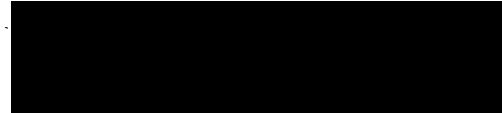


Ms Fiona Chamberlain
Solicitor to the Inquiry into Hyponatraemia-
related deaths
3rd Floor
20 Adelaide Street
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12 July 2005
n/JA/GL/sb



Dear Ms Chamberlain

Inquiry into Hyponatraemia-related deaths

Thank you for your letter dated 15 June 2005, requesting assistance with the following:

- Comparison of the system of nursing education in Northern Ireland with that in England and Wales in the years prior to 1995 and from 1995 to present with regard to fluid management and Hyponatraemia.
- The need for nursing staff to keep accurate records and to communicate with patients and their families, most especially following an unexpected death.
- How the implementation of guidelines published by the Nursing and Midwifery Council (NMC) are effected through the education of nurses in the need for accuracy in the monitoring of fluid input and output.

It may be helpful if I deal firstly with the first and third queries from your list.

There have been significant changes to the regulation of nursing, midwifery and specialist community public health nursing. Until the end of March 2002 the United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) was the statutory body responsible for setting the overall programme standards and requirements for pre registration nursing education. In addition to the UKCC there was a National Board in each of the four UK countries responsible for implementing the requirements within the context of each country. The National Boards were not accountable to the UKCC and were funded by the Government Health Department in the respective country. Following a review of the statutory bodies, the UKCC and the four National Boards closed in March 2002 and their statutory responsibilities transferred to the new regulator the Nursing and Midwifery Council (NMC). In Scotland, Wales and Northern Ireland the non-statutory responsibilities passed to new bodies, which in Northern Ireland is the Northern Ireland Practice and Education Council (NIPEC).



There have been two different schemes of pre-registration nursing preparation operating since 1989, the first commonly known as Project 2000. The second was called Fitness for Practice which was designed following the review of the Project 2000 curriculum and implemented in 2002. Before that programmes were sited within NHS Schools of Nursing and led solely to registration as a nurse.

Project 2000 programmes were introduced in 1989 heralding the move of pre-registration nursing education from the NHS into the higher education sector and for the first time requiring a joint award of Diploma in Higher Education and a nursing qualification.

Enclosed is UKCC Circular PS&D/89/04 and respective annexes, setting out the requirements for the Project 2000 programmes. These contain the minimum generic requirements and the more specific requirements for each of the four branches all of which are to be met within the branch context, i.e. adult; children's, mental health; and learning disability nursing. Some Project 2000 programmes are still running out but most will have ceased by the end of the year.

Each National Board added their own programme requirements (in addition to those of the UKCC) to meet local need. The National Board for Northern Ireland (NBNI) had this responsibility in Northern Ireland. NIPEC will hold previous Project 2000 pre-registration programme requirements for the NBNI.

Following a review of Project 2000 by the UKCC Education Commission in 1998/9, new Fitness for Practice programme requirements were introduced from 2000. The timing of their introduction varied between education providers but most had introduced the new requirements by the end of 2003. The new Fitness for Practice programmes are governed by different Rules to those for Project 2000 and are contained within *Statutory Instrument 2000 No 2554* together with the UKCC *Requirements for pre-registration nursing programmes* (enclosed). These requirements focused on outcomes and competencies but did not prescribe content. It was left to education providers and their partners to determine their own content and outcomes to address the UKCC competencies for registration.

The requirements as set out by the UKCC and the four National Boards were transferred to the Nursing and Midwifery Council when it was established in April 2002. A new register was opened in August 2004 and many requirements that had previously been set out in legislation are now set out in standards and guidance. The Standards of competence are now entitled '*Standards of proficiency*' in accordance with the requirements of the *Nursing and Midwifery Order 2001*. The NMC has not changed the previous policy of not specifying content. A copy of the relevant *Standards of proficiency for pre-registration nursing education* (NMC 2004) are enclosed.

In response to the third point in your list of queries, the NMC requires the education providers to ensure that programmes are developed in partnership with service and those who commission programmes therefore ensuring that students exiting programmes will be fit for practice and purpose. The NMC through its arrangements for approving and monitoring programmes would wish to see that this is the case. The NMC does not issue specific advice to programme providers in relation to monitoring fluid input and output as this would be covered by the overall requirement to meet the required programme outcomes and competencies.

In relation to the second query raised in your list, the NMC does not explicitly set any requirements for what registrants should do in cases of unexpected death. Their requirements to act in such an eventuality would be implicit within the requirements of the *NMC code of professional conduct: standards for conduct, performance and ethics* (2004). In particular clauses 1.2, 2.2, and 2.4 relate to promoting client interests and could be considered relevant to ensuring that communication with relatives is effective and the nurse acts (in this case) in the interests of the family in an unexpected death. A copy of the Code is enclosed.

In your letter you refer to the NMC's statement in the publication *Guidelines for records and record keeping* (2004) that 'record keeping is a fundamental part of nursing and midwifery'. The NMC also considers that record keeping... 'is an integral part of nursing, midwifery and specialist community public health nursing practice and that it is a tool of professional practice and one that should help the care process'. The guidelines set out principles to guide the practitioner to practise safely and meet the standards expected of them by the NMC. A copy of the Guidelines is enclosed.

In addition clause 4.4 of the *NMC code of professional conduct: standards for conduct, performance and ethics* (2004) refers to record keeping as '...a tool of communication within a team'.

In summary the NMC *Code of professional conduct: standards for conduct, performance and ethics* (2004) expects that all registrants are personally accountable for their own practice. Nursing is a self-regulating profession and nurses, midwives and specialist community public health nurses are expected to practise competently by possessing 'the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision' (clause 6.2). The NMC also states that registrants must 'acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are competent' (clause 6.2). The NMC recognises that clinical governance and local standards should also be in place to support best practice. Registrants are expected to keep up to date and if an aspect of practice is beyond their level of competence, they are expected to 'obtain help and supervision from a competent practitioner' (clause 6.3) until they and their employer consider that they have acquired the requisite knowledge and skill.

I hope this information is useful and please do not hesitate to contact the Nursing and Midwifery Council if you require any further assistance.

Yours sincerely



Jonathan Asbridge
President

BCC Francis Rice

Happy to discuss
Sincerely

References:

Nursing and Midwifery Council (2004) Guidelines for records and record keeping, NMC.

Nursing and Midwifery Council (2004) The NMC code of professional conduct: standards for conduct, performance and ethics, NMC.

Nursing and Midwifery Council (2004) *Standards of proficiency for pre-registration nursing education*, NMC

Statutory Instrument 2000 No 2554 The Nurses, Midwives and Health Visitors (Training) Amendment Rules Approval Order 2000, Stationary Office.

Statutory Instrument 2002 No 253 Nursing and Midwifery Order 2001. Stationary Office.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1989) UKCC Circular PS&D/89/04, UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1989) . Annexe 1 to Registrar's Letter 9/2001, UKCC.

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1989) *Requirements for pre-registration nursing programmes*, UKCC.