

Queen Elizabeth II Family Centre

Response to the NMBA Public Consultation:

Code of Conduct for Midwives

Code of Conduct for Nurses

The Queen Elizabeth II Family Centre (QEII) acknowledges the role of the NMBA and the impact its work has on conduct for guiding safe and effective care by midwives and nurses, protecting public safety and promoting workforce flexibility. In the past, QEII has been impressed with the commitment of the NMBA to funding reliable research as the basis for Codes, Guidelines and Standards which are foundational to the quality of the professional practise of nurses and midwives.

In the formulation of this response, the QEII Family Centre has consulted with the midwives and nurses employed by the Canberra Mothercraft Society Inc on the proposed Code of Conduct for Nurses and Code of Conduct for Midwives.

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

QEII does not agree that the proposed Code of Conduct for Midwives and the Code of Conduct for Nurses in their current form reflect the conduct required of nurses and midwives in Australia. Whilst the principles may have some application to any person providing a service, they fail to provide clarity on expected behaviours particular to the profession of midwifery and the profession of nursing. QEII draws specific attention to the failure of the proposed Codes to reflect the distinct nature of each profession. The essentially identical codes, presented as separate codes, is a cynical exercise that does not provide clarity for the community, the professions, employers, educators and regulators to evaluate the conduct of midwives and the conduct of nurses.

It was purported at the consultation sessions, attended by nurses and midwives from QEII, that the development of these codes is a 'research' project. The minimalist and generic nature of the codes, their failure to reflect the distinct nature of each profession and the lack of expectation for ethical behaviour and absence of referencing to reliable sources within the Codes leads QEII to question the reliability of the purported 'research'. The Codes appear to be a compilation of minimalist codes from other organisations and a rebranding of the Code adopted by some of the professions in the National Scheme. This is not in keeping with the commitment to reliable research embedded in the NMBA Strategic Plan and is a standard that the public as well as nurses and midwives should reasonably expect from the NMBA.

QEII recommends the NMBA retain the current Codes, which are distinct to each profession, until the NMBA is in a position to commission, through AHPRA, reliable

research that will draw upon robust evidence that captures the unique behaviours of each profession.

2. Is information in the Code/s presented clearly

QEII understands codes of conduct prescribe how members of a profession demonstrate the collective paradigm in their conduct. These minimalist Codes fail to elicit the distinct nature of nursing and the distinct nature of midwifery. As a consequence, they will not meet the needs of the public, the employer, the regulator or the professions.

A code of conduct that introduces *some* unacceptable behaviours will not meet the needs of stakeholders when trying to determine breaches in conduct. The melding of elements of practice standards and breaches of conduct creates confusion and only serves to distract from the positive behaviours expected by all stakeholders. The provision of select elements of unacceptable behaviours introduces interpretative risks that may deem sentinel behaviours as acceptable.

Since a law is usually established after community expectations have become a norm, any code of conduct that leads in with meeting legal obligations fails to prioritise the contemporary expectations of the community.

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

QEII endorses the intention of the NMBA to have codes of conduct that bridge the full spectrum of professional practice of nursing and the professional practice of midwifery. The proposed Code of Conduct for Nurses and the proposed Code of Conduct for Midwives fall short of this important aspiration. The distinct behaviours that may be reasonably expected of practitioners in the two professions are 'dumbed down' to the point of specific professional conduct behaviours being unrecognisable and some tenets of conduct specific to the professions imperceptible.

Tokenistic references to critical aspects of safe and effective care, such as replacing woman with person in the Code of Conduct for Midwives, only serve to make the recipients of care invisible. It is unacceptable for the NMBA to make women so invisible, especially at a time when there is a global movement across governments, civil societies and all health professions to make women visible in an effort to achieve safe and effective maternity care. This is not the behaviour expected from NMBA as a regulatory leader, especially a regulatory leader who assumes international influence and holds the resources to invest in reliable research.

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?

QEII acknowledges that anyone in a position of serving others, especially vulnerable people, share common obligations. Common obligations or behaviours do not however elicit the conduct that is distinct to a group, especially a professional group that has its own tenets that guide behaviour integral to the profession. QEII mapped the two Codes as presented by the NMBA and asserts describing them as separate is misleading at best. These Codes are in essence the same. These Codes make tokenistic reference only, to the tenets of the respective professions. In the interest of public safety QEII maintains separate evidence based codes of conduct should be provided to each profession.

QEII urges the NMBA to maintain the use of the current Code of Professional Conduct for Nurses in Australia and the Code of Professional Conduct for Midwives in Australia until the NMBA, through AHPRA, commissions' reliable research on a separate codes of conduct.

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 relationships with a nurse or midwife. Do you support this approach or is there an alternative?

QEII supports the intent of the NMBA to use language that is inclusive and respectful of the recipients of care. QEII endorses the use of 'people' or 'person' when engaging in nursing practice, as this denotes a positive shift in the power balance that the term 'patient' implies.

In contrast, the terms 'person' or 'people' in the Code of Conduct for Midwives fails to adequately reflect the obligation of midwives to demonstrate women-centred care. To deemphasise this foundational tenet of practise will place this Code out of step with all scholarly works that inform contemporary midwifery practice. Alluding to woman-centred care and then referring to women as 'person' means the Code fails to uphold the distinct nature and meaning of midwifery to be by definition "with woman". QEII concludes therefore that this Code of conduct was not written by midwives. The NMBA proposed Code will place the conduct of Australian midwives outside of contemporary international conventions for safe and effective conduct and care. Reliable research would have elicited this important issue, most especially for the women of Australia who rightfully expect and deserve to receive woman-centred care from midwives.

- 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?**

QEII attest that 'professional relationship' denotes a relationship between colleagues of the same or complementary professions. Professional behaviour is the conduct a person should expect from a health care provider. The relationship between a person or woman and a provider of health care from a particular profession should be described as a partnership. This model has been articulated for midwifery in scholarly works by distinguished authors for some time. This model is also presented as best practice for all health professionals as reflected in guidelines provided by the Australian Commission on Safety and Quality in Health Care. Reliable research would have elicited this important evidence.

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

QEII hold the view that the Codes as currently presented should not be disseminated. Once reliable research has elicited an evidence based Code of Conduct for Nurses and an evidence based Code of Conduct for Midwives a marketing strategy should be developed and implemented. The heavy reliance on the current cluttered and confusing website that does not clearly distinguish one profession from another should be avoided.

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

The limited articulation of ethical considerations and behaviour reduces the capacity of the Codes to have meaning in practice.

The significant lack of reliable evidence to support the validity of the codes leads QEII to question the veracity of the Codes and reliability of the evidence provided to support the Codes.

The public consultation experienced by QEII was not 'consultation'. One person presenting information, limited opportunity for comment and no record keeping during the very limited discussion cannot be described as consultation. It was an information session only. This is not in keeping with the spirit of the National Law in relation to the consultation obligations of National Boards. If QEII's experience is an exemplar of the quality of the 'evidence' gathered in relation to the draft codes then our poor impression of the draft codes are confirmed.

The NMBA has the resources garnered from the professions in order to provide reliable and rigorous evidence based documents to guide behaviours for safe and effective care. In order to protect the public and promote acceptable conduct by nurses and midwives, QEII urges the NMBA, through AHPRA, to apply those resources to the development of profession specific codes based upon reliable evidence.

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