

# Nursing Practice

## COMMENT

### “The NMC needs to provide clearer guidance in its code”

After a long gestation, the NMC revalidation process has been launched. The NMC Code’s role in revalidation will give it “significance in your professional life”, according to the introduction to its revised version. The reflective accounts required in revalidation must explain how learning and improvement in practice is relevant to the code.

The code is designed to have a central role in guiding practice. It is intended that it be fully embedded in practice, and to do this it must be clear enough to guide nurses. Can it bear this heavy burden? When writing your reflections you will need to read the code. Read it carefully. Does it say what you think it says? In a paper recently published in *Nursing Ethics* I argued that there are areas where the new code is unclear. Here are just two.

Paragraph 4.2 states you must “make sure that you get properly informed consent and document it before carrying out any action”. Does it really mean this? Nurses are familiar with the issue of consent. We understand its importance before, for example, turning a patient as well as before a major operation. Documentation is often required or wise, even when consent is verbal or implied. But is documentation required before any action? Apparently it is now. The code makes it clear that its provisions are not negotiable or discretionary.

Paragraph 20.6 requires that you must “stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and

carers”. It’s not clear what “objective” means and whether these professional boundaries persist after your patient is no longer your patient. Does it apply to the family of a sportsman sutured in the emergency department a year ago? Perhaps the boundaries are in different places for current and former patients. Perhaps they are in different places for different patients. When reflecting on this, how will you tell? The questions of documenting consent and the nature of professional relationships are complex and cannot be covered in a few ambiguous clauses. More guidance is needed. Other regulators, such as the General Medical Council, provide it.

An NMC board paper from January 2015 stated that “our position is that the NMC should reduce the guidance it issues underpinning the Code to a limited number of key areas”. In contrast to the GMC, the NMC withdrew the helpful A-Z guidance a while ago, and other guidance was withdrawn as the code was published. Too much or conflicting guidance can confuse. But too little is worse, especially when the code is so ambiguous in so many areas that it is incapable of guiding practice by itself, let alone explaining exactly what nurses and midwives must do. This will become apparent when nurses read it carefully for revalidation. It’s right that a code is central to practice and that reflection ensures it stays there but to be effective this will require more clarity and guidance than is currently available in a seriously flawed document. **NT**

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**Creating clinical specialist placements**

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**Identifying emergency care priorities** p23

## SPOTLIGHT

### Good questions are essential to clinical research

Not long ago, the nearest most nurses got to clinical research was data gathering during observations of patient participants. However, today clinical research is a career option and many trusts have teams of research nurses.

But clinical research is not confined to those nurses – pre-registration students undertake it, and frontline nurses can also investigate the uncertainties about what aspect of nursing practice are effective, whether as part of post-registration studies or within their practice.

Defining the scope of research is crucial to ensure studies are relevant, manageable and achievable, and this depends on a

well-constructed research question. Our review (page 16) discusses the importance of the research question and how to refine it to ensure clinical research adds useful information to the evidence base.



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