'The aim of a pathway of care is to enhance the quality of care across the continuum by improving risk-adjusted patient outcomes, promoting patient safety, increasing patient satisfaction, and optimizing the use of resources, with multi-disciplinary action.'

Schrijvers et al., (2012)
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The BACN Code of Professional Conduct is designed to be read and applied to clinical practice in conjunction with the BACN Nurse Competencies and is in addition to relevant statutory NMC guidance—principally, The NMC Code (2018). BACN Members are expected to understand their responsibilities by demonstrating accountability and safety in all aspects of their practice by abiding to the Professional legislative standards and guidelines within this document, as well as statutory guidance.

In light of the evolving & specialist role of aesthetic nurses, BACN have produced an extensive review and update of our existing Code of Conduct. This is to reflect the unique and specialist nature of Medical Aesthetic practice, as a holistic pathway and process beyond the procedure itself. Furthermore, the following principles can be considered as intrinsic to this Professional Code of Conduct:

- An explicit statement of the goals and key elements of care based on evidence, best practice, and patient’s expectations
- The coordination of the care process by utilizing, where appropriate, the multidisciplinary care team, as well as specialist referral, with patient’s consent
- The documentation, monitoring, outcomes and identification of appropriate resources to satisfy patient-centred care
- The intervention(s) are patient-centred
- The intervention(s) detail the steps in a course of treatment or care in a plan, pathway, algorithm, guideline, or protocol

Schrijvers et al., (2012), Lawal et al., (2016)

An aesthetic nurse conducting medical aesthetic treatments is required to exercise a unique and multifaceted clinical judgement and skillset, often in complex scenarios, which are unique to the aesthetic specialism. In light of this, an aesthetic nurse is required to demonstrate not only an awareness, but knowledge and accountability of the moral, ethical, clinical, and professional aspects of aesthetic practice, which includes developing a business acumen.

The BACN Code of Professional Conduct is an overarching document which underpins many of the key principles of medical aesthetic practice. It should be understood that this Professional Code of Conduct is intended to facilitate a continuing pathway of treatment, and serves to guide and facilitate best practice. In light of the paucity of a robust, recognised and validated aesthetic medical model within the aesthetic specialism, it is our intention that the principles within this Code of Practice underpin the broad scope of practice and extensive clinical skillset which aesthetic nurses are required to continually develop. This document offers comprehensive guidance with contemporaneous references to current legislative and statutory guidance, which are considered accurate at the time of publication.

The BACN Code of Professional Conduct has been designed to facilitate professional development, and to benchmark a safe standard of medical aesthetic practice.

For clarity, where the term Nurse is used, it is understood that this implies a registered (BACN) Nurse member, working within a clinical setting, delivering specialist aesthetic treatments.
1. PROFESSIONAL RESPONSIBILITY

1.1 BACN members are responsible for providing medical aesthetic services in line with the legal and civil rights of their patients and colleagues. BACN members adhere to current NMC Standards, as well as BACN professional guidelines, to safeguard the safety, dignity and rights of their patients.

1.2 A BACN member undertakes a holistic assessment of the patient, and provides a comprehensive medical aesthetic pathway of care accordingly—including the requirement to refer for specialist opinion where necessary. (NMC, 2019)

1.3 A BACN member understands and accepts responsibility for his/her actions and omissions and complies with professional, ethical and legal standards of clinical conduct (NMC, 2018), & Professional Duty of Candour (NMC, 2019).

1.4 A BACN member holds appropriate professional indemnity and public liability insurance—(NMC, 2018).

1.5 BACN members are expected to demonstrate professional courtesy to patients and colleagues at all times

1.6 A BACN member is responsible for reporting any action by another aesthetic nurse that has harmed, or is likely to harm the public, an organisation, or breaches statutory guidance (NMC, 2019), (NMC, 2020).

In line with the NMC Guidance on Raising Concerns (2019), it is expected that nurses work with others to protect the health and wellbeing of those in their care. If a Nurse makes a complaint to their employer, then this is considered to be a complaint of how the Nurse in question has been treated at work, which would be considered a grievance. BACN members are advised to be familiar with the NMC Guidance on Raising Concerns (2019), as well as the NMC Guidance on Whistleblowing (NMC, 2020). If a Nurse raises a concern, then it is on the basis of general concern about an issue, wrongdoing or risk which affects others (NMC, 2019).

1.7 A BACN Nurse does not engage in plagiarism of intellectual property of a colleague, an educational institution, or another commercial business. Any citations used are cited/referenced appropriately (NMC, 2019).

1.8. BACN Nurses should be familiar with the joint guidance from the NMC/GMC on The Duty of Candour: Openness and honesty when things go wrong: the professional duty of candour (NMC, 2019). Specifically:

- Inform the patient (or, where appropriate, the patient’s advocate, carer or family) when something has gone wrong
- Apologise to the patient (or, where appropriate, the patient’s advocate, carer or family)
- Offer an appropriate remedy or support to put matters right (if possible)
- Explain fully to the patient (or, where appropriate, the patient’s advocate, carer or family) the short and long term effects of what has happened

Healthcare professionals (including nurses) must be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where
appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns (NMC & GMC, 2015)

1.9 BACN members do not perform medical aesthetic treatments, specifically administration of botulinum toxin and dermal fillers on persons under 18 years of age

1.10 **DBS addition:**

BACN recommend that nurse members have a valid DBS (Disclosure and Barring Service), as well as an eDBS (if treating children), in place. This is to facilitate employers in England, Wales and Northern Ireland in making safer employment choices and to safeguard the public. This is a CQC mandate in England for registered premises, as well as in line with NHS requirements. In Scotland, the checking and barring service is operated by Disclosure Scotland (DS), and in Northern Ireland, this is undertaken by AccessNI. BACN champions and prioritises patient safety at the forefront of its’ Code of Conduct and places significant emphasis on the importance of this for its’ membership to ensure that safeguarding is upheld.

Link to DBS application

https://www.gov.uk/request-copy-criminal-record

### 2. COMPETENCE

2.1 BACN members are expected to work within their professional competency, aligned to the BACN competencies-referring for specialist opinion(s) where necessary (NMC, 2018), (NMC, 2019).

2.2 BACN members are expected to conduct specialist aesthetic procedures within suitable clinical environments which reflect the nature of medical aesthetic treatments. According to the geographical location of the premises, this may be in accordance to defined legislation, in order to practice (HIS, 2020).

2.3 BACN members are expected to take steps in accordance with statutory requirements to continually update their clinical knowledge and skills, which can be evidenced through the BACN nurse competencies (NMC, 2019). Members are expected to participate in BACN regional workshops and related educational opportunities.

2.4 BACN members are expected to evidence their scope of clinical practice through some of the following examples; case studies, audit, a portfolio of professional development, treatment log book, published articles, poster presentations, conference presentations & peer to peer meetings.

### 3. PATIENT CONFIDENTIALITY

3.1 BACN Members have a primary responsibility to maintain confidentiality in accordance with statutory requirements. (NMC, 2018). Discretionary exceptions may be granted to prevent serious and imminent danger to patients, and to protect vulnerable individuals (NHS, 2017).
BACN members should practice in accordance with safeguarding adults and vulnerable persons (Gov, 2017), and attend training updates where individual learning need requires.

3.2 A BACN member maintains all aspects of patient confidentiality, whether obtained in the course of practice, supervision or research (NMC, 2018). BACN members have a legal responsibility to maintain patient confidentiality at all times and to respect a person’s right to privacy in all aspects of their care (NMC, 2018).

3.3 A BACN Member obtains written informed consent prior to sharing, releasing or publishing information that is specifically required or appropriate-GDPR Article 4 (11), GDPR Article 7 (2).

Consent of the data subject means any freely given, specific, informed and unambiguous indication of the data subject’s wishes by which he or she, by a statement or by clear affirmative action, signifies agreement to the processing of personal data relating to him or her-GDPR Article 4 (11).

If the data subject’s consent is given in the context of a written declaration which also concerns other matters, the request for consent shall be presented in a manner which is clearly distinguishable from the other matters, in an intelligible and easily accessible form, using clear and plain language. Any part of such a declaration which constitutes an infringement of this Regulation shall not be binding-GDPR Article 7(2).

3.4 A BACN Member takes strict precautions to ensure patient’s records are stored in a secure location and ensures records and client information are available to authorised personnel only. BACN members are to ensure that they are familiar and comply to the GDPR principles—specifically those outlined in Article 5 (f).

3.5 A BACN member ensures that patient information is processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures (’integrity and confidentiality’) GDPR Article 5 (f).

3.6 A BACN Member must conduct treatments in an environment conducive to maintaining confidentiality.

A patient may seek access to their clinical notes providing that they have made a written request. A copy of the written request should be placed in the patient’s notes (DOH, 2013), (NMC, 2018)

4. MEMBERSHIP CONFIDENTIALITY
(BACN WEBSITE, EMAILS, CLOSED FACEBOOK FORUM, REGIONAL MEETINGS)

4.1 The BACN Membership Facebook forum is a platform for peer support, constructive peer to peer discussions, and sharing of information relevant to clinical practice. The BACN Board facilitate candid discussions, and as such, expect members to conduct themselves professionally, respecting peer’s views and opinions. Offensive, critical, discriminatory or aggressive comments will not be tolerated, and will be removed by admin. Members should familiarise themselves with the NMC (2019)
GUIDANCE ON USING SOCIAL MEDIA RESPONSIBLY

4.2 Members must not share the contents of BACN discussion outside of the closed Facebook forum pages. The forum is a safe platform for members to speak freely and candidly and the sharing of personal conversations is not acceptable.

4.3 Members must not share colleague’s emails, including communication from BACN Head office, except when the individual concerned has given their consent.

4.4 BACN members must not share photographic images of patients on the closed members Facebook forum. Where these are posted, admin will remove to protect the confidentiality of the patient (NMC, 2019). If any member is unclear on what is deemed suitable to post, we encourage an open dialogue with the BACN Board directly to clarify any questions, and for members to ensure that they are familiar with the NMC Guidance on social media (2019).

4.5 BACN Nurses must not use the BACN closed member forum for personal commercial gain, through direct advertising of business interests, nor indirectly through nurse colleagues posting on behalf of another individual. It is understood that nurses working within aesthetic medicine hold commercial affiliations, and as such are expected to conduct themselves with transparency by disclosing brand/company affiliations where appropriate, without endorsement.

5. INFORMED CONSENT

5.1 BACN members take responsibility to meet legal standards of informed consent. This includes, but is not limited to, expected outcomes, procedures and techniques, limitations, potential risks, benefits and alternative treatment options. Montgomery (2015), GMC (2008), NMC (2018).

5.2 A BACN member obtains contemporaneous written informed consent from the individual throughout their treatment journey. A BACN member understands and practices in accordance with the principle that informed consent is a continuous process throughout the patient’s treatment journey.

5.3 A BACN Member uses language throughout the consent process that is transparent and clear to the patient receiving care.

5.4 As part of the initial assessment and patient journey, a BACN member fully informs the patient about all aspects of the proposed treatment on an individualised basis. This can include, but is not limited to; the practitioner’s rationale for a specific plan of treatment, which may include a rationale for choice of product, a particular technique, known risks and reported adverse events, as well as contraindications to allow the patient time to make an informed decision about proceeding with the suggested treatment.

5.5 A BACN member ensures the patient has sufficient time to consider all of the information concerning their planned treatment, and should not routinely treat on the same day as the initial assessment GMC, (2016)
5.6 If treatment is necessary and assessed as appropriate on the same day, a clear and justified rationale must be documented, following discussion with the patient. For example, in cases where existing patients may attend for a repeat treatment of a dermal filler.

5.7 A BACN member undertakes a written informed consent from the individual to whom they provide treatment before capturing images. The written consent cannot and should never be delegated to a third party. The consent must detail the specific use of the images, e.g., for academic/open publication, restricted educational use, or for clinical case notes only, and should be stored appropriately.

5.8 A BACN member ensures transparency at all times with their patients—specifically in relation to all fees associated with medical consultations, and/or planned treatment(s). In addition, and in direct reference to The NMC Code (2018) ensure that information and advice given is evidence-based relating to products and services.

A BACN member adheres to all relevant laws about mental capacity that are UK specific and ensures that the rights and best interests of those who lack capacity are at the centre of the decision-making process (NMC, 2018), Mental Capacity Act (2015).

6. ADVERSE EVENTS

6.1 A BACN member works within their defined competency to minimise risk, identify and manage adverse events. BACN members recognise when an adverse event is beyond their scope of competence and experience and take necessary steps to promptly refer to the most appropriate specialist, with written patient consent.

6.2 A BACN member records and reports adverse events, as appropriate, to The MHRA and relevant product manufacturer. A member is aware of the current MHRA criteria for reporting an adverse event due to a medicine or a medical device (MHRA, 2020):

- A medicine causes side effects
- Someone’s injured (or almost injured) by a medical device, either because its labelling or instructions aren’t clear, it’s broken or has been misused
- A patient’s treatment is interrupted because of a faulty device
- A medicine doesn’t work properly
- Someone receives the wrong diagnosis because of a medical device
- A medicine is of a poor quality
- If a medicine or medical advice is suspected to be counterfeit
- Nurse members are advised to use licensed POMs and to maintain an awareness of the implications of using unlicensed medicinal products (MHRA, 2014)
- Nurse members are advised to continually update their professional knowledge in relation to patient’s concurrent medications and medical devices

6.3 A BACN Member has a written complaints policy available to patients on request.

6.4 A BACN Member must be available to manage complaints in accordance with policy. Out of hours contact details must be provided, as appropriate.
6.5 BACN members are wholly discouraged from working in isolation. BACN members should take all reasonable steps to develop an MDT approach to their aesthetic clinical practice and take personal responsibility for ensuring that they have appropriate specialist support, and cover where necessary.

6.6 BACN members should practice in accordance with the NMC Duty of Candour (2015), specifically in line with the following principles:

- The duty to be open and honest with patients in their care
- The duty to be open & honest with an organisation in question (if applicable), and to encourage a learning culture by reporting adverse events/incidents that lead to harm, as well as near misses.

6.7 BACN members are encouraged to join professional associations specialising in the management of complications, such as the ACE Group World and CMAC. These associations provide peer support and experienced guidance in the management of complications from medical aesthetic treatments.

7. OVERARCHING PRINCIPLES

7.1 BACN Members have a primary responsibility to respect and promote the welfare of their patients and to avoid any situations that could impair professional judgement or increase the risk of inappropriate treatment or harm to patients.

7.2 A BACN member refrains from treating multiple patients in a single appointment, for example, in a social setting.

7.3 BACN members are expected to be able to demonstrate evidence of regular professional and mandatory clinical updates. This should include, but not limited to-BLS, a current vaccination record, and comprehensive risk assessments in line with the nature of the clinical premises from which they operate. Clinical protocols should be in place to underpin the specialist aesthetic treatments that BACN members provide.

7.4 BACN members should consider whether it is necessary to consult the patient’s GP with regard to any proposed treatment that the patient is prepared to undergo—particularly in relation to benefits and risks (GMC, 2016). If so, members must seek the patient’s permission and, should they refuse, discuss their reasons for doing so and encourage them to allow contact with their GP (GMC, 2016). If the patient is determined not to involve their GP, this must be recorded in their notes with consideration as to how this affects the balance or risk of the proposed procedure(s).

7.5 The BACN does not condone members performing medical aesthetic treatments within patient’s homes. The environment is unsuitable and poses multiple risks to the safety of both patient and Nurse. The BACN does acknowledge that Nurses travel and work from different clinical premises, whereby the environment should be maintained to a high standard. The environment from which treatments are performed is of critical importance and should reflect the specialist nature of the procedures being performed.

7.6 A BACN nurse does not train practitioners who do not hold active registration to a professional healthcare regulatory body.
8. RESPONSIBLE AND ETHICAL ADVERTISING AND PROMOTION

8.1 A BACN member ensures that any advertisements, publications or published material which they produce or have produced for their professional services are accurate, responsible, ethical, and does not mislead or exploit vulnerabilities and accurately reflects individual skills (NMC, 2018).

8.2 A BACN member does not use logos of professional organisations or statutory bodies to imply credibility without permissions. The use of RCN and NMC logos are not permitted by those organisations.

8.3 A BACN member complies with advertising standards and legislation: in particular, does not advertise prescription only medicines. The Human Medicines Regulations (2012) (‘The regulations’) prohibit the issue of any advertisement wholly or mainly directed to the general public which is likely to lead to the use of a prescription only medicine (POM).

8.4 BACN Members must familiarise themselves on a regular basis with the guidance from ASA & CAP on the marketing of non-surgical cosmetic procedures, and practice accordingly.

8.5 BACN members must not incentivise medical aesthetic treatments (GMC, 2016).

8.6 BACN members must market and advertise their medical aesthetic services responsibly, ensuring that patients are not encouraged to undergo unnecessary interventions or treatments (ASA, 2020).

8.7 A BACN member accurately and transparently represents their training, techniques and skills, and clearly and honestly states their qualifications.

8.8 A BACN member only uses initials to which he/she is legally entitled, for example degree(s) from an accredited institution and/or registration or certification from professional organisations.

8.9 A BACN member does not make unsubstantiated claims for treatments which are not evidence based.

8.10 BACN members must not make or imply misleading claims about the indications and outcomes from the treatments and services which they offer.

8.11 A BACN Nurse clearly states their full name on their professional advertising platforms, such as social media and business website(s).

9. RESPONSIBLE AND SAFE PRESCRIBING

DELEGATION
9.1 BACN Nurse Prescribers offering clinical support/supervision to nurses without the V300 prescribing qualification, (which includes prescribing services), are to practice in accordance with the NMC (2018) overarching principles in relation to delegation:

- As registered professionals, nurses are accountable for all aspects of their practice, including accountability for what they choose to delegate
- It is expected that nurses will only delegate tasks and duties that are within the other person’s scope of competence, ensuring that they fully understand the instructions.
- It is expected that those that a nurse may delegate a task to are adequately supervised and supported
- It is expected that the outcome of any delegated task to the colleague in question meets the required standard
- The nurse delegating a task must ensure that the task is within the colleague’s scope of competence
- The nurse who is being delegated to understands the boundaries of their own competence
- The delegating nurse takes reasonable steps to identify any risks and whether any supervision may be necessary.
- The prescribing nurse remains professionally accountable for the prescription and the prescribing decisions and understands that this cannot be delegated

9.2 BACN members must not engage in prescribing for aesthetic nurses providing training or facilitating non-medical practitioners in providing medical aesthetic injectable treatments, such as botulinum toxin, or dermal fillers. In such cases where the BACN Board are presented with robust evidence demonstrating that a BACN member is prescribing for non-medical practitioners, the Board will investigate fully, and potentially notify the NMC directly.

9.3 BACN members must not engage in prescribing for practitioners who do not hold active registration to a professional healthcare regulatory body, such as beauty therapists. In such cases where the BACN Board are presented with robust evidence demonstrating prescribing for non-medical practitioners, the Board will investigate fully, and potentially notify the NMC directly.

9.4 BACN members must prescribe in line with the requirements of the NMC Code (2018) and individual scope of practice (NMC, 2020). BACN members must prescribe within their individual competence, in line with the best available evidence, and the requirements of all relevant legislation, as well as any local policies, standards and guidance that underpin the NMC Code (2018). This applies to all forms of prescribing, including products being used for cosmetic and aesthetic purposes, such as botulinum toxin (NMC, 2020).

The Code (2018) states that at section 18.1 that those suitably qualified must only prescribe, advise on, or provide medicines or treatment, if the prescriber has gained enough knowledge of that person’s health and are satisfied that the medicines or treatment serve the individuals health needs (NMC, 2020).

The NMC adopted the Royal Pharmaceutical Society (RPS) Competency Framework (2016) for all prescribers in March 2018 and expect nurse & midwife prescribers to adhere to the RPS Competency framework as the standards for safe and effective practice in prescribing in order to ensure patient safety and public protection (NMC, 2020).

The NMC (2020) recommend that ‘face-to-face consultations take place in the cosmetic context before prescriptions are issued.’
In addition, remote prescriptions, or directions to administer should only be used in exceptional circumstances, and not as a routine means to administer injectable cosmetic injectable products (MHRA, 2020). This advice relates to injectable cosmetic medicinal products such as, botulinum toxin (MHRA, 2020).

9.5 BACN Nurses with prescribing privileges practising medical aesthetic treatments in England are prohibited from holding POMs including emergency medicines as stock items (MHRA, 2020).

Health Improvement Scotland (HIS) Medicines Governance have issued guidance on ordering and holding stock of Medicines (2018). The overarching requirement is that a service:

- Identifies a named individual who is responsible and accountable for the safe, effective and secure use of medicines and has systems in place to support the safe, effective and secure use of medicines in the service.

The MHRA have advised Health Improvement Scotland that with regard to ordering and stocking medicines, that the following must be adhered to:

- A nurse or a nurse independent prescriber cannot order and stock prescription only medicines or Pharmacy medicines in their own right.
- Any ‘persons carrying on the business of an independent clinic’ are able to order and stock prescription only and pharmacy medicines in connection with the running of the clinic.
This BACN Code of Professional Conduct will be reviewed at 6-12 monthly intervals, and in response to significant developments within the Medical Aesthetic specialism:

Name: 

Date for review: 

KEY READING WHICH SUPPORTS THE PRINCIPLES IN THE BACN CODE OF PROFESSIONAL CONDUCT

(This will be reviewed and updated in line with changes to key guidance)

ACAS (Advisory, Conciliation and Arbitration Service)
https://www.acas.org.uk/

ACE Group
https://acegroup.online/

Botulinum Toxin and Cosmetic Fillers (Children) Bill Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 (legislation.gov.uk)


Caldicott Principles

CMAC UK
www.cmac.world

Cosmetic interventions Advertising Guidance (2020)
https://www.asa.org.uk/asset/06D92630-75DE-4DDC-81F365D94E7BA21C/

Employment Rights Act (1996)
https://www.legislation.gov.uk/ukpga/1996/18/contents

General Data Protection Regulation-Article 4 (11)
https://gdpr-info.eu/art-4-gdpr/

General Data Protection Regulation-Article 5 (f)
https://gdpr.eu

General Data Protection Regulation-Article 7 (2)
https://gdpr-info.eu/art-7-gdpr/
GMC Consent: patients and doctors making decisions together (2008) withdrawn


Guidance for doctors who offer cosmetic interventions (2016)
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/cosmetic-interventions

Health and Safety Executive (HSE)
https://www.hse.gov.uk/


http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/information_for_providers.aspx

Memorandum of Understanding between the Joint Council for Cosmetic Practitioners and the Nursing and Midwifery Council (2020)

Mental Capacity Act (2015)


MHRA Guidance on Supply and Administration of BOTOX (2020)
https://www.sps.nhs.uk/articles/mhra-guidance-on-supply-and-administration-of-botox-vistabel-dysport-and-other-injectable-medicines-in-cosmetic-procedures/?fbclid=IwAR3f8VYdj7OsmdtsI06mdy16T0g2os1hS8PYuYreDtXBnguMJFksrCQSy8

MHRA Yellow Card Scheme (2020)

Montgomery v Lanarkshire Health Board (2015)
www.supremecourt.uk › uksc-2013-0136-judgment

NMC Standards to support learning and assessment in practice (2008)

https://www.nmc.org.uk/standards/code
Royal College of Nursing Disclosure and Barring Service (DBS) and Disclosurer Scotland (DS) Guidance accessed 01/01/2024

Royal College of Nursing Guidance on Cyber Bullying page updated 25/05/2021 accessed 14/06/2021

Royal College of Nursing Guidance on Raising a Grievance page updated 26/05/2021 accessed 14/06/2021
https://www.rcn.org.uk/get-help/rcn-advice/grievance

Royal Pharmaceutical Society’s Competency Framework for All Prescribers (2016)

Royal Pharmaceutical Society: Professional Guidance on the Administration of Medicines in Healthcare Settings in conjunction with the Royal College of Nursing (2019)

Save Face
www.saveface.co.uk

Safeguarding adults


The Advertising Standards Authority Ltd (trading as ASA)

The Committee of Advertising Practice Ltd (CAP)-Enforcement Notice: ‘Botox’ and other botulinum toxin

The Human Medicines Regulations (2012)