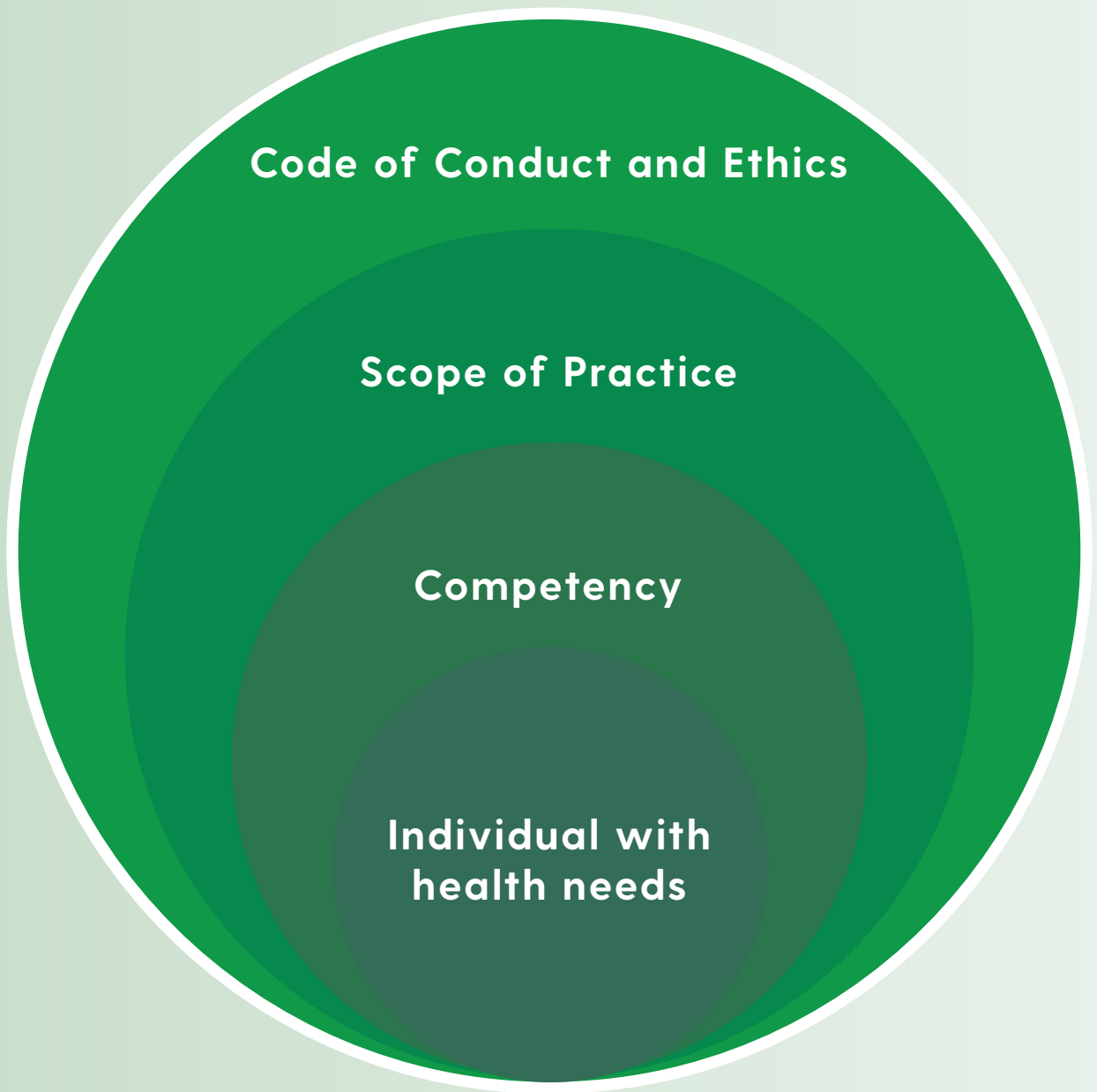


**Draft Code of Professional
Conduct and Ethics for Registered
Nurses and Registered Midwives
Incorporating the Scope of
Practice and Professional
Guidance**



Bord Altranais agus
Cnáimhseachais na hÉireann

Nursing and Midwifery
Board of Ireland



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Introduction

About NMBI

Protecting patients and other members of the public is at the heart of what we do at the Nursing and Midwifery Board of Ireland (NMBI). We are committed to fulfilling this objective by supporting registered nurses and midwives in their provision of the highest standard of patient care.

Among our core functions are:

- maintaining the Register of Nurses and Midwives and a Candidate Register for student nurses and midwives
- setting the standards for the education and training of nurses and midwives
- approving programmes of education necessary for registration and monitoring these programmes on an ongoing basis
- supporting registrants by providing appropriate guidance on professional conduct and ethics for both registered nurses and midwives, and
- investigating and considering complaints against nurses and midwives.

We perform our functions in the public interest under the Nurses and Midwives Act 2011, as amended.

The statutory responsibility of the NMBI is the protection of the public and protection of the integrity of the professions under the Nurses and Midwives Act 2011 (as amended)¹.

The NMBI sets the standard of ethical behaviour and professional conduct which the public and other stakeholders can expect from nurses and midwives. These standards are outlined in the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (the Code). Through our fitness to practise functions, we are responsible for considering complaints against nurses and midwives. The Code applies to all nurses and midwives registered in Ireland and will assist them in their practice.

This document incorporates:

- The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021)²
- The Scope of Nursing and Midwifery Practice Framework (2015)³
- Ethical Conduct in Research (2015)⁴
- Recording Clinical Practice (2015)⁵
- Social Media and Social Networking (2013)⁶
- Practice Standards for Midwives (2022)⁷

About the Code

The Code applies to all settings where a nurse or midwife provides healthcare, whether in person, virtually or through other platforms and outlines the professional conduct expected of a registered nurse or midwife.

The NMBI have revised the Code to reflect changes within the professions, in the healthcare system and broader society. It replaces the previous edition published in 2021.

The Code has been developed to ensure nurses and midwives can practice safely while upholding the integrity of the professions.

As nurses and midwives, you must uphold the values of the professions to ensure high standards of professional practice and to protect the public.

On joining the Register of Nurses and Midwives, and when renewing your registration, you commit to upholding the principles and standards of the Code.

Purpose of the Code

The purpose of the Code is to:

- support and guide you in your ethical clinical decision-making
- support and guide you in your ongoing professional development
- emphasise your obligations to recognise and respond to the needs of patients, clients, families, and women receiving maternity care
- ensure you uphold the values of the professions and that your practice reflects the highest standards of safe, effective and compassionate care
- inform the individual, the public, employers and professional bodies of the standards of professional conduct and behaviour it can expect from registered nurses and midwives
- provide a benchmark to evaluate the professional conduct and behaviour of nurses and midwives.

All nurses and midwives must be aware that a breach or breaches of the Code could result in a complaint being made against them and being brought before a fitness to practise inquiry.

In addition to complying with the Code, registered nurses and midwives have a duty to keep up to date with new or amended laws that effect their practice. The Code includes links and references to law⁸ and policies that apply at the date of publication, to explain the legal and ethical implications of a registered nurse and midwife.

In this document a registered nurse and a registered midwife can be referred to registrant, nurse, midwife or practitioner.

It is not intended to give detailed professional advice on specific activities or issues related to personal practice.

Who Should Use the Code?

The Code should be used by all those who are responsible for informing, influencing, delivering and providing nursing and midwifery healthcare.

- **Registered nurses and registered midwives:** must comply with the Code in their day-to-day practice. This involves providing direct care to individuals, groups or communities, or using their professional knowledge and exercising their professional judgement to inform nursing and midwifery practice.
- **Educators:** registered nurse and midwife educators should use the Code to help pre-registration and post-registration students understand the conduct and behaviours expected of them.
- **Leaders:** all registered nurses and registered midwives are leaders and should model the Code in the course of their work to ensure that the integrity of nursing and midwifery is evident.
- **Employers:** have a responsibility to support nurses and midwives in developing their practice environments to uphold the Code and provide safe, high-quality care.

Section

1

The Principles of the Code

The Principles of the Code

The Code is based on six principles:



These **six** principles combined ensure high standards of conduct and good practice. The principles of the Code place the individual at the centre of care, inform safe and effective practice and promote trust in the professionalism of practitioners. The principles are not hierarchical and are all equally important for practice.

This guidance aims to help practitioners to uphold each of the principles in their everyday practice. The Code supports and guides them in their decision-making.

Terms used in the Code:

- **'You must'** is used where there is an absolute duty to comply with the principle and standard.
- **'You must not'** is used as an absolute prohibition.
- **'You should'** is used to describe the course of action that is generally best practice while acknowledging that another approach may be appropriate in certain circumstances, or that there may be factors outside your control that affect your ability to comply.

Principle 1: Respect

Values

Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld.

Standard of conduct

To achieve this, you must:

1. respect individuals regardless of their age, gender, race, religion, civil status, family status, ethnic background, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community.⁹
2. respect diversity and avoid bias, discrimination and racism towards individuals and colleagues.
3. treat individuals with kindness, respect and compassion.
4. respect and maintain the dignity of human life.
5. make every valid or reasonable effort to protect the life and health of pregnant women and their unborn baby, and respect a woman's legal right to a termination of pregnancy within the provisions of the Health (Regulation of Termination of Pregnancy) Act 2018.¹⁰
6. prioritise an individual's health and wellbeing.
7. respect and uphold an individual's human rights, including supporting and documenting their right to refuse care or treatment and their right to have an advance healthcare directive,¹¹ considering all relevant laws about capacity.
8. prioritise the safety of individuals receiving care, including raising safety concerns, irrespective of the source of those concerns.

You must not:

9. use your professional position to form a relationship of a sexual, emotional or exploitative nature with an individual in your care.
10. exploit or discriminate¹² against an individual receiving care or condone discrimination by others.
11. discuss, comment or post anything on social media that could be considered discriminatory, does not recognise individual choice, does not preserve the dignity of the individual receiving care, is unlawful or otherwise breaches the Code.

You should:

12. provide end-of-life care to support the individual to die with dignity and comfort, ensuring respect for the cultural norms, beliefs and values the individual holds about death and dying.
13. protect and promote an individual's autonomy.
14. where possible, make sure that any treatment, assistance, care or advice that you are responsible for delivering is provided without undue delay.
15. not take advantage of an individual's vulnerability or cause them unnecessary upset or distress.

Principle 2: Trust

Values

Trust is a core professional value in a practitioner's relationship with individuals. Open, honest and compassionate professional relationships are based on trust and follow obligations about privacy and confidentiality.

Standard of conduct

To achieve this, you must:

1. develop relationships of trust with individuals.
2. ensure that honesty, integrity and trustworthiness underpin your professional interactions with individuals and colleagues.
3. behave in a way that strengthens the public's trust and confidence in practitioners and the professions.
4. be aware that confidentiality covers all forms of record management including information technology, digital storage and social media.

You should:

5. respect and uphold an individual's expectation that their personal information will remain private.
6. use your professional judgment and act responsibly when you must disclose and share information.
7. consider what the individual would want or what is in their best interest if you are considering disclosing their personal information.

Confidentiality

Values

Practitioners engage with individuals respectfully, promoting open, honest and compassionate professional relationships and ensuring confidentiality.

Standard of conduct

To achieve this, you must:

8. share confidential information in exceptional circumstances if it is:
 - required by law to do so
 - to protect individuals' interests
 - to protect public interest, or
 - to protect the interests of other people.

In these circumstances, you must only disclose the minimum amount of information necessary to the appropriate person.
9. respect and uphold an individual's right to confidentiality in all aspects of their care.
10. give honest, truthful, balanced information and advice to patients. Information and advice should be based on the best available evidence and practice standards.
11. inform individuals if you intend to share confidential information about them with others and the reason for sharing their information.
12. only share an individuals' information when it is necessary to give safe and effective care or if it is mandated by law.
13. be aware of the circumstances in which disclosure of confidential information in the absence of consent may be appropriate, justifiable and required by law.
14. obtain the consent¹³ of an individual before discussing confidential information with their family, carers or other professionals involved in their care¹⁴ and document it.
15. share the information an individual wants or needs to know about their health, care and treatment sensitively, and in a way they can understand.
16. use all forms of spoken, written and digital communication with individuals responsibly, always respecting their right to privacy and confidentiality.

You should:

17. continue to treat an individual's information as confidential even after their death.

Principle 3: Competence

Values

Competence is a combination of knowledge, intellectual capacities, including professional judgement, skills, ethical values and attitude required for safe, accountable and effective practice as a registered nurse and midwife.

Individuals have a right to receive safe, quality care from competent practitioners who practise in a safe environment. To provide this, practitioners work within their scope of practice and to the limits of their education, experience, knowledge, skill and judgement to ensure safe and competent nursing and midwifery care.

Standard of conduct

To achieve this, you must:

1. be competent to practise safely within your scope of practice.
2. ensure that your knowledge, skills and performance are of a high standard, up to date and relevant to your practice. Regularly taking part in appropriate professional development will maintain and develop your professional competence.
3. practise only in areas in which you have relevant knowledge, skills, competence, experience or are appropriately supervised.
4. acknowledge any limitations within your scope of practice and take measures to address them so that you can develop competence.
5. only delegate to a person who you believe has the knowledge, skills, competence and experience to carry out the activity safely and effectively, or delegate to a person who is appropriately supervised.
6. participate and advocate for improving the quality of your practice setting to support safe person-centred care.

Delegation

You should:

7. ensure that, by delegating a particular role or activity, it does not harm the interests of an individual in your care.
8. ensure that the individuals you are delegating to understand the activity and the boundaries of their own competence.
9. ensure that the individual you are delegating to is clear about the circumstances in which they must refer back to you.
10. ensure you take reasonable steps to identify any risks associated with delegation and whether supervision might be necessary.
11. take reasonable steps to monitor the outcome of the delegated task.

Medication safety

You must:

12. prescribe, advise on, supply, dispense or administer medicines within the limits of your scope of practice, training, competence, law, the NMBI guidance and other relevant policies, guidance and regulations.
13. engage in safe medication practices, including having the required knowledge, skills and judgement to make evidence-based decisions.

Risk management

You must:

14. follow risk assessment policies and procedures to assess potential risks in the workplace and your areas of practice.
15. escalate risks you identify to an appropriate authority and take reasonable steps to minimise or reduce the identified risks.
16. respond courteously and honestly to anyone who complains about the care, treatment or other services they have received in line with relevant laws and policies.¹⁵
17. acknowledge and act on all concerns raised to you, investigating, escalating or dealing with, and following up on those concerns where it is appropriate for you to do so.
18. inform an appropriate person or authority if you are aware of systems or service structures that lead to unsafe practices which puts an individual, yourself or others at risk.¹⁶
19. take appropriate action to protect people if the safety or wellbeing of an individual or colleague is affected or put at risk by another colleague's actions, omissions or incompetence.

You must not:

20. obstruct, intimidate, victimise or hinder a colleague, member of staff, individual you are caring for or member of the public who wants to raise a concern.

You should:

21. deliver the best possible safe and competent practice based on the best available evidence and practice standards within the relevant environment.

Principle 4: Accountability

Values

Accountability is accepting responsibility for maintaining competence and safeguarding quality patient care outcomes and standards of the profession.

Practitioners must always uphold the reputation of their professions and demonstrate accountability and professional responsibility, personal and professional integrity, autonomy and advocacy.

Standard of conduct

To achieve this, you must:

1. comply with the Code and other relevant NMBI policies, frameworks and guidance documents.
2. work within and keep up to date with the law, regulations, policies and guidelines relevant to your practice.
3. be accountable for your own decisions, actions, omissions and related outcomes.
4. accept responsibility for errors and learn from them.
5. act immediately and report any error, unsafe behaviour or unethical conduct, whether or not harm has occurred, to relevant individuals, including employers.
6. practice, promote and support a culture of open disclosure.
7. comply with relevant laws¹⁷ and national policies relating to open disclosure.¹⁸
8. act as an advocate on behalf of an individual who requires you to do so to ensure their rights and interests are protected.
9. act as an advocate for the vulnerable, challenge poor practice, and discriminatory attitudes and behaviour relating to care.
10. empower individuals to be involved in the decision-making process by providing them with information they can understand.
11. be responsible and accountable for your own health and wellbeing.
12. seek help from your employer if you become aware that your physical or mental health is affecting your ability to practise safely.
13. tell your manager or colleagues if you have a conscientious objection to a procedure or treatment. You may refuse to provide care or to participate in a procedure or treatment which conflicts with your ethical or moral standards, but you must arrange for a suitably qualified colleague to take responsibility for that individual's care.
14. be aware that conscientious objection does not absolve you of your responsibility to an individual in emergency circumstances.
15. maintain professional boundaries with an individual in your care, their families and carers.

You should:

16. co-operate with an investigation or formal inquiries into your professional conduct, the professional conduct of other practitioners, or provision of care or services.

Regulatory requirements

Comply with your registration responsibilities to practise as a nurse or midwife.

Standard of conduct

To achieve this, you must:

17. inform your employer and NMBI if you have:
 - a) any conditions attached to your registration from any regulatory body
 - b) current disciplinary proceedings against you by any professional body
 - c) any caution or charge against you, or if you have been found guilty of a criminal offence
 - d) a criminal record, or
 - e) a medical disability that might impair your ability to practise.

You must not:

18. document false or misleading information about individuals, care given or to be given.
19. steal, misuse, abuse or improperly destroy the property of individuals receiving care, the healthcare team or employers.
20. ask for or accept loans of money from individuals receiving care or anyone close to them.
21. accept incentives, financial or otherwise, that could reasonably be perceived as affecting your professional judgement.

You should:

22. adhere to your employer's policy about accepting and reporting gifts.
23. make sure that if you are responsible for education activities in your organisation, any non-exchequer funding is sent through the appropriate education and development funds and managed without influence from the commercial enterprise.
24. be responsible for ensuring that you have adequate professional indemnity insurance to cover your scope of practice.

Principle 5: Leadership

Value

Leadership in nursing and midwifery is the ability to inspire, influence and motivate others as you work together to achieve your goals. You should show integrity and guidance that others can aspire to. This should reinforce trust and confidence in the professions from those receiving care, other healthcare professionals and the public.

Practitioners promote dignity and respect by showing professionalism, leadership and sharing, and by enabling, teaching and supporting junior colleagues to work effectively in a team.

Standard of conduct

To achieve this, you must:

1. uphold and promote high standards of care.
2. be aware of how your behaviour can affect and influence the behaviour of other colleagues, students and members of staff.
3. manage your time, staff and resources effectively.
4. identify, reduce and escalate risk to make sure that the quality of care or service you deliver is maintained and improved, prioritising the needs of those receiving healthcare or services.
5. teach, supervise and assess students fairly and respectfully using agreed criteria.
6. support and encourage students and colleagues, to help them develop their knowledge, skills and competence through clinical supervision, reflection and evaluation.
7. provide constructive and timely feedback in your assessment of students.
8. protect team members you are responsible for from harm, detriment, victimisation or unwarranted treatment after a concern is raised,¹⁹ while respecting the wishes of the individual.
9. support colleagues to follow the principles of the Code.
10. stop unsafe, incompetent, unethical or unlawful practice.
11. promote person-centred care.
12. promote good professional behaviour for students, newly qualified practitioners and team members.

You must not:

13. ignore, engage in or excuse behaviour that could be perceived as bullying or harassment.

You should:

14. support, preceptor, mentor and teach colleagues and other members of the healthcare team, especially those who are less experienced in providing care, considering the resources you have available.
15. be supportive of colleagues who have health or performance problems, ensuring that this support does not compromise an individual's safety.
16. recognise and encourage leadership and value the work of your colleagues.
17. make sure that students fully understand their role.
18. enable positive inter-professional and intra-professional collaboration through team working and learning opportunities.
19. encourage evidence-based, autonomous, innovative nursing and midwifery practice with reference to agreed scope of practice.
20. take part in research or support the research of others, where possible.

Principle 6: Collaboration

Values

Practitioners collaborate and communicate with individuals, healthcare professionals, colleagues and students. Collaborating and communicating effectively with individuals promotes and protects their wellbeing. Good record keeping is a part of effective communication and is important to promote safe and continuity of care for individuals.

Collaboration means that you approach individual care from a multi-disciplinary perspective. Using teamwork helps provide a consistent standard of care to every individual. This improves the individual's experience and health outcomes, upholds accountability and helps to make treatment safe.

Standard of conduct

To achieve this, you must:

1. respect the skills, expertise and contributions of professional colleagues.
2. communicate sensitively, effectively, honestly and appropriately, considering the needs of the individual you are caring for.
3. communicate clearly and effectively with members of the team caring for an individual to ensure safety and continuity of care.
4. treat colleagues with respect, working with them in a professional, collaborative and co-operative manner while recognising that others have a right to hold different opinions.
5. deal with differences of professional opinion by discussion and informed debate, respecting their views and opinions, and always behaving in a professional way.
6. promote professional relationships with individuals, their caregivers, advocates and members of the healthcare team by managing and resolving conflict.
7. refer an individual, if required, to other appropriate healthcare teams for further treatment in a timely manner to ensure continuity of care, having first obtained the consent of the individual.
8. communicate clearly, effectively and quickly with other practitioners and healthcare professionals caring for an individual, and when referring or transferring care to another health professional or service provider.
9. always follow best practice when using an individual's information in clinical audit, quality assurance, education, training and research.
10. cooperate with audits of training records or other relevant audits that may be carried out to make sure you are competent to practise safely.

Standard of conduct

To achieve this, you must:

11. complete records at the time of, or as soon as possible after providing care, recording if the notes are written sometime after the event.
12. ensure records are legible and clear. The time of entry should be made as close to the time that care is given.
13. complete records accurately.
14. take immediate and appropriate action if you are aware that someone has not completed records correctly. This must be raised with the individual and if necessary, the employer.
15. make sure that any paper or electronic records you complete are clearly written and include your name, the date and time of the entry, your signature, or log your entry and record your NMBI pin number. It is acceptable to use a signature bank.
16. collect, store and use records according to data protection law²⁰, other relevant law and policies governing your practice.

You must not:

17. express your personal views (including religious, political or moral beliefs) to individuals in an inappropriate way.
18. use unnecessary abbreviations, jargon or speculation in records.

You should:

19. take reasonable steps to meet an individual's language and communication needs, and if possible, provide assistance to those who need help to communicate their own or other's needs.

Section

2

Values

Values Underpinning Professional Conduct

Each registered nurse and midwife have their own personal beliefs and values. The Code outlines specific values that all practitioners are expected to comply with in their practice. Essential to all the principles of the Code are the values of compassion, care and commitment that underpin ethical behaviour and professional conduct.

These values help to form the basis of professionalism.²¹



COMPASSION: *Compassion means showing empathy and respect for the person to ensure that their dignity is upheld at all times. Nurses and midwives uphold the trust of the person by providing care that is based on integrity, genuineness, kindness, comfort and presence.*



CARE: *Care means having the required knowledge, skills and competence to connect with a person by listening to and communicating with them, demonstrating safe evidence-based and collaborative practice.*



COMMITMENT: *Commitment means having a person-centred approach to professional practice. This requires professional commitment to lifelong learning that is demonstrated by active engagement. Commitment is further demonstrated by a work ethic that is supported by a passion and drive for professionalism to develop yourself and support teams with diligence and resilience.*

Respect for the Dignity of the person

The Universal Declaration of Human Rights (United Nations, 1948) states that freedom, justice and peace are built on dignity and equality of the person.

The values and standards established for respecting the dignity of the person are also referenced in:

- 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)
- The United Nations Convention on the Rights of Persons with Disabilities, 2007 (ratified by the Government of Ireland, 2018).

Section

3

Ethics

The principles in the Code provide a framework for how nurses and midwives make good decisions about care. The principles are supported by ethical theories drawn from both traditional and more contemporary thinking. Each of these theories have key concepts about how to make the best ethical decisions.

Ethical principles are tools which can be used to assist with ethical decision-making in practice. Decision-making in healthcare is crucial. Practitioners often face complex situations where they must balance competing values and interests.

Ethical values

Good professional practice requires that you should:

1. provide a good standard of practice and care.
2. recognise that patients are individuals with diverse needs and acknowledge their right to be treated with dignity and respect, and to be involved in decisions about their treatment and care.
3. ensure that the care of individuals is at the centre of your practice.
4. raise concerns quickly and appropriately if you think the safety or dignity of patients or colleagues is being compromised.
5. act with honesty, integrity and compassion.
6. work respectfully and effectively with colleagues.
7. protect and promote the health of individuals in your care and the public.
8. care for your own health and wellbeing.
9. ensure the standard of your conduct allows individuals in your care and the public to trust in you and your profession.

You should not:

10. take unfair advantage of individuals in your care or colleagues.
11. discriminate unfairly against individuals in your care or colleagues.²²

Section

4

Scope of Practice

Determining your Scope of Practice

Scope of practice is the range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent and has authority to perform. Your scope of practice is fully linked to the Code, which is the overarching document that guides you in your professional practice.

Your scope of practice should be dynamic and responsive to healthcare needs, development of knowledge and technological advances, allowing for opportunities and innovation. When considering your scope, you must think of your role and responsibilities in providing safe, quality person-centred care. As a regulated professional you should review your own scope of practice on an ongoing basis to ensure that it is up to date to meet the needs of individuals and the environment you are working in.

The Scope of Practice Framework is designed to enable nurses and midwives to be accountable for their decisions about their role and responsibilities.

The scope of practice has several functions and is:

- an empowering resource for practitioners to practice high quality safe care.
- a framework to support decision-making related to practice.
- help for practitioners to identify professional development needs.
- an enabling framework that allows nurses and midwives to develop in their roles, and.
- a framework to encourage reflective practice, improve learning and provide safe, quality healthcare.

Each practitioner is accountable for their professional actions and should determine their own parameters. If practitioners are not competent or if they identify a competence deficit, they should take appropriate measures to gain competence.

Making decisions regarding the scope of practice are based on the following principles:

- Your practice must be for the benefit and needs of the individual in line with the Code.
- When determining your scope of practice, you must make a balanced judgement about your competency to carry out a role or activity guided by all principles of the Code. Further education and training may be required to gain competence in a particular area.



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Decision-making framework: nursing scope of practice

To be read in conjunction with The Code

Identify need/benefit

- Has there been a comprehensive assessment by the nurse to establish the individual's health and cultural needs?
- Has there been appropriate consultation with, and consent by, the individual receiving care?
- Is the activity in the best interests of the individual receiving care?

Reflect on scope of practice and nursing standards

- Is this activity within the current, contemporary scope of practice?
- Have legislative requirements been met?
- Will performance comply with NMBI nursing standards of practice, codes and guidelines, as well as best available evidence?
- If other healthcare professionals should assist, supervise or perform the activity, are they available?

Consider context of practice, governance and identification of risk

- Is the activity/practice/delegation supported by the organisation and/or by the educational institution (for students)?
- Have strategies to avoid or minimise any risk been identified and implemented?
- If organisational authorisation is needed, does the nurse or healthcare worker have it or can it be obtained before performing the activity?
- Is the skill mix, model of care and staffing levels in the organisation adequate for the level of support/supervision needed to safely perform the activity/delegation?
- If this is a new practice:
 - Is there a system for ongoing education and maintenance of competence in place?
 - Have relevant parties and stakeholders been involved in planning for implementation?

Select appropriate, competent person to perform activities

(Delegation of care is made by a nurse)

- Have the roles and responsibilities of nurses and healthcare workers been considered?
- Does the nurse or healthcare worker have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity either autonomously or with education, support and supervision?
- Are they competent and confident in performing the activity and accepting the delegation?
- Do they understand their accountability and reporting responsibilities?
- Is the required level of education, supervision/support available?

Yes to all

- **Action**
- Perform the activity, **or** delegate to a competent person who then reconfirms consent from the person receiving care, **and**
- document the decision and the actions, **and**
- regular review of the delegation providing guidance, support and clinically-focused supervision, **and**
- evaluate outcome.

No to any

- **Action**
- Reconsider decision about whether to implement practice/activity/delegation, **and**
- consult/seek advice/collaborate, **and/or**
- refer if needed to complete the action, **and**
- if appropriate, plan to enable integration/practice changes (including developing/implementing policies, gaining qualifications as needed), **and**
- document the decisions and the actions, **and**
- evaluate outcome.



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Decision-making framework: midwifery scope of practice

To be read in conjunction with The Code

Identify need/benefit

- Has there been a comprehensive assessment by the midwife to establish the woman or newborn's health and cultural needs?
- Has there been appropriate consultation with, and consent by, the woman?
- Is the activity in the best interests of the woman receiving care?

Reflect on scope of practice and midwifery practice standards

- Is this activity within the current, contemporary scope of midwifery practice?
- Have legislative requirements been met?
- Will performance comply with NMBI midwifery standards of practice, codes and guidelines, as well as best available evidence?
- If other healthcare professionals should assist, supervise or perform the activity, are they available?

Consider context of practice, governance and identification of risk

- Is the activity/practice/delegation supported by the organisation and/or by the educational institution (for students)?
- Have strategies to avoid or minimise any risk been identified and implemented?
- If organisational authorisation is needed, does the midwife or healthcare worker have it or can it be obtained before performing the activity?
- Is the skill mix, model of care and staffing levels in the organisation adequate for the level of support/supervision needed to safely perform the activity/delegation?
- If this is a new practice:
 - Is there a system for ongoing education and maintenance of competence in place?
 - Have relevant parties and stakeholders been involved in planning for implementation?

Select appropriate, competent person to perform activities

(Delegation of care is made by a midwife)

- Have the roles and responsibilities of midwives and healthcare workers been considered?
- Does the midwife or healthcare worker have the necessary educational preparation, experience, capacity, competence and confidence to safely perform the activity either autonomously or with education, support and supervision?
- Are they competent and confident in performing the activity and accepting the delegation?
- Do they understand their accountability and reporting responsibilities?
- Is the required level of education, supervision/support available?

Yes to all

- **Action**
- Perform the activity, **or** delegate to a competent person who then reconfirms consent from the woman receiving care, **and**
- document the decision and the actions, **and**
- regular review of the delegation providing guidance, support and clinically-focused supervision, **and**
- evaluate outcome.

No to any

- **Action**
- Reconsider decision about whether to implement practice/activity/delegation, **and**
- consult/seek advice/collaborate, **and/or**
- refer if needed to complete the action, **and**
- if appropriate, plan to enable integration/practice changes (including developing/implementing policies, gaining qualifications as needed), **and**
- document the decisions and the actions, **and**
- evaluate outcome.

Section

5

**Professional
Guidance on
Record Keeping**

Record Keeping

All practitioners have a duty to maintain clear, accurate and up to date records, either in written or electronic form. This applies to the records that are relevant to your scope of practice and includes but is not limited to individuals' records.

Keeping clear and accurate records can be challenging in a busy working environment but it is an essential part of your role as a practitioner.

This section outlines the guidelines for completing records (written and electronic).

1. Records should be accurate and recorded within a legal, ethical and professional framework.
2. Records should be legible, clear and permanent to easily photocopy, if required. Print handwriting should be used to make records easy to read.
3. Records should be completed as close to the time that care is given and include the date and time (24-hour clock).
4. Records should demonstrate evidence of care planning, provision of care and evaluation of that care.
5. All care given should be accurately recorded for continuity of care.
6. Record ongoing holistic assessment of the individual and include the views and observations of family members, if appropriate.
7. Be particular, accurate, up to date, factual and clear.
8. Avoid using jargon or disrespectful remarks.
9. All your records should include your name, (as it appears on the NMBI Register), the date, time of entry, your NMBI PIN and your signature. You can use a signature bank.
10. Only use your initials on charts where there is a place to sign. Log your full signature and initials, (for example, a drug administration record).
11. Include the practitioner's role (for example, Registered General Nurse (RGN) or Clinical Midwife Specialist (CMS)).
12. An individual's care record should be entered in chronological order. Any change from this must be explained (for example, in an emergency).
13. Late entries are acceptable if they are clearly documented as such.
14. Practitioners should not add a late entry into an existing note i.e. the record must not be altered in any way either by adding entries or by altering entries.
15. Practitioners must not log or pre-date entries ahead of time.
16. Practitioners must not re-write entries in the record or discard the originals, even if it is for a simple reason (for example, a torn page or a spilled drink).
17. Practitioners must not falsify records.
18. Always record the time if you ask for attendance by medical and other healthcare staff, or if you call for assistance in an emergency.

19. Only use a list of abbreviations that are approved by your healthcare facility. It is recommended that each healthcare facility has an approved list of abbreviations. The list should be periodically reviewed and, if necessary, updated.

20. Only use an accepted official grading system.

- ++, < > should be avoided unless it is part of an accepted grading system
- Upward or downward arrows to show changes in physiology or other vital signs should not be used.

21. Never alter or erase an entry made in error.

22. If an inquiry or litigation is initiated, the record must not be altered in any way either by adding entries or by altering entries made in error.

23. Practitioners making a referral or consulting with another member of the healthcare team should clearly identify, by name, the person in the record. 'Seen by doctor' or 'doctor informed' is not acceptable. If another member of the healthcare team sees the patient, then that individual is responsible for their own record keeping.

24. Information or advice given over the telephone should be recorded accurately by the practitioner who took the call and the caller should be clearly identified.

25. All decisions to take no immediate action but review the situation later ('wait and see') should be clearly documented.

26. Any information, instruction or advice given, including discharge advice by a practitioner to an individual, should be documented.

27. Do not maintain more than one record for an individual.

28. Do not transcribe records.

29. The individual's name and identifying details should appear on every page of the record. The identity of the individual should always be obvious to the reader.

30. Practitioners should not record care on behalf of someone else. If it is necessary, for example if a practitioner calls while they are off duty and reports that they have forgotten to document care, it should be clearly noted in the record. Example: "Day/month/year, 21.40 hours. S/N M. Jones phoned at 21.30 hours. She stated that at 15.40 hours approximately ..." and that she had forgotten to document this in Mr Michael Smith's chart. Signed: S/N A. O'Reilly.

31. Practitioners who are supervising student nurses/midwives or nurses/midwives undertaking supervised clinical practice prior to registration should monitor the standard of record keeping.

32. Students are required to learn the practice of recording the delivery and management of care. This requires instruction and supervision as the student cannot be held totally accountable for the record while under supervision. If an entry by someone under supervision needs to be amended, the procedure for any entry made in error should be followed.

- 33.** Nurses and midwives who take records outside the healthcare organisation should take all reasonable steps to ensure they are safe and secure. Records should be returned to their appropriate storage facility as soon as reasonably possible after use.
- 34.** Regular audits are an important part of maintaining quality records.
- 35.** It is recommended that local policies are developed to support the practitioner in best practice of record keeping.

Section

6

**Professional
Guidance on
Social Media**

Social Media - Applying the Code

If used properly, social media can offer benefits for practitioners and those they provide care to.

These include:

- Establishing or accessing nursing and midwifery support networks and being able to discuss specific issues, interests, research and clinical experiences with other healthcare professionals.
- Being able to access resources for continuing professional development.
- Health promotion activities.

You must use social media in a responsible way, adopting the same professional standards expected in other forms of communication with individuals and colleagues. Always consider the possible impact on the individual before publishing any material, information or comments on social media. Abusive or defamatory comments must not be used. You should not use social media to impose your political, religious or cultural beliefs on others.

As a practitioner, you may put your registration at risk if you act in any way that breaches the standards of the Code, or act in any way that is unprofessional or unlawful on social media including, but not limited to:

- Sharing confidential information.
- Posting photos and other images of an individual receiving care.
- Posting inappropriate comments in a professional capacity.
- Bullying, intimidating or exploiting individuals.
- Stealing personal information or using someone else's identity.
- Encouraging violence or self-harm.
- Inciting hatred or discrimination.

You should use appropriate privacy settings when using social media and consider how the information and images you post might be interpreted by individuals if they were to become widely available.

Anonymising an individual's information may still identify them. It is inappropriate to share confidential information online even when it is anonymised. It may be more damaging than sharing it verbally due to the speed and size of the potential audience.

You should maintain professional boundaries when using social media to uphold public trust and confidence in the professions, keeping your personal and professional lives separate.

Understand the basics of social media before you go online

Be familiar with the rules and practices of a social media platform before you join.

- Know how to set and manage your online account privacy settings.
- Understand the concepts of privacy, confidentiality, defamation, cyber-bullying, libel and copyright.
- Understand the benefits and risks of the media you are using.
- Keep your personal life and professional life separate online.

Always protect your personal identity online.

Do

- Think carefully about what information you want to share about yourself and how your details may be viewed by others. This may include identifying yourself as a nurse or midwife and where you work or attend college.

Don't

- 'Friend' service-users or ex-service users.
- Take photos or videos in the workplace unless it is part of approved professional training, teaching or learning.
- Vent or air grievances online.
- Refer to work situations, colleagues or individuals.

Always

- Respect professional and personal boundaries.
- Respect an individual's privacy and confidentiality.

Social media is open, shared and informal.

- Privacy, confidentiality and professionalism are core professional values. You need to respect the legal rights of privacy and confidentiality of individuals and colleagues, and respect the values of your profession at all times.

Post appropriately: Use social media and social networking for your professional development.

- There are many ways to use social media professionally and NMBI supports the responsible use of social media by practitioners and students. You could, for example, use social media to keep up to date with research, get updates from organisations, find teaching tools and network with your peers. You should aim to make your online presence valuable to yourself and others.
- Pause before you post – is it appropriate for social media?
- Do not post messages or information about something you don't want your colleagues and managers to see. If you are about to publish something that you wouldn't say in a room full of people, don't send it.
- Imagine your post going viral – if in doubt, leave it out!
- A private post can go viral in hours even if you are sure your settings are private, friends can re-post or comment on your content. What you post online is permanent.
- No matter what social media you're using, always be respectful of others. Don't post in anger. Be aware of legal issues and don't engage in illegal or unprofessional behaviour. Never post, re-post or comment on sexually explicit material. Remove any links between you and inappropriate content online.
- If you are tagged (a link to your name) in inappropriate photos, updates or messages that other people post online, or if you're linked in any way to pages or groups that have unprofessional or illegal content, you need to act. Remove the links, ask to be untagged, request the photos be removed and report illegal or abusive content.
- Report any inappropriate content.
- If you see inappropriate content on social media, report it. If you see inappropriate content at work or see your organisation named inappropriately, report it to your manager and refer to your organisation's IT policy.

Section

7

**Professional
Guidance on
Research**

Research

Research is important to ensure practitioners can deliver safe, quality, effective care to improve individual outcomes. Nursing and midwifery research includes clinical practice, management, education and informatics. Healthcare organisations are responsible for ensuring that policies and procedures are in place to guide practitioners in their research.

Researchers must follow good ethical standards. The ethical principles include respect for individuals' autonomy, beneficence, nonmaleficence (do no harm), justice/fairness; veracity and confidentiality.

Researchers have an ethical duty to balance potential benefits against potential risks and to minimise potential risk, as far as possible to safeguard and protect participants. Participants place their trust in researchers and must be protected.

There are exceptional circumstances where information may have to be disclosed without the permission of participants, therefore breaching confidentiality. These circumstances include public interest and safety, and when the researcher believes that there may be a risk in non-disclosure. The researcher must have clear reasons for disclosing information and should seek support from the research supervisor, ethics committee and other relevant persons. The decision should be clearly documented.

Informed consent in research

Participants have the right to withdraw from a research study without prejudice and without any impact on their care. The right to withdraw should be clearly outlined to the participant at the start of the research (during the recruitment phase). The researcher is responsible for ensuring the confidentiality and privacy of the participants and the data obtained from them. Personal information obtained by the researcher must not identify participants and should not be made available to others without their consent, except in exceptional circumstances. All confidential data must be stored securely with authorised access only. The purpose of informed consent is to protect participants and allow them to make informed choices. Consent to participate in research should never be presumed.

There are four essential components needed for consent to be valid:

1. **Disclosure of Information** - Participants must be fully informed about every aspect of the research, including risks, benefits and the right to withdraw at any time. The information provided must be sufficient, accurate and understood.
2. **Comprehension** - The researcher must make every effort to ensure the participant understands the information disclosed.
3. **Competence** - If a person decides to participate in research, they must understand what is involved before deciding to take part.
4. **Voluntariness** - Consent to participate must be given voluntarily and is only valid if it is given without intimidation, coercion, persuasion, manipulation or inducement. The researcher must ensure the right of each participant to determine their voluntary participation in research.

Written informed consent is required for all research. The consent form should provide a written explanation about the research study, including the purpose of the study, study design, sampling procedure, the potential benefits and risks and the voluntary nature of the study. A consent form is signed and dated by the research participant and the researcher. Where research involves the use of questionnaires, by completing the questionnaire consent is given.

Research ethics committees

It is important that research practices are continually monitored, audited and evaluated. Many healthcare services and education bodies use research ethics committees to observe research and clinical trials. These committees have strict standards, guidelines and policies that researchers must follow. Before undertaking a project, the researcher needs to be aware of the ethical considerations relating to the research project and the guidelines, policies and procedures to be approved by the healthcare services/institutions or education bodies. The researcher is responsible for obtaining ethical approval before a research study begins.

Healthcare records in research

When individual records are used in research, they are subject to the same ethical considerations as any other type of research. The principles of privacy, confidentiality and anonymity must be respected. Competence in research is needed to ensure the confidentiality of records.

- Adhere to policy regarding records.
- Comply with the Data Protection Acts (2018) and GDPR (2016).
- Consider the rights of individuals past and present, whose records will be used in research. Written consent may be needed.

Effective communication in research

Positive professional relationships are built on effective communication that is professionally appropriate, respectful, compassionate and honest. To communicate effectively, you must be aware of health literacy issues and take these into account when communicating with individuals. Plan, whenever possible, to meet the specific language, culture and communication needs of individuals and their families. It is important that practitioners, regardless of their role in the research process, protect vulnerable individuals and respect their right to self-determination and autonomy.

Ethical conduct and the research process

Researchers must ensure that sampling procedures are bound by ethical and research principles, and are guided by a research ethics committee. Researchers must ensure that participants receive adequate knowledge about data collection methodology and the measurement instrument(s) being used to make an informed decision and give consent. Local policies and the research ethics committee will determine the storage and disposal procedures of the research data.

The role of the nurse/midwife	Ethical questions
The nurse/midwife as researcher	<ul style="list-style-type: none">→ What is the responsibility of the researcher to the individual?→ Is the researcher competent to undertake research?
The nurse/midwife as a research assistant	<ul style="list-style-type: none">→ Are there conflicting responsibilities because of the role of the nurse/midwife as care provider and the role of the nurse/midwife as research assistant?
The nurse/midwife as a research facilitator	<ul style="list-style-type: none">→ Is it in the best interests of the individual that research takes place in the clinical area?
The nurse/midwife as a research subject	<ul style="list-style-type: none">→ Are there conflicting responsibilities because of the role of the nurse/midwife as research subject?
The nurse/midwife as a consumer of research	<ul style="list-style-type: none">→ Have nurses/midwives a duty to update themselves and implement new knowledge?

Section

8

**Professional
Guidance
- General**

Accountability: Accountability means that each practitioner is responsible and answerable for their own or others' actions or inactions. You are accountable both legally and professionally for your practice, the decisions you make and the consequences of your decisions. A practitioner should be able to give reasons for the decisions they make in their professional practice. They should justify their decisions in the context of law, professional standards and guidelines, evidence-based practice, and professional and ethical conduct. You are accountable to the individual, the public, NMBI, your employer and any relevant supervisory authority.

Advance healthcare directives: A capable individual has the right to refuse treatment. An advance healthcare directive should be respected on condition that:

- the individual made an informed choice at the time of making the advanced healthcare directive.
- the decision in the directive covers the situation that has now arisen, and
- there is no indication that the individual has changed their mind since the advance healthcare directive or plan was made.

The Advance Healthcare Directive must comply with the provisions of the Assisted Decision Making (Capacity)(Amendment) Act, 2022.²³ This 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 an individual whose capacity may be in question to ensure they are part of the decision-making process. This includes advance healthcare directives. A cognitive impairment is relevant in this context only if it affects capacity.

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

Advocacy: ability to protect and promote people's human rights, while also respecting their autonomy, privacy, dignity, values, preferences and diversity.²⁴

Autonomy: self-determination; a person's ability to make choices based on their own values.

Capacity and informed consent: you must always presume that individuals have capacity to make their own decisions, unless you have a good reason to doubt it. Every adult with capacity is entitled to refuse care or treatment. You must respect an individual's decision to refuse care or treatment even if you disagree with that decision. The explanation you give and the refusal of treatment should be clearly documented in the individual's records.

You should ensure that informed consent has been given by an individual before any intervention or treatment is carried out. The ethical and legal rationale behind this is to respect the individual's autonomy and their right to control their own life. The basic idea of personal autonomy is that everyone's actions and decisions are their own. Therefore, an individual has the right to decide what happens to their own body. Effective communication and information sharing is key to an individual's understanding and consenting to care. As part of the informed consent process, an individual must receive sufficient information in a way that they can understand and in a language they can understand, using translating and interpreting services, if needed. Use closed loop communication (when an individual repeats the information back to you) to ensure the recipient of the information understands the information.

There may be occasions when an individual's state of health may prevent them from taking part in the consent process. In assessing an individual's capacity to consent, you must follow the relevant laws, regulations, national policies and guidance. You must take all practicable steps to maximise an individual's capacity and provide supports to enable the individual to make their own decision and give informed consent. This includes consulting with individuals appointed by them to provide support in decision-making. In carrying out an assessment of whether an individual has capacity to give informed consent, consider whether the individual is able to:

- understand and retain the information relevant to the decision long enough to give informed consent.
- use or weigh that information as part of the process of making the decision, and
- communicate their decision or consent by any means.

You must assess an individual's capacity only by referencing the decision to be made at the time. The fact that an individual lacks capacity to make a particular decision does not mean that they lack capacity to make other decisions, or that they will lack capacity to make this or other decisions in the future. You must take reasonable steps as outlined in *Advance Decision-Making legislation*,²⁵ to find out whether there is another person who has the legal authority to decide on behalf of an individual and, if so, consult with this person.

The amount of information you provide to an individual will vary depending on factors such as the nature of the condition, the mode of investigation, the complexity of the treatment, the risks associated with the treatment or procedure and the individual's own wishes. When you are providing information, you should consider an individual's own needs and priorities. For example, an individual's beliefs, culture, occupation or other factors may have a bearing on the information they need to decide. You should ask the individual if they understand the information and if they would like more information. Allow enough time for them to ask questions, to make decisions, to refuse care, interventions, investigations and treatments, and to proceed with their choice, while also taking local policy into consideration. This enables them to use their right to make informed decisions about their care. The need for consent extends to all nursing or midwifery interventions with individuals in all settings.

To ensure that consent remains valid, you should continue to keep individuals up to date with any changes in their condition and the treatments or investigations proposed. Whenever possible, you should discuss treatment options at a time when the individual is able to understand and retain the information. It is not recommended to seek consent when the individual is stressed, sedated or in pain and therefore less likely to make a calm and reasoned decision. Where possible, you should discuss risks well in advance of an intervention.

In an emergency, if it is not possible to obtain consent from the individual, you must provide treatment or other intervention where it is necessary to save life or avoid significant deterioration in the health of the individual.

Clinical indemnity insurance: The practitioner is legally accountable for ensuring they have appropriate professional indemnity insurance. Individuals expect practitioners to hold insurance in case there is a substantiated claim of professional negligence against them.

If you are employed in the public health service or in certain voluntary organisations, you are indemnified by the Clinical Indemnity Scheme (CIS).²⁶ If you are working in the private sector, you may be covered by your employer's insurance.

In the interest of an individual's safety and protecting the public, you must ensure that you have professional indemnity insurance if you are working in private or independent nursing or midwifery practice.

Clinical governance: the system of authority that healthcare teams are accountable for the quality, safety and satisfaction of individuals in the care they deliver.

Clinical trials: The role of practitioners in clinical trials may involve the recruitment of participants, implementation of protocols, recording of data, and monitoring and evaluation of the results of the clinical trial. Those involved in clinical trials must refer to Statutory Instrument S.I. Number 190 of 2004 European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations, as amended. Clinical research should be based on ethical standards that respect the research participants and protect their health and rights. Researchers must protect the safety, dignity, self-determination and confidentiality of personal information of the research participant.²⁷

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

Competence: refers to the effective application of a combination of knowledge, skills and judgement demonstrated by an individual in their daily practice or in their job performance. It also refers to interpersonal and a range of personal attributes.

Concerns about colleagues or systems: If you have concerns about a colleague's conduct or competence, you should talk to the individual initially to highlight your concerns. If the conduct or competence concern continues, you should inform your manager. In a situation where you have concern about potentially unsafe systems, you must act to prevent any immediate risk to an individual's safety by taking appropriate steps to notify the relevant person or authority about your concerns as soon as possible. If you are unsure who you should report your concern to, ask a senior colleague for advice.

If you are concerned about a colleague's health or professional competence due to alcohol or drug misuse, a physical or psychological disorder or other factors, you have an overriding duty to make sure that individuals are protected. The best way to support a colleague in these circumstances, is to advise them to seek professional help in line with the principles of the Code. However, if there is a serious risk to an individual's safety, you should inform senior management of your concerns immediately, in accordance with local policy, and inform the NMBI, if required.

Conduct: an individual's moral practices, actions, beliefs and standards of behaviour.

Confidentiality and privacy: Confidentiality is central to the practitioner and individual's relationship. Each individual needs to be confident that their personal information and their basic dignity will be protected by you. Relationships are built on trust. Any improper breach of this trust, even if accidental, damages the relationship and the general trust worthiness of the professions of nursing and midwifery.

Conscientious objection: a strong objection by a practitioner, based on religious or moral grounds, to provide or participate in providing a particular service.

Culturally safe and respectful practice: Culturally safe and respectful practice requires having knowledge of and insight into how your own culture, values, attitudes, assumptions and beliefs influence interactions with an individual, families and colleagues. To ensure culturally safe and respectful practice, you should understand that only the individual and/or their family can determine whether care is culturally safe and respectful. It is important to establish a relationship of trust with each individual by being honest, acting consistently, and delivering safe and competent care.

Adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, socioeconomics, sexuality, age or political beliefs).

By developing and promoting actions such as raising awareness, challenging discrimination, and encouraging attitude and behaviour change towards a more inclusive culture, you will create a positive and culturally safe work environment through role modelling and supporting the rights, dignity, and safety of others, including individuals and colleagues.

Delegation: The practitioner who is delegating is accountable for the decision to delegate. The practitioner must be satisfied that the person they are delegating to is competent to complete the task and will report back to the relevant practitioner. The practitioner, student or healthcare worker should be responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity.

Employers and managers must support practitioners in delegation and supervision of a student or regulated/unregulated staff by providing appropriate organisational policy and resources.

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 the Code underpin professional practice.

Evidence-based practice: the use of the best available evidence together with the practitioner's expertise, as well as an individual'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 an individual, or to a complaint being made, or to loss or damage.

Individual: refers to patients, clients and anyone else who uses nursing and midwifery services.

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

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

Open disclosure and raising concerns: Open disclosure is an honest, open, compassionate and timely approach to communicating with an individual, and if appropriate, their family/carers, following a patient safety incident.²⁸ This includes acknowledging, apologising and explaining when things go wrong.

Nurses and midwives have legal responsibilities and need to comply with any mandatory reporting requirements.²⁹ They have a professional duty to acknowledge when something has gone wrong and to provide an honest explanation of what happened. They must prioritise the interests of individuals in their care and act to protect individuals if they think there is a risk.³⁰

Practitioners must follow any relevant mandatory reporting laws to protect groups that are particularly at risk, including reporting obligations relating to care of older persons, child abuse and neglect. They must remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation, and act on welfare concerns where appropriate. Regardless of the role or location, it is important for practitioners to know how to raise concerns appropriately.

Professional autonomy: ability to use various kinds of knowledge in a critical manner, to provide safe, quality healthcare to individuals. Individual levels of autonomy can vary depending on legislative, organisational and individual factors.

Protected disclosure:³¹ A practitioner, in good faith, can report:

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

By reporting their concerns in line with the relevant law, the practitioner is protected from their employer taking action against them.

Quality of practice: evidence-based professional standards balanced against an individual's needs, individual's satisfaction and organisational efficiency.

Responsibility: refers to a practitioner's obligation to perform competently at an acceptable level, that is, the level that the individual has been educated. Responsibility means the practitioner has an obligation to perform a role or function to an acceptable standard.

Self-determination: an individual taking control of their own life and making their own decisions.

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

Supervision: You may be required to supervise, delegate to, and educate students and regulated/unregulated colleagues in providing safe person-centred care. Supervision enables students to learn and safely achieve competence and autonomy in their professional role. All NMBI practitioners can supervise students, serving as role models for safe and effective practice. Students may be supervised by other registered healthcare professionals.

Supervision may be 'direct' or 'indirect':

- Direct supervision means that the supervising practitioner is present and works alongside the student, or the regulated/unregulated healthcare worker when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the practitioner does not directly observe the student or the regulated/unregulated healthcare worker undertaking a delegated role or activity.

Both direct and indirect supervision can include overseeing, direction, guidance, support and evaluation.

When individuals' records are used in research, they are subject to the same ethical considerations as any other type of data. The principles of privacy, confidentiality and anonymity must be respected. The research process, including data collection and storage, must also conform to any national policies regarding healthcare records and abide by relevant data protection law.

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

Understand and follow your organisation's IT policies: Your organisation may have IT policies in place. Even if you are using your own smartphone in work for professional reasons, make sure you follow the organisation's IT policy. Time spent online for personal reasons at work is like chatting to a friend during work time. Organisations should set out clear policies for staff and students on their use of social media, encouraging responsible use. If you want to start using social media professionally, you should first speak to your manager.

Section

9

Complaints

All nurses and midwives must be aware that a breach or breaches of the Code could result in a complaint being made against them. Anyone can make a complaint about a nurse or midwife, including members of the public, individuals receiving care and their relatives, employers and other healthcare staff. The Board of NMBI may also make a complaint about a nurse or midwife.

Complaints may be made to NMBI against registered nurses and registered midwives on one or more of the nine grounds listed in the Nurses and Midwives Act 2011, as amended. These are:

1. Professional misconduct.
2. Poor professional performance.³²
3. Non-compliance with a code of professional conduct.
4. A relevant medical disability.³³
5. A failure to comply with a relevant condition.
6. A failure to comply with an undertaking or to take any action specified in a consent given in response to a request given under section 57A(1) or 65(1).
7. A contravention of a provision of this Act (including a provision of any regulations made under this Act).
8. An irregularity in relation to the custody, prescription or supply of a controlled drug under the Misuse of Drugs Acts 1977³⁴-2017 or another drug that is likely to be abused.
9. A conviction in the State for an offence triable on indictment or a conviction outside the State for an offence consisting of acts or omissions, that if done in the State, would constitute an offence triable on indictment.

A complaint against a registered nurse or registered midwife is made to the Preliminary Proceedings Committee (PPC) of NMBI. When a complaint is received by the PPC, it will be assigned to a case officer. The case officer assists the PPC to manage the complaint and to carry out any investigations. The case officer will keep the practitioner updated on any decision made by the PPC or the Board regarding whether or not the complaint warrants further action.

Complaints must be made in writing by email to: complaints@nmbi.ie or by post to:

PPC Division,
Fitness to Practise Department,
Nursing and Midwifery Board of Ireland,
18-20 Carysfort Avenue,
Blackrock,
Co Dublin.

A breach of the Code could result in a nurse or midwife being brought before a fitness to practise inquiry.

In addition to complying with the Code, practitioners have a duty to keep up to date with legislation or legal developments that affect their professional nursing or midwifery practice. The Code includes links and references to legislation³⁵ and policies as applicable at the date of publication, to help them understand the legal and ethical implications of their role as a nurse or midwife.

Further details about NMBI's complaints process is available on our website: www.nmbi.ie/Complaints.

Resources

NMBI provides guidance and support to nurses and midwives in their clinical practice. These include:

- Guidelines for nurses and midwives in relation to professional practice and standards.
- Standards and requirements for registered nurse and midwife registration education programmes.
- Annual reports, eZines, eLearning programmes and conference proceedings.

Practitioners should refer to these resources, as necessary, when determining their individual scope of practice.

Useful websites

www.nmbi.ie	Nursing and Midwifery Board of Ireland
www.health.gov.ie	Department of Health
www.hiqa.ie	Health Information and Quality Authority
www.hse.ie	Health Service Executive
www.hseland.ie	HSE's online resource for Learning and Development
www.irishstatutebook.ie	The Irish Statute Book database
www.mhcirl.ie	Mental Health Commission
www.patientsafetyfirst.ie	Website of the Patient Safety Initiative in Ireland
www.lenus.ie	The Irish Health Repository

Footnoted References

1. Nurses and Midwives Act 2011 (as amended)
<https://www.irishstatutebook.ie/eli/2011/act/41/enacted/en/html>
2. Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021).
<https://www.nmbi.ie/Standards-Guidance/Code>
3. The Scope of Nursing and Midwifery Practice Framework (2015)
<https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice>
4. Ethical Conduct in Research (2015)
<https://www.nmbi.ie/NMBI/media/NMBI/ethical-conduct-in-research-professional-guidance.pdf?ext=.pdf>
5. Recording Clinical Practice (2015)
<https://www.nmbi.ie/NMBI/media/NMBI/recording-clinical-practice-professional-guidance.pdf?ext=.pdf>
6. Social Media and Social Networking (2013)
<https://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Social-Media-Social-Networking>
7. Practice Standards for Midwives (2022)
<https://www.nmbi.ie/Standards-Guidance/Midwives-Standards>
8. Any reference to law contained in this Code, whether a reference to any enactment or otherwise, should be construed as a reference to such provision as amended, adapted, or extended from time to time.
9. Disability Act 2005
<https://www.irishstatutebook.ie/eli/2005/act/14/enacted/en/html>
10. Health (Regulation of Termination of Pregnancy) Act 2018
<https://www.irishstatutebook.ie/eli/2018/act/31/enacted/en/html>
11. Assisted Decision-Making (Capacity) (Amendment) Act 2022
<https://www.irishstatutebook.ie/2015/en/act/pub/0064/index.html>
12. Discrimination is unlawful on the grounds set out in the Equal Status Law. The Equal Status Acts 2000 to 2018 can be accessed at:
<https://www.irishstatutebook.ie/eli/2000/act/8/enacted/en/html>
13. While not applicable in all settings, the HSE 'National Consent Policy' provides detailed and comprehensive information and guidance on obtaining consent and associated considerations.
14. The Decision Support Service. Refers to guidance documents and codes of practice for decision supporters, professionals, and organisations.
<https://www.decisionsupportservice.ie/>
15. Law in this area includes the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
<https://www.irishstatutebook.ie/eli/2023/act/10/section/19/enacted/en/html#sec19>
16. Information on protected disclosures and whistleblowing can be found at: Citizens Information
<https://www.citizensinformation.ie/en/employment/enforcement-and-redress/protection-for-whistleblowers/#8a139e>
17. Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
<https://www.irishstatutebook.ie/eli/2023/act/10/enacted/en/html>
18. National Open Disclosure Framework (2023) department of Health
<https://assets.gov.ie/273442/1b63c986-f080-4c78-86e2-3e3d2a16fd22.pdf>
19. Protected Disclosures (Amendment) Act 2022
<https://www.irishstatutebook.ie/eli/2022/act/27/enacted/en/html> provides a statutory framework for the protection of workers who raise concerns about relevant wrongdoing in their workplace from dismissal, penalisation or other sanctions by their employers.

20. See Data Protection Law, including The Data Protection Act 2018 (Access Modification) (Health) Regulations 2022 which regulate subject access to health data where the application of that right would be likely to cause serious harm to the physical or mental health of the data subject but only to the extent to which, and only for as long as such application would be likely to cause such harm.
<https://www.irishstatutebook.ie/eli/2022/si/121/made/en/>
21. Position Paper One Values for Nurses and Midwives in Ireland (2016 Department of Health, Office of the Chief Nursing Officer).
<https://www.nmbi.ie/NMBI/media/NMBI/Position-Paper-Values-for-Nurses-and-Midwives-June-2016.pdf>
22. Guide to Professional Conduct and Ethics for Registered Medical Practitioners (2024)
23. Assisted Decision Making (Capacity) (Amendment) Act 2015
<https://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html>
24. Health Information and Quality Authority (2023). The Fundamentals of Advocacy in Health and Social Care.
25. Assisted Decision-Making (Capacity) (Amendment) Act 2022
<https://www.irishstatutebook.ie/2015/en/act/pub/0064/index.html>
26. Clinical Indemnity Scheme
<https://stateclaims.ie/state-indemnity/clinical-indemnity-scheme>
27. Shin Lee (2022). Ethical Issues in Clinical Research and Publication *Kosin Medical Journal* 2022;37(4):278-282.
<https://doi.org/10.7180/kmj.22.132>
28. A 'Patient safety incident' includes harm events, no harm events and near miss events.
29. Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023
<https://www.irishstatutebook.ie/eli/2023/act/10/enacted/en/html>
30. National Open Disclosure Framework (2023) Department of Health
<https://assets.gov.ie/273442/1b63c986-f080-4c78-86e2-3e3d2a16fd22.pdf>
31. Protected Disclosures (Amendment) Act 2022
<https://www.irishstatutebook.ie/eli/2014/act/14/enacted/en/pdf>
32. 'Poor professional performance' in relation to a nurse or midwife is defined in the Nurses and Midwives Act 2011 as a failure by the nurse or midwife to meet the standards of competence (whether in knowledge or skill or the application of knowledge or skill or both) that can reasonably be expected of a registered nurse or registered midwife, as the case may be, carrying out similar work.
33. 'Relevant medical disability' in relation to a nurse or midwife is defined in the Nurses and Midwives Act 2011 as a physical or mental disability of the nurse or midwife (including addiction to alcohol or drugs) which may impair his or her ability to practise nursing or midwifery or a particular aspect thereof.
34. Misuse of Drugs Act 1977, 1984 <https://www.irishstatutebook.ie/eli/1977/act/12/enacted/en/html>
35. Any reference to legislation contained in this Code, whether a reference to any enactment or otherwise, should be construed as a reference to such provision as amended, adapted, or extended from time to time.



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

Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue | Blackrock | Co. Dublin | A94 R299
T +353(0)1 639 8500 www.nmbi.ie