# **Mi Universidad**

### **"UDS MI UNIVERSIDAD"**

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#### Nursing in the UK

The developments in medical science and technology, and the breakdown in the traditional barriers between the healthcare professions have meant that nurses must now deal with many complex technical aspects of care and treatment. Nursing in the UK is a regulated professional occupation with a correspondingly thorough education system that meets the practical and theoretical needs of a modern healthcare system. Nurse education in the UK is designed to meet changing health- care needs, the wishes of people needing healthcare, the growth in complex treatments and the need for a standardised education- al preparation resulting from membership of the European Union (EU)

Nurses in the UK base their practice on the systematic assess- ment, planning, implementation and evaluation of care. In order to do this they use the nursing process (see below) or integrated care pathways. This is very different to task-based care, where nursing activities were strictly allocated according to the nurse's seniority. The more complicated tasks, such as giving medicines, were performed by senior nurses and simple tasks were undertaken by the more junior nurses, while the most basic work such as personal cleansing was carried out by unqualified nursing stu- dents and nursing assistants or auxiliary nurses.

This chapter will help you to understand how nursing in the UK is regulated, what nurses do and where they work, and how they use the nursing process. Details about various professional organisations and trade unions are also given.

#### HOW NURSING IS REGULATED IN THE UK

Nursing and midwifery are regulated by the Nursing and Midwifery Council (NMC). The role of the NMC includes:

 Keeping a register of practitioners (656 000 qualified registered nurses and midwives in 2003). In 2004 a new three-part regis- ter - nursing, midwifery and specialist community public health nursing - replaced a register with 15 parts. The nursing part of the register has separate sections for first-level and second-level nurses. The register also notes the particular branch of nursing - adult, learning disability, children or men- tal health. The second-level section of the register is for exist- ing enrolled nurses, but this is closed to new UK applicants. However, it must be open to existing second-level nurses who qualified in certain other European countries in order to com- ply with European Directives. All working nurses need to reg- ister with the NMC to practise as qualified nurses in the UK. This registration is renewed every 3 years (see periodic registration.

Setting standards for nursing and midwifery practice.

 Protecting the public and assuring the public that only nurses and midwives who have reached the minimum standards set by the NMC can become registered nurses and midwives.

The NMC hears cases of alleged professional misconduct (see nursing documentation and record keeping, Ch. 4). If the practi- tioner is found guilty, the NMC can deal with him or her in a vari- ety of ways, including the removal of the practitioner from the professional register, which stops him or her working as a regis- tered nurse or midwife. In this way, the NMC monitors and reg- ulates nursing and midwifery and ensures that high standards of professional practice are maintained.

The NMC has produced a Code of Professional Conduct that sets out the standards of professional conduct, responsibilities and accountability expected of a registered nurse or midwife, and explains a person's entitlements and reasonable healthcare expectations about nursing care.

As part of the need to practise safely and effectively as a nurse and to work within ethical boundaries you need to be familiar with, to understand and to apply to your practice all parts of the Code of Professional Conduct. The main clauses of the code are outlined in Box 1.1, but you should read the full document which has subclauses that give more explanation.

The Code is sent to every practising nurse in the UK, and any nurse who does not respect the Code of Professional Conduct will have to answer for their actions or omissions to the NMC and others, including the hospital or care home where they work, a court of law or the Health Service Commissioner. The British pub- lic demand nursing care that is of a high standard and effective, and nurses are constantly trying to raise their standards of care and to identify areas for improvement. In fact, continuing professional development (CPD) and a commitment to life-long learn- ing are both essential if the profession is to keep ahead of the changes that are occurring and for nurses to feel confident in the work that they are doing. For more information about CPD, post- registration education and practice (PREP) and periodic registra- tion, see Chapter 2.

## PROFESSIONAL ORGANISATIONS AND TRADE UNIONS

The vast majority of practising UK nurses and midwives, and stu- dents join a professional organisation or trade union. There are several trade unions to choose from (Box 1.2), but the two most popular ones with nurses are the Royal College of Nursing (RCN) and Unison, who have about 600 000 members between them.

A trade union works hard for the welfare and best interests of its nurse members. Trade unions also provide professional indemnity insurance for practising nurse members, as do several private insurance companies. Nurses who are employed are cov- ered for acts or omissions by their employer's vicarious liability arrangements. Professional indemnity insurance against claims for professional negligence is increasingly important for nurses work- ing in independent or private practice, and the NMC recommends that these nurses should have adequate insurance.

Many trade unions provide continuing education for nurses through study days, courses, conferences and nursing journals. Some organisations, notably the RCN and RCM, provide extensive libraries. Furthermore, the RCN has one of the largest non- university affiliated nursing libraries in the world.

The National Nursing Association (NNA) in the UK is the RCN. It is a member of the International Council of Nurses (ICN), and is the UK representative on the Standing Committee of Nurses in Europe.

More information about the services offered by individual trade unions and professional organisations can be found in an article by Oxtoby & Crouch (2003) and by contacting the trade union or professional organisation.

## WHERE NURSES WORK – NATIONAL HEALTH SERVICE AND THE PRIVATE SECTOR

Most nurses and midwives (approximately 400 000) work for the National Health Service (NHS), 80 000 work in the private sector within independent hospitals, nursing homes, nursing agencies, workplaces, prisons, embassies and the armed forces, and 20 000 work for general practitioners (GPs). Others work in education institutions, in management, as independent practitioners, or as selfemployed consultants.

In the 1980s, new nurse education programmes, called Project 2000 (PK2), were introduced. This moved nurse education into the higher education sector and nursing students were no longer considered part of the nursing workforce, as they had been before, and led to an increased employment of healthcare assis- tants (HCAs) and auxiliaries. HCAs often give the 'hands-on' care, and increasingly do more complex activities because the role of nurses has expanded and changed.

Nurses today work not only in hospitals but also in the community. In fact over a third of all UK nurses work in the commu- nity – with people in their own homes and in clinics, and in the workplace as occupational health nurses. Even when nurses are employed in the acute healthcare sector they not only work on the wards, but they also work in outpatient departments (OPDs) often running and coordinating clinics on their own, such as in pre-admission assessment, diabetic care, hypertension clinics, well-men and well-women clinics, and so on. In addition, UK nurses are increasingly taking on roles that used to be done by doctors. This has meant that nurses can now ensure a faster and more efficient service for people in their care.

Nurses in the UK can choose to work either for the NHS or for the private healthcare sector. The private sector runs hospi- tals (general and specialist), and many psychiatric hospitals and specialist clinics (e.g. infertility clinics and drug detoxification units). The private sector also provides much of the occupation- al health services for industry and many private companies, and run hundreds of nursing homes and other care facilities for older people and other groups all over the UK. The care of older peo- ple requires much dedication and is a difficult field of nursing, but it can be very rewarding and certainly it is an area of nurs- ing care that will increase in demand as more people live longer, and proportionally more frail older people will require expert nursing care.

Although private healthcare establishments are not bound by NHS pay regulations, they generally pay very similar salaries and in many instances pay slightly more. There are recruitment guidelines and UK labour legislation helps to ensure fair and eth- ical employment practices. Wherever a nurse works in the UK he or she is protected by employment law and health and safety regulations which, among other things, specify the maximum number of hours of work to be undertaken in a specified period of time, the minimum UK wage, and employment entitlements and benefits. Nursing in the UK reflects the challenges and the demands of UK society as a whole. Nursing is considered a respected and val- ued profession, and on the whole qualified nurses with several years' clinical experience and working full-time in a UK health- care establishment, can expect to be adequately financially rewarded for their expertise and practice. At the time of writing the government is proposing a new financial package for quali- fied nurses working in the NHS, which should redress some of the financial problems and dissatisfactions of the past.