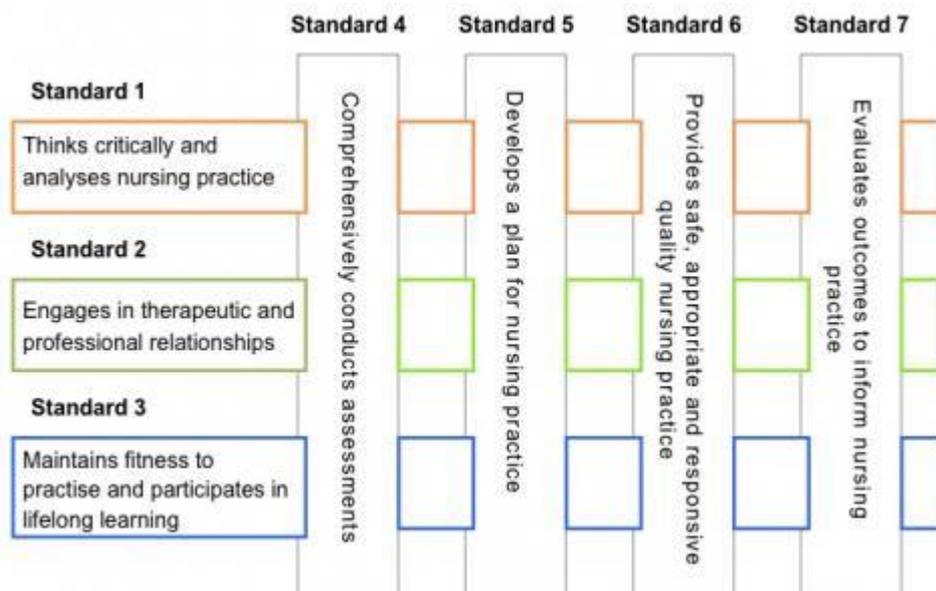


Registered nurse standards for practice

1. Thinks critically and analyses nursing practice
2. Engages in therapeutic and professional relationships
3. Maintains fitness to practise and participates in lifelong learning
4. Comprehensively conducts assessments
5. Develops a plan for nursing practice
6. Provides safe, appropriate and responsive quality nursing practice
7. Evaluates outcomes to inform nursing practice.

The Registered nurse standards for practice are all interconnected (see Figure One below). Standards one, two and three relate to each other as well as to each dimension of practice in standards of four, five, six and seven.

Figure One: Registered nurse standards



Each standard has criteria that stipulate how that standard is demonstrated. The criteria are to be interpreted in the context of practice. For example, not every registered nurse will delegate practice to enrolled nurses. The criteria are not exhaustive and enable rather than limit the development of individual registered nurse scopes of practice.

The Standards are for all registered nurses across all areas of practice. They are to be read in conjunction with the Nursing and Midwifery Board of Australia applicable companion documents such as the standards, codes and guidelines including the Code of ethics for nurses, Decision Making Framework and Guidelines for Supervision. The glossary is also important to understanding how key terms are used in these Standards. For example, the term 'person-centred' may include considering and engaging families, carers and communities in nurse practice. The glossary includes relevant Nursing and Midwifery Board of Australia definitions with further detail provided in the companion documents such as those listed above.

Comments on Orientating statements

Comment: The direct quote below which precedes *Figure One* in the Orientating Statements (8th paragraph) states that all the Registered nurse standards for practice (the Standards) are interconnected. However, the statement does not describe how the standards interconnect. *“The Registered nurse standards for practice are all interconnected (see Figure One below). Standards one, two and three relate to each other as well as to each dimension of practice in standards of four, five, six and seven.”*

There is currently no description of the group characteristics of Standards 1-3. Providing a description of the purpose of two groups of Standards (Standards 1-3 & Standards 4-7) and how they interrelate would support the reader’s appreciation of the Standards and how they will be applied. ACN proposes that Standards 1 to 3 describe cognitive and relational dimensions of practice whereas Standards 4 to 7 reflect dimensions of practice related to the nursing process.

Comment: In the Orientating statements, the first sentence of the fourth paragraph quoted below is convoluted and should be revised to make it more reader friendly, *“Registered nurse practice, as a professional endeavour, requires continuous thinking and analysis in the context of thoughtful development and maintenance of constructive relationships”*.

Comment: To promote the use of plain English, it is recommended that “aware” be used instead of “cognizant” in paragraph two.

Comment: It is recommended that the Standards adopt Australian rather than American spelling for example, *cognisant vs. cognizant and colonisation vs. colonization*.

Standard 1: Thinks critically and analyses nursing practice

Nurses use a variety of thinking strategies, research and best available evidence in making decisions and providing safe, quality nursing practice within a person-centred framework.

Do you have any comments or suggested amendments?

ACN members have noted that Standard 1 and its associated criteria do not refer to nursing disciplinary thinking including reflection on core nursing epistemology. It is important that this omission be given consideration.

ACN members have also noted that they are unaccustomed to the term “thinking strategies” and find the phrase confusing. Perhaps the use of “critical thinking strategies” or just “strategies” would make this concept more accessible.

Standard 1: Criteria

The registered nurse:

- 1.1. Accesses, analyses, and uses research, and the best available evidence for safe quality practice
- 1.2. Develops practice through reflection on experiences, knowledge, actions, feelings, beliefs; identifying how these shape practice
- 1.3. Respects peoples’ culture and experiences as a core part of person-centred and evidence-based practice, which includes recognising the role of family and community that underpin Aboriginal and Torres Strait Islander cultures and health

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1.4. Considers legislation and common law policies and guidelines relevant to the context of practice when making decisions

1.5. Appropriately maintains records and accurately and comprehensively documents assessment, planning, decision-making, actions and evaluations in a timely manner

1.6. Contributes to research and quality improvement.

The criteria are the means by which the standard can be demonstrated. Do you have any comments or suggested amendments?

Regarding 1.2: “Attitudes” and “observations” also influence the process of reflection and should be included within Criterion 1.2.

Regarding 1.4: Due to the use of the word “considers”, criterion 1.4 fails to stipulate that it is the responsibility of all nurses to ensure they work within the law. The term “considers” implies RNs, in the context of their practise, should give some thought to relevant legislation and guidelines rather than stipulating adherence to them. Draft Standard criterion 6.5 uses the words “*Practises in accordance with...*”, which would be appropriate in this context or alternatively, “*Refers to...*” would also be suitable.

Regarding Criterion 1.5: It is suggested that “observations” be added to criterion 1.5 to include the routine documentation of clinical observations which are essential in maintaining appropriate records in the clinical health care setting. Observations can also be more generally applied to recording information/data that informs decision-making in broader and non-clinical nursing contexts.

Regarding Criterion 1.6: While the reference to research within Standard 1 is appropriate, the inclusion of “Contributes to research” within criterion 1.6 is problematic. Applying research is a different concept to contributing to research. It is a fair expectation that all nurses contribute to continuing quality improvement within their scope of practice. Contributing to quality improvement can be a routine and ongoing practice activity that it is achievable by all nurses (in varying ways and with wide-ranging levels of influence). However, not all nurses will be in a position to contribute to research. Furthermore, it could be argued that *contributing* to research will not necessarily demonstrate how a *nurse uses a variety of thinking strategies, research and best available evidence in making decisions and providing safe, quality nursing practice within a person-centred framework*. Contributing to research is a desirable feature of nursing practice rather than a way of demonstrating Standard 1. It may be appropriate for Criterion 1.6 to state *Contributes to research and/or continuous quality improvement*.

Regarding 1.6: It is recommended that “continuous” be added to Criterion 1.6: “*Contributes to research and/or continuous quality improvement.*”

Standard 2: Engages in therapeutic and professional relationships

Nursing practice is based on purposefully engaging in the formation and maintenance of effective therapeutic and professional relationships. This includes collegial generosity in the context of interdisciplinary and professional relationships.

Do you have any comments or suggested amendments?

ACN suggests including “other” in the second sentence of Standard 2 as interdisciplinary relationships are also professional relationships: “*This includes collegial generosity in the context of interdisciplinary and **other** professional relationships.*”

Standard 2: Criteria

The registered nurse:

- 2.1 Establishes, sustains and concludes therapeutic relationships in a way that is respectful and acknowledges the dignity, culture, values and beliefs and rights of a person
- 2.2 Recognises that people are the experts in the experience of their life
- 2.3 Communicates respectfully and effectively with people
- 2.4 Resources and supports people in optimising and making health related decisions
- 2.5 Advocates on behalf of people and their rights in a manner that respects the person's autonomy and legal capacity
- 2.6 Establishes and maintains appropriate professional relationships including delegation, supervision, consultation and referrals to achieve improved health outcomes
- 2.7 Actively fosters a culture of safety and learning
- 2.8 Participates in and/ or leads collaborative practice.

The criteria are the means by which the standard can be demonstrated. Do you have any comments or suggested amendments?

Regarding 2.4: ACN members have queried the meaning of "resourcing" people in Criterion 2.4. ACN is of the view that the term is problematic because it may imply an obligation for nurses to materially resource the people they care for. ACN believes that this term should be revised to provide clearer guidance.

Regarding 2.7: To provide clearer guidance and to be more measurable, Criterion 2.7 should be more outcomes oriented. The statement should more specifically indicate how an RN can foster a culture of safety and learning in the context of Standard 1.

Comment: To promote collaborative practice, consideration should be given to the criteria including fostering awareness of the scope of *other* therapeutic and professional practice relationships.

Comment: While ACN does not have any particular concern, many of our members have queried the meaning of "collegial generosity". ACN proposes that the Glossary include an explanation of this term

Comment: Consideration should be given to including a criterion stipulating respect for Aboriginal and Torres Strait Islander identity and culture as the issue warrants this level of profile.

Standard 3: Maintains fitness to practise and participates in lifelong learning

Registered nurses, as regulated health professionals, are responsible and accountable for ensuring they are safe and have the capability for practice. This includes ongoing self-management and responding when there are concerns about other health professionals' fitness for practice. Registered nurses are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

Do you have any comments or suggested amendments?

Comment: The first sentence, “*are responsible and accountable for ensuring they are safe...*” is ambiguous. The distinction between being safe to practice and having the capability to practice is queried as it could be argued that if one is capable to practice they will be safe. It is recommend that the wording be changed. ACN proposes following wording: ‘Registered nurses, as regulated health professionals, are responsible and accountable for ensuring they are capable of safe and effective practice that is current and, whenever possible, evidence-based’.

Comment: ACN queries the inclusion of the final sentence of Standard 3 as this content seems out of context: “*They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.*” The content relates more to Standard 2: *Nursing practice is based on purposefully engaging in the formation and maintenance of effective therapeutic and professional relationships*. Providing information and education to enable people to make decisions overlaps with Standard 2 and is a key aspect maintaining an effective therapeutic relationship.

Standard 3: Criteria

The registered nurse:

- 3.1. Considers and responds in a timely manner to the health and well being of self and others in relation to fitness for practice
- 3.2. Provides information to people to enhance their control over health care and facilitate informed consent
- 3.3. Responds to a person’s educational needs to enhance health and wellbeing
- 3.4. Takes a lifelong learning approach to the continuing development of self and others
- 3.5. Actively engages with the profession
- 3.6. Completes continuing professional development requirements as specified in the Nursing and Midwifery Board of Australia registration standards
- 3.7. Identifies and promotes the integral role of nursing and its profession in influencing better health outcomes for people
- 3.8. Seeks and responds to practice review and feedback
- 3.9. Accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities.

The criteria are the means by which the standard can be demonstrated. *Do you have any comments or suggested amendments?*

Regarding Criterion 3.5: It is unclear what “Actively engages with the profession” involves in this context. The criteria needs to stipulate a clear intent.

Regarding Criterion 3.6: To improve clarity, it is recommended that “*Completes continuing professional development...*” be changed to “**Fulfills** *continuing professional development...*”

Comment: ACN received feedback from members that indicates a high level of confusion in relation to this Standard. ACN believes that this Standard is attempting to include too many distinct concepts, making it difficult to assess against. There may be value in reordering some of the statements in this standard into groupings fitness to practice, commitment to lifelong learning and commitment to the profession. ACN

reiterates that following content in Standard 3: *'They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health'* and the associated Criteria 3.2 and 3.3 would fit better under Standard 2 as this Standard deals with therapeutic relationships, which includes supporting people in their decision making.

Standard 4: Comprehensively conducts assessments

Registered nurses accurately conduct comprehensive and systematic assessments, analyse information and data and communicate outcomes as the basis of practice.

Do you have any comments or suggested amendments?

Comment: It is queried whether the title of the Standard should read *Conducts comprehensive assessments*, this would be more consistent with the statement of the Standard.

Comment: The first part of the Standard statement is awkwardly worded, it is suggested it be changed to *"Registered Nurses conduct comprehensive, accurate and systematic assessments..."*

Comment: Consideration should be given to including the concept of "evaluation" in this Standard: *'Comprehensively conducts and evaluates assessment results'*. ACN suggests this change because the RN needs to determine from the assessment results whether any action is required for example, implementation, escalation or cessation of any intervention.

Comment: The term "assessment" should be defined within the Glossary to clearly explain the intent of this Standard.

Standard 4: Criteria

The registered nurse:

- 4.1. Conducts assessments that are comprehensive, systematic and holistic as well as culturally appropriate
- 4.2. Uses a range of assessment techniques to collect relevant and accurate information and data to inform practice
- 4.3. Works with people to determine factors that affect or potentially affect the health and well being of people, families, communities, and/ or populations and determines priorities for action and/ or for referral
- 4.4. Establishes the need for nursing action and/ or the need for referral
- 4.5. Assesses the available resources to address the need and plans accordingly.

The criteria are the means by which the standard can be demonstrated. *Do you have any comments or suggested amendments?*

Regarding 4.1: Records assessments may need to be captured in this criterion, for example: 4.1. Conducts **and correctly records** assessments that are accurate, comprehensive, systematic and holistic as well as culturally appropriate.

Standard 5: Develops a plan for nursing practice

Registered nurses are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the registered nurse's comprehensive assessment, use of evidence and judgment that is documented and communicated to all the relevant persons.

Do you have any comments or suggested amendments?

Comment: Regarding the second sentence of the Standard 5 statement, it is unclear with whom the agreed plans will be developed in partnership with. The following inclusions could improve clarity, "Agreed plans are developed in therapeutic and professional partnership with people".

Standard 5: Criteria

The registered nurse:

- 5.1. Uses assessment data and best available evidence to develop a plan
- 5.2. Co-constructs nursing practice plans until priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons
- 5.3. Documents, evaluates and modifies plans to facilitate the agreed outcomes
- 5.4. Plans how practice will be evaluated and the time frame of engagement
- 5.5. Coordinates resources effectively and efficiently for planned actions.

The criteria are the means by which the standard can be demonstrated. Do you have any comments or suggested amendments?

Regarding Criterion 5.1: The promote clarity, the sentence could end with "...to develop a plan for nursing practice."

Regarding Criterion 5.1: Consideration needs to be given to the implication of this criterion for the registered nurse if local policies and procedures are not based on the best available evidence. Research translation is not a swift process so this standard could be difficult to demonstrate and assess.

Regarding Criterion 5.1: When developing a plan of care actual available resources need to be taken into account. While assessment data and best available evidence must guide the development of a plan of care, the available resources heavily influence of how the plan is developed and delivered to achieve planned goals.

Regarding Criterion 5.2: This criterion should emphasise that the nursing plan is "understood" as well as agreed to.

Regarding Criterion 5.4: The intent of this statement is slightly unclear and should be revised so it is not open to interpretation, for example, 'Plans how the practice plan will be evaluated and determines the time frame for therapeutic engagement'. Also, the criterion should state the need for planning for continuity of care where applicable.

Standard 6: Provides safe, appropriate and responsive quality nursing practice

Registered nurses delegate and implement person-centred, quality, and ethical goal directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned outcomes.

Do you have any comments or suggested amendments?

Comment: Consideration should be given to including "and practice planning" in the second sentence of Standard 6 to recognise that an RN's goal directed actions need to be based on comprehensive and systematic practice planning as well as assessment.

Standard 6: Criteria

The registered nurse:

- 6.1. Provides comprehensive safe, quality nursing practice to achieve agreed goals and outcomes
- 6.2. Practises within their scope of practice
- 6.3. Appropriately delegates aspects of practice to enrolled nurses according to the enrolled nurse's scope of practice and/ or others according to their clinical or non-clinical roles
- 6.4. Provides effective timely direction and supervision to ensure that delegated practice is provided safely and correctly
- 6.5. Practises in accordance with relevant nursing and health guidelines, standards, regulations and legislation
- 6.6. Reports and raises concerns where own or others' practice may be below expected standards, errors have occurred and there is potential for harm.

The criteria are the means by which the standard can be demonstrated. Do you have any comments or suggested amendments?

Regarding 6.1: Include "and", "Provides comprehensive and safe..."

Regarding 6.1: Include "...to achieve a person's agreed goals..."

Regarding 6.3: Registered nurses also supervise workers in assistive roles such as assistants in nursing. ACN proposes that Criterion 6.3 acknowledges this component of Registered nurses' supervisory practice by making following adjustment to the wording of Criterion 6.3: *Appropriately delegates aspects of practice to enrolled nurses according to the enrolled nurse's scope of practice and or others according to their assistive clinical or non-clinical roles.*

Regarding 6.4: It is noted that operational factors can impact a registered nurse's ability to meet this criterion in their practice, such as staffing that is insufficient to meet the demand for care at a time.

Regarding 6.6: It is recommended that "errors have occurred" be removed as omissions of action can be equally concerning. Alternatively, include a reference to where there has been a failure to act.

Regarding 6.6: Consideration should be given to including other stakeholders within this Criterion. For example: Reports and raises concerns where areas of concern or risk are identified at a team, clinical area or organisational level.

Comment: As an important nursing practice principle, the revised standards should seek to incorporate the practice criterion from the current Standard 7.4. *Responds effectively to unexpected or rapidly changing situations.* Such a Criterion should include a statement for nurses to appropriately refer issues that are beyond their level of competence.

Standard 7: Evaluates outcomes to inform nursing practice

Registered nurses take responsibility for the evaluation of practice based on agreed outcomes, to plan, and revise practice accordingly.

Do you have any comments or suggested amendments?

The wording of Standard 7 is somewhat unclear. The wording suggests that revising is an inevitable rather than potential action when evaluating outcomes. The Standard should be reworded to place emphasis on the need to review outcomes against the goals and desired outcomes agreed to, with the intention of adapting a plan if required, for example:

Registered nurses evaluate practice based on agreed goals and expected outcomes to inform further practice.

Standard 7: Criteria

The registered nurse:

7.1. Evaluates and monitors progress towards expected goals and outcomes with people based on agreed priorities

7.2. Revises practice plan as needed and determines further priorities and goals with people as indicated.

The criteria are the means by which the standard can be demonstrated. *Do you have any comments or suggested amendments?*

Regarding 7.2: The following revised sentence is suggested to improve clarity: *Revises practice plan as needed with relevant people and determines agreed future priorities.*

Glossary

The next set of questions relate to the Glossary that forms part of the Registered nurse standards for practice.

Please comment on each definition and the suitability and inclusion of each key term.

These definitions relate to the use of these terms in these Registered nurse standards for practice. Where such definitions are available with further detail in other Nursing and Midwifery Board of Australia documents, the source is provided.

Accountability means that nurses answer to the people in their care, the nursing regulatory authority, their employers and the public. Nurses are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing roles. Accountability cannot be delegated. The registered nurse who delegates

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activities to another person is accountable for their decision to delegate, for monitoring the level of performance of the other person, and for evaluating the outcomes of what has been delegated (See Nursing and Midwifery Board of Australia, 2007, p. 16 for more detail).

Do you have any comments or suggested amendments for this definition?

Comment: Consider replacing "nurses answer to" with "nurses are responsible to".

Criteria mean the actions and behaviours of the registered nurse that are necessary to demonstrate these Standards for practice.

Do you have any comments or suggested amendments for this definition?

Comment: Criteria describe the actions and behaviours through which a registered nurse is able to demonstrate meeting the Standard

Delegation is the relationship that exists when a registered nurse delegates aspects of their nursing practice to another person such as a registered or enrolled nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The registered nurse who is delegating retains accountability for the decision to delegate and for monitoring outcomes. Both parties share the decision-making, capability, and risk assessment processes of delegation. In some instances delegation may be preceded by teaching and competence assessment.

ACN recommends replacing 'student nurse' with 'nursing student' as term is more commonly used and appears in this glossary in the definition of *Supervision*.

Do you have any comments or suggested amendments for this definition?

Enrolled nurse is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the National Law as an enrolled nurse in Australia. Enrolled nurses provide nursing care under the supervision of a registered nurse.

Do you have any comments or suggested amendments for this definition?

No comment

Evidence-Based Practice is accessing the best available evidence, which includes the most current, valid and available research findings as the basis for practice decisions.

Do you have any comments or suggested amendments for this definition?

Evidence-Based Practice is practice that is based on the best available evidence, which includes the most current, valid and available research findings as the basis for practice decisions.

Person or people is used in these Standards to refer to those individuals who have entered into a therapeutic or professional relationship with a registered nurse. The words person or people include all the patients, clients, consumers, families, carers, groups and/ or communities that are within the registered nurse scope and context of practice. This includes those cultures where family and community are a fundamental part of a person's identity. The registered nurse has professional relationships with colleagues and people in health care related teams.

Do you have any comments or suggested amendments for this definition?

No comment

Person-centred practice is collaborative and respectful partnerships built on mutual trust and understanding. Each person is treated as an individual with the aim of respecting people's rights and preferences while protecting their dignity. Person-centred practice is also recognising the role of family and community that particularly underpin Aboriginal and Torres Strait Islander cultures and health.

Do you have any comments or suggested amendments for this definition?

No comment

Registered nurse is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the National Law as a Registered nurse in Australia.

Do you have any comments or suggested amendments for this definition?

No comment

Scope of practice is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice is influenced by the contexts in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.

Do you have any comments or suggested amendments for this definition?

No comment

Standards for practice in this document are the expectations of registered nurse practice. They replace the previous National competency standards for the registered nurse while still informing the education standards for registered nurses and the regulation of nurses and determination of nurses' fitness for practice. The Standards also guide consumers, employers and other stakeholders on what to reasonably expect from a registered nurse.

Do you have any comments or suggested amendments for this definition?

Amendment: For consistency within the document, consider replacing "consumer" with "people".

Supervision incorporates direction and guidance. It is a formal process of professional support and learning which allows a nurse or nursing student to develop knowledge and competence, assume responsibility for their own practice and enhance public protection and safety. Supervision may take the form of clinical supervision which is a reflective practice engaged within the practice context with another professional.

Supervision of practice may be direct or indirect according to the context under which the practice is being supervised. Direct supervision is when the supervisor takes principal responsibility for the nursing care provided (e.g. assessment and/or treatment of persons). The supervisor is physically present during practice (which may include providing care), and observes the person being supervised. Indirect supervision is when the supervisor is available for contact as well as to observe and discuss the nursing practice of the person being supervised. (See NMBA Supervision Guidelines for Nursing and Midwifery Oct 2013 for more detail).

Do you have any comments or suggested amendments for this definition?

Comment: Supervision also involves oversight and observation to maintain management. Consideration should be given to including these concepts within the definition of Supervision.

Therapeutic relationships are where the nurse is sensitive to a person's situation and purposefully engages with them using knowledge and skills in respect, compassion and kindness to consider and where possible

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accommodate the person's rights and dignity. This includes collegial generosity in the context of professional relationships with mutual trust and collaboration the practice norms.

Do you have any comments or suggested amendments for this definition?

Comment: This definition needs further development to provide an appropriate level of guidance and meaning within the revised Standards. As an essential concept within Standard 2, and interconnected with all the other standards, "therapeutic relationships" must be more specifically defined. The first sentence of the definition is currently very vague and ACN seeks clarification as to the meaning of "...and where possible accommodate the person's rights and dignity". The protection of a person's rights and dignity is overriding at all times regardless of context. If something is an entitlement it must be protected, the protection of rights are not an aspirational option.

Comment: To promote clarity the final sentence needs grammatical revision. It is recognised that the definition needs to be applicable to clinical and non-clinical practice, but it is currently ambiguous. In particular the concept of 'collegial generosity' requires description and should have its own entry in the glossary as proposed by ACN in our comments to Standard 2.

Amendment: It is suggested that "nursing" be added to the first sentence as follows to provide a link to the nursing context of practice, "...using **nursing** knowledge and skills in respect..."

Please add any additional comments you have on the draft Registered nurse standards for practice.

ACN's General Comments

ACN member feedback is divided over the functionality of the draft standards. Many members support the more contemporary and concise revised Standards claiming they are more user-friendly and easier to apply to assessing and evaluating performance. Other members state that many of the Standards are too broad or vague to provide adequate guidance to individuals and organisations and fail to stress some of the key components of nursing such as person-centre care, collaboration and the epistemology of nursing. ACN believes that the 2nd Draft revised Registered nurse standards for practice constitutes an improvement on the current Standards. However, in ACN's view the Standards require some more development as demonstrated by ACN's survey comments regarding the need to include more detail in the Standards. ACN's more overarching comments on the draft Standards follow.

General comment on omissions: Common feedback from ACN members suggests that the Standards may benefit from having a stronger focus on the regulatory framework, leadership, mentoring, the role of the family in person-centred care and wellness and health promotion. There is also concern that the language of the standards does not reflect nursing as a disciplinary way of thinking

Comment on person-centred care: Practicing and demonstrating person-centred care could be given greater emphasis across the Standards. Standards 4-7 do not adequately emphasize the importance of the need to underpin all dimensions of nursing practice with person-centred care. There may be argument for exploring an additional Standard within the Standard 1-3 grouping to cover partnering with people so that this aspect of relationships with people is explicitly integrated across Standards 4-7 ensuring the concept requires demonstration across all phases of the nursing process.

Comment: There is some inconsistency when referring to nursing or nursing practice within the document.

Comment: Greater emphasis on integrated and collaborative practice should be considered. Although it is noted briefly in 2.8, using the word 'collaborative', there is no further mention of it within the draft Standards. Standards 4 and 5 make loose reference to collaboration, using the words “partnership” and “relevant persons” these emphasise nursing related activities not broader interprofessional collaboration. Collaborative and integrated models of practice are an essential part of providing holistic nursing care. Nurses do not work in isolation. For this reason, more specific references should be considered to affirm the expectation that nurses will investigate and access services that meet people’s holistic health care needs. Registered nurses also input and/or advise other health services and/or health professionals in support of better health outcomes for their patients.

Comment: "Collaborative practice" should be defined within the glossary.

Comment: Consideration should be given to including 'fulfils the duty of care' within the Standards.