The Student Nurse Toolkit
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AN ESSENTIAL GUIDE FOR SURVIVING YOUR COURSE

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Dedication

This text is dedicated to the cohort of student nurses known as September 1997 who studied at the University of Hertfordshire and have now moved onto great things.

Acknowledgements

To my partner Jussi Lahtinen who puts up with me. My dear friend Frances Cohen who continues to support all of my endeavours. My brother Anthony Peate who produced all of the illustrations for this text. The staff at the Royal College of Nursing Library London.
Preface

This book has been written for those who are considering nursing as a profession and those who are on a programme of study. This includes students at all stages of their programme. There may be some of you reading this who are about to go into their first staff nurse job, in which case congratulations Staff Nurse. Some readers may be going to university for the first time and some may be going into the clinical area as a novice nurse excited and anxious: both at the same time (yuk!).

In this little book I hope you will be able to find some of the answers to your questions, some reassurance about issues you might be facing on your course. The book will not provide answers to all of the challenges you face (I am only human) and anyway, I believe you have it in you to seek the solutions to the challenges you encounter: you just need to be prodded sometimes. I have been so lucky in my nursing career. It's the best job in the world (the pay isn’t so good, though). I was lucky with the people I have been privileged to care for and to study with.

I am totally committed to you, the student, to teaching and learning from and with you and I am also committed to having a good laugh. I am devoted to the students I have been truly delighted to help learn the art and science of nursing, this thing (nursing) that defies definition, this thing that once it is in your blood is impossible to get rid of (I have warned you).

In these pages you will find some features that have been planned to help break up the blocks of text, to bring the pages alive and speak to you. Throughout the book there are the voices of many people: students and registered nurses who have shared their experiences with me (some of them were my role models). Like a good nurse I have ensured that confidentiality has been respected (I could give you a reference for this but, I won’t). I have included pearls of wisdom (not all mine) that are intended to drop a hint here and there to help get you through. Dotted throughout are student activities. It is not essential you complete them, but you may find them helpful (don’t worry, you won’t be assessed on them!).

Most of the various sections all have their own section summaries; I have done this so that you can recall quickly what has just been said. At the end of each chapter is a list of resources, websites that I have used in the past and which I hope you will also find useful. The most important resources, however, are the human resources all around you: your peers, the staff nurse who becomes your mentor, your preceptor, your lecturer, the patient and your family. Make the most of these precious resources, try not to abuse them. They are nuggets of gold and should be cherished.
I use the various terms patient, service user and client interchangeably throughout the text. I know this comes across as ‘messy’ but nursing can sometimes be like that, as can the people we care for, the most important thing (I think) is to remember that patients, clients, service users – whatever the term used – are people and they deserve the best and safest standards of care we can muster.

I hope this book provides a voice and context to the nursing experience in a way that is an easy read as well as an inspiration to you. I hope that you enjoy your nursing, the best job in the world....

You know you are a nurse when you watch *Casualty* or *Holby City* and to the annoyance of your family you point out all the mistakes that they have made!

You know you are a nurse when you are in Chapel Market shopping and a patient shouts across the street ‘that’s my nurse, he saved my life’.

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Ian Peate
London, March 2013
This chapter starts with a comment from a nurse who has just retired after a 40-year nursing career, and it is shown as a means to inspire you when you are thinking of choosing nursing as your future career. You must also be aware, however, that nursing is not for everyone and that things have changed since this nurse started her training (it is no longer a training programme, but an educational process). Many people, both inside and outside of the profession, might say the changes have been for the better; some would suggest that they have been for the worse.

Nursing is a varied, challenging and rewarding career for those who would like to make a difference to the lives of people locally, nationally and internationally. Nurses and nursing staff take responsibility for the care they provide and answer for their own judgements and actions. They constantly respond to new challenges and act as a leader, carer and clinician.

Experienced nurses find fulfilling careers in positions of responsibility, often running nurse-led clinics or taking leadership roles up to executive level. Nursing is changing rapidly, with increasing focus on public health and disease prevention. It is possible to develop career pathways in clinical, research, education and management roles.

Nurses don’t just work in hospitals. There are opportunities to work in, among others, GP surgeries, clinics, nursing and residential homes, occupational health
services, voluntary organisations that run hospices or residential care, and the pharmaceutical industry. Nurses also work in university education, on leisure cruise ships and in the military.

Some readers of this book will have embarked on a programme of nurse education already; this chapter aims to entice those who are thinking of nursing as a profession and provides information concerning the requirements needed to enrol successfully on a programme of study. For some this might seem like having to jump through hoops; however, knowing what hoops have to be jumped through is important!

There are over 90 universities (approved educational institutions) in the UK offering programmes of study that lead to registration. It takes 3 years to become a nurse unless a student is able to demonstrate that they have already met some of the course requirements (sometimes called advanced standing). Nurse education is based in the universities and is delivered in direct partnership with NHS Trusts and other organisations (for example, the independent and voluntary sector), which provides nursing students with practice learning opportunities in health and social care settings.

The education programme is split 50/50: 50% is spent in practice, so that students are able to learn how to provide direct nursing care. The remaining 50% of the programme is spent learning the knowledge and technical abilities needed to underpin and support practice, usually on a university campus.

There are four fields of nursing and you need to decide upon the field in which you intend to register:

- learning disabilities,
- mental health,
- children,
- adult.

**SECTION SUMMARY**

There are four fields of nursing. All nursing programmes are offered to degree level. Nursing is practised where ever there are people, so the notion of nursing being solely hospital-based is outdated.

**Your university of choice**

Choosing the right university for your nursing studies will depend on a number of factors. Below is a list of what you may need to consider or take into account.

- Does the university offer the field in which I intend to register?
- Is the geographical location suitable?
- What placement opportunities are on offer?
Do I have the right entry requirements? (i.e. UCAS points.)
Does it have good quality assurance processes? (Include the university’s reputation.)
What does the Nursing and Midwifery Council (NMC) say about the university? (Go and look at their website.)
What do the various quality assurance bodies say about the university? (For example, the Quality Assurance Agency.)

Remember that your choice of university can be a life-changing decision, so do as much research as you can: choose the right course and the right university for the right reason.

I went to six university open days before settling on the university I am at now; the thing that clinched it for me here was that they provide excellent practice learning opportunities. I go out working with the homeless sometimes and working with vulnerable families, it’s a great opportunity. Second year mental health nursing student

Take time making you decision, think about where you will be happy. Do you want to be close to home or are you looking to live in a different part of the country? Be sure, however, that you do not take too much time pondering your choice: there are specific deadlines that must be met to ensure entry for the next academic year.

I had no choice really with my university. I have two young kids, so it was the local university for me. First year mental health nursing student

SECTION SUMMARY

Be sure to do your homework and to check out the universities to which you are thinking of applying. Do they offer what you want? Consider carefully the field of nursing that you are going to apply for and, most importantly, the reasons for your choice.

Funding

Current funding arrangements to undertake a BSc Nursing degree vary in the four countries of the UK. Since September 2012 English and Welsh funding arrangements have been to provide a non-means-tested grant and a means-tested bursary to new students.

Nursing students can access additional support in the form of a maintenance loan. In addition, students can apply for a number of extra allowances if they meet
specific criteria. These allowances include support for disabled students and for those with dependent adults and children. The NHS will continue to pay all course fees. There are, however, certain requirements to qualify for this financial assistance. Applicants must:

- have been resident in the UK throughout the 3 years preceding the first day of the academic year of the course, other than for the purpose of receiving full-time education,
- have settled status in the UK within the meaning of the UK Immigration Act 1971, on the first academic year of the course,
- be ordinarily resident in the UK on the first day of the first academic year of the course.

Similar arrangements are in place for students studying in Scotland and Northern Ireland. You should check the appropriate websites and speak to the university of your choice for up-to-date information concerning fees and funding.

**Meeting requirements**

Once you have chosen a university you need to be accepted onto the course. There are a number of requirements that you must meet, some of which will be prescribed by the university and others by the NMC.

The NMC leave the entry requirements to each university. There are no national minimum academic entry requirements for entry into nursing programmes; each university sets its own criteria. All applicants have to be able to demonstrate evidence of literacy and numeracy.

For numeracy this includes evidence of the ability to accurately manipulate numbers as applied to volume, weight and length (including addition, subtraction, division and multiplication, and use of decimals, fractions and percentages). For literacy you must provide evidence of the ability to read and comprehend English (or Welsh, as applicable) and to communicate clearly and effectively in writing, including using a word processor. If you have a disability then the above can be met through the use of reasonable adjustments.

It is important that you check with each university prior to applying to see whether your qualifications meet its entry criteria. As a general guide, most universities are looking for the following qualifications or their equivalent: you will usually need a minimum of five GCSEs at grade C or above (usually this includes English language or literature and a science subject), plus two A levels or their equivalent (in reality you may need three A levels, so you must check with the university directly).

Having satisfied yourself (and ultimately the university) that you meet the minimum criteria you need to submit your application form. Universities receive thousands of applications from able candidates wishing to undertake
nursing programmes, but they all have a specific target number of students to recruit. Your application needs to stand out from the crowd and make an impact so that it is put on the invite-to-interview pile rather than the rejected pile.

**The application form**

The application form is the only thing your prospective university will have to judge you on, so it is important to take your time over this aspect of the application (remember that the application form is only one part of the whole process). The form will have several pages and some of the questions may seem daunting. Admissions tutors (the people who make the initial decision to proceed or not with your application) receive thousands of applications to sift through: yours has to catch their eye. Application forms are designed to give you an opportunity to sell yourself and you should keep this in mind at all times when deciding how to answer the questions posed.

“I spend 4 to 6 hours a day looking at application forms and I can spot a good one a mile off and a bad one five miles off.”

*Admissions tutor, BSc(Hons) Nursing*

1. First do your research about the university, the programme, the profession and the practice learning opportunities.
2. When registering online remember your username and answers to any security questions; for example, passwords.
3. Be sure to read all aspects of the application and any instructions provided.
4. When you are asked to make your choices, think carefully: choose the correct institution and the correct course.
5. Include all of your employment and educational details; if there are any gaps be prepared to account for them.
6. The personal statement, it could be suggested, is the most important aspect of the form. Do not type your statement straight into this section: write it first with a word processor or similar, using the spell-check facility, and copy and paste it into the form when you are ready. Use Times New Roman, font size 12.
7. Be concise, do not waffle and be sure that it is all your own work. Plagiarism is easily detected using specialised software.
8. When you think it is finished, click Preview to see what it will look like when an admissions tutor sees it. Edit it if you want to make any changes.
9. Ensure your application is submitted before the set deadline.
10. Fill in all parts of the form: if any sections are not relevant to you then write ‘not applicable’.
11. Proofread the form carefully before you submit it: pressing the Send button has the ability to change the rest of your life.
12. Make sure that your e-mail address is appropriate: remember the admissions tutor and others will see it, so do not use anything crude or rude.
Here are 10 things not to put on your CV.

1. Your pet’s name
2. Your favourite colour
3. Somebody else’s details (copy and pasting)
4. Hobbies: getting drunk and singing karaoke
5. The fact that you once won a strawberry-eating contest
6. The ability to say the alphabet backwards in under 4 seconds
7. I am a perfectionist and rarely, if ever, forget details
8. Languages: speak fluent English and Spinach
9. Reason for leaving my last job: pushed out so the new boss could give the job to her boyfriend.
10. References: please do not contact my immediate line manager at my current job. My colleagues will provide me with a better reference.
Selection day

Well done, you have been successful at getting an interview, but there are still a number of other hoops through which you must jump. The best piece of advice for you at this stage is to be prepared. You have to do your homework. Usual guidance would include:

- know where the interview is being held (the address and building),
- know where the interview will take place (the room in the building),
- be on time,
- dress appropriately (no jeans or trainers): be smart and professional,
- avoid multiple earrings, nose rings, or lip and tongue piercings,
- bring the appropriate original documentation (not photocopies).

Nursing selection days require more of candidates than conventional interviews. Selection days are run differently at different universities; some may require you to do some preliminary work, maybe online, prior to the face-to-face meeting. The aim of the selection day is to ensure that you are suitable for the programme of study, that you understand that you are about to commit yourself to 3 years’ hard work and that you can manage the demands of the programme. You must be able to communicate with the selection panel that you know that nursing is not what you see on Holby City or ER. The selection day is also your opportunity to see whether the university is good enough for you. This means you have to have attitude, good attitude. Having done your homework you will have discovered:

- the fields of nursing offered,
- the timetable for the selection day (they usually last at least 4 to 6 hours),
- the documentation you have been asked to bring with you,
- the methods of selection being used, such as aptitude test(s) (these may include psychometric testing), group interview and face-to-face interview,
- the placement opportunities available,
- information about the university.

All universities are required to ensure that applicants to pre-registration nursing programmes are of good health and good character sufficient for safe and effective practice as a nurse. You will be required to undergo a criminal records check; some universities do this before the programme commences and some do it when you have accepted a place on the programme. The check is carried out by the Criminal Records Bureau (or its equivalent) and you must confirm on your application that you agree to this being done; the provisions covered by the Rehabilitation of Offenders Act 1974 do not apply.

If you have a criminal conviction or a police caution you will not be barred automatically from securing a place on the programme and ultimately working in the NHS, as each conviction is considered in the light of all relevant circumstances. However, you must make known any criminal convictions or police cautions. You are usually asked to provide personal references vouching for your good character.
All applicants are subject to satisfactory health clearance prior to commenc-
ing any clinical placements. If you have a particular problem that you think
may affect your ability to work or study, or if you have any questions about
health requirements, you should contact the university to which you plan
to apply.

The interview

Again, different universities use different techniques to interview and select their
potential students. It is usual for a marking system of some sort to be used so that
those interviewing (the panel) can make an objective decision concerning selec-
tion. You might be asked to take part in group interviews, individual interviews,
or both.

Group interviews

Often four to six candidates are asked to discuss a topic, for example ‘people with
HIV should be isolated when being nursed’. Your discussion, as a group and as an
individual, will be monitored by the interviewers, who could be university staff,
clinical staff and service users. The purpose is to observe how you interact with
others, how you listen and communicate verbally and, importantly, non-verbally,
as well as what your opinions are and how you express them. The technique is to
ensure that you are confident but not cocky, that you are articulate but respectful
of others and that you have the capacity to work as a member of a team. Nurses
are often asked to act as someone’s advocate. To do this effectively – acting in a
person’s best interests – you have to be able to speak up for them. Remember this
when you are being interviewed.

Individual interviews

These interviews will challenge your perception of nursing. The panel, made up
of academics, clinicians and service users, will ask you questions designed to elicit
your knowledge and insight, your ability to be caring and compassionate and your
commitment to the proposed programme of study.

You should ask questions at an interview. Remember that it is
also about you determining whether the university is suitable
for you: you have a choice in which university to attend. Your
questions may be:
- what are the shift patterns?
- how much time is spent in the community setting versus the hospital setting?
The only way to succeed at interview is to prepare. Do your homework. Ask questions. Be yourself. Do not undersell yourself. The panel want to get to know you: they already like you otherwise they would not have asked you to interview. Make it really clear why you want to study nursing. Be confident and demonstrate that you are the type of person who has the ability and the skills to make a positive difference to the lives of the people you will be caring for and the communities in which they live.

There are no trick questions at interview; the panel know and will expect you to be nervous. There are, however, questions that will test you. You will certainly be asked why you have chosen nursing and the specific field of nursing you have applied for.

**PEARLS OF WISDOM**

It would be unwise to respond to this question by saying you have always admired the nurses on *Casualty* or *Holby City*, or that you like the uniform.

Other questions may include:

- what do you think is the role of a nurse?
- what are the qualities of a good nurse?
- of those qualities, what is the most important quality in a nurse?
- where do you think nursing takes place? (Remember, it is wherever people are, not just in hospitals.)
- what is it you intend to get out of your studies at this university?
- what made you choose this university?
- what skills do you have that may make you suitable for this course?
- what experience of health and social care have you had?
- what are your strengths and weaknesses?
- how do you intend managing your time; what are your time-management skills like?
- how do you cope with stress?
- how do you handle criticism and cope with authority?
The panel may refer back to your performance at group interview; you may even be asked to elaborate on comments you made there, so be ready to do this. Remember that there are no trick questions: they are genuinely interested in your responses and how you present yourself. Be ready to convince the panel that you have the personal attributes that will help you make a success of the programme. Let them know how you are prepared to cope with the physical and intellectual demands such a programme requires, but remember to be realistic in your responses: do not make things up, and be honest. If during any stage of the interview you are unsure of the question being asked, then request that the question be repeated.

You may be given the outcome of your interview there and then. Some universities take longer to inform you of their decision; your offer will always be conditional on:

- an acceptable occupational health screen,
- a satisfactory criminal records check,
- suitable references.

Other conditions may apply; for example, you may have to achieve certain grades in specific subjects. You may be allowed to commence the programme on the understanding that you meet these conditions, and be asked to leave if you don’t. It is your responsibility to meet the conditions.

**ACTIVITY 1.1**

What is wrong with this question: ‘Hi, oh you’re a nurse, what hospital do you work in?’

Make a list of the places where nurses work.

What skills do you think a nurse needs to do the job effectively, safely and compassionately?

How do you manage your time?
SECTION SUMMARY

If you have not already applied to and been interviewed for a nursing programme you should go back over this section again and think about each subsection carefully, and how you will respond during the application process and when you attend for selection. Failure to adhere to the requirements or to meet the selection criteria will result in your application being rejected. You should always remember that the selection process is a two-way process and you are also assessing the university to determine whether it meets your needs.

Starting nurse education

Congratulations! You have been offered a place on your chosen programme in your chosen field. This is going to be the first day of the rest of your life.

PEARLS OF WISDOM

Depending on how much time you have prior to commencing the programme it might be a good idea to do some preparatory work. You might have been given some guidance by the panel who conducted your interview: think about what this was and carry it out.

The programme you are about to embark on is going to be both intellectually and physically stimulating. If you do not do so already then start reading the broadsheet newspapers, particularly the health and social care sections. This will inform you about contemporary health and social care issues, and it can also improve your vocabulary.

If the opportunity arises and you are given the chance to work in a health or social care setting (paid or unpaid) then make the most of this: it will give you valuable work experience.

There are several weekly or fortnightly nursing journals available that you should read. This will offer an insight into some of the contemporary issues impacting on care delivery.

Meet other nursing, health and social care students.
Think of a nurse. What images came to mind?
- The sex object
- The buxom blonde
- The battleaxe
- An angel
- A gay man
- The murderer
- The professional
- The doctor’s handmaiden

What do you think about this statement: ‘No, I couldn’t be a nurse, all that blood’.

Think about this statement: ‘It doesn’t matter if the nurse is male or female so long as they do their job well.’ What are your comments?

Why are stereotypes damaging to the nursing profession?

How can negative stereotypes be changed?

Nursing is another branch of medicine: discuss.

How does the following statement make you feel? ‘I am just a nurse.’

Do you want to fit the commonly held stereotype of a nurse or do you want to help change that stereotype?
I qualify at the end of this year. It’s been hard work but worth it. I can’t say I have enjoyed all of it but, I am really glad I did it. *Third year learning disabilities student*

You have come this far and now the next steps are ensuring that you get through the programme having developed the skills and qualities required to care for people safely, competently and compassionately.

Nursing provides a varied, challenging and rewarding career to those who would like to make a difference to the lives of people who live locally, nationally and internationally. Nurses are responsible for the care they provide and they have to answer for their own judgements, actions and omissions: this is called being accountable.

**Summary**

To conclude this chapter the reader should look back to the quote at the beginning: nursing is the best job in the world. To undertake nursing education you really do have to want to do it: the work of the nurse is so varied and each day really is so different, but you only get out of it what you put into it. The roles and functions of the nurse have changed and will continue to change, and there are a number of career opportunities available to you in the UK and internationally once you have completed your programme and registered with the NMC.
There are many really important things to consider prior to making your application for a place at a university. Think about the field of nursing you want to apply for, weigh up the pros and cons associated with the various universities and always remember that this is a two-way process: does that university offer you what you want? Becoming familiar with the entry criteria and the selection processes can help you progress onto a programme of study: aim to be selected, not rejected.

Resources

Bursary Administration Unit Northern Ireland  
www.delni.gov.uk  
Offers various types of funding support for the individual, employer or training organisations.

NHS Student Awards Wales  
www.wales.nhs.uk/sitesplus/829/page/36092  
The NHS Wales Student Award Unit implements the NHS Wales Bursary Schemes, which provides funding for healthcare students on NHS-funded courses in Wales.

NHS Student Grants Unit England  
www.nhsbsa.nhs.uk/Students/3259.aspx  
Provides all the information needed when applying for an NHS Bursary in England.

Students Awards Agency for Scotland  
https://www.saas.gov.uk/student_support/special_circumstances/nursing_midwifery.htm  
A Scottish Government agency, paying grants and bursaries to Scottish students in higher education.

UCAS (Universities and Colleges Admissions Service)  
www.ucas.com/students/choosingcourses/specificsubjects/nursing  
UCAS is the organisation responsible for managing applications to higher education courses in the UK.
Health profession regulation

The provision of health and social care across the UK is regulated by a number of different organisations that work in a variety of different ways. There are some regulators, such as the Care Quality Commission in England or the Regulation and Quality Improvement Agency in Northern Ireland, that are responsible for checking the quality and safety of services. The Medicines and Healthcare Products Regulatory Agency, for example, works on the quality and safety of medicines and medical devices.

The Professional Standards Authority for Health and Social Care (PSA) aims to promote the health, safety and well-being of patients and other members of the public as well as independently promoting the voice for patients in the regulation of health professionals throughout the UK. Until December 2012 the PSA was known as the Council for Healthcare Regulatory Excellence (or CHRE).
The values and principles of the PSA act as a framework for decision making.

The values of the PSA

- patient- and public-centred,
- independent,
- fair,
- transparent,
- proportionate,
- outcome-focused.

Its principles are:

- proportionality,
- accountability,
- consistency,
- targeting,
- transparency,
- agility.

Understanding the role and function of the various regulatory bodies can help you ensure that the care you provide to people is benchmarked against the standards that have been set. The PSA oversees the nine health professional regulators:

1. General Chiropractic Council (GCC),
2. General Dental Council (GDC),
3. General Medical Council (GMC),
4. General Optical Council (GOC),
5. General Osteopathic Council (GOsC),
6. General Pharmaceutical Council (GPC),
7. Health and Care Professions Council (HCPC),
8. Nursing and Midwifery Council (NMC),

It oversees the activities of these professional regulators to ensure the promotion of the health, safety and well-being of patients and the public. It does this by:

- setting the standards of behaviour, competence and education that health professionals must meet,
- dealing with concerns from patients, the public and others about health professionals who are unfit to practise because of poor health, misconduct or poor performance,
keeping registers of health professionals who are fit to practise in the UK,
the regulators can remove professionals from their registers and prevent them from practising if they consider this to be in the best interests of the public.

The PSA has legal powers to:
- check how well the health professional regulators carry out their work,
- audit the initial handling of fitness-to-practise cases,
- refer cases to court where decisions are considered too lenient,
- give advice on policy.

It does this through:
- involving patients and the public in its work,
- promoting good practice,
- influencing national and international policy on health professional regulation,
- communicating with its stakeholders.

ACTIVITY 2.2

Go to the PSA website (www.professionalstandards.org.uk/home) and download its annual Performance Review Report. Here you will find a review undertaken by the PSA concerning key issues that affect health professional regulation which in turn can have the potential to impact on public protection. The performance review is the PSA's annual check on how effective the professional regulators have been in their role in protecting the public and promoting confidence in health professionals and themselves. The PSA is obliged to report its findings to Parliament and to the devolved administrations.

The Health and Care Professions Council

The HCPC, like the NMC, is a regulatory body but whereas the NMC regulates two professions, nurses and midwives, the HCPC has responsibility for regulating 15 health professions (see Table 2.1). The General Social Care Council (GSCC) has been abolished. This provided the regulation of social workers in England and, from July 2012, has now become the responsibility of the renamed Health and Care Professions Council (HCPC).

The HCPC maintains a register of properly qualified health professionals for the public to check who meet HCPC standards for training, professional skills and good practice. Each of these professions has at least one professional title that is protected by law, including those shown in Table 2.1. This would mean, for example, that anyone using the titles ‘physiotherapist’ or ‘dietitian’ must be registered with the HCPC.

It is a criminal offence for anybody to say that they are registered with the HCPC when they are not.
Table 2.1 The professional bodies regulated by the HCPC

<table>
<thead>
<tr>
<th>Profession</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts therapist</td>
<td>An art, music or drama therapist encourages people to express their feelings and emotions through art, such as painting and drawing, music or drama.</td>
</tr>
<tr>
<td>Biomedical scientists</td>
<td>Biomedical scientists analyse specimens from patients to provide data to help nurses, doctors and other healthcare professionals diagnose and treat disease.</td>
</tr>
<tr>
<td>Chiropodist/podiatrist</td>
<td>A chiropodist/podiatrist diagnoses and treats disorders, diseases and deformities of the feet. They also work to promote good health and prevent disease.</td>
</tr>
<tr>
<td>Clinical scientist</td>
<td>A clinical scientist oversees specialist tests for diagnosing and managing disease. They offer advice to nurses, doctors and other healthcare professionals on using tests and interpreting data and they also carry out research to understand diseases and devise new therapies.</td>
</tr>
<tr>
<td>Dietitian</td>
<td>Dietitians use the science of nutrition to devise eating plans for patients to treat medical conditions. They also work to promote good health, helping to facilitate a positive change in food choices among individuals, groups and communities.</td>
</tr>
<tr>
<td>Hearing aid dispenser</td>
<td>Hearing aid dispensers work in private practice and assess, fit and provide aftercare in the dispensing of hearing aids. They also work to promote good health and prevent disease.</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>Occupational therapists use a number of activities to limit the effects of disability and promote independence in all aspects of daily living.</td>
</tr>
<tr>
<td>Operating department practitioner</td>
<td>Operating department practitioners participate in the assessment of the patient prior to surgery and provide individualised care in a number of settings.</td>
</tr>
<tr>
<td>Orthoptist</td>
<td>An orthoptist specialises in diagnosing and treating visual problems involving eye movement and alignment. They also work to promote good health and prevent eye disease.</td>
</tr>
<tr>
<td>Paramedic</td>
<td>Paramedics offer specialist care and treatment to people who are acutely ill or injured. They can administer a range of drugs and carry out certain surgical techniques.</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Physiotherapists deal with human function and movement and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore well-being.</td>
</tr>
<tr>
<td>Practitioner psychologist</td>
<td>Psychologists work with people to attempt to understand the role of mental functions in individual and social behaviour.</td>
</tr>
</tbody>
</table>
Profession Role

Prosthetist/orthotist Prosthetists and orthotists have responsibility for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a body part that is missing. An orthosis is a device fitted to an existing body part with the intention of improving its function or to reduce pain.

Radiographer Therapeutic radiographers plan and deliver treatment using radiation; for example, cancer treatments. Diagnostic radiographers produce and interpret high-quality images of the body with the intention of diagnosing injuries and diseases. For example, X-rays, ultrasound or CT scans carried out in hospital.

Speech and language therapist Speech and language therapists assess, treat and help to prevent speech, language and swallowing difficulties.

You are caring for a child of 10 years old who has been diagnosed with paraganglioma (also called a glomus tumour) and has undergone surgical removal of this tumour. From the list in Table 2.1 what role would the healthcare professionals have in the care and treatment of this child? Would they all be involved in this person’s care and treatment?

The duties of HCPC registrants are outlined in their code of conduct (Health Professions Council, 2004). Each registrant must confirm that they have read and agree to adhere to the standards described in the HCPC’s The Standards of Conduct, Performance and Ethics.

Nurses work in teams and with a number of other health and social care workers and as such you need to know their various roles and functions. Understanding each other’s role can help to enhance the patient experience and above all ensures that care delivery is safe and effective. Working as a team helps clinicians and patients put the pieces of the jigsaw together: making sense of the bigger picture can set the direction.

The General Medical Council

Another statutory body, the General Medical Council (GMC), an organisation independent of the NHS and of Government, has responsibility for maintaining the medical register for the UK. Just as the NMC has statutory powers, statutory
powers under the UK Medical Act 1983 allow the GMC to take action where there are concerns about the fitness to practice of a registered medical practitioner (likewise, the General Dental Council regulates dentists and dental nurses).

If the GMC determines that a doctor is not fit to practise, it has powers to erase that doctor’s name from the medical register (striking off), to suspend the doctor from the register or to place conditions on the doctor’s practice. These actions are applicable to practice in any sector of employment in any part of the UK.

The GMC publishes the duties of a doctor registered with the GMC (General Medical Council, 2006). This guidance outlines the principles and values on which good practice is based, describing good medical professionalism in action.

The role and function of the Nursing and Midwifery Council

The Nursing and Midwifery Council (NMC) does not advocate for or represent nurses: this is undertaken by the unions. The NMC’s role as regulator is to protect the public through the setting of standards and the regulation of those who are on the professional register. The titles nurse, midwife and health visitor are protected in law.

The NMC and its predecessor bodies have been in existence since 1919. The NMC is the regulator for the largest group of healthcare professionals, as there are 660 000 registered nurses and midwives. Like its predecessors the General Nursing Council (GNC) and the UK Council for Nursing, Midwifery and Health Visiting (UKCC), the NMC has a statutory duty to set standards and regulate the nursing, midwifery and health visiting professions. The NMC was established under the Nursing and Midwifery Order 2001 and came into being on 1 April 2002. It is accountable, through the Privy Council, to Parliament and members of the public.

The NMC’s key purpose is to safeguard the health and well-being of the public and this is enshrined in law in the Nursing and Midwifery Order 2001. This aspect of law (and other associated elements of legislation) governs the work of the NMC. The NMC carries out a number of statutory obligations, which means that much of its work (its duties) has been set out in law.

The various pieces of legislation that direct and guide nurses and nursing can be confusing. Trying to make sense of them all can take some time.

The NMC:

registrates all nurses and midwives, ensuring that they are properly qualified and competent to work in the UK,

sets the standards of education, training and conduct that nurses and midwives require in order to deliver high-quality healthcare consistently throughout their professional careers,

ensures that all nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code,