

STANDARDS OF PROFICIENCY FOR REGISTERED NURSES

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The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Introduction

Registered nurses play a vital role in meeting **people's** needs for high quality, safe care. They are **accountable** for providing, leading and coordinating nursing care which is evidence based, compassionate and tailored to the individual needs of each person. They do this by working autonomously as well as in partnership with other healthcare professionals to meet the health and nursing care needs of people, families, communities and populations.

Registered nurses provide care to people at every stage of life across all **care settings**. They work in the context of continual change, challenging environments, growing diversity and rapidly evolving technologies. It is therefore essential that they are equipped with the knowledge, confidence and transferrable skills needed to respond to these demands.

All registered nurses must possess the professional and caring behaviours and the communication and relationship management skills and nursing procedures needed to identify and respond to those at risk of harm and to support an ageing population. At all times, they need to ensure nursing places the patient at the centre of care. There is a growing emphasis on providing care in **community settings** and caring for those with **complex needs**, those living with dementia and those at the end of life. The ability to think critically, apply their knowledge and skills and provide expert direct nursing care therefore lies at the centre of all registered nursing practice.

Registered nurses make an important contribution to the promotion of health and the prevention of ill health, empowering people to exercise choice, take control of their own health decisions and behaviours and manage their own care where possible. Registered nurses must also be resilient and able to acknowledge the impact and demands of professional nursing practice on their personal health and wellbeing, engaging in self-care and accessing support when required.

For definitions of terms marked in **light blue** throughout this document please refer to the Glossary of terms.

Greater integration of health and social care services is occurring across the UK, requiring registered nurses to negotiate health and social care boundaries and play a proactive and equal role in multidisciplinary teams. They will be expected to identify, support and manage the care needs of people with a range of mental, physical, cognitive, and behavioural health challenges across all care settings. Nurses must also demonstrate an understanding of, and sensitivity towards people from a range of backgrounds and cultures and those with different beliefs, to make sure that the care they offer is effective, personalised and acceptable to them.

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About these standards

The NMC, as the **professional regulator**, exists to protect the public. Setting education standards is one of the means of achieving this. Maintaining the safety and wellbeing of the public lies at the core of these standards.

The standards of proficiency are the minimum standards that a potential nurse will need to meet in order to be considered capable of safe and effective practice by the NMC. Education institutions will need to ensure that programmes are designed and effective to prepare people to meet these proficiencies in order to gain NMC registration.

The standards reflect the anticipated future needs of the public for expert nursing care. In turn they communicate to the public, educators, healthcare providers and professionals what the newly registered nurse should know and be able to do at the point of registration in order to practise safely and effectively and continue to develop their expertise. Those who educate student nurses are responsible for ensuring that the educational preparation they provide will equip new graduate nurses with the skills, knowledge and qualities needed to meet these standards and provide high quality **person centred care** at the point of registration.

In addition to skills and knowledge that can be acquired through education and training, the public also expects that registered nurses possess the values and personal attributes of being caring, empathetic and compassionate. As professionals in a modern world, nurses must also develop the inherent strengths of **emotional intelligence** and resilience. These requirements have implications for the way that education providers select nursing students and prepare them for professional practice. Potential nursing students will be assessed for admission to a pre-registration programme with reference to these attributes. The way that students are assessed throughout the programme will also encompass these attributes alongside knowledge, skills and competencies.

The outcome statements included in the standards have been designed to apply across all current fields of nursing practice and all care settings. Registered nurses must be able to meet the fundamental care needs of people across their lifespan with a range of mental, physical, **cognitive and behavioural health challenges**. They must also be able to meet the more complex care needs of people in their chosen field of nursing practice. The focus of the theoretical content, practice application and practice experience will reflect the need for students to meet the outcomes in the context of their field of practice. The annexes to these standards indicate key aspects of required field specific content.

The outcome focused standards of proficiency presented below are structured under seven headings. Each of these describes key components of the roles, responsibilities and **accountabilities** of registered nurses. While there is some overlap between the seven headings, we believe that this approach will provide the required clarity to the public and the existing nursing and health professional workforce about the core knowledge, skills and competencies that they can expect of every registered nurse in the future. They also provide the benchmark for established practitioners from overseas to enter the register, as well as for those who wish to return to practice after a period of absence.

It is important to emphasise that the outcome statements that underpin these standards reflect the requirements of a newly registered nurse as they graduate into the profession at the very beginning of their career. They will provide new graduates with a solid foundation of knowledge, skills and competencies which they will build upon as they gain experience in practice and fulfil their professional responsibility to continuously update their knowledge and skills.

At the point of registration, a registered nurse will:

1 Be an accountable professional

- be responsible and accountable for their actions
- act in the **best interests** of people, put them first, and provide nursing care that is person-centred, safe and compassionate
- solve problems and make sound decisions about care for people based on evidence and knowledge.

2 Promote health

- take a lead in helping people to improve and maintain their mental, behavioural, **cognitive** and physical health and wellbeing
- support and enable people at all stages of their lives to make informed choices about how to manage and improve their current health, and prevent ill health.

3 Assess needs and plan care

- assess the health and circumstances of people to inform the need for **nursing intervention**, care and support
- take into account the personal situation, characteristics, preferences and wishes of people, their families and carers
- accept that patients and families become experts in their own care and ensure they have the resources at their disposal to assist them to make informed decisions and that plans for intervention, care and support are tailored to their individual needs and preferences.

4 Provide and evaluate care

- take the lead in providing and supervising the delivery of nursing interventions, care and support to people of all ages and in any setting
- ensure that delivery of all aspects of care is compassionate and safe
- work in partnership with people, families and carers to evaluate whether the goals of care have been met in line with their wishes and preferences.

5 Lead nurse care and work in teams

- provide nursing leadership by demonstrating best practice and be accountable for delegating care appropriately to others, including lay carers
- play an active and equal role in **multidisciplinary teams** of professionals, collaborating and communicating effectively with colleagues, and with people and families to help them to manage their own care.

6 Improve safety and quality of care

- make a key contribution to continually improving the quality of care and treatment given, and improving people's experience of care
- be able to assess any risks to patient safety or experience, and take appropriate action to manage those, putting the best interests, needs and preferences of people first
- understand how to manage risks across organisations and settings.

7 Coordinate care

- engage with a variety of healthcare and other agencies and professionals, in order to support the delivery of complex care pathways and packages of care.

1. Being an accountable professional

Registered nurses are responsible for their actions. They act in the best interests of people, putting them first and providing nursing care that is safe and compassionate. They use their knowledge and experience to make evidence based decisions and solve problems.

Outcomes

At the point of registration, the registered nurse will:

- 1.1 Understand how to act in accordance with [the Code: Professional standards of practice and behaviour for nurses and midwives](#) to fulfil all registration requirements.¹
- 1.2 Understand and apply relevant legal and regulatory requirements, governance requirements, policies, and ethical frameworks and guidelines to all areas of practice.
- 1.3 Understand and apply the principles of [candour](#), courage and transparency, recognising and reporting any situations, behaviours or errors that could result in poor outcomes of care and treatment.
- 1.4 Acknowledge and articulate the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health.
- 1.5 Understand the professional responsibility for adopting a healthy lifestyle and maintain a level of personal fitness and wellbeing required to meet people's needs for mental and physical care.
- 1.6 Understand the meaning of resilience and [emotional intelligence](#) and explain their influence on judgments and decisions in complex, challenging and unpredictable situations.

- 1.7 Demonstrate a sound understanding of research methods, **ethics** and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice.
- 1.8 Demonstrate the transferrable skills and ability to think critically, apply knowledge and use evidence and experience to solve problems and make informed decisions.
- 1.9 Demonstrate the ability to communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges (Annexe A)
- 1.10 Demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families and carers and colleagues.
- 1.11 Provide and promote non-discriminatory, **person centred** and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, needs, and preferences taking account of any necessary reasonable adjustments² for disabled people.
- 1.12 Understand the need to make all decisions regarding people's care and treatment based on the needs of patients, and not on their own personal considerations, recognising and addressing external factors that may unduly influence their decisions.
- 1.13 Demonstrate the literacy, **digital literacy**, technological literacy and numeracy skills required to ensure their safe and effective nursing practice (Annexes A and B).
- 1.14 Take responsibility for the continuous development of their professional knowledge and skills, seeking and responding to support and feedback.
- 1.15 Demonstrate the knowledge and confidence to contribute as an equal partner in a multidisciplinary team as an ambassador for the profession and for health services.
- 1.16 Act as an ambassador for the profession and promote public confidence in nursing, health and care services.

2. Promoting health

Registered nurses play a key role in improving and maintaining people's mental, physical and behavioural health and wellbeing. They support and enable people at all stages of life and across all care settings to make informed choices about how to prevent ill health and manage health challenges in order to maximise quality of life and improve health.

At the point of registration, the registered nurse will:

- 2.1 Understand the aims and principles of health promotion and health improvement and be able to apply these when caring for individuals, families, communities and populations.
- 2.2 Identify and use every appropriate opportunity to discuss with people the impact of lifestyle choices including smoking, substance use, alcohol, sexual behaviours, diet and exercise on mental, physical, cognitive and behavioural health and wellbeing.
- 2.3 Understand and explain the principles, practice and evidence base for health screening when engaging with individuals, families and populations in order to promote, enable and improve mental and physical health outcomes.
- 2.4 Demonstrate knowledge of **epidemiology, demography, genomics** and the wider determinants of health, illness and wellbeing at all stages of life and apply this to an understanding of patterns of health and illness and health outcomes.
- 2.5 Understand and explain the contribution of social influences, **health literacy**, individual circumstances, behaviours and lifestyle choices to mental and physical health outcomes in people, families, and communities.
- 2.6 Understand the importance of early years interventions and the impact of adverse life experiences on lifestyle choices and mental and physical wellbeing.
- 2.7 Critically appraise and apply information about health outcomes when supporting people and families to manage their health care needs and make health choices.

- 2.8 Explain and demonstrate the use of up to date approaches to behaviour change to enable individuals, families and populations to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments (Annexe A).
- 2.9 Use appropriate communication skills to empower and support people to make informed choices about their care in order to help them lead satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability.
- 2.10 Understand and apply the principles of **pathogenesis** and immunology and the evidence base for **immunisation, vaccination** and **herd immunity** when engaging with individuals, families and populations to promote health and avoid ill health.
- 2.11 Understand and apply the principles of infection prevention, monitoring and spread and the impact of **antimicrobial resistance** in all settings.

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3. Assessing needs and planning care

Registered nurses assess and review the mental, physical, cognitive, behavioural, social and spiritual health needs of people, using this information to identify their requirements for nursing intervention, care and support. They work in partnership with people to develop person centred care plans that take into account their circumstances, characteristics and preferences.

Outcomes

At the point of registration, the registered nurse will:

- 3.1 Understand and apply knowledge of human development from conception to death, to inform accurate person-centred nursing assessments and develop appropriate care plans.
- 3.2 Demonstrate and apply knowledge of body systems and **homeostasis**, human anatomy and physiology, biology, genomics, pharmacology, social and behavioural sciences, to inform accurate nursing assessments and develop appropriate person-centred care plans.
- 3.3 Demonstrate and apply knowledge of commonly encountered mental, physical, cognitive and behavioural health conditions, to inform a full **nursing assessment** and the development and review of person-centred **nursing care plans** (Annexe B)
- 3.4 Recognise people at risk of harm and situations that may put them at risk. Take personal responsibility to work within local and national policy and legislative frameworks ensuring appropriate action is taken to provide adequate **safeguarding** for vulnerable people.
- 3.5 Understand and apply the principles underpinning partnership in nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages.

- 3.6 Demonstrate the ability to accurately assess a person's **capacity** to make sound decisions about their own care and to give or withhold consent. Where people do not have capacity, understand and apply the principles and processes for making reasonable adjustments and **best interest decisions**.
- 3.7 Undertake a mental, physical, behavioural, social, spiritual and cognitive assessment incorporating an understanding of current medication usage and treatments to inform a person centered prioritised plan for care.
- 3.8 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for fundamental nursing care and develop person-centred evidence based plans for nursing intervention with agreed goals.
- 3.9 Identify and assess the needs of people and families for care at end of life, including requirements for palliation and decision making related to their treatment and care preferences (Annexe B).
- 3.10 Recognise signs of deterioration in relation to mental distress, emotional vulnerability and physical symptoms and understand how to take prompt action to prevent or reduce risk of harm to the person and others (Annexe B).
- 3.11 Undertake routine investigations, interpreting and sharing findings as appropriate. Take prompt action when required, implementing appropriate interventions, requesting investigations or escalating to other professionals (Annexe B).
- 3.12 Demonstrate an understanding of **co-morbidities** and the demands of meeting people's nursing and social care needs when prioritising care plans.
- 3.13 Demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support including hospital care, health and social care, **third sector**, private and community based agencies.

4. Providing and evaluating care

Registered nurses take the lead in providing evidence based, compassionate and safe nursing interventions, care and support to people of all ages in a range of care setting. They ensure that any nursing care they delegate is of a consistently high standard. They work in partnership with people, families and carers to evaluate whether the goals of care have been met in line with their wishes, preferences and desired outcomes.

Outcomes

At the point of registration, the registered nurse will:

- 4.1 Demonstrate and apply an understanding of what is important to people and how this knowledge is used to ensure their needs for dignity, privacy, sleep, safety and comfort can be met and act as a role model to provide evidence based person-centred care (Annexe B).
- 4.2 Work in partnership with people, to encourage shared decision-making, in order to support individuals, and their families and carers to manage their own care when appropriate.
- 4.3 Demonstrate the knowledge, communication, and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions (Annexe A).
- 4.4 Demonstrate the knowledge, skills and ability to act as a role model to meet people's needs relating to **nutrition, hydration**, and **elimination**, using evidence based nursing care (Annexe B).
- 4.5 Demonstrate the knowledge, skills and ability to act as a role model to meet people's needs relating to mobility, hygiene, oral care, wound care and **skin integrity** using evidence based nursing care (Annexe B).
- 4.6 Demonstrate the knowledge and skills required to support people with mental health, behavioural, cognitive and learning challenges and physical symptoms including anxiety, confusion and pain (Annexe B).

- 4.7 Demonstrate the knowledge and skills required to prioritise what is important to people and their families to enable evidence based person-centred care at end of life (including people who are dying, families, the deceased and others bereaved) (Annexe B).
- 4.8 Demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical cognitive and behavioural health. Use this knowledge to make sound clinical decisions, take appropriate action and keep accurate records.
- 4.9 Demonstrate the ability to perform all nursing procedures and manage devices required to meet people's needs for effective interventions and person-centred nursing care (Annexe B).
- 4.10 Understand the principles underpinning first aid procedures and intermediate life support, and demonstrate the ability to perform these effectively (Annexe B).
- 4.11 Demonstrate the principles of safe and effective **optimisation** and administration of medicines in accordance with local and national policies. Demonstrate proficiency and accuracy when calculating dosages of prescribed medicines (Annexe B).
- 4.12 Demonstrate knowledge of pharmacology, to inform safe prescribing from an agreed **formulary**, recognising the effects of medication, allergies, drug sensitivities, side effects, **contraindications, incompatibilities** and the impact of **polypharmacy**.
- 4.13 Demonstrate knowledge of methods for generating prescriptions and the role of generic, unlicensed and off-label prescribing. Understand the potential risks associated with these methods.
- 4.14 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans, shared decisions making and readjusting agreed goals. Document progress and decisions made.
- 4.15 Demonstrate the ability to co-ordinate processes and undertake procedures involved in the planning and management of safe discharge home or transfer of people between care settings.

5. Leading nursing care and working in teams

Registered nurses provide nursing leadership by acting as a role model for best practice in the delivery of nursing care. They are accountable for appropriate delegation to, and supervision of care provided by others in the team including lay carers. They play an active and equal role in the multidisciplinary team, collaborating and communicating effectively with a range of colleagues.

Outcomes

At the point of registration, the registered nurse will:

- 5.1 Understand the theory underpinning principles of effective leadership, **group dynamics**, **human factors** and **strength based approaches** and apply this to team working and decision making (Annexe A).
- 5.2 Understand the principles and processes of performance management and how these apply to leadership roles in nursing.
- 5.3 Understand and explain the roles, responsibilities and scope of practice of all members of the nursing and multidisciplinary team, and how to make best use of their contributions.
- 5.4 Exhibit leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team.
- 5.5 Effectively and responsibly use a range of **digital technologies** to access, input, share and apply information and data within teams and between agencies.
- 5.6 Safely and effectively lead and manage the nursing care of a small group of people demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in giving care.

- 5.7 Demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team including non-registered colleagues and lay carers, and the potential to provide challenge and constructive feedback and to identify and agree any learning needs (Annexe A).
- 5.8 Supervise and teach less experienced students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting **reflection** and providing constructive feedback (Annexe A).
- 5.9 Contribute to **clinical supervision** and team reflection activities to promote improvements in practice and services.
- 5.10 Understand the mechanisms that can be used to influence policy and prompt change in health care organisations, demonstrating the development of political awareness and skills.

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6. Improving safety and quality of care

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance people's experience of care and health outcomes. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

Outcomes

At the point of registration, the registered nurse will:

- 6.1 Demonstrate an understanding of the principles of **improvement methodologies**, participate in all stages of **audit** activity and identify appropriate quality improvement strategies.
- 6.2 Understand how the quality and effectiveness of nursing care can be evaluated in practice and demonstrate how to use findings to bring about continuous improvement.
- 6.3 Demonstrate the ability to work with people, their families, carers and colleagues, to develop effective improvement strategies for quality and safety, sharing feedback and learning from mistakes, adverse and positive experiences.
- 6.4 Accurately undertake risk assessments in community and hospital settings, proactively using a range of contemporary assessment and improvement tools (Annexe B).
- 6.5 Understand and apply the principles of health and safety regulations and maintain safe work and care environments. Identify the need to make improvements and proactively respond to potential hazards.
- 6.6 Understand the relationship between safe staffing levels, adequate skills mix, safety and quality of care. Recognise inadequate staffing levels and escalate concerns appropriately.

- 6.7 Understand and act in line with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken.
- 6.8 Demonstrate an understanding of how to identify, report and **critically reflect** on **near misses, critical incidents, major incidents** and serious **adverse events** in order to learn from and influence future practice.
- 6.9 Apply an understanding of the differences between effective **risk management** and **risk aversion** to avoid compromising quality of care and health outcomes.
- 6.10 Acknowledge the need to accept and manage uncertainty, and demonstrate awareness of strategies that develop resilience in themselves and others.
- 6.11 Understand the roles of registered nurses and other health professionals at different levels of experience and seniority in managing and prioritising actions and care in the event of a major incident.

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7. Coordinate care

Registered nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings.

Outcomes

At the point of registration, the registered nurse will:

- 7.1 Explain and understand how to apply the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.
- 7.2 Understand health legislation and current health and social care policies and the mechanisms involved in influencing policy development and change.
- 7.3 Demonstrate the ability to identify the implications of existing health policies and policy changes for the nursing, health and social care professions and understand its influence on organisations and the delivery of care.
- 7.4 Understand the principles of **health economics** and its relevance to resource allocation in health and social care organisations and other agencies.
- 7.5 Demonstrate an understanding of the processes involved in developing a basic business case for additional funding, by applying knowledge of human staff and financial resources, budgets and safe staffing levels.
- 7.6 Understand and articulate the challenges of providing safe nursing care for people with complex co-morbidities who have several complex health conditions and multiple care needs and demonstrate the skills and personal attributes required to act as an equal partner within an multidisciplinary team.
- 7.7 Demonstrate an understanding of the complexities of managing the provision of mental, cognitive, behavioural and physical care needs across a wide range of care settings and be able to articulate strategies to improve care for people and identify and manage risks.

- 7.8 Understand how to monitor and evaluate the quality of people's experience of complex care and to develop the ability to take proactive measures to improve the quality of care and services when needed.
- 7.9 Articulate the principles of **safe transition of care** and understand the processes involved to plan and ensure the safe discharge and transition of people across services, caseloads and settings.
- 7.10 Develop the knowledge and skills required to negotiate and advocate on behalf of people in order to facilitate their rights to equal access to care and support.
- 7.11 Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible and avoid unnecessary interventions and disruptions to their lives.
- 7.12 Demonstrate an understanding of the importance of exercising political awareness throughout their career, in order to maximise the impact of registered nursing care and safeguard patient safety, quality, and cost effectiveness.

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Annexe A:

Communication and relationship management skills

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document nurses must be able to demonstrate the communication and relationship management skills described in this annexe at the point of their registration.

The ability to communicate effectively, with sensitivity and compassion, and to manage relationships with people is central to the provision of high quality person-centred nursing care. These competencies must be demonstrated in all practice settings and adapted to meet the needs of people across the lifespan. Nurses require a diverse range of robust communication skills and strategies to ensure that individuals, their families and carers are actively involved in person-centred care decisions and care delivery wherever appropriate, and that they are kept informed and well prepared. They need to make accurate, culturally-aware assessments to make sure that the needs, priorities, expertise and preferences of the individual are always valued and met.

Where people have special communication needs or a disability, it is essential that reasonable adjustments are made in order to provide and share information in a manner that promotes optimum health and does not prevent them from having equal access to the highest quality of care.

The skills listed below are those that nurses in all fields of practice are expected to demonstrate at the point of registration. We acknowledge that greater depth and additional, more specific or advanced skills must be demonstrated in some areas in order to meet the requirements for registration in a particular field of nursing practice.

Examples of where such additional depth and content must be included are listed in the Annexe as follows:

- Adult Health (AH): additional depth and content is required in the field of adult nursing practice.
- Child Health (CH): additional depth and content is required in the field of children's nursing practice
- Learning Disability (LD): additional depth and content is required in the field of learning disabilities nursing practice
- Mental Health (MH): additional depth and content is required in the field of mental health nursing practice

Communication and relationship management for assessing, planning, providing and managing evidence based nursing care

A. Underpinning communication skills

- actively listen, recognise and respond to verbal and non-verbal cues
- use prompts and positive verbal and non-verbal reinforcement
- use appropriate non-verbal communication including touch, eye contact and personal space
- make appropriate use of open and closed questioning
- use caring conversation techniques
- check understanding and use clarification techniques
- be aware of own unconscious bias in communication encounters
- write accurate, clear, legible records and documentation
- confidently and clearly share and present verbal and written reports with individuals and groups
- analyse and clearly record and share digital information and data
- provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care
- recognise the need for and facilitate access to translator services and material.

B. Communication skills for supporting people to manage their health challenges and prevent ill health

Share information and check understanding about the causes and implications and treatment of a range of common health conditions including depression, diabetes, dementia, asthma, cardiac disease, chronic obstructive airway disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis.

- use clear language and appropriate written materials to optimise people's understanding of what has caused their health condition and the implications for care and treatments
- use repetition and positive reinforcement strategies
- assess motivation and capacity for behaviour change using best practice, evidence led communication strategies
- clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use
- recognise sensory impairments including sight, speech and hearing and adopt appropriate communication strategies
- support and manage the use of personal communication aids including hearing aids, reading glasses and voice enhancers
- explain information about prevention, treatment and care appropriately, so that it enhances the understanding of people and their family and carers
- address and respond to people's questions and those of their family and carers, and acknowledge areas of uncertainty
- identify the need for and manage a range of augmentative communication techniques including sign language, visual aids signage and magnification
- engage in difficult conversations, including breaking bad news and support people who are feeling vulnerable or in distress, conveying compassion and sensitivity and using appropriate communication strategies.

C. Communication skills for therapeutic intervention

- identify the need for and use appropriate best practice approaches to developing therapeutic relationships with people *MH *LD
- Demonstrate effective use of:
 - motivational interview techniques
 - solution focused therapies *MH *LD
 - reminiscence therapies
 - talking therapies *MH
 - de-escalation strategies and techniques
 - cognitive behavioural therapy techniques *MH *LD
 - play therapy *CH, *LD
 - solution focused therapies *MH
 - distraction and diversion strategies
 - positive behaviour support approaches

D. Communication skills for working in professional teams

Demonstrate effective supervision, teaching and performance appraisal and provide:

- clear instructions and explanations when supervising, teaching or appraising others
- clear instructions and check understanding when delegating care responsibilities to others
- unambiguous, constructive feedback about strengths and weaknesses and potential for improvement
- encouragement to colleagues that helps them to reflect on their practice
- unambiguous records of performance

Demonstrate effective skills when managing teams through:

- strengths based approaches to developing teams and managing change
- active listening when dealing with team members' concerns and anxieties
- a calm presence when dealing with conflict
- appropriate and effective confrontation strategies
- de-escalation strategies and techniques when dealing with conflict

Demonstrate effective co-ordination and navigation skills through:

- appropriate negotiation strategies
- appropriate escalation procedures
- appropriate approaches to advocacy

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Annexe B:

Nursing procedures

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document nurses must be able to carry out the procedures described in this annexe at the point of their registration.

The ability to carry out these procedures, safely and with compassion is crucial to the provision of evidence based, person-centred care. These nursing procedures must be demonstrated in a range of practice settings with people across the lifespan. Nursing procedures must be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of individuals and their families and carers are always valued.

It is essential to ensure that the needs of those who are disabled or have cognitive impairments are appropriately identified and met when undertaking all nursing procedures.

We acknowledge that greater depth and additional, more specific or advanced proficiencies must be demonstrated in some areas in order to meet the requirements for registration in a particular field of nursing practice.

Examples of where such additional depth and content must be included are listed in the annexe, as follows:

- Adult Health (AH): additional depth and content is required in the field of adult nursing practice.
- Child Health (CH): additional depth and content is required in the field of children's nursing practice
- Learning Disability (LD): additional depth and content is required in the field of learning disabilities nursing practice
- Mental Health (MH): additional depth and content is required in the field of mental health nursing practice

Procedures for assessing needs for person-centred, evidence based care

I. Use best practice approaches to take a history, observe and accurately assess:

- mental health and wellbeing status in adults and young people including depression, mania and psychosis *MH
- signs of mental and emotional distress including anxiety, fear, grief, self-harm, suicidal ideation and substance misuse

II. Use best practice approaches to take a history, observe and accurately assess:

- cognitive health status and wellbeing
- signs of cognitive distress including disorientation, memory impairment, dementia, fatigue and delirium

III. Use best practice approaches to take a history, observe and accurately assess:

- behavioural distress based needs
- signs of distress; mental and emotional including agitation, aggression and challenging behaviour *LD

IV. Use best practice approaches to take a history, observe and accurately assess:

- physical health and wellbeing status *AH *CH
- physical symptoms and signs of distress or deterioration

V. Use best practice approaches to undertake the following procedures:

- use manual techniques and electronic devices to take and record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry
- undertake venepuncture and cannulation and blood sampling, interpreting routine blood profiles and venous blood gases *AH *CH
- set up, manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces *AH
- manage and monitor blood component transfusions *AH *CH
- manage and interpret, cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices *AH*CH
- accurately measure weight and height, calculate body mass index and recognise healthy range and clinical significance of low/high readings
- undertake a whole body assessment including respiratory, circulatory, musculoskeletal, cardiovascular and skin status *AH *CH
- undertake chest auscultation and interpret findings *AH *CH
- collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings

- measure and interpret blood glucose levels
- recognise and respond to signs of mental, emotional or physical abuse
- undertake a full cardiovascular risk assessment *AH
- undertake and interpret neurological observations and assessments
- identify signs of deterioration and sepsis
- administer basic mental health first aid
- administer basic physical first aid
- recognise and manage seizures, choking and anaphylaxis, providing appropriate intermediate life support

Procedures for the planning, provision and management of evidence based nursing care

A. Meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity

- observe and assess comfort levels, rest and sleep patterns
- determine to what extent the individual can be independent and manage their own care
- use appropriate techniques for bed making including for people who are unconscious or who have limited mobility
- use appropriate positioning and pressure relieving techniques including pillows and other support aids
- take appropriate action to ensure privacy and dignity at all times
- take appropriate action to support improved sleep hygiene

B. Meeting needs for care and support with hygiene and the maintenance of skin integrity

- observe and assess skin and hygiene status and determine the need for intervention, making sure that the individual remains as independent and able to manage their own care as is possible. Use best practice approaches to the assessment of skin integrity and risk including doppler measurements
- assist with washing, bathing, shaving and dressing
- assess needs for and provide appropriate oral care, dental care, eye care and nail care and decide when an onward referral is needed to a dentist, optician or audiologist
- select and use appropriate products to prevent and manage skin breakdown
- undertake wound care including dressings, suture removal, and vacuum closures using aseptic techniques and apply pressure bandaging *AH *CH
- manage wound and chest drainage processes *AH *CH

C. Meeting needs for care and support with nutrition and hydration

- observe, assess and determine the need for intervention, and the level of independence and self-management of care that an individual can potentially have
- use contemporary nutritional assessment tools
- assist with feeding and drinking and use appropriate feeding and drinking aids
- record fluid intake and output and identify signs of dehydration or fluid retention
- insert, manage and remove oral/nasal/gastric tubes *CH *AH
- manage artificial nutrition and hydration using oral, enteral and parenteral routes *AH *CH
- manage the administration of IV fluids
- manage fluid and nutritional infusion pumps and devices

D. Meeting needs for care and support with elimination

- observe and assess level of urinary and bowel continence to determine the need for support, intervention, level of independence and the level of independence and self-management of care that an individual can potentially have
- assist with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes
- select and use appropriate continence products including pads, sheaths and appliances
- insert, manage and remove catheters for all genders and assist with self-catheterisation when required *AH,*CH
- manage bladder drainage
- assess elimination patterns to identify constipation, diarrhoea and urinary and faecal retention
- administer enemas, suppositories and undertake rectal examination and manual evacuation when appropriate
- undertake stoma care and using best practice techniques and products

E. Meeting needs for care and support with mobility and safety

- observe and use contemporary risk assessment tools to determine need for support, intervention, levels of independence and the level of independence and self-management of care that an individual can potentially have
- identify and manage risk of falls using best practice risk assessment approaches
- use a range of best practice moving and handling techniques and mobility aids including frames and wheelchairs
- use appropriate equipment including hoists, transfer devices and patient sliders to facilitate movement of people
- use appropriate safety and restraint techniques and devices

F. Meeting needs for respiratory care and support

- observe and assess the need for intervention and determine the level of independence and self-management of care that an individual can potentially have set up and manage the administration of oxygen using a range of routes and best practice approaches
- take and interpret peak flow and oximetry measurements
- use appropriate nasal and oral suctioning techniques *AH *CH
- manage inhalation, humidifier and nebuliser devices *AH *CH
- manage airway and respiratory processes and equipment *AH*CH

G. Meeting needs for care and support with commonly encountered symptoms

- observe and use best practice assessment tools to determine extent of symptoms and need for appropriate intervention and capacity for self-management
- identify appropriate best practice interventions to manage a range of symptoms including:
 - pain
 - nausea and vomiting
 - dehydration
 - restlessness
 - agitation
 - mood swings
 - anxiety
 - breathlessness
 - pyrexia
 - skin rashes and itching
 - fatigue
 - insomnia
 - angina

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H. Meeting needs for care and support with the prevention and management of infection

- observe, assess and respond rapidly to potential infection risks using best practice guidelines
- use standard precautions protocols
- use effective aseptic, non-touch techniques
- use appropriate personal protection equipment including gloves and masks
- implement isolation procedures
- use evidence based hand washing techniques
- safely decontaminate equipment and environment
- safely use and dispose of waste, laundry and sharps
- safely assess and manage invasive medical devices and lines

I. Meeting needs for care and support at the end of life

- observe and assess the need for intervention for people, families and carers, determine the level of independence and self-management of care that an individual can potentially have
- identify, assess and respond to uncontrolled symptoms and signs of distress including:
 - pain
 - nausea
 - thirst
 - depression
 - restlessness
 - anxiety
 - agitation
- manage and monitor symptom relief medication, infusion pumps and other devices
- assess and review preferences and care priorities of the dying person and their family and carers
- understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health
- provide care for the deceased person after death that respects cultural requirements and protocols
- apply and understand do not administer (DNA) resuscitation decisions and verification of expected death

Procedural competencies required for evidence based medicines management

- carry out initial and continued assessment of people receiving care and their ability to self-administer their own medications
- recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them
- use the principles of safe remote prescribing and directions to administer
- undertake accurate drug calculations for a range of medications including insulin and controlled drugs
- undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product
- exercise professional accountability in ensuring the safe administration of medicines to those receiving care
- administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment
- administer medications using a range of routes including topical, transdermal, inhalation, oral, aural, nasal, eyes, rectal and vaginal routes
- administer and monitor medications using vascular access devices and enteral equipment
- recognise and respond to adverse or abnormal reactions to medications including antipsychotic drugs
- undertake safe storage, transportation and disposal of medicinal products

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Glossary

1. **Accountabilities or accountable:** being responsible for your own actions.
2. **Adverse events (see also critical incidents and near misses):** events that are out of the ordinary, often unexpected and threaten or actually cause harm to people.
3. **Antimicrobial resistance:** where some antibiotics have been used too often over many years, bacteria have become used to the antibiotics, which are then no longer effective in treating infections.
4. **Audit:** a systematic review or assessment
5. **Best interest decision:** something that is done for a person, or a decision that is made on the person's behalf under the Mental Capacity Act 2005, which is in the person's best interests, when a person has been shown to lack the capacity to make such decisions themselves.
6. **Care settings:** care provided within hospital and local communities. This includes prison healthcare, nursing homes, hospice care.
7. **Capacity:** the ability to use and understand information to make a decision, and communicate any decision made.
8. **Clinical supervision:** a registered nurse meeting regularly with another professional, not necessarily more senior, but normally with training in the skills of supervision, to discuss casework and other professional issues in a structured way.
9. **Cognitive:** The mental processes of perception, memory, judgment, and reasoning.

10. **Cognitive and behavioural health challenges:** Cognitive health challenges may refer to problems with memory, language, thinking, or other brain functions, varying from mild to serious difficulty. Altered behaviour which can range from mild to serious, and can be disruptive, dangerous, or cause stress to others. This may be displayed by people of any age, as a result of mental health conditions, such as dementia or psychosis, or physical conditions such as strokes or acquired brain injuries.
11. **Community settings:** care delivered outside of a hospital and within local communities.
12. **Co-morbidities:** the presence of one or more additional diseases or disorders that occur with a primary disease or disorder.
13. **Complex care needs:** a person's needs that require a co-ordinated response from more than one sector or organisation.
14. **Contraindications:** a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.
15. **Critically reflect (see also reflection):** to think about own practice and ideas; and then challenge the individual to step-back and examine own thinking by asking probing questions.
16. **Critical incidents:** any unintended or unexpected incident which could have or did lead to harm for one or more persons receiving care.
17. **Critical thinking:** the practice of analysing and considering all aspects of a situation, and evidence about what works best, when making decisions or taking action.
18. **Demography:** the study of statistics such as births, deaths, income, or the incidence of disease, which illustrate the changing structure of human populations.
19. **Digital literacy:** the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills.
20. **Digital technologies:** the ability to use computers and computer based tools to solve problems and to enter, share, and search for information from a variety of sources.
21. **Candour:** be open and honest with patients when things go wrong.
22. **Elimination:** the process of getting rid of something, whether it is waste or errors.

23. **Emotional intelligence:** to be aware of the feelings and emotions of others, and to control and express your own emotions. To handle interpersonal relationships thoughtfully and with regard for the other person's feelings.
24. **Epidemiology:** data that enables the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations.
25. **Ethics:** the moral principles that govern a person's behaviour or the conducting of an activity. An ethical framework is a structure that supports conformity with these principles and governs personal and professional conduct.
26. **Evidence based person-centred care/nursing care:** making sure that any care and treatment is given to people, by looking at what research has shown to be most effective. The judgment and experience of the nurse and the views of the person should also be taken into account when choosing which treatment is most likely to be successful for an individual patient.
27. **Formulary:** a list of medicines.
28. **Genomics:** branch of molecular biology concerned with the structure, function, evolution, and mapping of genomes.
29. **Group dynamics:** processes involved when people in a group interact.
30. **Health economics:** a branch of economics concerned with issues related to efficiency, effectiveness, value and behaviour in the production and consumption of health and healthcare.
31. **Health literacy:** the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.
32. **Herd immunity:** when most people in a population are immune to an infection and this indirectly gives the rest of the people in the population protection from the infection as they are less likely to be exposed to it.
33. **Homeostasis:** the ability or tendency of a living organism, cell, or group to keep the conditions inside it the same despite any changes in the conditions around it, or this state of internal balance.
34. **Human factors:** environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.
35. **Hydration:** to supply water to a person in order to restore or maintain the right amount of fluid in the body.
36. **Immunisation:** a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine.

37. **Improvement methodologies:** approaches to improve services or processes.
38. **Incompatibilities:** unable to exist together.
39. **Multidisciplinary teams:** consist of groups of professionals with different professional backgrounds, who are specialised in the same or different health and care areas.
40. **Intervention:** any investigations, procedures, or treatments given to a person.
41. **Major incident:** an event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies
42. **Near misses:** when an adverse or critical incident nearly happened, but was either intentionally or unintentionally avoided.
43. **The Code: Professional standards of practice and behaviour for nurses and midwives:** the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.
44. **Non-discriminatory care:** where professionals make sure that no-one is either directly or indirectly treated less favourably than others in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependents, sexual identity, sexual orientation, or social class.
45. **Nursing assessment:** the gathering of information about a patient's physiological, psychological, sociological, and spiritual characteristics by a Registered Nurse. It may look at everything about a person's health, or it may just look at one individual aspect, e.g. their mental health. It is used to identify current and future patient care needs. It looks at what is normal and what is not normal about the person and their health. It allows the nurse to identify and prioritise the care and treatment the person may need.
46. **Nursing care plans:** a plan of care and treatment, constructed by the registered nurse in agreement with the person receiving the plan, to help manage the person's health day to day.
47. **Nutrition:** the process of providing or obtaining the food necessary for health and growth.
48. **Optimisation:** action of making the best or most effective use of a situation or resource.
49. **People:** includes individuals, patients, clients, families and communities and populations across all stages of life.
50. **Person centred:** an approach where the person is at the centre of the decision making processes and the design of their care needs, their nursing care and treatment plan.
51. **Pathogenesis:** biological mechanism (or mechanisms) that leads to the diseased state

52. **Patient centred care:** focus on prevention, early intervention supporting independence and wellbeing.
53. **Professional:** normally a registered professional who is regulated by a professional regulator who ensures the professional is meeting the standards set by the relevant regulator.
54. **Professional:** regulator (for example the NMC) is a statutory regulator whose main purpose is to protect the public. (Also see registered nurse)
55. **Reflection:** to carefully consider actions or decisions and take learning from them.
56. **Registered nurse:** anyone who is qualified from an NMC approved pre-registration course or equivalent and is registered on the NMC register.
57. **Risk aversion:** unwilling to take risks or wanting to avoid risks as much as possible.
58. **Risk management:** the technique assessing, minimising, and preventing accidental loss to the delivery of health and care services.
59. **Safeguarding:** protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
60. **Skin integrity:** when the skin is healthy, undamaged and able to perform its basic functions.
61. **Strength based approaches:** strength-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to reach an outcome that draws on the person's strengths and assets.
62. **Safe transition of care:** the movement of care for a person across services, caseloads and settings.
63. **Third sector:** the range of organisations that are neither public sector (organisations funded by the state through taxation and free at the point of use) nor private sector (organisations that require people to pay the provider of services directly). It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.
64. **Vaccination:** a treatment which enables the body to prevent or fight a particular infection.
65. **Vulnerable people:** those who at any age are at risk of abuse. Abuse is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of harm may be physical, sexual, psychological, material or financial, or may be due to neglect. Examples are physical cruelty to children, financial exploitation of older people, modern slavery, and radicalisation.

End notes

1. The Code – Professional standards of practice and behaviour for nurses and midwives (NMC, 2015)
2. <https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>
<http://www.equalityni.org/Footer-Links/Legislation>

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