



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

NMBA public consultation: Codes of conduct for nurses and midwives

10 March 2017

Submission by the Community Reference Group to NMBA

In preparing this submission the Community Reference Group (CRG) sought individual input from each of its members, rather than to prepare a single response or opinion which purported to represent the consolidated and agreed view of the group as a whole. As a result, some views did not receive support from all members. Where possible, this submission attempts to distinguish between those views shared by the group as a whole and those put forward by individual members.

The CRG stands by its comments sent previously to the NMBA as part of preliminary consultation (see attached response, dated 5/9/16).

With regard to the public consultation documents, the CRG also notes that:

- the definition of 'handover' needs to be clarified. For example, the concept of handover is well defined and readily understood in a hospital setting, but is not as easily defined or understood in community or extended shared care settings and needs to be clearer for a community health context.
- 'Collaborative care' needs to be defined, that is by clarifying the different contexts in which handover occurs as the potential for error is high.
- some members thought the definition of 'social media', particularly the examples given, and is the definition is left in its current form, might be limited as it ages but that the general description of social media is open-ended enough to be reasonably capable of accommodating and dealing with developing and new forms of social media.
- with regard to 3.5 (e), 'sharing images and texts' should also refer to texts and emails, as the term 'social media' as in normal use does not encompass these channels.
- members thought that the use of 'should' and 'must' throughout the documents should be considered by the Board. In relation to provisions dealing with criminal behaviour and bullying, some members thought that 'must' should be used in all cases to describe obligations imposed on practitioners. Members that preferred the use of 'must' in these instances argued that codes are focussed on behaviour and this would help make the Codes more enforceable. One member commented that, 'As well as looking at how the code will be enforced, we need to also see it as a tool to communicate with the professionals about the standards they should adopt. "Must" is a clearer way of stating what is required to practitioners and to the community.' Another member stated that the use of 'must' helps consumers clarify a practitioner's obligations.

there was some support within the CRG to opt for 'should' in some instances to allow for context when the code is being enforced. On the other hand, it was also argued that the document does not need to allow for context or 'wiggle room', and that context would be considered in court or by the tribunal. The CRG requests that the NMBA considers carefully the wording of should/must statements in terms of enforcement and clarity for practitioners and consumers, and that a comparison with international code documents might assist with deciding on an approach.

- with regard to 2.4 and open disclosure, the nursing document says 'recognise and reflect and report the incident', while the midwifery document has removed the obligation for reporting, and
- regarding promoting awareness of the new codes, members selected all options, plus sharing of information via peak consumer and disease groups.

Once again, the CRG appreciates the opportunity to provide further feedback on these important documents.