Advancing nurse leadership

Australian College of Nursing

Public Consultation Codes of Conduct
Nursing and Midwifery Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

***By email: consultationfeedback@nursingmidwiferyboard.gov.au***

To whom it may concern

**PUBLIC CONSULTATION ON REVISED CODE OF CONDUCT FOR NURSES AND REVISED CODE OF CONDUCT FOR MIDWIVES**

The Australian College of Nursing (ACN) is pleased to provide the attached response to the Nursing and Midwifery Board of Australia's (NMBA) *Public consultation on revised Code of conduct for nurses and revised Code of Conduct for midwives*.

ACN is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

ACN congratulates the NMBA on the development of the consultation paper and looks forward to the outcomes of the consultation.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

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9 March 2017

Australian College of Nursing

*ACN submission: Public consultation on revised Code of conduct for nurses and revised Code of Conduct for midwives*

# ACN submission: NMBA *Public consultation on revised Code of conduct for nurses and revised Code of Conduct for midwives*

## Consultation Questions

**Please indicate the Code(s) of conduct on which you are providing feedback (select one or both**)

✓ **Code of conduct for nurses**

**Code of conduct for midwives**

**Option statement**

ACN supports ***Option two***.

1. **Do the seven principles and the content of the Codes reflect the conduct required of nurses/midwives?**

   ACN agrees that overall the seven principles and the content of the draft Codes reflect the conduct required of nurses in the context of contemporary practice. ACN offers the following general comments for consideration:

   - ACN received member feedback that several of the "principles" in isolation of their domains and value statements, do not provide clear rules of conduct rather they present more like subject headings. For example, *Principle 4: Professional behaviour* or *Principle 5: Teaching, supervising and assessing* do not provide an application for action. By contrast, *Principle 7: Promote health and wellbeing* has a more guiding sense.
   - There are some areas of disconnect between Principles and guidance statements, these are specifically noted under Question 8.
   - The importance of power relativities between nurses and consumers is well covered within Conduct Statement 8 of the current *Code of Professional Conduct for Nurses in Australia.* The draft Codes appropriately include conduct expectations relating to the nurse-person professional relationship, however, they do not explicitly address the power imbalances that can exsits between a person and a nurse. While Principles 1 *Legal compliance*, 2 *Person-centred pracitce*, and 4 *Professional behaviour* provide some level of guidance, there is no explicit obligation seeking to manage power imbalances within the draft Codes.
   - It would be appropriate to reference the *Code of Ethics for Nurses in Australia* within the draft Code to recognise that the Code of Ethics identifies ethical standards and values which underpin the principles of professional conduct for nursing and nursing acculturation.
   - ACN is advised that the term "informed consent" (used in section 2.3), post *Rogers v Whitaker* 175 CLR 479 is not an Australian legal term and the use of a term such as "valid consent" would be more appropriate as "valid consent" meets the threshold required in Australian negligence law.
   - ACN has received member feedback that the Code confuses the terms ethics and values. Consideration should be given to defining these terms as well as the term *integrity* to promote accessibility of the document content.
   - ACN members requested that the literature review undertaken to support the current version of the Code of Conduct be made publically available.

   ACN offers specific feedback on particular principles, values and obligations under Question 8.

2. **Is information in the Code/s presented clearly?**

The information presented in the Codes is for the most part clear. However, as noted above, precise self-explanatory principles may be more practical and easier for the reader to understand. Suggested content requiring review for clarity is noted under Question 8 below.

3. **Is information in the Code/s applicable to clinical and non-clinical practice settings?**

While more immediately applicable to the clinical setting, the Codes are also relevant to non-clinical practice.

4. **At this stage, the NMBA has developed separate codes for nursing and midwifery. What are your views on either a separate or a combined code of conduct for nurses and midwives**?

ACN reiterates its support for the development of a single code of conduct for nursing and midwifery noting any profession specific issues could be highlighted.

As outlined in ACN's submission to the NMBA's 2016 *Consultation on the preliminary draft code of conduct for nurses and code of conduct for midwives*, given that there are currently 27,949[1] dual registered nurses/midwives and only 4,193[2] midwives with general midwifery registration, two codes are impractical for both practitioners and service providers. Furthermore, as previously raised by ACN, 10 of the regulated professions have adopted a single code used across diverse professions and a combined code would support the literature review recommendation to reduce publication of multiple documents.

Other governing documents are appropriately developed to reflect the unique requirements of the professions, the codes of conduct however have very few differentiating features.

5. **The NMBA wants to get the language used in the codes right and use terms applicable to as many clinical and non-clinical settings as possible. The NMBA has adopted person or people to refer to individuals who enter into professional relationship with a nurse or midwife. Do you support this approach or is there an alternative**?

ACN supports the use of person or people to refer to individuals who enter into a professional relationship with a nurse.

In support of a single code, it would be acceptable to use the proposed definition for the draft Code for midwives that has the additional inclusions of "...all the women, newborn, infants…".

It is noted that the Glossary definition of *person or people* should be revised for clarity as the final sentence does not blend well with the rest of the definition, *"The nurse has professional relationships in healthcare related teams*".

6. **Various terms have been used previously to capture the interaction between the nurse or midwife and the person receiving care. 'Professional relationship' is used in the draft *Codes of conduct* to capture this interaction, irrespective of the nurse or midwife's context of practice. Do you support the use of the term 'professional relationship' an appropriate description of the interaction between the nurse or midwife and the person receiving care or is there an alternative?**

ACN supports the use of 'professional relationship' to capture the interaction between the nurse and the person receiving care.

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[1] NMBA, *Nursing and Midwifery Board Registrant Data Reporting period: 1 October 2016 – 31 December 2016,* (2017), <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

[2] ibid.

7. **How should the NMBA promote awareness of the new Codes to nurses, midwives, other health professionals, employers, educators and the public?**

**Select all that apply.** Direct feedback from ACN members suggested all of the listed options for promoting awareness of the new Codes should be pursued with “in person information forums” being most commonly supported.

- ✓ In person at information forums at venues such as hospitals and universities.
- ✓ Via social media, e.g. Twitter, Facebook and LinkedIn.
- ✓ On posters and flyers in hospitals and other healthcare workplaces.
- ✓ In person at nursing and midwifery conferences and events.
- ✓ In print and online media, e.g. newspapers, nursing and midwifery journals and health magazines.
- ✓ In the NMBA newsletter.
- ✓ In an email to all nurses and midwives.
- ✓ On a card that nurses and midwives can carry on their lanyards at work.

**Other *(please list)***

8. **Do you have any other comments on the public consultation draft Code/s?**

### ACN’s specific comments on the codes:

- To promote understanding of key terms used in the Codes such as, “professional behaviour” and “conduct expectations”, definitions for “behaviour” and “conduct” should be included in the Glossary.
- ACN member feedback suggested the Codes should be edited to ensure the consistent use of active language.

### Principle 1:Practice legally

- ***Regarding Principle 1:*** To provide clear guidance, consideration should be given to mentioning the relevance of state and territory laws within this section. The National Law is mentioned however there is no specific mention of the role of jurisdicational laws.
- ***Regarding guidance statement 1.1c:*** It is queried whether the following wording is technically imprecise and should refer to nurses with a general registration rather than those “generally registered”, “Nurses must *when generally registered*, complete the required amount of CPD to their context of practice”.
- ***Regarding guidance statement 1.2:*** ACN member feedback suggested that the statement should also cover not causing harm to people in their care, abuse and conflict of interest.
- ***Regarding guidance statement 1.2a:*** This is a very narrow statement focused on the act of nurses taking things from people. It is queried whether the statement should be broaden to include other behaviour such as deliberately misusing, disposing of or damaging property or possessions. Furthermore, it is queried whether the statement should incorporate the act of doing so without a person’s consent as there are scenarios where nurses may be instructed to take/remove possessions and/or property.
- ***Regarding guidance statement 1.3:*** It is noted that mandatory reporting is a public safety measure in place to provide protection to all consumers, not just the vulnerable. The statement could be amended to reflect it's applicability to all people receiving nursing care given the power imbalance that inherently exists between nurses and people in their care. It could be noted that there are people who are particularly vulnerable, including those unable to advocate for themselves.

### Principle 2: Person-centred practice

- ***Regarding Principle 2:*** In line with ACN's general statement above about recognising the power imbalance in the professional relationship between the nurse and a person, there may be value in addressing the same issue in the context of supporting collaborative practice and shared decision-making. Additionally, while health literacy is addressed in the context of effective communication within Principle 3, references to health literacy of both the nurse and person are also relevant to person-centred practice for example, adopting practices that enhance health literacy.

- ***Regarding guidance statement 2.2a****:* It is queried why the reference to a person's symptoms is included in this statement. It appears that it would be sufficient to state "*To support shared decision-making nurses must take a person centred approach to managing a persons concerns, in a manner consistent with that person's values and preferences*". Furthermore, the use of the word "symptoms" is more applicable to a clinical setting and less suitable for non-clinical setting. Consideration should be given to removing "symptoms" from the sentence.
- ***Regarding guidance statement 2.2d:*** Consideration should be given to including a requirement to recognise physical and mental limitations as well as professional scope.
- ***Regarding guidance statement 2.2e****:* While supporting the intent of the statement, it is noted that the tone of the following part of the statement is unusual in the context of the code, "... *and <u>accept</u> that care may be provided to the same person by different nurses*...". This statement suggests potential resistance to collaborative practice amongst nurses. Rephrasing the statement to promote the value of collaborative practice rather than a notion of accepting the roles of others in the health care team may provide more appropriate guidance*.*
- ***Regarding guidance statement 2.2g:*** This statement is more relevant to safe nursing practise than to supporting shared decision-making and it is therefore queried whether it would fit better under 2.1 Nursing Practice.
- ***Regarding 2.3 b:*** Consideration should be given to including the opportunity for person to demonstrate their understanding.
- ***Regarding guidance statement 2.4c:*** The statement should be revised to avoid using "... *that do not place excessive emphasis on punishment*…", by saying abide by approaches that do not place excessive emphasis on punishment it is assumed that some emphasis on punishment is acceptable. Rephrasing to endorse non-punitive approaches may be more appropriate*.*
- ***Regarding guidance statement 2.4d:*** It may be appropriate to add that the explanation provided to the person support open disclosure.

## Principle 3: Cultural practice and respectful relationships

- ***Regarding guidance 3.2:*** Within this guidance consideration should be given to including a statement about nurses not allowing their personal health limitations to compromise their professional relationships.
- ***Regarding guidance 3.2e****:* It is noted that this statement is somewhat ambiguous, its intent is not entirely clear.
- ***Regarding guidance statement 3.3e & 3.3f:*** There is overlap between these two statements and potential to form one succinct statement.
- ***Regarding guidance statement 3.5:*** There is no specific reference to not obtaining unnecessary personal information or images in relation to the protection of confidentiality and privacy.
- **Regarding guidance 3.6:** ACN member feedback noted that the guidance should include the need for nurses to proactively discuss advance care plans and other end of life information when relevant. Furthermore, ACN member feedback suggested including expected conduct relating to the care for the body after death and support for families and others. Finally, consideration should be given to reordering the guidance statements to put facilitating advance care planning first.

## Principle 4: Professional behaviour

- ***Regarding guidance statement 4.1:*** The wording suggests that "professional boundaries" can carry out actions. ACN member comment indicates that it is unclear how professional boundaries promote person-centred care.
- ***Regarding guidance statement 4.4b:*** It is recommended that the need to inform employers should be included in the statement.
- ***Regarding guidance statement 4.*5**:** It is noted that the introductory statement "*Where fees are charged for a course of treatment, it is necessary to be honest and transparent with people.*" does not seem to clearly link with the content that follows within the statement.

## Principle 6: Research in health

- ***Regarding the Principle 6 value statement:*** ACN member feedback received highlighted that in addition to recognising the important role of research, the value statement should express the expectation that nurses need to engage in research at a level relevant to their knowledge and competence.
- ***Regarding the Principle 6 guidance statement 6.1:*** The statement does not specifically address how nurses will "recognise the vital role of research to inform quality healthcare policy and policy devleopment". ACN member comment suggested that the statement may not encompass the academic nurse whose primary role is research.

## Principle 7: Good health and wellbeing

- ***Regarding guidance statement 7.2:*** As health status is impacted by environmental and climate change-related factors, these factors should be mentioned in the supporting statement to the guidance on health advocacy.