

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

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



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# Glossary

**Advance care directive** – the advance expression of wishes by a person, at a time when they have the capacity to express their wishes, about certain treatment that might arise at a future time when they no longer have capacity to express their wishes (*Law Reform Commission Report Bioethics: Advance Care Directives, 2009*).

**Capacity** – involves the person understanding the proposed treatment or care, being able to weigh the consequences, effects or results of accepting or refusing treatment and being able to communicate the consent or refusal.

**Colleague** – includes health and social care professionals and ancillary healthcare workers.

**Competency** – the ability of the registered nurse or registered midwife to practise safely and effectively fulfilling their professional responsibility within their scope of practice.

**Integrity** – upholding the values of the profession and the accepted standards of practice. It is acting honestly and as expected under the Code of Professional Conduct and Ethics.

**Poor professional performance** – the failure of a nurse or midwife to meet expected standards of competence (whether standard of knowledge or skill or both).

**Quality of practice** – evidence-based professional standards balanced against service user needs, satisfaction and organisational efficiency.

**Registered nurse and registered midwife** – nurses and midwives who are registered with the Nursing and Midwifery Board.

**Service user** – a person who uses health and social care services. In some instances, the term 'patient' or 'individual' or 'person' is used in this Code instead of 'service user' where it is considered more appropriate.

**Standards** – authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board to describe the responsibilities and conduct expected of registered nurses and midwives. The standards are based on the principles and values that underpin professional practice.

**Therapeutic relationship** – a relationship established and maintained with a person requiring or receiving care by a nurse or midwife through the use of professional knowledge, skills and attitudes in order to provide nursing or midwifery care expected to contribute to the person's health outcomes (adapted from Nursing Council of New Zealand).

**Voluntariness** – a decision which is made freely without undue influence, dishonesty and pressure.

## Bord Altranais agus Cnáimhseachais na hÉireann and its Functions

Bord Altranais agus Cnáimhseachais na hÉireann (The Nursing and Midwifery Board of Ireland) as described in the *Nurses and Midwives Act, 2011*<sup>1</sup>, has two main objectives:

- to protect the public, and
- to ensure the integrity of nursing and midwifery practices.

The Board is the statutory body which sets the standards for the education, registration and professional conduct of nurses and midwives. It also advises on how nurses and midwives should provide care to service users, their families and society.

The Board's functions in safeguarding the public involve establishing and maintaining the register of nurses and midwives and the candidate register. It also establishes procedures and criteria for assessment and registration in these registers. Additionally, the Board approves education programmes and further education programmes for the purposes of registration and continued registration and keeps these programmes under review.

The Board also sets standards of practice and provides support for registered nurses and midwives. This includes developing, publishing and reviewing:

- a code of professional conduct;
- guidance on all aspects of professional conduct and ethics; and
- guidance on maintaining professional competence.

Through its Fitness to Practise functions, the Board is responsible for investigating complaints against nurses and midwives and for taking appropriate action with those whose practice has been found to be less than the required standard.

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (Code) is the overarching structure that informs the Board's framework of professional guidance to registered nurses and midwives. Professional accountability, competency and the quality of professional practice are based on this structure in tandem with other supporting guidance and standards frameworks.

<sup>1</sup> The Nurses Act, 1985 establishing An Bord Altranais (Nursing Board) was repealed by the Nurses and Midwives Act of 2011.

Key among these frameworks is the Scope of Nursing and Midwifery Practice (2000). It represents the range of roles, functions, responsibilities, and activities which a registered nurse or midwife has the authority perform. In Ireland, the scope of practice for nurses and midwives is determined by legislation, EU directives, international developments, social policy, national and local guidelines, education and individual levels of competence.

The Board publishes rules, other standards, guidelines and advice for nurses and midwives to help them comply with the Code and support them in their scope of practice and professional responsibilities. These publications include education requirements and standards, practice standards, guidelines, decision-making frameworks, circulars and position statements. Many of these publications provide detailed guidance on specific areas of conduct such as documentation, medication management and research.

The portfolio of Board publications is available in hard copy and online ([www.nmbi.ie](http://www.nmbi.ie)) to ensure maximum accessibility by all nurses, midwives and the public.

Nurses and midwives must be aware of and apply the Board's most current version of standards and guideline documents and understand the importance of the guidelines wherever they use their nursing and midwifery skills and knowledge.

## The Purpose and Aim of the Code

The Code guides nurses and midwives in their day-to-day practice and helps them to understand their responsibilities in caring for service users in a safe, ethical and effective way.

The Code:

- supports ethical and clinical decision-making, on-going reflection and professional self-development
- informs the general public about the professional care they can expect from nurses and midwives
- emphasises the importance of the obligations of nurses and midwives to recognise and respond to the needs of service users and families
- sets standards for the regulation, monitoring and enforcement of professional conduct.

All registered nurses and midwives in each area of practice (clinical, education, research, administration or management) must abide by the Code's principles, values and standards of conduct. Every nurse and midwife has a responsibility to uphold the values of the professions to ensure their practice reflects the high

standards of professional practice and protects the public. If a registered nurse or midwife does not follow the Code and a complaint is made against them, the Board can investigate that nurse or midwife's professional conduct and competency to practise (including health concerns).

Specific issues concerning professional practice will be considered when they arise and may be the subject of professional practice guidelines to be produced by the Board as required.

The Board believes that employers have a responsibility to acknowledge the importance of the Code's values and standards in their relationship with nurse and midwife employees. National legislation is referenced in this Code, where relevant, as it also directs and supports the promotion of the high standards expected of a nurse and midwife.

## The Structure of the Code

Five principles provide the foundation for the Code. They are:

- Respect for the dignity of the person
- Professional responsibility and accountability
- Trust and confidentiality
- Quality of practice
- Collaboration with others

Each principle underpins the ethical values and related standards of conduct and practice. Together, these guide the various relationships between nurses, midwives, service users and colleagues. The values state the primary goals and obligations of nurses and midwives. The standards of conduct and professional practice follow from the ethical values and show the attitudes and behaviours that members of the public have the right to expect from nurses and midwives. The triad of principles, values and standards of conduct are of equal importance and should be considered in association with each other.

## PRINCIPLE 1

# Respect for the Dignity of the Person

This principle is drawn from the *Universal Declaration of Human Rights* (United Nations, 1948) which proclaims that the basis for freedom, justice and peace is founded on the recognition of the inherent dignity and of the equal and of the absolute rights of human beings.

The *European Convention on Human Rights* (Council of Europe, 1998), the *Irish Constitution* (Government of Ireland, 1937) and the *Equal Status Acts* (Government of Ireland, 2000-2008) also serve as references for the values and standards established for respecting the dignity of the person.

## Values

1. Nurses and midwives respect each person as a unique individual.
2. Nurses and midwives respect and defend the dignity of every stage of human life.
3. Nurses and midwives respect and maintain their own dignity and that of service users in their professional practice. They believe that this respect is mutual with service users.
4. Nurses and midwives respect each person's right to self-determination as a basic human right. It is presumed that all adults have capacity to make health care decisions. In respecting the right of self-determination, informed consent is key. Where a person does not have capacity, nurses and midwives with others, consider the person's best interests when making health care decisions.
5. Nurses and midwives respect all people equally without discriminating by age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community.

## Standards of conduct

1. You must respect each person as a unique individual.

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2. You must respect and maintain the dignity of every stage of human life.

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3. In end-of-life care, you should support the person to die with dignity and comfort. You should seek to understand how the person views dignity and provide care that tries to meet their needs.

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4. You should respect an individual's advance care directive or plan, if known.

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5. You must talk with service users about their care and give information in a way they can understand.

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6. If service users have communication or language needs, you must make efforts to ensure that services are put in place so that you can mutually communicate.

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7. You must protect and promote autonomy of service users; respect their choices, priorities, beliefs and values. Decisions to refuse care or treatment should be respected in the context of the person's capacity. If you are unsure about a service user's capacity to make health care decisions, this should be assessed with their doctor and other members of the health care team.

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8. You are obliged to gain the consent of service users to nursing and midwifery care. Consent to nursing or midwifery care should never be presumed. Four key elements are required for a valid, informed consent:
  - Disclosure of information
  - Understanding/Comprehension
  - Capacity
  - Voluntariness.

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9. If a service user is not able to give informed consent for care, you must make sure that you act in the person's best interests. This includes:
  - taking into account the person's previous directions and wishes, if known
  - discussing with family members or carers as appropriate
  - discussing with other members of the health care team.  
(Standards of conduct 5 and 6 in Principle 4 – Trust and Confidentiality - discussing personal information - are linked with this standard).

10. You must respect diversity among service users and colleagues in your professional practice.

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11. Respect all people equally and do not discriminate on grounds of age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental or intellectual) or membership of the Traveller community.

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## Supporting Guidance

### Advance care directives

There is currently no legal framework for advance care directives or plan. However, guidance from health care regulators and others may help to inform you about best practice regarding the ethical and professional issues associated with advance care directives or plan.

Respecting an advance care directive or plan should be based on condition that:

- the service user made an informed choice regarding their decisions;

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- the decision covers the situation that has occurred;

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- there is no indication that the service user has changed their mind since the advanced care directive or plan was made.

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Resources about advance care directives or plans include the Law Reform Commission Report (2009) *Bioethics: Advanced Care Directives* ([www.lawreform.ie](http://www.lawreform.ie)).

## Consent

Communication and information sharing by the nurse or midwife is key to the service user understanding and consenting to nursing or midwifery care. The need for consent extends to all nursing or midwifery intervention with service users in all settings. How the key elements of consent are applied, such as the amount of information provided and the degree of discussion needed to obtain valid consent, will vary with the particular situation. The amount of information to be provided about an intervention will depend on the urgency, complexity, nature and level of risk associated with the intervention.

There may be occasions when the service users' health status may prevent their participation with the consent process. Health legislation such as the *Mental Health Act 2001*, supporting guidance from the Mental Health Commission ([www.mhcirl.ie](http://www.mhcirl.ie)) and employer policy should be referred to direct best practice.

## PRINCIPLE 2

# Professional responsibility and accountability

This principle focuses on professional responsibility and accountability, personal and professional integrity, and advocacy. It also refers to professional boundaries, insurance and conscientious objection (where a nurse or midwife's values or beliefs differ from those of others).

### Values

1. Nurses and midwives are expected to show high standards of professional behaviour.
2. Nurses and midwives are professionally responsible and accountable for their practice, attitudes and actions including inactions and omissions.
3. Nurses and midwives recognise the relationship between professional responsibility and accountability, and their professional integrity.
4. Nurses and midwives advocate for service users' rights.
5. Nurses and midwives recognise their role in appropriately managing health care resources.

### Standards of conduct

1. You must act within the law and follow the rules and regulations of the Nursing and Midwifery Board.
2. You must support the ethical and professional values and the standards of conduct and practice in this Code and in other standards and guidance set down by the Board. You are required to continue to abide by all existing guidance and standards documents as issued by the Board. If you do not comply with them, then you are not compliant with the Code itself.

3. You are responsible and accountable for your decisions and actions (including inactions and omissions) in your practice.

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4. You are responsible and accountable for your own health and well-being. If your health affects your ability to practise safely, you must get help to manage your condition. This includes dealing with alcohol or substance abuse.

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5. You must advocate for and on behalf of service users who require you to ensure their rights and interests are protected.

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6. If you have a conscientious objection based on religious or moral beliefs which is relevant to your professional practice, you must tell your employer or, if appropriate, the service user, as soon as you can. If you cannot meet the service user's needs because of this objection, you must talk with your employer and, if appropriate, the service user about other care arrangements.

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7. Even if you have a conscientious objection, you must provide care to a service user in an emergency where there is a risk to the service user's life.

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8. You must keep professional boundaries with service users. Professional boundaries set the limits of the therapeutic relationship including acceptable behaviour between yourself and the service user. Your professional position must never be used to form a relationship of an emotional, sexual or exploitative nature with a service user and their spouse, partner or close relative.

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9. You must not ask for or accept loans of money from service users.

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10. You must not accept any gifts or favours from service users, health care and pharmaceutical companies that could:
  - reasonably give the impression that you are providing special treatment;
  - influence your professional integrity; or
  - cause a conflict of interest(this is where your personal or private interests might interfere with your professional responsibilities or the interests of the service user).  
You should adhere to your employer's policy about the acceptance and reporting of gifts.

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11. If you are promoting or advertising a product or service for commercial purposes you should be aware of your professional, ethical and legal obligations to provide accurate and impartial information.

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  12. You should use health care resources effectively in your practice setting and respect service users' and employers' property.

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  13. You are responsible for checking whether you have, or need to get, professional indemnity insurance. Service users have a right to expect you to hold this insurance in case there is a claim of professional negligence against you.
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## Supporting Guidance

### Clinical Indemnity Insurance

If you are employed in the public health service or in certain voluntary organisations, you are protected by the Clinical Indemnity Scheme (CIS) ([www.stateclaimsagency.ie](http://www.stateclaimsagency.ie)).

The Clinical Indemnity Scheme provides indemnity for nurses and midwives working in the public health sector and certain voluntary organisations as listed in SI No. 63 of 2003 *National Treasury Management Agency (Delegation of Functions) Order 2003* (and *National Treasury Management Agency (Delegation of Functions) (Amendment) Order 2007*).

Those working in the private sector may be indemnified by their employers' insurance. The Board believes – in the interest of patient safety and protecting the public - that you should ensure that you have professional indemnity insurance for your practice.

## PRINCIPLE 3

# Quality of Practice

This principle focuses on safety, competence, kindness, compassion, caring and protection from harm. Services users have a right to receive quality care by competent nurses and midwives who practice in a safe environment.

### Values

1. Nurses and midwives who are competent, safety-conscious, and act with kindness and compassion provide safe high quality practice.
2. Nurses and midwives make sure that the work environment is safe for service users and colleagues.
3. Nurses and midwives aim to give the highest quality of care to all people in their professional practice.
4. Nurses and midwives use evidence-based knowledge and apply best practice standards in their work.
5. Nurses and midwives value research. Research is central to the nursing and midwifery professions. Research informs standards of care and ensures that the professions provide the highest quality and most cost-effective services to society.

### Standards of conduct

1. You must report any safety concerns you have about your practice environment, and seek solutions through appropriate lines of authority (such as your manager, employer or relevant regulatory body).
2. You must deliver a high standard of safe and competent practice based on best available evidence and best practice standards.

3. You must actively participate in good clinical governance to ensure safe quality care.

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4. You must always be kind and compassionate in your practice.

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5. You must be competent to practise safely as a nurse or midwife. If there are limitations to your competency, you and your employer should address them so that you can practise safely and within your scope of practice.

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6. You must keep your knowledge and skills up-to-date by taking part in relevant continuing professional development.

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7. If you are involved in research, you must refer to the Board's guidance on the ethical conduct of nursing and midwifery research and the ethical policies and procedures in your practice. You must ensure that the rights of service users are protected at all times in the research process.

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## Supporting guidance

### Reporting of safety concerns

It may be difficult personally and/or professionally for a nurse or midwife to share concerns about poor standards or risks identified in the workplace environment (particularly if the nurse or midwife believes they could be treated unfairly by their employer). Nursing and midwifery managers have a responsibility to report and act on safety concerns that staff share with them. It may be necessary to escalate concerns if they are not dealt with by those in authority. This may involve staff or managers reporting to the next supervisory level.

Safe quality practice is promoted by nurses and midwives actively participating in incident reporting, adverse event reviews and open disclosure.

National legislation and employer policy should be referred to about the legal responsibilities of the employee and the employer for health and safety concerns. *The Safety, Health and Welfare at Work Act 2005*, and *Protection of Disclosures of Information (Part 14 of the Health Act, 2007)* are key sources.

International (World Health Organisation Patient Safety initiative) ([www.who.int/patientsafety](http://www.who.int/patientsafety)) and national standards from other regulators (for example Health Information and Quality Authority ([www.hiqa](http://www.hiqa)) and the Mental Health Commission also give information about safe standards of care.

## PRINCIPLE 4

# Trust and Confidentiality

This principle focuses on trust, confidentiality and honesty.

### Values

1. Trust is a core professional value in nurses and midwives' relationships with service users and colleagues.

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2. Confidentiality and honesty form the basis of a trusting relationship between the nurse or midwife and the service user. Service users have a right to expect that their personal information remains private.

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3. Nurses and midwives exercise professional judgment and responsibility in circumstances where confidentiality of service user information must be shared.

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### Standards of conduct

1. You must try to develop relationships of trust with service users.

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2. Honesty, integrity and trustworthiness should underpin your interactions with service users and colleagues.

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3. You must give honest, truthful and balanced information and advice to service users. Information and advice should be based on best evidence or best available practice standards.

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4. You must behave in a way that strengthens the public's trust and confidence in nurses and midwives. You must respect and uphold a service user's expectation that their personal information will remain private. Professional judgment and responsibility are exercised for the disclosure and sharing of information. There may be certain exceptional circumstances where you might need to share confidential information. These circumstances are when it is:

- required by law,
- to protect the service user or individual's interests,
- to protect the interests of society, or
- to protect the interests of other individuals.

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

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5. You must tell service users (unless this would cause them serious harm) if you intend to share confidential information about them with others who are outside the immediate care team.

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6. Your role in safeguarding confidentiality extends to all forms of record management with appropriate use of information technology including social media.

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## Supporting guidance

The disclosure of information for the protection of children and the elderly against abuse is directed by legislation (such as the *Children's Act 2001*) and national policy. An employer's information technology, record management and electronic access policies may also provide additional requirements about confidentiality and information sharing. *The Data Protection Acts (1988 and 2003)* and the *Freedom of Information of Acts (1997 and 2003)* are also key sources of guidance. Guidance on social media use is provided by the Board.

## PRINCIPLE 5

# Collaboration with Others

This principle focuses on collaboration, team-working, communication and documentation.

### Values

1. Professional relationships with colleagues are based on mutual respect and trust.
2. Nurses and midwives share responsibility with colleagues for providing safe, quality healthcare and work together to achieve the best possible outcomes for service users.
3. Nurses and midwives recognise that effective and consistent documentation is an integral part of their practice and a reflection of the standard of an individual's professional practice. They support the ethical management of documentation and communication of care.
4. Nurses and midwives recognise their role in delegating care appropriately and providing supervision.

### Standards of conduct

1. You must communicate and work with colleagues to provide safe, quality healthcare to service users. You must consult with and refer the service user to the appropriate health care professional for further treatment if required. This should be done in a timely manner to ensure continuity of care.
2. Your documentation and communication of care should be carried out in a clear, objective, accurate and timely manner within a legal and ethical framework. This includes the appropriate use of information technology and social media.

3. You should address differences of professional opinion with colleagues by discussion and informed debate in a timely and appropriate manner.

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4. If the safety or well-being of a service user or colleague is affected or put at risk by another colleague's actions, omissions, or incompetence, you must first take appropriate action to protect people from harm. You must then immediately report the conduct to your manager, employer and, if necessary, the relevant regulatory body.

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5. You must support junior colleagues and nursing, midwifery and other healthcare students in their learning and on-going development of professional values, practice and conduct.

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6. If part of your role involves guiding and directing student nurses or midwives, you must take responsibility for the care they provide. This involves supporting learning, teaching, supervising, assessing practice and taking action to address concerns where they are identified.

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7. You should ensure that the service user understands the role of the student and that they are supported by a registrant in practice.

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8. You are accountable for your decision to delegate a nursing or midwifery task to someone else who is not a registered nurse or midwife. You must make sure that the task is appropriate and that the person has the education, training, skills and support to carry it out.

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9. If you delegate tasks or roles, you should provide comprehensive and effective assessment and planning, communication, monitoring and supervision, and evaluation and feedback.

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## Supporting guidance

The following professional guidance documents published by the Board are key sources.

- Scope of Nursing and Midwifery Practice Framework,

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- Recording Clinical Practice – Guidance to Nurses and Midwives,

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- Guidelines on the Key Points That May Be Considered When Developing a Quality Learning Environment

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# Reference and Resource Listing

## Guidance, requirements and standards publications listed alphabetically (An Bord Altranais 1997-2013)

Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority (February 2012)

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Decision-Making Framework for Nurse/Midwife Prescribing, (July 2007)

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Guidance for New Nurse and Midwife Registrants, (June 2010)

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Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols (December 2000)

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Guidance to Nurses and Midwives on the Management of Violence and Challenging Behaviour Leaflet (1997)

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Guidance to Nurses and Midwives on Medication Management (July 2007)

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Guidance to Nurses and Midwives on Social Media and Social Networking (June 2013)

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Guidance to Nurses and Midwives Regarding Ethical Conduct of Nursing and Midwifery Research, (January 2007)

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Guidance to Nurses and Midwives with regard to Strike Action (February 2006)

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Guidance to Nurses and Midwives with Serious Contagious/Infectious Diseases (September 2004)

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Guidance for Nursing Students, (October 2008)

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Guidance for Pre-Registration Midwifery Students, (October 2008)

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Guidelines on the Key Points that May be Considered when developing a Quality Clinical Learning Environment (April 2003)

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Nursing Care of Older People leaflet, (September 2009)

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Practice Standards for Midwives, (July 2010)

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Practice Standards for Nurses and Midwives with Prescriptive Authority (September 2010)

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Professional Guidance for Nurses Working with Older People, 1st ed, (April 2009)

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Recording Clinical Practice: Guidance to Nurses and Midwives (2002)

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Requirements and Standards for Education Programmes for Nurses with Authority to Prescribe Ionising Radiation (X-Ray), (February 2008)

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Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority, 1st ed, (April 2007)

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Requirements and Standards for the Midwife Registration Education Programme, 3rd ed, (December 2005)

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Requirements and Standards for Nurse Post Registration Education Programmes, 1st ed, (April 2007)

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Requirements and Standards for the Post-RGN Midwife Registration Education Programme, (January 2007)

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Requirements and Standards for the Psychiatric Nurse Post-Registration Education Programmes, (2007)

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Requirements and Standards for Public Health Nurse Registration Education Programmes, 1st ed, (March 2005)

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Return to Midwifery Practice Courses, Requirements of An Bord Altranais, Guidance to educators, midwifery managers and clinical staff involved in the provision of courses, (October 2005)

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Return to Nursing Practice Courses, Requirements of An Bord Altranais, Guidance to educators, nurse managers and clinical staff involved in the provision of courses, (March 2005)

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Review of the Scope of Practice for Nursing and Midwifery, Final Report, (2000)

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Scope of Nursing & Midwifery Practice Framework (April 2000)

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Social Media and Social Networking – Top Tips for Nurses and Midwives (June 2013)

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European Convention on Human Rights (Council of Europe, 1998)

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United Nations Declaration of Human Rights (UN 1948)

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United Nations Convention on the Rights of the Child (UN 1989)

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Bioethics Advanced Care Directives Law Reform Commission Report (2009)

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## Acts and Regulations that effect nursing and midwifery practice in Ireland include:

Bunreacht na hÉireann-Irish Constitution of 1937

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European Convention on Human Rights Act of 2003

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Equal Status Acts of 2000-2008

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Data Protection Acts of 1988 and 2003

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Freedom of Information Act of 1997

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Freedom of Information Amendment Act of 2003

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Mental Health Act of 2001

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Safety, Health and Welfare at Work of 2005

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Disability Act of 2005

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Non-Fatal Offences Against the Person Act of 1997

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Health Acts of 2004-2007

- Protected Disclosures of Information (SI No 27 of 2009)
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Children's Act 2001

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Protection of Life During Pregnancy Act of 2013 (not yet commenced as of September 2013)

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### **This list is not exhaustive.**

The Irish Statute Book electronic database ([www.irishstatutebook.ie](http://www.irishstatutebook.ie)) contains the Acts of the Oireachtas, Statutory Instruments and Legislation Directory for the period 1922-2013.

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## Notes





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