patient safety and protecting the public you must ensure that you have professional indemnity insurance.

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## Principle 3

### Quality of practice

This principle focuses on safety, competence, kindness, compassion, caring and protection from harm. Patients have a right to receive quality care by competent nurses and midwives who practise in a safe environment.

#### Values

- 1 Nurses and midwives are competent, safety-conscious, act with kindness and compassion, and provide safe, high-quality care.
- 2 Nurses and midwives make sure that the healthcare environment is safe for themselves, their patients and their colleagues.
- 3 Nurses and midwives aim to give the highest quality of care to all people in their professional care.
- 4 Nurses and midwives use evidence-based knowledge and apply best practice standards in their work.
- 5 Nurses and midwives value research. Research is central to the nursing and midwifery professions. Research informs standards of care and ensures that both professions provide the highest quality and most cost-effective services to society.

#### Standards of conduct

- 1 You must report any safety concerns you have about the healthcare environment and help to find solutions through appropriate lines of authority, such as your manager, employer or relevant regulatory body.
- 2 You should deliver safe and competent practice based on best available evidence and best practice standards.
- 3 You should actively participate in good clinical governance to ensure safe, quality care.
- 4 You should be kind and compassionate in your practice.
- 5 You must be competent to practise safely as a nurse or midwife. If there are limitations to your competency, you and your employer should address them so that you can practise safely and within your scope of practice.
- 6 You must keep your knowledge and skills up-to-date by taking part in relevant continuing professional development. You must be prepared to demonstrate your competence if required.
- 7 If you are involved in research, you should refer to our guidance on the ethical conduct of nursing and midwifery research and the ethical policies and procedures you are required to follow. You must ensure that the rights of patients are protected at all times in the research process.



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## Supporting guidance

### Reporting safety concerns

You have a distinctive responsibility to uphold the quality and safety of the healthcare environment. This responsibility extends to reporting your concerns where you consider patient dignity is not respected. Nursing and midwifery managers have a responsibility to report and act on safety concerns that staff share with them. It may be necessary to escalate concerns if they are not dealt with by those in authority. This may involve staff or managers reporting to the next supervisory level.

Safe, quality practice is promoted by nurses and midwives actively participating in incident reporting, adverse event reviews and open disclosure, within a culture of candour.

You should refer to national legislation and employer policy for information on the legal responsibilities of the employee and the employer regarding health and safety concerns. The Protected Disclosures Act 2014; Safety, Health and Welfare at Work Act 2005; Protection of Disclosures of Information (Part 14 of the Health Act 2007); and the Civil Liability (Amendment) Act 2017 are key sources.

The Civil Liability (Amendment) Act 2017 details the procedure for preparing and making an open disclosure, which includes a written statement to the patient at an open disclosure meeting, containing information in relation to the incident, and includes an apology, if appropriate. The information provided in making an open disclosure or an apology:

- does not constitute an admission of fault or liability or clinical negligence;
- will not be admissible as evidence of fault or liability in court;
- it will not invalidate the indemnity of the health service provider
- and it shall not constitute an express or implied admission of fault, professional misconduct, poor professional performance or unfitness to practice in any complaint subsequently made to a regulatory body.

General information about protected disclosures and whistleblowing is available at [www.gov.ie](http://www.gov.ie).

National standards from other regulators, for example Health Information and Quality Authority ([www.hiqa.ie](http://www.hiqa.ie)) and the MHC ([www.mhcirl.ie](http://www.mhcirl.ie)), give information about safe standards of care. An international source is the World Health Organisation Patient Safety initiative available at [www.who.int/news-room/fact-sheets/detail/patient-safety](http://www.who.int/news-room/fact-sheets/detail/patient-safety).

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## Principle 4

### Trust and confidentiality

This principle focuses on trust, confidentiality and honesty.

#### Values

- 1 Trust is a core professional value in nurses' and midwives' relationships with patients and colleagues.
- 2 Confidentiality and honesty form the basis of a trusting relationship between the nurse or midwife and the patient. Patients have a right to expect that their personal information remains private.
- 3 Nurses and midwives exercise professional judgment and responsibility in circumstances where a patient's confidential information must be shared.

#### Standards of conduct

- 1 You must try to develop relationships of trust with patients.
- 2 Honesty, integrity and trustworthiness must underpin your dealings with patients and colleagues.
- 3 You should give honest, truthful, balanced information and advice to patients. Information and advice should be based on best evidence or best available practice standards.
- 4 You must behave in a way that strengthens the public's trust and confidence in nurses and midwives. You should respect and uphold a patient's expectation that their personal information will remain private. You should use your professional judgment and act responsibly when you have to disclose and share information.

There may be exceptional circumstances where you might need to share confidential information. You might have to share confidential information if it is:

- required by law to do so
- to protect the patient's interests
- to protect the interests of society
- to protect the interests of other people

In these circumstances, you must only disclose the minimum amount of information necessary to the appropriate person.

- 5 You should tell patients (unless this could cause them serious harm) if you intend to share confidential information about them with others who are outside the immediate care team.

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- 6 If the patient is considered to be incapable of giving or withholding consent to the disclosure of confidential information about them, you should consider whether disclosing the information to those close to the patient is what the patient would want or if it is in their best interests.
  - 7 Your role in safeguarding confidentiality extends to all forms of record management including appropriate use of information technology and social media.
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### Supporting guidance

The disclosure of information for the protection of children and the elderly against abuse is directed by legislation, such as the Children Act 2001, Children First Act 2015 and national policy. Key legislation on disclosure includes the Data Protection Acts 1988–2018 and the Freedom of Information Act 2014. See [www.dbei.gov.ie/en/Data-Protection](http://www.dbei.gov.ie/en/Data-Protection).

Your employer's information technology, record management and electronic access policies may also provide additional requirements about confidentiality and information sharing. We provide guidance on social media use in our publication *Guidance to Nurses and Midwives on Social Media and Social Networking*.

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## Principle 5

### Collaboration with others

This principle focuses on collaboration, team-working, communication and documentation.

#### Values

- 1 Professional relationships with colleagues are based on mutual respect and trust.
- 2 Nurses and midwives share responsibility with colleagues for providing safe, quality healthcare. They work together to achieve the best possible outcomes for patients.
- 3 Nurses and midwives recognise that effective and consistent documentation is an integral part of their practice and a reflection of the standard of an individual's professional practice. They support the ethical management of the documentation and communication of care.
- 4 Nurses and midwives recognise their role in delegating care appropriately and in providing supervision.

#### Standards of conduct

- 1 You must communicate and work with colleagues to provide safe, quality healthcare to patients. You must consult with the patient and refer them to the appropriate healthcare professional for further treatment if this is required. This should be done in a timely manner to ensure continuity of care.
- 2 Your documentation and communication of care should be carried out in a clear, objective, accurate and timely manner within a legal and ethical framework. This includes the appropriate use of information technology and social media.
- 3 You should address differences of professional opinion with colleagues by discussion and informed debate in a timely and appropriate manner.
- 4 If the safety or wellbeing of a patient or colleague is affected or put at risk by another colleague's actions, omissions or incompetence, you must first take appropriate action to protect people from harm. You should then immediately report the conduct to your manager, employer and, if necessary, the relevant regulatory body.
- 5 You must support junior colleagues and nursing, midwifery and other healthcare students in the learning and ongoing development of their professional values, practice and conduct.

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- 6 In your role of guiding and directing student nurses or midwives you must take responsibility for the care they provide. This involves supporting learning, teaching, supervising, assessing practice and taking action to address concerns where they are identified.
  - 7 You should ensure that the patient understands the role of the student nurse or midwife and that the student is supervised by a registered nurse or midwife.
  - 8 You are accountable if you decide to delegate a nursing or midwifery task to someone who is not a registered nurse or midwife.
  - 9 If you delegate tasks or roles, you should provide comprehensive and effective assessment and planning, communication, monitoring and supervision, and evaluation and feedback.
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### Supporting guidance

We have published the following professional guidance documents. These are key sources for this principle.

- Scope of Nursing and Midwifery Practice Framework
- Recording Clinical Practice – Professional guidance
- National Quality Clinical Learning Environment Audit Tool – Professional Guidance Document

## Reference and resources

European Convention for the Protection of Human Rights and Fundamental Freedoms (Council of Europe, 1950)

Universal Declaration of Human Rights (United Nations, 1948)

United Nations Convention on the Rights of the Child (UN, 1989)

United Nations Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2007)

### **Legislation that guides nursing and midwifery practice in Ireland**

This list of legislation that guides nursing and midwifery practice is not exhaustive. It includes:

Assisted Decision-Making (Capacity) Act 2015

Bunreacht na hÉireann – Constitution of Ireland 1937

Children Act 2001

Children First Act 2015

Civil Liability (Amendment) Act 2017

Data Protection Acts 1988–2018

Disability Act 2005

Equal Status Acts 2000–2018

European Convention on Human Rights Act 2003

Freedom of Information Act 2014

Health (Regulation of Termination of Pregnancy) Act 2018

Mental Health Act 2001

Non-Fatal Offences Against the Person Act 1997

Protected Disclosures Act 2014

Protection of Life During Pregnancy Act 2013

Safety, Health and Welfare at Work Act 2005

The Irish Statute Book electronic database ([www.irishstatutebook.ie](http://www.irishstatutebook.ie)) contains the Acts of the Oireachtas, Statutory Instruments and Legislation Directory for the period 1922–2020.

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