Everyone should give serious consideration to union membership.
Jane Beach, professional officer, Unite, by email

USE NMC CHECKLIST AND GUIDANCE WHEN APPLYING TO REGISTER
One of the most important roles of the Nursing and Midwifery Council is making sure that only those nurses and midwives who are qualified to do so can join the register. We aim to meet our regulatory requirements efficiently.

For those seeking to join the register from Europe, we provide applicants with an application pack that includes guidance on how to register. We ask for certified copies of several documents, including evidence of qualifications, a good conduct and/or police clearance certificate, a certified copy of their passport or ID card and a certificate of current professional status.

Automatic recognition for nurses and midwives trained in Europe only applies to the qualification of an applicant – all other documentation is required as normal. If the qualification does not fall under the automatic recognition route, we will need more information.

Unfortunately we often do not get all the documents or forms we need with a first application. The most common cause of delays in registration is missing paperwork or documents that are not properly certified.

We urge anyone who trained in Europe to use the checklist and guidance provided on the NMC website before applying to ensure your documentation is in order, certified, and translated into English.

If you have submitted the correct information, but still experience issues, call the NMC’s registration centre to follow up on your application.
Alison Sansome, NMC director of registration

RAY ROWDEN LEAVES THE WORLD A QUIETER, LESS COLOURFUL PLACE
The world will be a quieter and less colourful place without Ray Rowden (Obituary October 29, Letters November 5). His high profile in the media and his sometimes wild and contentious views contrasted with the quiet help and support that he gave to front line nurses, without any thought of reward or attention.

Gary J Jones CBE FRCN

MY FATHER’S END OF LIFE HOSPITAL CARE WILL HAUNT US FOR EVER
I have experienced first-hand the appalling consequences of inadequate nurse staffing levels (News and Letters November 5).

My father died in an NHS continuing care facility in Scotland last year, three weeks after he was admitted. I have posted details of what happened on www.patientopinion.org.uk

Many of my father’s nurses talked to us about their concerns for patient safety, so much so that we contacted the Scottish minister for health about it, but with little effect.

What my father and family endured in the lead up to his death still haunts us. We saw staff running from room to room, trying to deal with the complex needs of dying patients. We saw fantastic nurses reduced to tears because they could not do their job properly.

The hospital primarily cares for people at the end of life. But it is not classed as providing hospice care. If it was, as one nurse told us, staffing levels would have to be increased.

Shona Oliver, by email

LACK OF LEADERSHIP LED TO FAILURES IN CARE OF PATIENT WITH DEMENTIA
Congratulations to Ruth Perez-Merino for identifying the needs of an older patient with dementia (Reflections, October 29). However, I am concerned that it took a first-year student to recognise what registered nurses should have identified weeks previously.

Where was the clinical leadership to ensure essential nursing care of washing and shaving was taking place? Why had the man not been helped to shave weeks previously? This is the classic omission that helps perpetuate the public’s perception of nurses not caring.

Gary J Jones CBE FRCN

TWEETS OF THE WEEK
If you wouldn’t be happy to receive the care you deliver as a nurse, then it is not good enough for any patient you care for
@Alexgms1

I would be willing to bet that when patients say please listen, they don’t mean ‘please give us another survey to complete’
@HealthwatchE

Innovation: it will soon be the Facebook generation who have long term conditions – we need to think differently
@sandicarman

Rephrased for nurse educators: ‘The standard you let pass is the standard you let loose.’
@PDarbyshire

When you’re 80 years old – you shouldn’t have to ask for a drink – a #nurse should have anticipated that need already
@Bartontd

There is nothing more rewarding than holding a patient’s hand and reassuring them when they’re unwell. Making a difference.
@SmithCL2012

‘There is no evidence to suggest that having visiting hours keeps providers safer’. Families are not visitors but caregivers
@ayms219

Listening to patients is simple (and cheap) but can be hard to do
@SarahAshurst08

Follow Nursing Standard @NurseStandard and join the #NScomment chat on Thursdays at 12.30pm