



Code of conduct for nurses and Code of conduct for midwives

Review and consultation report

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Overview

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.

As a part of its systematic process to review, consult on and develop standards, codes and guidelines for the regulation of nurses and midwives in Australia the NMBA, in July 2015, commenced a review of the *Code of professional conduct for nurses in Australia* (2008) and the *Code of professional conduct for midwives in Australia* (2008) and *A nurses guide to professional boundaries* (2010) and *A midwives guide to professional boundaries* (2010).

The review process undertaken was consistent with the NMBA's commitment to evidence-based structures, systems and processes. The review was informed by research, the nursing and midwifery professions and the public. The research included an international and national literature review of other codes and similar publications, a comparative analysis of the current codes to other codes and an analysis of notifications (complaints) made about the conduct and behaviour of nurses and midwives.

To provide oversight of the review process the NMBA established two expert working groups; one for nursing and one for midwifery. Input from nurses, midwives and the public was sought through focus groups, workshops, and public consultation. Across the project phases over 4,000 nurses, midwives, consumers and stakeholders participated in the development of the *Code of conduct for nurses (2017)* and the *Code of conduct for midwives (2017)* (the Codes). The Codes were approved by the NMBA on 27 July 2017 and will come into effect on 1 March 2018.

This report describes the process of the review, with a particular focus on the feedback received to the public consultation. The NMBA sincerely thanks all those who contributed to the review process and provided valuable feedback during the development of the Codes.

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 standards, codes and guidelines for the nursing and midwifery professions. These standards, codes and guidelines provide nurses, midwives, employers and the public with information about the standards required to practise as a nurse and/or 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. The NMBAs scheduled review of the *Code of professional conduct for nurses in Australia (2008)* and the *Code of professional conduct for midwives in Australia (2008)* and *A nurses guide to professional boundaries (2010)* and *A midwives guide to professional boundaries (2010)* commenced in July 2015.

The NMBAs review process of the codes and professional boundaries documents was intent on developing codes that reflect professional behaviour across all contexts of practice are contemporary, relevant and useful.

The review of the codes and professional boundaries documents was undertaken through a multi-phased project approach that included:

- a literature review
- workshops and focus groups
- working groups
- comparative analysis of the codes to each other and to the common multi-profession code of conduct used by most professions in the National Scheme
- notification (complaint) analysis, and
- consultation with key stakeholders, nurses and midwives and the public.

This report describes the process of the review, with a particular focus on the feedback received to the public consultation.

Review process

The review was informed by research, the nursing and midwifery professions and the public. The NMBA undertook wide-ranging consultation as required by the National Law.

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.

Informed by research

The review commenced with an international and national literature review. The literature review examined academic literature on conduct and professional boundaries and a comparative analysis of 12 international nursing and/or midwifery codes of conduct and/or ethics or similarly named documents, and five professional boundaries from around the world, to examine differences and similarities.

As a result of the literature review, 40 recommendations were made to the NMBA including to model the revised codes of conduct on the multi-profession code of conduct used by most regulated health professions in the National Scheme. Other key recommendations were to cease publishing multiple documents where one will do (for example incorporate professional boundaries into the code), combine the nursing and midwifery codes, make clear directive statements such as 'must' and 'must not' and to include guidance on bullying and harassment.

To complement the literature review, the nursing and midwifery codes were compared to each other, and then mapped to the multi-profession code of conduct. This comparative analysis identified 24 aspects of conduct not addressed in the nursing and midwifery codes.

The missing elements reflected the dynamic changes in the contexts of practice for nurses and midwives and the implementation of the National Law. The findings from the comparative analysis aligned with a series of recommendations from the literature review, which included using the multi-profession code of conduct as a starting point for the revision process. As a result, the missing aspects have been captured along with most recommendations from the literature review in the revised documents.

Workshops were also held with the AHPRA staff who receive and manage notifications to review the effectiveness of the current codes and what if any aspects of conduct relating to contemporary practice were missing from the codes. Types of conduct matters reported to the NMBA were also identified which provided the opportunity to apply a risk-based regulatory approach to the review.

Informed by nurses and midwives

A nationwide series of focus groups were held to gather the views and experiences of nurses and midwives, primarily in clinical practice, on key aspects of conduct. The sessions were held in all capital cities and regional centres in a number of states. In addition, two sessions were held for consumers.

Two working groups were established, one for nursing and one for midwifery, to provide expert nursing, midwifery and consumer input to inform and support the review of the codes. A further specialist review group was established to ensure the revised documents are culturally appropriate and that they reflect the Aboriginal and Torres Strait Islander health context.

Preliminary consultation

Preliminary consultation was undertaken between 18 July 2016 and 9 September 2016. A formal preliminary consultation package was sent to the NMBA's key stakeholders. The key areas consulted on in the preliminary consultation phase were:

- separate codes for nursing and midwifery
- ten principles of conduct with supporting value statements
- 'patient or client' used in the nursing code to refer to the recipients of nursing care
- 'woman' used in the midwifery code to refer to the recipients of midwifery care

- professional boundaries incorporated into the codes, and
- statements regarding bullying and harassment.

Feedback from key stakeholders to preliminary consultation informed the development of the next draft of the documents. Changes made following preliminary consultation include:

- condensing the principles from 10 to seven by reducing content duplication, blending principles and/or removing content that was professional practice based rather than conduct based
- amending the title of three principles to better reflect terminology common to nursing and midwifery
- categorising principles into four themes/domains, recognising that in practice the codes are commonly used to refer to a particular aspect of conduct rather than used as a whole document
- strengthening and reorganising the Legal compliance principle
- adopting 'person' in the nursing and midwifery codes. This terminology was chosen to extend the applicability of the language in the codes for those engaged in practice outside of a clinical setting, and is consistent with other NMBA terminology
- substituting 'therapeutic relationships' and 'partnership' with 'professional relationships', and
- strengthening the glossary.

Public Consultation

Public consultation on the draft *Code of conduct for nurses* and the *Code of conduct for midwives* was open from 23 January 2017 to 10 March 2017. A formal public consultation package was sent to the NMBAs key stakeholders. All nurses and midwives received an email from the NMBA advising them of the public consultation and how to participate, with a link to the NMBAs public consultation webpage and online survey. The option to provide written feedback was also available. During the consultation, regular e-bulletin reminders were sent to nurses and midwives.

The NMBA webpage had a link to the online survey with the following supporting information available for download:

- a Background Paper
- consultation draft Code of conduct for nurses and draft Code of conduct for midwives
- a Fact sheet on the draft Code of conduct for nurses and draft Code of conduct for midwives, and
- a vodcast with supporting narrative and transcript.

The vodcast provided an overview of the project and the draft Code of conduct for nurses and draft Code of conduct for midwives and attracted 3,223 views.

The online survey invited respondents to comment on key aspects of the draft Code of conduct for nurses and draft Code of conduct for midwives and to provide some demographic information. There were a maximum of 19 response sections in the survey with the number of questions determined by choices in earlier questions, and a number of free text responses available. Respondents could choose to respond to questions on the draft Code of conduct for nurses and/or draft Code of conduct for midwives.

Online survey response rates

The response to public consultation was very positive with a total of 2,937 responses to the online survey and 23 written submissions received; nine from individuals' and/or organisations and 14 from the NMBAs key stakeholders. Of the respondents who identified their respondent type, 65 per cent were nurses, 18 per cent held dual registration as a nurse and midwife and 7 per cent were midwives. Other respondent types included employer of nurses and midwives (16), other health practitioners (15) and consumers (35).

Overview of responses

The public consultation resulted in two sets of findings for consideration:

- the responses to the key questions asked on structure and content, separate or combined codes, terminology and context of practice, and
- specific written feedback suggesting amendments to the content of the draft documents.

Structure and content

The responses to the public consultation online survey and the written submissions demonstrated strong support for the principles and content of the draft documents. Of those who responded to the questions about the principles, content and presentation, on average 93 per cent of nurses and 79 per cent of midwives strongly or somewhat agreed that the draft Code of conduct for nurses and/or draft Code of conduct for midwives were clearly presented and that the principles and content reflected the conduct of nurses and midwives.

Combined code or separate codes

The preference for separate codes was notably higher amongst midwives and dual registered nurse and midwife respondents. Separate codes were also preferred by the key stakeholders, other organisations and individuals that provided written submissions. The preference for a combined code was supported by nurse respondents. However, there was support for the NMBA to progress to a joint code of conduct with the other health professions in the National Scheme in the future.

Themed responses

There was strong agreement from respondents that draft documents were applicable to a wide range of nursing and midwifery contexts of practice. Specific feedback received from the online survey and from the written submissions identified a number of themes. The themes are provided in Table 1 below.

Table 1. Themed responses

Person	The use of 'person and people' was strongly supported by nurses and dual registered nurses and midwives as the term for individuals who enter into a professional relationship. 'Person and people' was also mostly supported for use in both draft codes in the written submissions from key stakeholders who represented nursing and midwifery.
Woman	In the midwifery code, the use of 'person and people' was not supported as the term for individuals who enter into a professional relationship with a midwife. Midwives and dual registered nurses and midwives strongly supported the term 'woman'. Written submissions from midwifery key stakeholders, other organisation and individual submissions also strongly supported the use of 'woman'.
Professional relationship	'Professional relationship' was the term strongly supported in the online survey and in the written submissions by most key stakeholders who represented both nurses and midwives. The inclusion of the term 'therapeutic' was also recommended.
Context of practice	There was strong support from nurses and midwives that the information presented in the draft codes was relevant to their context of practice. This was also agreed by most key stakeholders in the written submissions.
Bullying and harassment	The majority of respondents were very supportive of the inclusion of bullying and harassment references in the draft codes.
Aboriginal and Torres Strait Islander peoples' health	The inclusion of Aboriginal and Torres Strait Islander peoples' health in Principle 3 was strongly supported.
Professional behaviour and boundaries	There was strong support from both the online survey and written responses for the inclusion of professional boundaries into the draft codes. There were multiple free text responses on boundaries in the online survey with comments that the inclusion providing clarity on behaviour expectations that may otherwise be unclear.

Summary of changes and other decisions

Changes were made to the draft Code of conduct for nurses and draft Code of conduct for midwives based on analysis of the recommendations in the responses to the public consultation. All recommendations for change were considered.

The following is a high-level summary of the changes made to the draft Code of conduct for nurses and draft Code of conduct for midwives resulting from the public consultation:

- inclusion of domain titles
- changes to the wording of four value statements and the content supporting the value statements
- 'woman' was adopted as the term used to refer to the recipients of midwifery care
- 'therapeutic' was added to clarify the type of relationship individuals enter into with a nurse and/or midwife
- glossary terms were aligned to other NMBA publications where possible.

Conclusion

The NMBA approved the final versions of the *Code of conduct for nurses (2017)* and the *Code of conduct for midwives (2017)* (the Codes) at its August 2017 meeting. This decision finalised the process of review.

As described in this report, the Codes are founded on research and evidence based practice. The NMBA received and considered carefully a wide range of views in developing the Codes. The intent of the NMBA was to develop codes of conduct that reflect contemporary professional behaviour and conduct in all contexts and are contemporary, relevant and useful.

The Codes should be read in conjunction with the NMBA's other applicable companion documents such as the Registration Standards, Standards for Practice and guidelines.

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