UKCC issues report on professional conduct complaints

The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) produced a report in November drawing employers' and the profession's attention to issues identified as a result of professional conduct complaints. Many of the issues raised are due to increasing mitigation pleas where the environment and culture of organisations are a key influence on events. The UKCC is unequivocal about the responsibility of employers and managers to support safe practice at all times, and in all settings.

The report makes clear that managers, who are also UKCC registrants, who condone conditions which do not support safe practice, could find themselves on the receiving end of professional conduct complaints. Not a new concept for those who manage to balance professional and managerial roles, but a shot across the bows for those whose loyalties have drifted towards taking the company line at the expense of patient, and staff, well-being.

It is a fine line to walk sometimes, and when the pressure is on, factors which affect decision making are many and various. It is easy for managers to accuse nurses of overreacting to situations, particularly if they do not have the insight or the professional background to understand the nuances of those situations. The professional managers' accountability does not carry the same risks as the manager who is also a nurse.

Going to the wire is less of a risk in employment terms and, in ignorance of the clinical implications, may also be less of a moral issue. Every nurse executive should be circulating this report to trust board members and making sure that the board understands the implications for nurses, including those in managerial positions.

The report also draws attention to the importance of clinical supervision as a mechanism for early identification of problems and as a solution to some. Effective clinical supervision structures are time consuming and fairly labour intensive. They require investment in training and education, and a sophistication of the participants in order for them to be seen as useful and constructive.

A good manager would not need something called clinical supervision to be introduced in order to pick up these issues. Unfortunately, where managers lack the insight into clinical issues or do not have a professional background, clinical supervision is often used to fill the gap, either consciously, or deliberately. Although clinical supervision is an important professional development tool, it should not be a substitute for effective line management arrangements.

The UKCC report has messages which, although not necessarily overt, are there for those with insight to interpret. Their concentration on employers' responsibilities, the need to support staff and keep patients' interests paramount, the identification of a lack of clear nursing protocols, procedures and policies in some areas, all point to a worrying reduction in the quality of the management of nurses and nursing at the coal face.

This may not yet be a universal problem, but it is obviously common enough and serious enough for the UKCC to publicise the trends and try to draw attention to them.

The profession and its employers need to heed the warning and take stock of current management arrangements which may be letting down both patients and nurses.


June Girvin, Assistant Editor, Nursing Management

Safety law changes

Important changes to the law on consulting employees on health and safety matters took place towards the end of 1996. The Health and Safety Executive (HSE) published a free leaflet and guidance on the changes. These explain the relationships and differences between the new *Health and Safety (Consultation with Employees) Regulations 1996* (HSCER) and the existing *Safety Representatives and Safety Committees Regulations 1977* (SRSCR). SRSCR already require employers to consult safety representatives appointed by any trade unions they recognise. Under the new HSCER, employers must consult any employees who are not covered by SRSCR. The leaflet includes a useful diagram which will help employers decide which regulations apply to them.

Director of Nightingale Institute takes over as Trustee at Smith and Nephew Foundation

The Smith and Nephew Foundation, one of the single largest charitable funders of nursing development, announced changes to its Trustees at its annual awards event recently.

Dr Susan Pembrey stepped down after several years service, during which she had overseen a very significant increase in the funding given for nursing fellowships and scholarships. Her position has been taken by Professor Jill Macleod Clark, Director of the Nightingale Institute.

Professor Macleod Clark took the opportunity to issue a call for enhancement of the support available for research and education in nursing. She said: 'The nursing profession is going through a period of unprecedented change with the integration of nursing education into higher education and rapid developments in nurses' roles and responsibilities. The need for nurses to enhance their knowledge and gain research skills to deliver evidence based care has never been greater.'

The Foundation awarded three fellowships and 11 scholarships to nurses. They also announced the awards for 1997.