



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

**Code of Professional Conduct and Ethics
for Registered Nurses and
Registered Midwives
Incorporating the Scope of Practice
and Professional Guidance**

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives comes into effect on 14 February 2025, replacing the previous editions published in May 2021 and December 2014.

The Code also replaces the Scope of Nursing and Midwifery Practice Framework (2015); Ethical Conduct in Research (2015); Recording Clinical Practice (2015) and Social Media and Social Networking (2013).

Contents

Introduction	2
About NMBI	2
About the Code	3
Purpose of the Code	4
Who Should Use the Code?	5
Section 1: Values and Ethics	6
Section 2: The Principles of the Code	8
Principle 1: Respect	11
Principle 2: Accountability	13
Principle 3: Competence	16
Principle 4: Trust	19
Principle 5: Collaboration	21
Principle 6: Leadership	23
Section 3: Scope of Practice	25
Determining your Scope of Practice	26
Decision-making framework	30
Section 4: Professional Guidance on Record Keeping	31
Section 5: Professional Guidance on Social Media	35
Section 6: Professional Guidance on Research	37
Section 7: Explanatory Notes	40
Section 8: Complaints	58
Resources	61
References	62
Bibliography	64

Introduction

About NMBI

Protecting patients, individuals, service users and other members of the public is at the heart of what we do at the Nursing and Midwifery Board of Ireland (NMBI). We are committed to fulfilling this objective by supporting registered nurses and registered midwives in their provision of the highest standard of care.

NMBI has a statutory responsibility to protect the public and protect the integrity of the professions under the Nurses and Midwives Act 2011, as amended¹.

Among our core functions we:

- maintain the Register of Nurses and Midwives and a Candidate Register for student nurses and midwives
- set the standards for the education and training of nurses and midwives
- approve programmes of education necessary for registration and monitoring these programmes on an ongoing basis
- support registrants by providing appropriate guidance on professional conduct and ethics for both registered nurses and midwives, and
- investigate and consider complaints against nurses and midwives.

The Code applies to all nurses and midwives registered in Ireland and will assist them in their practice.

About the Code

The Code applies to all settings where a registered nurse or registered midwife provides healthcare, whether in person, virtually or through other platforms. It outlines the professional conduct expected of a registered nurse or registered midwife.

NMBI has revised the Code to reflect changes within the professions, the healthcare system and broader society, to ensure registered nurses and registered midwives practice safely while upholding the integrity of the professions.

The Code incorporates and replaces the following documents:

- The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021)²
- The Scope of Nursing and Midwifery Practice Framework (2015)³
- Ethical Conduct in Research (2015)⁴
- Recording Clinical Practice (2015)⁵
- Social Media and Social Networking (2013)⁶

The Code is substantially different to the previous edition and now contains six principles, a value statement for each of the principles and standards of conduct that taken together signify what good practice by registered nurses and registered midwives looks like.

On joining the Register of Nurses and Midwives, and when renewing registration, all registered nurses and registered midwives must commit to upholding the principles, values and standards of the Code. They should make sure that they are using the most up to date version of the [Code](#).

Purpose of the Code

The purpose of the Code is to:

- support and guide you in your ethical clinical decision-making
- support and guide you in your ongoing professional development
- emphasise your obligations to recognise and respond to the needs of patients, clients, service-users, families and women receiving maternity care
- ensure you uphold the values of the professions and that your practice reflects the highest standards of safe, effective and compassionate care
- inform the individual, the public, employers and professional bodies of the standards of professional conduct and behaviour that they can expect from registered nurses and midwives
- provide a benchmark to evaluate the professional conduct and behaviour of nurses and midwives.

All registered nurses and registered midwives must be aware that a breach or breaches of the Code could result in a complaint being made against them and being brought before a fitness to practise inquiry. For further information, please see [Section 8: Complaints](#).

In addition to complying with the Code, registered nurses and registered midwives have a duty to keep up to date with new or amended laws that affect their practice. The Code includes references to law and policies that apply at the date of publication, to explain the legal and ethical implications for a registered nurse and registered midwife.

In this document a registered nurse and a registered midwife is referred to as **practitioner**. Patients, service users, children, women etc., are referred to as **individuals**.

The Code is not intended to give detailed professional advice on specific activities or issues related to personal practice.

Who Should Use the Code?

The Code should be used by anyone responsible for informing, influencing, delivering, and providing nursing and midwifery care.

Registered nurses and registered midwives: must comply with the Code in their day-to-day practice. This involves providing direct care to individuals, groups or communities, or using their professional knowledge and exercising their professional judgement to inform nursing and midwifery practice.

Educators: registered nurse and registered midwife educators should use the Code to teach preregistration and post-registration students to understand the conduct and behaviours expected of them as it lays the foundation for their professional practice.

Leaders: all registered nurses and registered midwives have leadership qualities and should model the Code in the course of their work to ensure that the integrity of nursing and midwifery is evident.

Employers: have a responsibility to support registered nurses and registered midwives in developing their practice to uphold the Code and provide safe, high-quality care.

Section

1

**Values
and Ethics**

Values and ethics are foundational in nursing and midwifery, shaping professional integrity and quality of care. The core values – **Compassion, Care, and Commitment** – underpin ethical principles to ensure respectful, person-centred care that is free from discrimination.

Key ethical principles that inform the Code

- **Autonomy:** Respecting individuals' rights to make informed decisions.
- **Beneficence:** Acknowledging individuals' will and preference.
- **Non-maleficence:** Avoiding harm and prioritising safety.
- **Justice:** Ensuring fairness and advocating for vulnerable individuals.
- **Fidelity:** Maintaining trust and honouring commitments.
- **Veracity:** Being truthful in all communications.
- **Privacy:** Respecting individuals' right to privacy.
- **Confidentiality:** Protecting individuals' information.

Professionalism in nursing and midwifery

- **Competence:** Maintaining the necessary skills and knowledge.
- **Respect:** Treating all individuals with respect.
- **Ethical practice:** Adhering to ethical standards and prioritising public safety.
- **Dignity:** Respecting the inherent worth and autonomy of all individuals.
- **Collaboration:** Working effectively with other professionals.
- **Integrity:** Upholding honesty and ethics.
- **Leadership:** Influencing positive change.
- **Empathy:** Providing sensitive, respectful care that is tailored to individual needs. Together, these values, ethics and professional standards ensure high-quality, compassionate care that inform the principles of the Code.
- **Accountability:** Being responsible for one's actions.
- **Advocacy:** Supporting individuals in expressing their will and preferences.
- **Compassion:** Providing care with kindness and understanding.

Section

2

**The Principles
of the Code**

The Principles of the Code

The Code is based on
six principles:



The Code's six principles uphold high standards, prioritising individuals at the centre of care. Each principle is equally important, guiding safe, ethical practice, supporting decision-making, ensuring safety of the individual, and fostering professionalism and accountability. This guidance helps practitioners integrate the principles daily, enhancing public trust and quality of care.

Terms used in the Code

- **'You must'** is used where there is an absolute duty to comply with the principle and standard.
- **'You must not'** is used as an absolute prohibition.
- **'You should'** is used to describe the course of action that is generally best practice while acknowledging that another approach may be appropriate in certain circumstances, or that there may be factors outside your control that affect your ability to comply.

Principle 1: Respect

Values

Respect is a foundational value, significantly impacting both individual care and professional relationships. Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld.

Standard of conduct

To achieve this, you must:

1. respect individuals regardless of their age, gender, race, religion, civil status, family status, ethnic background, sexual orientation, disability (physical, mental or intellectual), or membership of the Traveller community.
2. respect diversity, promote inclusion and avoid bias, discrimination and racism towards individuals.
3. treat individuals with kindness, respect and compassion.
4. respect and maintain the dignity of human life.
5. prioritise individuals health and wellbeing.
6. make sure that you get informed consent and document it before carrying out care.
7. respect and uphold an individual's human rights, including supporting and documenting their right to refuse care or treatment and their right to have an advance healthcare directive, considering all relevant laws about capacity⁷.
8. prioritise the safety of individuals receiving care, including raising safety concerns, irrespective of the source of those concerns.

You must not:

9. use your professional position to form a relationship of a sexual, emotional or exploitative nature with an individual in your care.
10. exploit or discriminate against an individual receiving care or condone discrimination by others.
11. discuss, comment or post anything on social media that could be considered discriminatory, does not preserve the dignity of the individual receiving care, is unlawful or otherwise breaches the Code.

You should:

12. provide end-of-life care to support individuals to die with dignity and comfort, ensuring respect for the cultural norms, beliefs and values that an individual holds about death and dying.
13. protect and promote an individual's autonomy.
14. where possible, make sure that any treatment, assistance, care, or advice that you are responsible for delivering is provided without undue delay.
15. not take advantage of an individual's vulnerability or cause them unnecessary upset or distress.

Principle 2: Accountability

Values

Accountability means being responsible for one's professional judgments, actions, and omissions, and being able to explain these decisions. It involves maintaining competence, ensuring quality care, and maintaining professional standards. Practitioners must always uphold the reputation of their professions and demonstrate accountability and professional responsibility, personal and professional integrity, autonomy, and advocacy.

Standard of conduct

To achieve this, you must:

1. comply with the Code and other relevant NMBI guidance documents.
2. work within and keep up to date with the law, regulations and PPPGs relevant to your practice.
3. be accountable for your own decisions, actions, omissions, and related outcomes.
4. accept responsibility for errors and learn from them.
5. act immediately and report any error, unsafe behaviour or unethical conduct, whether or not harm has occurred to relevant individuals.
6. comply with relevant laws and national policies relating to open disclosure.⁸
7. act as an advocate on behalf of an individual who requires you to do so to ensure their rights and interests are protected.
8. act as an advocate for the vulnerable, challenge poor practice, and discriminatory attitudes and behaviour relating to care.

9. empower individuals to be involved in the decision-making process by providing them with information they can understand (health literacy).
10. tell your manager or colleagues if you have a conscientious objection to a procedure or treatment. You may refuse to provide care or to participate in a procedure or treatment which conflicts with your ethical or moral standards, but you must make sure a qualified colleague takes over the care of that person.
11. be aware that conscientious objection does not absolve you of your responsibility to an individual in emergency circumstances.
12. maintain professional boundaries with an individual in your care, their families and carers.

You should:

13. be responsible and accountable for your own health and wellbeing.
14. seek help from your employer if you become aware that your physical or mental health is affecting your ability to practise safely.
15. co-operate with any investigation or formal inquiries into your professional conduct, the professional conduct of other practitioners, or provision of care or services.

Regulatory requirements

Comply with your registration responsibilities to practise as a registered nurse or registered midwife.

Standard of conduct

To achieve this, you must:

16. inform your employer and NMBI if you have any conditions attached to your registration from another regulatory body.

You must not:

17. steal, misuse, abuse or improperly destroy the property of individuals receiving care, the healthcare team or employers.
18. ask for or accept loans of money from individuals receiving care or anyone close to them.
19. accept incentives, financial or otherwise, that could reasonably be perceived as affecting your professional judgement.

You should:

20. adhere to your employer's policy about accepting and reporting gifts.
21. make sure that if you are responsible for educational activities in your workplace or organisation, you should ensure that any funding from commercial enterprises is directed through unrestricted education and development funds and managed independently, without any influence from the commercial enterprise.
22. be responsible for ensuring that you have adequate professional [indemnity insurance](#) to cover your scope of practice.

Principle 3: Competence

Values

Competence is the integration of knowledge, professional judgment, skills, ethical values and attitudes necessary for safe, accountable and effective practice. Individuals have a right to receive safe, high-quality care from competent practitioners who work within their scope of practice, adhering to their level of education, experience, knowledge, skills and judgment to deliver safe and competent care.

Standard of conduct

To achieve this, you must:

1. be competent to practise safely within your scope of practice.
2. make sure that your knowledge, skills and performance are of a high standard, up to date and relevant to your practice.
3. regularly take part in appropriate continuing professional development to maintain and develop your professional competence.
4. practise only in areas in which you have relevant knowledge, skills, competence and experience.
5. acknowledge any limitations within your scope of practice and take measures to address them so that you can develop competence, where appropriate.
6. participate in and advocate for improving the quality of your practice to support safe person-centred care.

Delegation

You should:

7. only delegate to a person who you believe has the knowledge, skills, competence and experience to carry out the activity safely and effectively, or delegate to a person who is appropriately supervised.
8. make sure that, by delegating a particular role or activity, it does not harm the interests of the individual in your care.
9. make sure that the individual you are delegating to understand the activity and the boundaries of their own competence.
10. make sure that the individual you are delegating to is clear about the circumstances in which they must refer to you.
11. make sure you take reasonable steps to identify any risks associated with delegation and whether supervision might be necessary.
12. take reasonable steps to monitor the outcome of the delegated task.

Medication safety

You must:

13. engage in safe medication practices, having the required knowledge, skills, and judgement to make evidence-based decisions.
14. comply with NMBI guidance on medications⁹ and other relevant policies, procedures, protocols and guidance, and regulations, within the limits of your scope of practice, training, competence and legislation.

Risk management

You must:

- 15.** follow risk assessment policies, procedures, protocols and guidelines (PPPGs) to assess potential risks in the workplace and your areas of practice.
- 16.** escalate risks you identify to an appropriate authority and take reasonable steps to minimise or reduce the identified risks.
- 17.** respond courteously and honestly to anyone who complains about the care, treatment, or other services they have received in line with relevant laws and policies.¹⁰
- 18.** acknowledge and act on all concerns raised to you, investigating, escalating, or dealing with, and following up on those concerns where it is appropriate for you to do so.
- 19.** inform an appropriate person or authority if you are aware of systems or service structures that may lead to unsafe practices which puts an individual, yourself or others at risk.¹¹
- 20.** take appropriate action to protect people if the safety or wellbeing of an individual or colleague is affected or put at risk by another colleague's actions, omissions, or incompetence.

You must not:

- 21.** obstruct, intimidate, victimise, or hinder a colleague, member of staff, individual you are caring for or member of the public who wants to raise a concern.

You should:

- 22.** deliver the best possible safe and competent practice based on the best available evidence and guidance.

Principle 4: Trust

Values

Trust is a core professional value, influencing the quality of care and the [therapeutic relationship](#) between practitioners and individuals. Open, honest and compassionate professional relationships are based on trust, and follow obligations about privacy and confidentiality.

Confidentiality is an expression of the trust inherent in the therapeutic relationship with an individual.

Standard of conduct

To achieve this, you must:

1. act with honesty and trustworthiness in your professional interactions with individuals and colleagues.
2. behave in a way that supports and strengthens the public's trust and confidence in the integrity of the professions.
3. provide honest, accurate and balanced information based on the best available evidence, ensuring it is shared sensitively and in a way the individual can understand, addressing their specific health, care and [treatment needs](#).
4. be aware that confidentiality covers all forms of record management including all physical and electronic data.

You should:

5. respect and uphold an individual's expectation that their personal information will remain private and confidential.
6. use your professional judgment and act responsibly when you must disclose and share information.

Confidentiality

Values

Practitioners engage with individuals respectfully, promoting open, honest, and compassionate professional relationships and ensuring confidentiality.

Standard of conduct

To achieve this, you must:

7. respect and uphold an individual's right to confidentiality in all aspects of their care.
8. obtain the consent of an individual before discussing confidential information with their family, carers or other professionals involved in their care and document it¹².
9. where appropriate inform individuals if you intend to share confidential information about them with other healthcare colleagues and the reason for sharing their information.
10. make sure to know the circumstances when confidential information may be disclosed in the absence of [consent](#) if it is:
 - required by law to do so
 - to protect individual's interests
 - to protect public interest, or
 - to protect the interests of other people.

In these circumstances, you must only disclose the minimum amount of information necessary to the appropriate person.

11. use all forms of spoken, written and digital communication with individuals responsibly, always respecting their right to privacy and confidentiality.

Principle 5: Collaboration

Values

Collaboration takes a multi-disciplinary approach to care. Teamwork ensures consistent standards, improving individual experiences and health outcomes while maintaining accountability and safety. Practitioners communicate with individuals, healthcare professionals, colleagues and students. Effective communication enhances wellbeing, and proper record-keeping is vital for safety and continuity of care.

Standard of conduct

To achieve this, you must:

1. communicate sensitively, effectively, honestly and appropriately, considering the needs of the individual you are caring for.
2. communicate clearly and effectively with members of the team caring for an individual to ensure safety and continuity of care.
3. treat colleagues with respect, working with them in a professional, collaborative and cooperative manner while recognising that others have a right to hold different opinions.
4. deal with differences of professional opinion by discussion and informed debate, respecting views and opinions, and always behaving in a professional way.
5. promote professional relationships with individuals, their caregivers, advocates, and members of the healthcare team by managing and resolving conflict through negotiation or consensus, where appropriate.
6. if needed, refer or transfer an individual's care to the appropriate healthcare team for further treatment promptly to maintain continuity of care and always get the individual's consent first.
7. complete [records](#) at the time of, or as soon as possible after providing care, recording if the notes are written sometime after the event.

8. keep clear and accurate records relevant to your practice.
9. make sure that all paper or electronic records are clearly documented and include your name, the date and time of the entry, and your signature or log entry with your NMBI PIN number. Using a signature bank is acceptable. For digital records, ensure they are traceable to the practitioner who provided the care.
10. take immediate and appropriate action if you are aware that someone has not completed records correctly. This must be raised with the individual and if necessary, the employer.
11. cooperate with audits of training records or other relevant audits that may be carried out relevant to your role.
12. collect, store and use records according to data protection law.¹³

You must not:

13. share your personal views, such as religious, political or moral beliefs, with individuals in a way that is inappropriate for a professional setting.
14. document false or misleading information about individuals, the care given or to be given.
15. use unapproved abbreviations, jargon or speculation in records.

You should:

16. take reasonable steps to meet an individual's language and communication needs, and if possible, aid those who need help to communicate their own or others' needs.
17. use terms that individuals can understand recognising [health literacy](#) issues.

Principle 6: Leadership

Value

Leadership in nursing and midwifery means inspiring and guiding others to achieve goals, building trust among individuals, colleagues and the public. Practitioners demonstrate professionalism, adaptability, promote dignity, and support all colleagues, fostering effective teamwork and positive change.

Standard of conduct

To achieve this, you must:

1. uphold and promote high standards of evidenced based care.
2. be aware of how your behaviour can affect and influence the behaviour of other colleagues, students, and members of staff and individuals.
3. support colleagues to follow the principles of the Code.
4. stop unsafe, incompetent, unethical or unlawful practice.
5. promote person-centred care.
6. manage time, staff, and resources efficiently, considering [environmental, social and economic factors](#).
7. take all reasonable steps to protect team members you are responsible for from harm, detriment and victimisation.
8. take all reasonable steps to protect team members you are responsible for from unwarranted treatment after a concern is raised.
9. teach, supervise and assess students fairly and respectfully using approved criteria.
10. support and encourage students and colleagues, to help them develop their knowledge, skills and competence through clinical supervision, reflection and evaluation.

11. provide constructive and timely feedback in your assessment of students.
12. promote good professional behaviour for students, newly qualified practitioners and team members.

You should:

13. support, preceptor, mentor and teach colleagues, non-registered staff, and other members of the healthcare team, especially those who are less experienced in providing care, considering the resources you have available.
14. promote teamwork and collaboration within and between professions through shared learning opportunities.
15. be supportive of colleagues who have health or performance problems, ensuring that such supports do not compromise an individual's safety.
16. not ignore, engage in or excuse behaviour that could be perceived as bullying or harassment, in compliance with relevant policies.
17. recognise and encourage leadership and value the work of your colleagues.
18. encourage independent, innovative nursing and midwifery practices based on evidence.
19. take part in approved research or support the research of others, where possible.

Section

3

**Scope of
Practice**

Determining your scope of practice

Scope of practice is the range of roles, functions, responsibilities and activities which a registered nurse or registered midwife is educated, competent, and has authority to perform. Your scope of practice is fully linked to the Code, which are the overarching principles that guides you in your professional practice.

The scope of practice should be flexible and adaptable, responding to evolving healthcare needs, advancements in knowledge and technological progress. An individual practitioner's scope of practice is shaped by various factors, including the healthcare setting, the specific needs of individuals, the practitioner's own competence and the guidelines of the service they work in. As practitioners acquire new skills and knowledge, their personal scope of practice expands and evolves. Practitioners who expand their practice must be accountable for their role and associated responsibility in accordance with the Code.

The scope of practice of an individual practitioner is influenced by several factors including:

- **Education preparation, professional practice and competence**
Your initial education sets the foundation for your scope of practice. Additional education and practice experience further develops your knowledge and skills that may broaden the range of activities you are competent to undertake.
- **Guidelines, policies and evidence-based research**
Local, national and international practice policies, procedures, protocols and guidelines, and evidence-based research inform and guides your practice. Adhering to these helps ensure your practice aligns with legal and ethical requirements, and reflect current best practices in healthcare.
- **Practice setting**
Your workplace environment, whether in the acute, community or other practice settings affects your scope of practice. Each setting may require distinct skills, knowledge, influencing the specific competencies required.

→ **Collaborative practice**

This involves shared responsibilities, interprofessional learning and a holistic approach to care. It involves practitioners working with other professionals to provide comprehensive, person-centred care.

When considering your scope as a regulated professional, you must think of your role and responsibilities in providing safe, quality person-centred care. You should review your own scope of practice on an ongoing basis to ensure that it is up to date to meet the needs of individuals and the environment you are working in.

The Scope of Practice Framework is designed to support you in making decisions about your role and responsibilities.

The framework has several functions and is:

- an empowering resource for practitioners to practice high quality safe care
- a framework to support decision-making related to practice
- help for practitioners to identify professional development needs
- an enabling framework that allows practitioners to develop their roles, and
- a framework to encourage reflective practice, improve learning and provide safe, quality healthcare.

You are accountable for your professional actions. If you identify a competence deficit, you should, with the support of your employer, take appropriate measures to gain competence, where appropriate.

Making decisions regarding the scope of practice are based on the following principles:

- Your practice must be for the benefit and needs of the individual in line with the Code.
- When determining your scope of practice, you must make a balanced judgement about your competence to carry out a role or activity guided by all the principles in the Code. Further education and training may be required to gain competence in a particular area.

You are reminded that in accordance with the Code, **you are accountable for your own decisions, actions, omissions and related outcomes.**

In compliance with the Code, ask yourself these questions relating to the decision you must make.

1. Identify need/benefit

- Has there been a comprehensive assessment to establish the individual's health and cultural needs?
- Has there been appropriate consultation with, and consent by, the individual receiving care?
- Does the activity consider the will and preference of the individual receiving care?

2. Reflect on scope of practice

- Do you have the necessary knowledge skills and competence to carry out this activity?
- Have legislative requirements been met?
- Does your practice comply with the Code?

3. Consider context of practice

- Is the activity/practice/delegation supported by the organisation?
- Is the activity supported by local or national Policies, Procedures, Protocols and Guidelines (PPPGs)?
- If this is a new practice is there a system for ongoing education and maintenance of competence in place?

If you answered YES
to ALL of the above



Take Action:

- Perform the activity, reconfirm consent from the individual receiving care
- and**
- document the decision and the actions
- and**
- evaluate outcome.
(see corresponding algorithm)

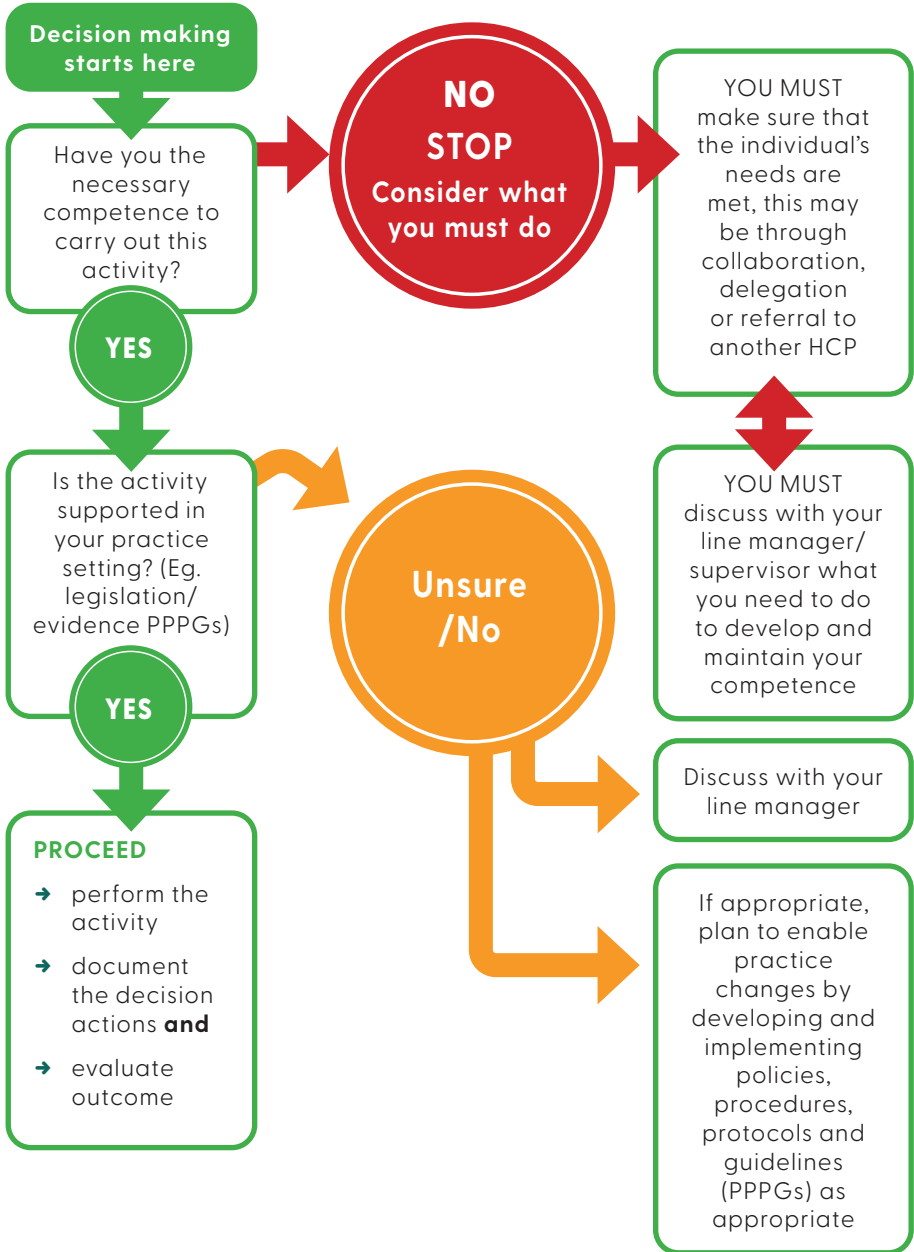
If you answered NO
to ANY of the above



Take Action:

- You must make sure that the individual's needs are met, this may be through collaboration, delegation or referral to other healthcare professional
- You must discuss with your line manager/supervisor what you need to do to take measures to develop and maintain your professional competence
- If appropriate, consider what needs to happen to put the necessary policies, procedure protocols and guidelines in place to enable practice changes, if appropriate and document such considerations as per algorithm
- and**
- document the decisions and the actions.
(see corresponding algorithm)

The Scope of Practice Decision Making-Framework



Section

4

**Professional
Guidance on
Record Keeping**

Record keeping

All practitioners are responsible for maintaining clear, accurate and up-to-date records, whether in written or electronic form. This duty applies to all records relevant to your scope of practice, including but not limited to individuals' health records.

While keeping accurate and clear records can be challenging in a busy work environment, it is a crucial part of your role as a practitioner. The quality of the records you maintain reflects the quality of care you provide. Practitioners are both professionally and legally accountable for the standard of care they deliver and contribute to. Effective record-keeping is an essential component of high-quality practice.

Guidelines for completing records (written and electronic)

1. Records should be accurate and created according to legal, ethical, and professional standards. Records should be legible, clear and permanent, ensuring they can be easily photocopied if needed.
2. Records should be completed as close to the time that care is given and include the date and time (24-hour clock).
3. Records should clearly reflect evidence of the care planning process, the delivery of care and the evaluation of that care.
4. All care provided must be accurately documented to ensure continuity of care.
5. Record the ongoing holistic assessment of an individual, including the perspectives and observations of family members, when relevant. Ensure that records are specific, current, factual and clear.
6. Avoid using jargon or disrespectful remarks.
7. Only use your initials to sign charts in designated signature areas. For example, on a drug administration record, ensure you record or log both your full signature and initials with your NMBI PIN number. The use of a signature bank is essential. Include practitioner's role or title, such as Registered General Nurse (RGN) or Clinical Midwife Specialist (CMS) when signing records. An individual's care record should be documented in chronological order. If this order is not followed, the reason for the deviation (such as in an emergency) must be clearly explained.

8. Late entries are allowed if they are clearly indicated as such. Practitioners must not make or backdate entries before the event has occurred.
9. Practitioners must not rewrite or discard original entries, even for simple reasons like a torn page or spilled drink.
10. Always record the date and time if requesting attendance from medical or other healthcare staff, or when calling for assistance in an emergency.
11. When referring or consulting with another healthcare team member, always include the person's name in the record. Phrases like "seen by doctor" or "doctor informed" are not allowed. If another professional sees the individual, they must keep their own records. Any information or advice given over the phone must be accurately recorded by the practitioner who received the call, with the caller's identity clearly noted.
12. Only use abbreviations that are approved by your healthcare organisation. It is advisable for healthcare facilities to maintain an approved list of abbreviations which should be reviewed and updated as necessary.
13. Only use an accepted official grading system.
 - ++, < > should be avoided unless it is part of an accepted grading system
 - upward or downward arrows to show changes in physiology or other vital signs should not be used.
14. If an entry is made in error, it should be bracketed and a single line drawn through it, ensuring the original text remains legible. The error must be signed and dated.
15. Any decision to delay action and review the situation later must be clearly documented.
16. Any information, instructions or advice provided by a practitioner to an individual, including discharge instructions, should be recorded.
17. Do not create or maintain more than one record for an individual.
18. The individual's name and identifying details should be included on every page of the record, ensuring their identity is always clear to the reader.

19. Practitioners should not record care on behalf of someone else. If it is necessary, such as when a practitioner calls while off duty to report missed documentation, it should be clearly stated in the record.
20. Students must be taught the importance of recording care delivery and management. This includes instruction, practice, supervision and a countersignature by a practitioner.
21. Practitioners supervising students or practitioners (candidates) in practice before registration should monitor the quality of their record-keeping.
22. A practitioner should only countersign records if they have witnessed the activity or can confirm that it occurred.
23. If a supervised individual needs to amend an entry, they should follow the proper procedure for correcting errors in the record.
24. Practitioners who take records outside of their organisation must take all reasonable steps to ensure the records remain safe and secure. They should return the records to the appropriate storage facility as soon as possible after use.
25. Regular audits of record-keeping should be conducted as an essential part of ensuring the quality of records.
26. It is recommended that local policies should be available to support practitioners in following best practices for record-keeping.

Section

5

**Professional
Guidance on
Social Media**

Use all forms of spoken, written and digital communication responsibly (including social media and networking sites).

- Social media connects people, fosters conversation, supports others and enables sharing. It is a valuable tool for learning, entertainment, research, news promotion and engaging in current discussions. Social media extends beyond major platforms to include blogs, forums, messaging apps and other tools for sharing information.
- Before using social media, familiarise yourself with the platform's rules and practices, and learn how to set and manage your privacy settings. Understand key concepts such as privacy, confidentiality, defamation, cyberbullying and copyright, as well as the benefits and risks associated with social media. Keep your personal and professional lives separate online to maintain appropriate boundaries.
- Use social media responsibly, adhering to the same professional standards as other forms of communication. Always consider the potential impact on individuals before posting material, and respect both professional and personal boundaries, including privacy and confidentiality. Sharing confidential information online can be more harmful than sharing it verbally because of the rapid speed at which it can spread and the large potential audience.
- Clearly state in your profile that your views are personal and ensure that retweets or comments do not imply endorsement. Think about the information you share, including your professional identity and workplace location. Even the strictest privacy settings have limitations. Once something is online, it can be copied and redistributed.
- Maintain professional boundaries and respect the legal rights of others.
- If tagged in inappropriate content, promptly request its removal and report any illegal or unprofessional behaviour. Additionally, report any inappropriate content you encounter, both online and within your organisation, to your manager and in accordance with your organisation's policy.
- Do not take photos or videos in the workplace unless part of approved professional training or education. Avoid airing grievances or discussing work situations with colleagues or individuals online.
- If you are unsure whether something you post online could harm your professionalism or reputation, pause to consider if the information reflects your professional values and how it might affect your obligation to follow the Code.

Section

6

**Professional
Guidance on
Research**

Research

Research is crucial for improving healthcare practices and achieving the best possible outcomes. In nursing and midwifery, research covers areas such as clinical practice, management, education and informatics. Practitioner-led research, especially within multidisciplinary teams, drives meaningful change by generating evidence that shapes professional practice. This evidence informs policy, guides professional decision-making and supports high-quality, evidence-based care.

Ethical approval

Research ethics define guidelines to ensure that research is conducted responsibly and with respect for participants. These principles are essential to protecting the dignity, rights and wellbeing of those involved. The Declaration of Helsinki¹⁴ outlines core [ethical standards for research](#) with human participants, requiring independent ethical review.

Any research involving human participants must be reviewed by an ethics committee to ensure compliance with ethical standards, relevant national policies and legislation.

Before beginning a research project, researchers must understand the ethical considerations, guidelines, policies and procedures relevant to their study. Ethical approval must be obtained from the appropriate healthcare services, institutions or educational bodies. Research practices should also be monitored, audited and evaluated regularly. Many healthcare and educational institutions have research ethics committees that enforce strict standards for research and clinical trials to ensure compliance with ethical and regulatory requirements.

Informed consent in research

If you are responsible for, or involved in, planning or conducting nursing or midwifery research, you must be familiar with and adhere to the appropriate requirements for obtaining consent from participants.

Consent for research is the informed, voluntary and explicit agreement of a potential participant to take part in a research study. This consent must be recorded and kept in accordance with Irish data protection laws¹³.

It involves the clear, freely given and unambiguous agreement of the participant to engage in specific research activities, and/or to allow the processing of their personal data, following a thorough process of communication and information sharing. If you are the practitioner responsible for the care of potential participants, you should consider having someone else involved in the research consent process to avoid any potential conflict of interest. Consent to participate in research must always be explicitly obtained, it should never be assumed.

Participants have the right to withdraw from a research study at any time, without facing any negative consequences or affecting their care. This right to withdraw should be clearly explained to participants at the start of the research process, during recruitment.

Healthcare records in research

When individuals' records are used in research, they must be treated with the same ethical considerations as any other research data. The principles of privacy, confidentiality and anonymity must always be upheld. Researchers should follow relevant policies regarding record-keeping and comply with the Data Protection Act (2018)¹³ and GDPR (2018).

Research integrity

Research integrity is essential to maintaining the trustworthiness of both the research process and its outcomes.

Good research practices are grounded in key principles of integrity

- **Reliability:** ensuring the quality of research through sound design, methodology, analysis and appropriate use of resources.
- **Honesty:** conducting, reviewing, reporting, and communicating research in a transparent, fair, complete and unbiased manner.
- **Respect:** demonstrating respect for colleagues, participants, research subjects, society, ecosystems, cultural heritage and the environment.
- **Accountability:** taking responsibility for the entire research process—from the initial idea to publication, including management, organisation, training, supervision and mentoring, as well as considering the broader societal impact of the research.

Section

7

**Explanatory
Notes**

Accountability: refers to the responsibility that practitioners have for their actions, inactions, decisions and the care they provide to individuals. It involves being answerable for one's professional conduct, adhering to ethical standards, and complying with legal and regulatory requirements. Practitioners are accountable for ensuring safety of individuals, delivering evidence-based care, maintaining confidentiality and acting within the scope of their practice. This accountability extends to professional development, as practitioners must continuously update their knowledge and skills. They are expected to collaborate with other healthcare team members, ensuring the best outcomes for patients and service users while advocating for their rights and wellbeing.

Practitioners are accountable to the individual, the public, the NMBI, their employer and any relevant supervisory authority. There are three main considerations: organisational, team and personal accountability.

Advance healthcare directives: a capable individual has the right to refuse treatment.

An advance healthcare directive should be respected on condition that:

- the individual made an informed choice at the time of making the advanced healthcare directive
- the decision in the directive covers the situation that has now arisen, and
- there is no indication that the individual has changed their mind since the advance healthcare directive or plan was made.

The Advance Healthcare Directive must comply with the provisions of the Assisted Decision Making (Capacity)(Amendment) Act, 2022.⁷ This is a legal framework that supports individuals who lack or may be deemed to lack capacity. It uses a functional approach to decision-making and places the obligation on all those working in healthcare to support an individual whose capacity may be in question to ensure they are part of the decision-making process. This includes advance healthcare directives. A cognitive impairment is relevant in this context only if it affects capacity.

Advocacy: in nursing and midwifery is a crucial aspect of both professions, emphasising the role of practitioners as advocates. This involves promoting and protecting the rights, needs and preferences of individuals while ensuring they receive appropriate care.

Practitioners advocate for individuals by listening to their concerns, respecting their values and ensuring their voices are included in decision-making. They provide education about health conditions, treatment options and possible outcomes, empowering patients and service users to make informed choices. Advocacy also involves collaborating with other healthcare professionals to deliver comprehensive care that meets individual needs.

Artificial Intelligence (AI):

AI is emerging in healthcare and has the potential for significant transformation of care. Some examples of the use of AI include, monitoring vital signs via wearable devices, alerting practitioners to urgent changes and analysing medical histories to identify individuals at risk for complications. AI systems may also provide evidence-based recommendations for treatment and streamline administrative tasks like scheduling. Practitioners should be cautious about the interpretation of AI recommendations, as they must retain assessment and judgment, and ultimate accountability for their actions and omissions.

Authority: refers to the recognised responsibility granted to practitioners through their education, training, experience and professional standards. It enables them to make decisions, provide care, and lead within their scope of practice, supported by legal, ethical and organisational frameworks to ensure accountability and prioritise person-centred care.

Autonomy: refers to the ability of practitioners to make independent decisions and take actions based on their professional judgment. While professionals have decision-making power, they remain accountable to ethical guidelines, legislation, PPPGs and the public. This autonomy fosters trust in their expertise and allows for high standards of practice. This can empower them to advocate for individuals, assess and manage care, and respond swiftly to changes in the individuals' conditions. Autonomy fosters accountability and encourages collaboration with other healthcare professionals. Ultimately, it plays a crucial role in providing high-quality, person-centred care.

Capacity and informed consent: it is essential to presume that individuals have the capacity to make their own decisions unless there is a good reason to doubt it. Every adult with capacity has the right to refuse care or treatment, and their decision must be respected, even if there is disagreement⁷. Documentation of the refusal and the explanation provided should be clear in the individual's records.

Before any treatment or intervention, informed consent must be obtained to respect the individual's autonomy and right to control their own life. Effective communication is crucial; individuals should receive information in an understandable manner, potentially using translation services if needed.

Closed loop communication: where individuals repeat the information back to the individual to ensure they understand. Sometimes, an individual's health may prevent them from participating in the consent process. In such cases, assess their capacity based on relevant laws and regulations, while taking steps to support their decision-making. To determine capacity, consider whether the individual can understand, retain and communicate information about the decision at hand.

Capacity is specific to each decision; lacking capacity for one decision does not mean they lack it for other decisions. If someone cannot decide, consult with a legally authorised representative.

The information provided should be tailored to the individual's needs, including their beliefs and culture. Always allow enough time for questions and decision-making, while keeping them informed about any changes to their condition or treatment options.

In emergencies, treatment can proceed without consent if it is necessary to save a life or prevent significant health deterioration. When using digital health technologies, explicit consent must be obtained for processing health data. Any withdrawal of consent should lead to the deletion of personal data.

Clinical indemnity insurance: practitioners are legally accountable for ensuring they have appropriate professional indemnity insurance. Individuals expect practitioners to hold insurance in case there is a substantiated claim of professional negligence against them. If you are employed in the public health service or in certain voluntary organisations, you are indemnified by the Clinical Indemnity Scheme (CIS). If you are working in the private sector, you may be covered by your employer's insurance.

In the interest of an individual's safety and protecting the public, you must ensure that you have professional indemnity insurance if you are working in private or independent practice.

Competence: refers to the ability of practitioners to consistently demonstrate the necessary skills, knowledge, judgement and attitudes required to provide safe, effective and ethical care. This includes not only technical proficiency in clinical tasks but also the capacity to assess and respond to the physical, emotional and psychological needs of individuals. Competence involves ongoing professional development, adherence to established PPPGs, and the ability to make informed decisions in complex and dynamic healthcare settings. Ultimately, competence ensures that practitioners can deliver high-quality care that meets the needs of individuals and communities while promoting safety and wellbeing.

Concerns about colleagues or systems: if you have concerns about a colleague's conduct or competence, you should talk to the individual initially to highlight your concerns. If the conduct or competence concern continues, you should inform your manager. In a situation where you have concern about potentially unsafe systems, you must act to prevent any immediate risk to an individual's safety by taking appropriate steps to notify the relevant person or authority about your concerns as soon as possible. If you are unsure who you should report your concern to, ask a senior colleague for advice.

If you are concerned about a colleague's health or professional competence due to alcohol or drug misuse, a physical or psychological disorder or other factors, you have an overriding duty to make sure that individuals are protected. The best way to support a colleague in these circumstances, is to advise them to seek professional help in line with the principles of the Code. However, if there is a serious risk to an individual's safety, you should inform senior management of your concerns immediately, in accordance with local policy and inform NMBI, if required.

Confidentiality and privacy: confidentiality is central to the practitioner and individual's relationship. Each individual needs to be confident that their personal information and their basic dignity will be protected by you. Relationships are built on trust. Any improper breach of this trust, even if accidental, damages the relationship and the general trust worthiness of the professions of nursing and midwifery.

Conscientious objection: refers to a practitioner's strong moral or religious objection to providing, or participating in certain healthcare services or interventions. This may arise in various contexts, such as refusing to be involved in procedures like abortions or certain treatments that conflict with the practitioner's deeply held beliefs. While practitioners have the right to refuse participation based on their convictions, it is essential that they do so responsibly. This includes informing their employers and ensuring that individuals are directed to alternative providers who can meet their needs without delay. Conscientious objection must be balanced with the duty to provide care, and practitioners are encouraged to communicate openly with individuals about their limitations. Conscientious objection requires careful consideration of both the rights of practitioners and the rights of individuals to receive comprehensive care.

Culturally safe and respectful practice: culturally safe and respectful practice requires having knowledge of, and insight into how culture, values, attitudes, assumptions and beliefs influence interactions with an individual, families and colleagues. To ensure culturally safe and respectful practice, it is important to acknowledge that only the individual and/or their family can determine whether care is culturally safe and respectful.

It is important to establish a relationship of trust with each individual by being honest, acting consistently, and delivering safe and competent care.

Adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, socioeconomics, sexuality, age or political beliefs). By developing and promoting actions such as raising awareness, challenging discrimination, and encouraging attitude and behaviour changes towards a more inclusive culture, a positive and culturally safe work environment can be created through role modelling and supporting the rights, dignity, and safety of others, including both individuals and colleagues.

Data Protection Officer (DPO): is a designated individual within an organisation responsible for overseeing data protection strategies and ensuring compliance with relevant data protection laws and regulations, such as the General Data Protection Regulation (GDPR). They play a crucial role in safeguarding personal data, which is particularly important in sectors like healthcare, where sensitive information about individuals is routinely handled.

Delegation: refers to the process by which practitioners assign specific tasks or responsibilities to other healthcare team members, such as students, regulated and unregulated staff, while maintaining overall accountability for the individual's care. Delegation involves clear communication, ensuring that the designated individual has the appropriate skills, knowledge and authority to perform the task safely and effectively. It also requires the delegating practitioner to monitor and evaluate the outcome of the delegated tasks to ensure safety and quality of care are maintained. The practitioner who is delegating is accountable for the decision to delegate. The practitioner, student or regulated/unregulated healthcare worker is responsible for carrying out the delegated role or activity in an appropriate manner and is accountable for the appropriate performance of that role or activity. Employers and managers must support practitioners in delegation and supervision of students or regulated/unregulated staff by providing appropriate organisational policy and resources.

Disclosure of information outside the healthcare team without consent: in limited situations, information can be disclosed without consent when required by law or if it is in the public interest. Individuals involved should be informed of such disclosure unless doing so would compromise the purpose of the disclosure.¹⁰

You must disclose information when required by law, including:

- when a judge issues a court order
- when requested by a tribunal or a body formed by legislative act
- under relevant legislation (Patient Safety [Notifiable Incidents and Open Disclosure] Act 2023¹⁰)
- according to infectious diseases regulations, or
- if a crime, such as sexual assault or violence, is suspected against a child or a vulnerable individual (Criminal Justice [Withholding of Information on Offences against Children and Vulnerable Persons] Act 2012¹⁵)

Disclosure may be in the public interest when the benefit to others or society outweighs the duty of confidentiality, for example to prevent harm from serious diseases or crime. This requires balancing individual rights with public interest, and legal guidance may be required. Only necessary information should be shared with relevant authorities.

Diversity, equality and inclusion (DEI): embracing diversity means recognising and valuing the unique backgrounds, experiences, and perspectives of individuals and healthcare providers. This includes considerations of race, ethnicity, gender, sexual orientation, age, disability and socioeconomic status.

Equality emphasises the importance of providing fair treatment and access to healthcare services for all individuals, regardless of their background. Practitioners should strive to eliminate disparities in healthcare outcomes, and ensure that all patients and service users receive the same quality of care. This commitment to equality helps build trust within communities and improves overall public health. NMBI supports the avoidance of language which implies that there are only two genders.

Evidence-based practice (EBP): involves integrating the best available research evidence with the practitioner's expertise, and the individual patient's values and preferences to guide healthcare decisions. This approach ensures that care is informed by the latest scientific findings, which can lead to improved outcomes and enhanced quality of care. Practitioners use EBP to evaluate and apply research findings to real-world situations, considering their own skills and experiences while also respecting the unique needs and choices of individuals. Actively involving individuals in the decision-making process and honouring their preferences, EBP promotes a collaborative and personalised approach to care.

This method not only enhances the effectiveness of interventions but also empowers individuals, fostering a sense of ownership over their health and wellbeing. Ultimately, evidence-based practice is essential for delivering high-quality, effective and person-centred care.

Health Literacy: is the ability to read, understand and use healthcare information. Practitioners play an important part in improving health literacy, as incorporating it into practice is essential for delivering high-quality care. Using terminology that is easy to understand, and offering time and explanations may help those individuals become better informed about their health and as a result may lead to improved health outcomes.

Open disclosure and raising concerns: open disclosure is an honest, open, compassionate and timely approach to communicating with an individual, and if appropriate, their family/carers, following a patient safety incident.¹⁰ This includes acknowledging, apologising and explaining when things go wrong. Practitioners have legal responsibilities and need to comply with any mandatory reporting requirements. They have a professional duty to acknowledge when something has gone wrong and to provide an honest explanation of what happened. They must prioritise the interests of individuals in their care and act to protect them if they think there is a risk.¹¹

Practitioners must follow any relevant mandatory reporting laws to protect groups that are particularly at risk, including reporting obligations relating to care of older persons, child abuse and neglect. They must remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation, and act on welfare concerns where appropriate. Regardless of the role or location, it is important for practitioners to know how to raise concerns appropriately.

Professional autonomy: refers to the ability of practitioners to use their knowledge and expertise critically to deliver safe and high-quality healthcare to individuals. This autonomy allows practitioners to make informed decisions based on clinical judgement, evidence-based practices and an understanding of the needs of individuals. The degree of autonomy can vary significantly among practitioners, influenced by legislative frameworks, organisational policies and individual circumstances. Legislation, regulations and PPPGs may define the scope of practice for practitioners, outlining what they are authorised to do within their professional roles. The culture and policies of the healthcare organisation can either empower or restrict practitioners' ability to exercise their autonomy. Individual factors, such as experience, confidence and education, also play a crucial role in determining how effectively a practitioner can act autonomously.

Ultimately, fostering professional autonomy is essential for enhancing the quality of care, as it enables practitioners to respond more effectively to the complexities of care and adapt their approaches based on the unique context of each situation.

Protected disclosure:¹¹ a practitioner, in good faith, can report specific concerns, encouraging healthcare professionals to speak up about serious issues that could jeopardise safety or the integrity of the healthcare system. Practitioners can report safety concerns that pose risks to individuals or the public, such as unsafe practices, inadequate staffing or potential hazards in clinical environments, thereby ensuring that necessary actions are taken to protect health and safety. They also have a duty to report violations of legal obligations, including breaches of health regulations, laws or ethical standards, which helps maintain the integrity of the healthcare system and safeguard individuals' rights. Additionally, concerns about the misuse or waste of public funds, such as resources allocated for patient care, can be disclosed, promoting financial accountability, and ensuring that resources benefit individuals and the community effectively.

When disclosures are made in good faith, practitioners are protected from adverse consequences like dismissal, disciplinary action or harassment, fostering a culture of transparency and accountability in healthcare settings. To qualify for protection, disclosures typically must follow specific legal frameworks, often requiring reporting to designated individuals or regulatory bodies. Practitioners are encouraged to adhere to established protocols to ensure their concerns are handled appropriately while maintaining confidentiality when needed. Overall, protected disclosure empowers healthcare professionals to consider the will and preferences of individuals and the public, contributing to a safer and more ethical healthcare environment.

Respect for the dignity of the person: the Universal Declaration of Human Rights (United Nations, 1948) states that freedom, justice and peace are built on dignity and equality of the person.

The values and standards established for respecting the dignity of the person are also referenced in:

- The Constitution of Ireland (Government of Ireland, 1937)¹⁶
- The European Convention for the Protection of Human Rights and Fundamental Freedoms (Council of Europe, 1950)¹⁷
- The Equal Status Acts (Government of Ireland, 2000–2018)¹⁸

- The United Nations Convention on the Rights of Persons with Disabilities, 2007 (ratified by the Government of Ireland, 2018)¹⁹
- The United Nations Convention on the Rights of the Child (Government of Ireland 1992, 2002)²⁰
- Charter of Fundamental Rights of the European Union 2012/C 326/02 (Article 1 deals with Human Dignity).²¹

Responsibility: refers to a practitioner's obligation to perform competently at an acceptable level, which is determined by their education, training and professional standards. This means that registered nurses and registered midwives are expected to carry out their roles effectively and ethically, ensuring that their practice aligns with established guidelines and best practices.

Supervision: practitioners may be required to supervise, delegate to, and educate students and regulated/unregulated colleagues in providing safe person-centred care. Supervision enables students to learn and safely achieve competence and autonomy in their professional role. All NMBI practitioners can supervise students, serving as role models for safe and effective practice. Students may be supervised by other registered healthcare professionals.

The main types of supervision include:

- **Direct supervision:** involves the practitioner being physically present while students provide care. The supervisor observes the student's actions in real-time, offering immediate feedback and guidance.
- **Indirect supervision:** the practitioner is not physically present but is available for consultation and support. Students may work independently and can seek advice or clarification as needed. This type of supervision encourages autonomy while still providing safe learning.
- **Remote supervision:** With advancements in technology, remote supervision allows supervisors to oversee student activities from a distance, often using video conferencing tools. This can be particularly useful in scenarios where in-person supervision is not feasible, such as when students are placed in geographically dispersed locations.

- **Peer supervision:** In some educational settings, students may supervise one another under the guidance of a qualified instructor. This collaborative approach encourages teamwork and critical thinking, allowing students to learn from each other's experiences and insights.
- **Reflective supervision:** This type of supervision focuses on the reflective practice of students. Supervisors encourage students to think critically about their experiences, decisions, and the care they provide, facilitating deeper learning and self-awareness.
- **Simulation-based supervision:** In a controlled environment, students participate in simulated clinical scenarios where they can practice their skills and decision-making without risk to real individuals. Supervisors provide feedback during or after the simulation, enhancing the learning experience.

Each type of supervision plays a crucial role in developing nursing and midwifery students' knowledge, skills and competencies, ensuring they are well-prepared for their future roles in healthcare. Balancing approaches to supervision helps to cultivate both practical skills, and independent critical thinking and decision making.

Sustainability: in healthcare focuses on promoting environmental, social and economic health. For practitioners, this means incorporating sustainable practices into daily routines. Key considerations include efficient resource management (optimising the use of water, energy and supplies to reduce waste) alongside waste reduction strategies like recycling and minimising single-use plastics. Practitioners play a vital role in the care of individuals by encouraging sustainable lifestyle choices through health education, advocating for organisational policies that promote sustainability and enhancing knowledge about sustainable practices.

Therapeutic relationships: are vital for providing effective and compassionate care, built on trust, respect, and a focus on the individual's wellbeing. Establishing a safe environment encourages individuals to share sensitive information, while open and empathetic communication (through active listening and clear explanations), helps individuals feel understood. Focusing on individual needs, preferences and values, empowers individuals to actively participate in their care. Maintaining professional boundaries protects both the individual and the practitioner, ensuring the focus remains on health needs. Practitioners also advocate for individuals' rights and preferences within the healthcare system, and understanding and respecting cultural backgrounds enhance trust and address specific health beliefs. Practitioners should engage in reflection and self-awareness to recognise their biases and emotions, allowing them to provide non-judgmental care. Therapeutic relationships can contribute to better health outcomes by creating a supportive and trusting environment.

Ethical Principles

Traditional ethical theory	Utilitarianism
Ethical principle	Principle 1 - Respect Principle 3 – Competence Principle 4 - Collaboration
Main concepts	<ul style="list-style-type: none"> → Emphasises the consequences or outcomes. → Good outcomes or consequences are those that produce happiness for the greatest number of people. → The end justifies the means. → The test of quality of actions is not the personal motivation but the results and outcomes.
Demands of the theory	<ul style="list-style-type: none"> → Self-sacrifice for the good of many. → Negative responsibility – equally responsible for actions and omissions.
Health related example	<ul style="list-style-type: none"> → Public health interventions and programmes (for example, vaccination programmes, smoking cessation) → Triaging individuals in emergency departments in order to prioritise those with the highest chance of survival or those in greatest need. → Resource allocation where resources are limited healthcare providers may need to make difficult decisions about resource allocation. → When considering treatment options for an individual with limited prognosis or multiple comorbidities, healthcare providers may weigh the potential benefits and harms of various interventions.
Underpinning values	<ul style="list-style-type: none"> → Commitment → Compassion

Traditional ethical theory	Deontology
Ethical principle	Principle 1 - Respect Principle 3 – Competence Principle 4 - Collaboration
Main concepts	<ul style="list-style-type: none"> → There is intrinsic value in making good choices, irrespective of the consequences. → Focus is on doing because it is the right thing to do. → Provides a framework of how we ought to live.
Demands of the theory	Four rules or duties (the categorical imperative): (1) Treat others as you want to be treated (2) Treat people as ends in themselves and not as a means to an end (3) Respect others autonomy (4) Act as you want others to act (rule of universality).
Health related example	<ul style="list-style-type: none"> → Relating to the individual and balancing clinical skill, appropriate treatment, demonstrable care and concern, and information provision. → Individualised and person-centred care planning. → Close adherence to an ethical code and professional standard which direct duties and responsibilities to individuals. Such adherence would guide the nurse or midwife to maintain confidentiality, respect autonomy and provide care with integrity. → Truth-telling even when having to delivery bad news. → A nurse or midwife maintains professional boundaries, avoiding the disclosure of personal information that may compromise the therapeutic relationship.
Underpinning values	<ul style="list-style-type: none"> → Care → Commitment

Traditional ethical theory	Virtue
Ethical principle	Principle 1 - Respect Principle 3 – Competence Principle 4 - Collaboration
Main concepts	→ Virtue ethics emphasises the development of good character traits.
Demands of the theory	→ Requires the cultivation of key virtues to guide practice. → Nurses and midwives are expected to demonstrate these virtues in their interactions with individuals, colleagues, and the community to provide holistic and compassionate care.
Health related example	→ Care is provided and guided by compassion, empathy, honesty, integrity and advocacy. → A midwife communicates openly and honestly with expectant parents about the risks and benefits of various birthing options, ensuring they have accurate information to make informed decisions about their care. → A nurse or midwife advocates for the rights and needs of marginalised and vulnerable populations, by addressing social determinants of health and promoting equitable access to healthcare services.
Underpinning values	→ Compassion

Traditional ethical theory	Principlism
Ethical principle	<p>Principle 1 – Respect</p> <p>Principle 2 – Accountability</p> <p>Principle 3 – Competence</p> <p>Principle 4 – Collaboration</p> <p>Principle 5 – Leadership</p>
Main concepts	<ul style="list-style-type: none"> → Beneficence – acting in the interests of individuals. → Non-malevolence – acting to avoid causing harm to individuals. → Autonomy – acting in a way that shows respect of the individual’s choices and views. → Justice – acting in a way that shows individuals are treated equally and resources are distributed fairly.
Demands of the theory	<ul style="list-style-type: none"> → Balancing the principles. → Incorporates the need for truth telling, confidentiality and informed consent.
Health related example	<ul style="list-style-type: none"> → Autonomy - respect for autonomy involves recognising and respecting an individual’s rights to make informed decisions about their own healthcare. → Beneficence - requires healthcare providers to give effect to an individual’s will and preferences in order to promote their wellbeing. → Non-maleficence – places on obligation on the nurse or midwife to do no harm to patients and to minimise the risk of harm wherever possible, (for example, double-checking drugs for administration). → Justice - refers to the fair distribution of resources treatments and access to care.
Underpinning values	<ul style="list-style-type: none"> → Care → Compassion → Commitment

Traditional ethical theory	Narrative ethics
Ethical principle	Principle 1 – Respect Principle 2 – Accountability Principle 3 – Competence Principle 4 – Collaboration
Main concepts	<ul style="list-style-type: none"> → Recognises the centrality of the individual's story. → Supports the hearing of other voices especially those immediately involved in trying to resolve a case.
Demands of the theory	<ul style="list-style-type: none"> → Recognises that an individual's narrative can have many interpretations, but it is the individual's interpretation that is the most important.
Health related example	<ul style="list-style-type: none"> → Person-centred care planning ensuring adherence to will and preference of an individual. → Family centred care encouraging nurses to listen to the stories of families, understanding their dynamic, background and preferences. → Birth plans that ensure the woman's preferences and the reasons for them are understood. → Emphasis is placed on recognising some clients and service user's care may be trauma informed. → Culturally competent care by actively listening to and hearing the story of the individual. → Promotes shared decision-making, through collaboration to develop care plans that align with will and preferences of the individual. → End-of-life care decision-making that focusses on the individual's will and preference.
Underpinning values	<ul style="list-style-type: none"> → Care → Compassion

Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

Traditional ethical theory	Ethic of care
Ethical principle	Principle 1 – Respect Principle 2 – Accountability Principle 3 – Competence Principle 4 – Collaboration
Main concepts	→ Emphasises the importance of responsibility, concern and the centrality of relationships.
Demands of the theory	→ Recognises the centrality of relationships and attention as core tenets of the therapeutic interaction.
Health related example	<ul style="list-style-type: none"> → Prioritising the needs and interests of individuals and their families. → Advocating for individual's user rights. → Providing emotional support. → Consideration of the social and cultural context of care. → Recognises the need to provide developmentally appropriate care in the context of care of children and young people. → Recognises the need to respect women's autonomy and right to make their bodies and childbirth experiences. → Recognises the need to build trusting and supportive relationships with individual user to ensure their autonomy and right to make decisions about their mental health treatment is respected. → Recognises the vulnerability of individual and the potential for power imbalances in the caregiver-client relationship. → Recognises the need to adopt trauma-informed approaches to care, recognising the prevalence and impact of trauma on mental health and wellbeing.
Underpinning values	<ul style="list-style-type: none"> → Care → Compassion → Commitment

Traditional ethical theory	Feminist ethics
Ethical principle	<p>Principle 1 – Respect</p> <p>Principle 2 – Accountability</p> <p>Principle 3 – Competence</p> <p>Principle 4 – Collaboration</p> <p>Principle 5 – Leadership</p>
Main concepts	<ul style="list-style-type: none"> → Recognises the need for strong advocacy regarding gender and social equality. → Provides uniquely feminist arguments and viewpoints that expose gender concerns in ethical issues.
Demands of the theory	<ul style="list-style-type: none"> → Recognition of unique feminist perspective.
Health related example	<ul style="list-style-type: none"> → Individualised and person-centred care planning. → Attending to reproductive needs and choices of women. → Using gender-inclusive language and practices to create a welcoming and affirming environments for all individuals user irrespective of sexual orientation or sexual identity. → Using intersectional approaches to health which recognise the intersecting impacts of gender, race, class, sexuality, and other social identities on health outcomes and wellbeing. → Promoting woman’s healthcare across the lifespan. → Supporting communities to understand their needs and develop culturally responsive healthcare interventions. → Recognises the importance of listening to and hearing the perspectives of those individuals often excluded from discussions about their care and place of care.
Underpinning values	<ul style="list-style-type: none"> → Care → Compassion

Section

8

Complaints

Complaints may be made to NMBI against registered nurses and registered midwives on one or more of the nine grounds listed in the Nurses and Midwives Act 2011, as amended. These are:

1. Professional misconduct.
2. Poor professional performance.
3. Non-compliance with a code of professional conduct.
4. A relevant medical disability.
5. A failure to comply with a relevant condition.
6. A failure to comply with an undertaking or to take any action specified in a consent given in response to a request given under section 57A(1) or 65(1).
7. A contravention of a provision of this Act (including a provision of any regulations made under this Act).
8. An irregularity in relation to the custody, prescription, or supply of a controlled drug under the Misuse of Drugs Acts 1977²² (2017) or another drug that is likely to be abused.
9. A conviction in the State for an offence triable on indictment or a conviction outside the State for an offence consisting of acts or omissions, that if done in the State, would constitute an offence triable on indictment.

A complaint against a registered nurse or registered midwife is made to the Preliminary Proceedings Committee (PPC) of NMBI. When a complaint is received by the PPC, it will be assigned to a case officer. The case officer assists the PPC to manage the complaint and to carry out any investigations. The case officer will keep the practitioner updated on any decision made by the PPC or the Board regarding whether the complaint warrants further action.

Complaints must be made in writing by email to: complaints@nmbi.ie or by post to the PPC Division, Fitness to Practise Department, Nursing and Midwifery Board of Ireland, 18-20 Carysfort Avenue, Blackrock, Co. Dublin.

A breach of the Code could result in a registered nurse or registered midwife being brought before a fitness to practise inquiry.

Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

In addition to complying with the Code, practitioners have a duty to keep up to date with legislation or legal developments that affect their professional nursing or midwifery practice. The Code includes links and references to legislation and policies as applicable at the date of publication, to help them understand the legal and ethical implications of their role as a nurse or midwife.

Further details about NMBI's complaints process is available on our website: www.nmbi.ie/complaints.

Resources

NMBI provides guidance and support to nurses and midwives in their clinical practice.

These include:

- Guidelines for nurses and midwives in relation to professional practice and standards.
- Standards and requirements for registered nurse and registered midwife registration education programmes.
- Annual reports, eZines, eLearning programmes and conference proceedings.

Practitioners should refer to these resources, as necessary, when determining their individual scope of practice.

Useful websites

www.nmbi.ie	Nursing and Midwifery Board of Ireland
www.health.gov.ie	Department of Health
www.hiqa.ie	Health Information and Quality Authority
www.hse.ie	Health Service Executive
www.hseland.ie	HSE's online resource for Learning and Development
www.irishstatutebook.ie	The Irish Statute Book database
www.mhcirl.ie	Mental Health Commission
www.patientsafetyfirst.ie	Website of the Patient Safety Initiative in Ireland
www.lenus.ie	The Irish Health Repository

Any reference to law contained in this Code, whether a reference to any enactment or otherwise, should be construed as a reference to such provision as amended, adapted or extended from time to time.

References

1. House of Oireachtas, 2011. Nurse and Midwives Act 2011, as amended. [Nurses and Midwives Act 2011](#)
2. Nursing and Midwifery Board of Ireland, 2021. Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin
3. Nursing and Midwifery Board of Ireland, 2015. Scope of Nursing And Midwifery Practice Framework. Dublin
4. Nursing and Midwifery Board of Ireland, 2015. Ethical Conduct in Research. Dublin
5. Nursing and Midwifery Board of Ireland, 2015. Recording Clinical Practice. Dublin
6. Nursing and Midwifery Board of Ireland, 2013. Social Media and Social Networking. Dublin
7. House of the Oireachtas 2022. Assisted Decision-Making (Capacity) (Amendment) Act 2022. Republic of Ireland. [Assisted Decision-Making \(Capacity\) \(Amendment\) Act 2022](#)
8. House of the Oireachtas, 2023. Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. Republic of Ireland. [Patient Safety \(Notifiable Incidents and Open Disclosure\) Act 2023](#)
9. Nursing and Midwifery Board of Ireland, 2020. Guidance for Registered Nurses and Midwives on Medication Administration. Dublin
Nursing and Midwifery Board of Ireland, 2007. Guidance to Nurses and Midwives on Medication Management. Dublin
10. House of the Oireachtas, 2023. Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. [Patient Safety \(Notifiable Incidents and Open Disclosure\) Act 2023](#)
11. House of the Oireachtas, 2022. Protected Disclosures (Amendment) Act 2022. Republic of Ireland. [Protected Disclosures \(Amendment\) Act 2022](#)
12. Health Service Executive, (2022). National Consent Policy. Dublin. [HSE_Consent_Policy.pdf](#)

13. House of the Oireachtas, 2018. The Data Protection Act 2018. Republic of Ireland. [Data Protection Act 2018](#)
14. Lee, H.S., 2022. Ethical issues in clinical research and publication. *Kosin Medical Journal*, 37(4), pp.278-282.
15. House of Oireachtas 2012. Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 (Commencement) Order 2012. [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012 \(Commencement\) Order 2012](#).
16. House of the Oireachtas, (1937). Constitution of Ireland. [Irish Statute Book](#)
17. European Court of Human Rights, (1950). European Convention on Human Rights. www.echr.coe.int
18. Irish Human Rights and Equality Commission (2000-2018) The Equal Status Acts 2000-2018 ('the Acts'). [Equal Status Acts - IHREC - Irish Human Rights and Equality Commission](#)
19. Department of Children, Equality, Disability, Integration and Youth, (2018). United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) in 2007 and ratified it in March 2018. gov.ie - [Ireland and the UNCPRD](#)
20. Government of Ireland, (1992, 2002). The United Nation's Convention on the Rights of the Child (UNCRC). [United Nations Convention on the Rights of the Child](#)
21. European Union (2012). Charter of Fundamental Rights of the European Union. [Charter of Fundamental Rights of the European Union](#)
22. House of the Oireachtas, 2016. Misuse of Drugs Act 1977, Misuse of Drugs (amendment) Act 2016 [Misuse of Drugs \(Amendment\) Act 2016](#)

Bibliography

1. House of the Oireachtas 2005. [Disability Act 2005](#). Republic of Ireland. Disability Act 2005
2. House of the Oireachtas 2018. Health (Regulation of Termination of Pregnancy) Act. Republic of Ireland. [Health \(Regulation of Termination of Pregnancy\) Act 2018](#)
3. Department of Health, 2023. National Open Disclosure Framework, National Patient Safety Office (Advocacy & Legislation).
4. Health Service Executive 2021 National Framework for Governance, Management and Support of Health Research [Online]. Available: [HSE-Framework-for-the-Governance-Web-Optimised.pdf](#) [Accessed 15/04/2024 20224].
5. Irish Medical Council, 2024. Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Ed. [guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf](#)
6. Health Information and Quality Authority, 2023. The Fundamentals of Advocacy in Health and Social Care [Online]. Available: The [Fundamentals of Advocacy in Health and Social Care](#) [Accessed 02/02/2024 2024].
7. Health Service Executive 2021. HSE Rainbow Badge Practice Guide for Healthcare Professionals. <https://www.hse.ie/eng/services/list/4/mental-health-services/camhs/linn-dara-inpatient-unit/hse-rainbow-badge-practice-guide-for-healthcare-professionals.pdf>



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

Nursing and Midwifery Board of Ireland (NMBI)
18/20 Carysfort Avenue | Blackrock | Co. Dublin | A94 R299
T +353(0)1 639 8500 www.nmbi.ie