Dr Jocelyn Small
Project Officer
NMBA
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Dear Jocelyn
Thank you for the opportunity to respond to the second draft of the Registered Nurse Standards for Practice.

The Council members have provided their feedback, which I have collated here for the project team's reference.

Orienting statements

In the first paragraph, there is reference to psychiatric disabilities. This should be mental health as in the first reference. The last sentence refers to others. This needs explanation and expansion.

The diagram on page two does not show the interconnectedness of Standards 1-3 or 4-7 only how 1-3 related to 4-7 so the orienting statement is incorrect.

The first sentence in the last paragraph on page two should read "stipulate how the standards *could be*" as these are indicative only and links with the last sentence of the paragraph more accurately.

There is no mention of diversity in these standards apart from culture.

Standard 1

We prefer "critically analyses nursing and health care practice" for this standard. Our main concern with Standard 1 is the stem statement indicates that RNs use research. This needs to become broader to include the creation and dissemination of research. Moreover, standard 1 does not refer to Nursing disciplinary thinking and core nursing epistemology. It tends to focus on the doing rather than high level thinking role.

What is "quality nursing practice"? Does this mean best practice?

Standard 1.1 states that RNs analyse and use research, but there is no mention of their role in creating/generating/disseminating research.

Standard 1.2 should include reflection on evidence to develop practice

As well as the first criterion on research, there should be one which refers to the ACSQHC definition of PCC and the needs, values and preferences of people…including carers

In Standard 1.3 Respect for Aboriginal and Torres Strait Islander identity and culture should be a separate point – it warrants this level of profile.

Standard 2

Standard 2 includes the term 'collegial generosity'. 'What does 'Collegial generosity' mean? It sounds like nurses are cast into the role of being the nurturers, the 'mother figures' in inter-professional teams... is this what we want?

Other than in Standard 2.8 there is little mention in these standards of nurse leadership.

This Standard needs a PCC focus and decision-making should reflect shared decision-making, not just giving resources and support

As consumers inform us, a nurse can advocate on behalf of people in general, but has no right to advocate for an individual unless they do so with the permission of – and hopefully in partnership with that person

In Standard 2.4 resources is not a verb. It is a noun. We suggest, "Provides resources to and supports"… (as seen in Standard 3.2).

Fostering a culture of safety and learning must be more outcomes orientated. It must be measureable and accountable.

Standard 3

The intent in the title of this standard is to 'participate in lifelong learning', but this is not explicit in the criteria. They all appear to be quite 'lukewarm' regarding how nurses should value, participate in, and support those, undertaking further education. Lifelong learning is not an approach. It is an attitude. We suggest "embraces life-long learning" or something similar.

For Standard 3.2 we prefer "learns with and from clients/people and consumers to support continuous quality improvement"

In standard 3.5, what does "engages with the profession mean"?

Standard 3.6 seems to suggest that PD is only required to meet NMBA standards. This is not the message we want to convey.

Standards 4-7

The wording needs to be changed to demonstrate understanding of PCC. We recommend another standard: Partnering with Consumers, so that the different relationships with clients/people are explicitly integrated in Standards 4-7. Otherwise, where and how is partnering with consumers and all the evidence and policy behind this going to be integrated into every aspect of practice?

Standard 6

The wording remains clumsy in this standard. What is “responsive quality nursing practice”? We suggest “Provides safe, appropriate, responsive and quality nursing practice”.

The use of the word quality remains problematic in Standard 6.1

In Standard 6.3 where it states delegates to Enrolled Nurses and "others" should it state non-regulated health care workers?

There is no reference to identification and management of risk in this standard.

Standard 7

The standards refer to “people”. Which people? Does it mean clients, carers, other health professionals? They are non-specific.

OVERALL

These standards still read like the steps of the nursing process, and the flavour seems to be focused on tasks and actions, rather than knowledge development and dissemination to build health literacy and empower people.

We like the simplification of the standards overall and appreciate the attempt to highlight the more abstract standards (1-3) but there remains a linear, processual approach to the remainder.

We would like to see the term lifespan in there somewhere; perhaps 'across the lifespan' could be added.

The standards remain silent on matters related to clinical leadership and other leadership issues. There is no reference to the leadership roles/activities of the RN.

There are some American spellings: for example, cognizant instead of cognisant and colonization instead of colonisation. There are also inconsistencies in the use of capitals for Registered Nurses.

Yours sincerely

Professor Wendy Cross
Chair