

## Public consultation background paper

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11 May 2015

### Nursing and Midwifery Board of Australia draft Registered nurse standards for practice

#### Introduction

Southern Cross University with a team led by Professor Andrew Cashin has been commissioned by the Nursing and Midwifery Board of Australia (NMBA) to review and revise the current *National competency standards for the registered nurse* and produce *Registered nurse standards for practice*. This work commenced in March 2014 and is on schedule to conclude at the end of October 2015.

The draft revised *Registered nurse standards for practice* are now available for public comment.

#### Background

This research to date has reviewed the relevant and available literature and evidence, canvassed the views of key NMBA stakeholders and undertaken a gap analysis of the current *National competency standards for the registered nurse* through conducting observations of registered nurse practice in a variety of geographic and practice settings in Australia. In addition to the total of 44 registered nurses observed, consultation with the following key stakeholders has been undertaken:

- Australian College of Midwives
- Australian College of Nursing
- Australian Commission on Safety and Quality in Health Care
- Australian Health Workforce Principle Committee
- Australian Nursing and Midwifery Accreditation Council
- Australian Nursing and Midwifery Federation (federal, state and territory branches)
- Coalition of National Nursing Organisations
- Chief Nursing and Midwifery Officers (federal and state)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Council of Deans of Nursing and Midwifery
- Health Workforce Principal Committee
- State and Territory Nursing and Midwifery Boards including the Nursing and Midwifery Council of NSW.

The nursing profession has engaged with this project by facilitating access to and providing data. Volunteer registered nurses being observed have given generously in sharing the performance of their nursing practice and answering questions. This data has highlighted the levels of skill and responsiveness with which these nurses work with people to manage complex, diverse and specialty work.

#### Key findings from these project phases were that:

- There is limited published research about registered nurse competency standards or their development that exists internationally
- Those studies that have analysed the development or evaluated the use of the current registered nurse competency standards tended to focus on issues of clinical competency
- Internationally competency standards for registered nurses appear to include similar concepts with little variation in the domains and standards

- Current specialty standards represent registered nurse practice as applied in a specialty context. Analysis of the available specialty standards indicates gaps related only to a lack of informatics related cues in the current registered nurse competency standards.
- References in the standards to collaboration require review. RNs partner with health consumers and other health professionals as well as work autonomously. RNs not only work in teams, they also lead teams.
- The work of the nurse as represented in the current standards needs to be linked to outcomes for those cared for (patients, families, organisations and communities)
- Registered nurses selectively use aspects of the current standards, and
- The broad areas of collaboration, cultural respect/competency, evidence based practice, person centred care, informatics, technology and communication need scrutiny and development in the next iteration of the *Registered nurse standards for practice* post public consultation.

The implications of the analysis to date for the *Registered nurse standards for practice* revision are evident in strengthened thinking around registered nurse practice, and how this fits with quality and safety as expressed in clinical or direct patient care and non-clinical registered nurse roles in management, education, research, advisory, regulatory or policy development.

Multiple data sources affirm the relevance of communication and teamwork, evidence-based practice and person-centred care as important considerations in registered nurse practice. The NMBA's move away from competency to standards for practice has facilitated taking a more streamlined approach with simplified language. Marked repetition was a feature of the current competency standards and was a conscious part of the design in keeping with competencies. A standard for practice allows for a more succinct standard and a more flexible approach in application.

### Draft revised Registered nurse standards for practice

The draft revised *Registered nurse standards for practice* will align with the *Enrolled nurse standards for practice* and will be the foundation for the *Nurse practitioner standards for practice*. The NMBA has identified that further work will be undertaken to ensure the relationships between these three sets of Standards for practice are evident and clearly defined.

Listed here are the draft revised *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.

In summary the draft revised *Registered nurse standards for practice* have the following features:

- The seven standards are all interconnected
- All of the draft revised *Registered nurse standards for practice* apply to all registered nurses in all areas of practice
- The three levels of the current *Registered nurse competency standards* are maintained. This includes an introductory or orientating statement, standard statements and practice details (previously cues) and a glossary of key terms
- The *Registered nurse standards for practice* focus on active engagement with patients, families, colleagues and health teams (including cultural competence, collaboration and partnership)
- The *Registered nurse competency standards* address research, evidence-based practice and evaluation as important parts of safe and quality practice
- Each standard makes a single point and includes a series of unconditional criteria. The criteria provide detail about the necessary dimensions of the practice so need to be interpreted in the context of practice. For example, not every registered nurse will delegate practice to enrolled nurses
- Criteria are not exhaustive. They are the means by which the standard would be demonstrated while also enabling the registered nurse to develop their scope of practice

- The language has been simplified with words that focus on the significance of practice for all registered nurses, regardless of the context. Words open to a variety of interpretations have been avoided
- Definitions provided in the glossary are specific to the use of these *Registered nurse standards for practice*.

The Public Consultation will be open for 8 weeks from the 11<sup>th</sup> May to 3<sup>rd</sup> July 2015.

In addition to this Background Paper the following two documents are available to view or download from the structured response consultation site:

- i. The draft revised *Registered nurse standards for practice*.

This document has the following sections:

- Orientating statements
  - The seven standards with a diagrammatic representation of how 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
  - A section on how to use the Standards, and
  - A glossary of key terms.
- ii. A cross mapping of the draft-revised *Registered nurse standards for practice* to the current *National competency standards for the registered nurse*. In this document all major concepts in the current National competency standards are mapped to the draft revised Standards. Some concepts (for example, evidence-based practice and person-centred care) remain obvious while others are integrated into broader statements (for example, respect and dignity as part of person-centred care).

On review and analysis of responses from the public consultation a 3<sup>rd</sup> draft of RN standards will be developed and then validated to inform the penultimate draft revised *Registered nurse standards for practice*, by way of another round of observations of RNs in a variety of settings, across a comparable spread of states/territories.

It is expected that the final draft version of the *Registered nurse standards for practice* will be available for NMBA review and consideration by end of October 2015.