



## Registered nurse standards for practice

### Consultation report

April 2016

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## Foreword

The Nursing and Midwifery Board of Australia (NMBA) works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of nurses and midwives in Australia.

The NMBA sets the national standards, codes and guidelines that nurses and midwives must meet to be registered in Australia. These standards include five core registration standards, required under the Health Practitioner National Law, as in force in each state and territory (the National Law) and other profession specific registration standards. These standards, codes and guidelines provide nurses, midwives, employers and the public with information about the minimum standards required to practice as a registered nurse and/or registered midwife in Australia.

Since the start of the National Registration and Accreditation Scheme (the National Scheme) in 2010, the NMBA has established a systematic process to review, consult on and develop all standards, codes and guidelines.

AHPRA on behalf of the NMBA contracted Southern Cross University (SCU) in May 2014 to develop the *Registered nurse standards for practice* (RN standards), incorporating the first review since 2006 of the *National competency standards for the registered nurse*. The standards have been consulted on extensively throughout their development.

Across the project phases over 4,300 registered nurses working in contexts of practice that ranged from direct clinical, policy development, academia, management, employer, educator and quality improvement roles participated in the development of the standards. Over 4,000 registered nurses (RNs) responded to the public consultation along with approximately 500 enrolled nurses and 300 other people who identified themselves as not in a nursing role. Seventeen participants in the project identified themselves as health care consumers.

The feedback received in the public consultation, together with the summary of the project phases and key outcomes provided the evidence for the final version of the RN standards. The RN standards have been validated through observations of registered nurse practice in a range of locations and settings.

The draft RN standards were approved by the NMBA on 26 November 2015.

The RN standards are for all registered nurses across all contexts of practice. They are to be read in conjunction with all NMBA applicable companion documents, such as the mandatory registration standards, codes and guidelines, including the *Code of professional conduct for nurses*, *Code of ethics for nurses* and *National framework for the development of decision-making tools for nursing and midwifery practice*.

The RN standards were published on the NMBA website on 1 February 2016 to allow registered nurses, and other users such as educators, managers and consumers, time to become familiar with the new requirements and to facilitate transition from the *National competency standards for the registered nurse* to the *Registered nurse standards for practice*.

From 1 June 2016, the *Registered nurse standards for practice* will come into effect replacing the *National competency standards for the registered nurse*.

The NMBA and AHPRA would like to thank all those who were involved in the project and responded to the consultation.

# 1. Introduction

Section 35 of the Health Practitioner National Law, as in force in each state and territory (the National Law) enables the NMBA to develop or approve standards, codes and guidelines relevant to the regulation of the nursing and midwifery professions.

AHPRA on behalf of the NMBA contracted Southern Cross University (SCU) in May 2014 to manage the development of the *Registered nurse standards for practice* (the standards) incorporating the first review since 2006 of the *National competency standards for the registered nurse*.

The scope of the project was to develop standards which reflect current registered nursing practice in all contexts and are contemporary, relevant and useful.

The RN standards have been developed through project phases that included literature and evidence reviews, gap analysis, two rounds of consultation and two rounds of observations of registered nurse practice (one in the gap analysis phase and the second as a validation of the draft final version of the standards). Consumer interviews were also conducted. In total, close to 10,000 stakeholders have been engaged in the development of the RN standards.

The RN standards are founded on person-centred and evidenced-based practice. The RN standards comprise seven underpinning standards that are interconnected. Each underpinning standard has criteria that specify how the standard is demonstrated. The criteria are to be interpreted in the context of each registered nurse's practice. They are to be read in conjunction with the NMBA applicable companion documents such as the standards, codes and guidelines. The glossary is also important to understanding how key terms are used in the standards.

The RN standards replace the *National competency standards for the registered nurse*.

## 1.1 The main issues

Since the introduction of the National Scheme in 2010, the NMBA has established a process to review, consult on and develop all standards, codes and guidelines in keeping with good regulatory practice. The *National competency standards for the registered nurse* were initially developed by the Australian Nursing and Midwifery Council, with the last revision occurring in 2006. In 2010, these competency standards became part of the suite of NMBA documents. Since 2006, the role of the registered nurse has changed and the NMBA decided that it was timely to review these standards and develop the *Registered nurse standards for practice*.

## 1.2 Consultation process

The National Law requires National Boards to undertake wide-ranging consultation on the content of any proposed standard, code or guideline.

In undertaking the development of the RN standards, the NMBA followed the agreed process set out in the [Consultation process](#) document which is published on the AHPRA website. The process included an assessment of the standards against the [Procedures for the development of registration standards](#) which include the Council of Australian Governments (COAG) principles for best practice regulation.

Phase one in the development of the RN standards included a literature review which studied any potential impacts arising from relevant research and publications in Australian, and international peer-reviewed and grey literature, on regulation and standards for registered nurse practice. An analysis of a large sample of Australian specialty nurse competency and practice standards was also incorporated. Interviews were conducted with key stakeholders to clarify interpretation and use of the standards. Gap analysis data utilising the *National competency standards for the registered nurse* was generated through 44 observations of registered nurse practice in a variety of practice settings, and geographical locations in each state and territory.

During this phase, it was identified that:

- There is very little published research that evaluates registered nurse standards or their development internationally.

- There is very little variation in the domains and standards as used internationally.
- An analysis of specialty standards revealed that there were very few no gaps.
- There are specialty standards that represent registered nurse practice as applied in a specialty context.
- The current context of registered nurse practice needs to be re-positioned and re collaborated. .
- The work of the nurse as represented in the standards needs to be linked to outcomes for those cared for (patients, families, organisations and communities).
- Registered nurses selectively use aspects of the current *National competency standards for the registered nurse*.
- 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 standards.

Outcomes from this phase included:

- A first draft RN standards with seven underpinning standards that were designed to apply to the practice of all registered nurses, regardless of area of practice.
- Support for person-centred and evidence-based practice as foundational concepts. Person-centred practice included cultural competence, collaboration and partnership. Evidence-based practice was more than reference to colleagues or policies as evidence sources.
- The first draft RN standards included a diagram showing the interrelationship of the seven underpinning standards.
- The three levels of the current *National competency standards for the registered nurse* were maintained. This includes an introductory or orientating statement, standard statements and practice details (previously cues) and a glossary of key terms
- The necessary dimensions of each of the seven underpinning standards were outlined in a number of criteria. They indicate how each standard would be demonstrated without limiting the development of registered nurse scopes of practice.
- The language was simplified to be accessible to the variety of audiences the standards are designed to inform. Words that are open to multiple interpretations were avoided. A draft glossary of terms was developed reflecting this same approach. Words used in the RN standards in accordance with common definitions provided in English language dictionaries were not defined in the glossary.

Feedback from key stakeholders on the first draft RN standards informed the development of the second draft standards which were made available for the public consultation.

From 7 May 2015 and 3 July 2015 the NMBA consulted on the draft *Registered nurse standards for practice* via a public online survey that was accessed via the NMBA website and contained the following documents:

- the background paper
- cross mapping of the draft RN revised standards to the current *National competency standards for the registered nurse*, and
- second draft RN standards.

The NMBA also publicised the consultation through a media release and in communiqués and newsletters.

The survey consisted of 32 questions. Respondents were asked to comment on each section of the draft RN standards. Additional questions asked respondents to list if they were a registered nurse or

not, select their age group, and provide information about their role, practice area and place of employment. The last question was an open invitation to comment.

Consumer consultation in phase two of the project included consumer involvement in the public consultation and in ten direct interviews with consumers, conducted in semi-structured interviews with consumers who had experiences with nurses across sub-acute, acute, primary care, paediatric and end of life areas. Analysis of the interview transcripts highlighted features of the nursing role from these consumer experiences. These features included the importance of evidence-based practice, information provision, and communication and shared decision-making.

### 1.3 Breakdown of responses

There were 4,534 responses to the public consultation during the survey period of 7 May 2015 to the 3 July 2015. Of the 97 per cent (4,115) of all respondents who answered the first question, 92 per cent (4,040) identified themselves as registered nurses. The roles of the 8 per cent (373) who stated they were not registered nurses were mostly from health related fields. Only 2 per cent of respondents (78) were 25 years of age or under and 56 per cent (2,471) were aged over 51 years. Acute care was where 30 per cent (1,342) of respondents worked and 7 per cent worked in the mental health (317) and the community health (303) fields. Public or private health facilities were the place of employment for 81 per cent (3,583) and 5 per cent (251) were not employed.

## 2. Overview of responses

Of those who responded to the questions about the seven standards, criteria and glossary, on average 92 per cent (4,169) (SD=2.81) either stated that no changes were required, or, they made positive supportive comments. The majority of responses commented positively about the content, intent and arrangement of the draft standards. The feedback provided was extensive and valuable, with up to 1400 responses per question.

Less than 32% of respondents suggested changes to the draft standards, or made general comments in the public consultation. There were many comments received that did not directly relate to the draft standards development or any particular question asked in the survey, and were related to other issues associated with nursing.

The SCU team reviewed all responses, for analysis responses were clustered as follows:

- comments that support the current draft or stated that no amendments needed to be made to this draft
- comments that suggested changes, and
- comments that did not specifically relate to the draft RN standards or the specific question.

## 3. Summary of changes and other decisions

Changes to the draft RN standards were made based on the recommendations in the responses. A change was made when it was generally supported by the feedback and it did not conflict with underpinning decisions (for example to create standards for registered nurse practice in all contexts rather than only clinical areas). Words and statements were revised only where doing so did not change the intent or professional standing of the language. The following is a summary of the changes made to the draft RN standards as an outcome from the public consultation:

- minor changes were made to the orienting statements
- no changes were made to the seven standard statements
- minor changes were made to the wording of the text under the standard statements
- minor changes were made to some of the criteria listed under each standard, and
- minor changes were made to the wording of ten of the twelve terms.

Suggestions were not adopted if they conflicted with the following decisions made in the earlier phases of the review:

- midwives and enrolled nurses would only be identified as these roles related to registered nurse practice
- statements related to advanced or aspirational nursing practice were outside the NMBA scope for this project so would not be included, and
- clinical language and/or references to specific clinical practices were not to be included as the RN standards were to be written to relate to the practice of all registered nurses.

A summary of the key themes and outcomes is provided in Table 1 below.

Table 1 - Themed responses

Culture and Aboriginal and Torres Strait Islander peoples	Approximately 270 suggestions for changes to the language regarding cultural groups and Aboriginal and Torres Strait peoples. Changes were made to make standards more inclusive of all cultural groups while retaining specific recognition of indigenous peoples, particularly in regard to health inequity
Person/people and consumer in therapeutic and professional relationships	250 comments were received about this section. However, there was an absence of consensus in the responses. The definition in the glossary was amended and allows for a wide range of relationships.
Barriers to registered nurse practice	The standards were reviewed in line with the many context issues raised here while ensuring the standards retain the purposeful design feature of being applicable to all registered nurses in all areas and contexts of practice.
Relevance for non clinical practice	There was a clear majority of responses that supported generic standards for practice for all registered nurses. The observational data in the validation phase indicated that the standards translate effectively for nurses in non-direct patient care roles.
Competency standards to standards for practice.	Comparisons between the draft RN standards and the current <i>National competency standards for the registered nurse</i> were equally positive and critical. These comments were considered in the changes to the draft RN standards while ensuring that there were no changes to the intent or professional standing of the language used.

### 3.1 Further revisions to the standards post consultation

The third version of the draft RN standards was the basis of a tool used by the observers to record observed or described behaviours that they considered demonstrated the standard. Analysis of the observer entries enabled the team to test the interpretation both of the registered nurse observers and the registered nurses being observed. The standards were tested through observations of registered nurse practice in each state and territory and in urban, rural and remote locations. Importantly registered nurses, not involved in the drafting process, have successfully used the revised standards to map registered nurse practice. These observations were undertaken in a range of direct and non-direct patient care roles in health services and other settings such as professional, industrial and training organisations, a department of health and a university. This data also enabled an assessment of how effective the standards were in capturing the observed registered nurse practice.

Outcomes for this phase were:

- The fourth and final revised RN standards
- A description of elements of nursing practice was added to the front section of the RN standards.
- Minor edits were made to clarify interpretation.
- A reference to the guidelines for mandatory notification was added to the reference to guidelines for supervision.

Rewording of standard three to change 'fitness for practice' to 'capability for practice' to better reflect the broader performance of competence, and clarify that this relates to more than the physical and mental capacity of nurses to do the job. This change was made throughout the document where there were references to fitness to practice.

## 4. Conclusion

The NMBA has finalised the project to revise the current *National competency standards for the registered nurse* and develop the *Registered nurse standards for practice*. This report describes the project and provides a summary of the feedback to the consultation undertaken.

The NMBA received and considered carefully a wide range of views in developing the RN standards. The intent of the NMBA was to develop standards which reflect current registered nursing practice in all contexts and are contemporary, relevant and useful.

In revising standards, codes and guidelines, the NMBA must balance its statutory duty to protect the public with the other objectives of the National Law and their underlying regulatory principles, such as proportionality and fairness for those subject to their regulation. The NMBA believes that this balance has been achieved in the new RN standards. The NMBA will also continue to monitor the effectiveness of the new RN standards and the emergence of any new evidence in this area. Further reviews of the RN standards will be conducted in future, incorporating new research and any information gathered about how the revised standards are working in practice.

The NMBA and AHPRA thank all those who contributed to the review process and provided valuable feedback on these important issues.

## Glossary

**National Law** means the Health Practitioner Regulation National Law Act, as in force in all states and territories.

**National Scheme** means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at [www.ahpra.gov.au](http://www.ahpra.gov.au)

**Nursing and Midwifery Board of Australia (NMBA)** means the national body responsible for the regulation of nurses and midwives in Australia

**Registered nurse (RN)** means a person with appropriate educational preparation and competence for practice, who is registered under the National Law as a registered nurse.