NMBA

new ‘Code of Conduct for Nurses & Midwives’

2018

MARCH FIRST into practice

Collaborative initiative of the Queensland Nurses & Midwives Union & Metro North Hospital & Health Service Nursing & Midwifery Professional Stream

Developed by: Denise Breadsell
Professional Officer - QNMU
**Overarching context includes:**

- The National Law (Legislation)
- Nursing & Midwifery Board of Australia (NMBA)
  - International Council of Nurses Code of Ethics for Nurses
  - International Confederation of Midwives Code of Ethics for Midwives
  - Code of Conduct for Nurses
  - Code of Conduct for Midwives
- Protection of the public

**Defines professional standards for ALL practitioners in ALL practice settings (e.g. paid or unpaid/clinical or non-clinical):**

- Legal requirements
- Professional behaviour
- Conduct expectations

Clear guide to safe practice & the conduct expected of registrants by their colleagues & the broader community.
## Overview

NMBA new Codes of Conduct - effective from 1 March 2018

- 4 Domains & Values
- 7 Principles

<table>
<thead>
<tr>
<th>Domains</th>
<th>Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practise legally</td>
<td>1. Legal Compliance</td>
</tr>
<tr>
<td>2. Practise safely, effectively &amp; collaboratively</td>
<td>2. Person-centred practice</td>
</tr>
<tr>
<td></td>
<td>3. Cultural practice &amp; professional relationships</td>
</tr>
<tr>
<td>3. Cultural Practice</td>
<td>4. Professional behaviour</td>
</tr>
<tr>
<td></td>
<td>5. Teaching, supervising &amp; assessing</td>
</tr>
<tr>
<td></td>
<td>7. Health &amp; wellbeing</td>
</tr>
</tbody>
</table>

Reflection: What’s different? What’s new?
Where the previous codes did not use the word “must”, “shall” or “will” instead presuming that conduct standards discussed would be mandatory & not discretionary, the new codes use the word “must” 28 times.

The new Code of Conduct 2017 clearly outlines the conduct expected of nurses & midwives by their colleagues & the broader community. It also states that:

“it will be used when evaluating the professional conduct of nurses/midwives. If professional conduct varies significantly from the values outlined in the Code, nurses/midwives should be prepared to explain & justify their decisions & actions. Serious or repeated failure to abide by this code may have consequences for nurses’/midwives’ registration & may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct.”

The change of tone & removal of the silent stance is worth noting.
Domain: Practise safely, effectively & collaboratively
Principle 2. Person-centred practice

The new code specifies at Domain 2 Principle 2.1 (b) & (c): Nurses/midwives must:

- provide leadership to ensure the delivery of safe & quality care & understand their professional responsibility to protect people, ensuring employees comply with their obligations, and

- document & report concerns if they believe the practice environment is compromising the health & safety of people receiving care.
Domain: Practise safely, effectively & collaboratively

Principle 3. Cultural practice & professional relationships

3.4 Bullying & harassment:
recognise, understand, act, escalate & eliminate - physical, verbal, racism, discrimination, violence, aggression, humiliation, pressure in decision making, exclusion & intimidation directed towards people or colleagues; including the use of social media.

3.5 Confidentiality & privacy:
informed consent before disclosing information, environment, NMBA Social Media policy - not transmit, share, reproduce or post any person’s information or images “even if their person is not directly named or identified, without first gaining written & informed consent.”
Domain: Act with professional integrity
Principle 4: Professional behaviour

4.1 Professional boundaries
allow nurses/midwives, the person & the person’s nominated partners, family & friends, to engage safely & effectively in professional relationships, including where care involves personal and/or intimate contact. In order to maintain professional boundaries, there is a start & end point to the professional relationship & it is integral to the nurse/midwife-person professional relationship. Adhering to professional boundaries promotes person-centred practice & protects both parties.
A continuum of professional behavior

Every nurse-client relationship can be plotted on the continuum of professional behaviour

Domain: Act with professional integrity

Principle 4: Professional behaviour

Domain: Act with professional integrity. Principle 4.1

- e. recognise when over-involvement has occurred, & disclose this concern to an appropriate person, whether this is the person involved or a colleague

- f. reflect on the circumstances surrounding any occurrence of over-involvement, document & report it, & engage in management to rectify or manage the situation

Please contact the your line manager or the QNMU for further advice around reporting
Domain: Act with professional integrity

Principle 4: Professional behaviour

Value: “Nurses/midwives embody integrity, honesty, respect & compassion.”

4.5 Financial arrangements & gifts

- $150 value as per Public Service Directive 22/09 – Gifts & Benefits

..be honest & transparent with people. To ensure there is no perception of actual or personal gain for the nurse/midwife…

- discuss with the person all fees & charges
- **token gifts** of minimal value, freely offered & report the gifts in accordance with local policy
- **not accept**, encourage or manipulate people to give, lend, or **bequeath money or gifts** that will benefit a nurse/midwife directly or indirectly
- **not become financially involved** with a person who has or who will be in receipt of their care, for example through bequests, powers of attorney, loans & investment schemes, and
- **not influence people or their families to make donations**, & where people seek to make a donation refer to the local policy.
Domain: Promote health & wellbeing
Principle 7: Health & wellbeing

7.1 Your & your colleagues’ health
- b. act to reduce the effect of fatigue & stress on their health, & on their ability to provide safe care
- c. encourage & support colleagues to seek help if they are concerned that their colleague’s health may be affecting their ability to practise safely, utilising services such as the national health support service for nurses, midwives & students

7.2 Health advocacy
- b. understand & apply the principles of primary & public health, including health education, health promotion, disease prevention, control & health screening using the best available evidence in making practice decisions, &
- c. participate in efforts to promote the health of communities & meet their obligations with respect to disease prevention including vaccination, health screening & reporting notifiable diseases.
What can happen if you breach the NMBA Code of Conduct for Nurses & Midwives?

Possible disciplinary action brought by the Office of Health Ombudsman (OHO)

Notification by OHO & possible disciplinary action by NMBA

Unprofessional conduct
- Unprofessional conduct includes conduct of a lesser standard that might reasonably be expected by the public or professional peers.

Professional misconduct:
- includes conduct by a health practitioner that is substantially below the expected standard & which, whether connected to practice or not, is inconsistent with being a fit & proper person to be registered in the profession.
Case Studies for Reflection

"The more reflective you are, the more effective you are."
- Hall and Simeral

ASCD
LEARN. TEACH. LEAD.
Case Study – notification 2017

SA HP Tribunal disqualifies nurse for life for serious professional misconduct.

- stole money from two patients;
- failed to comply with a directive regarding administration of medication & gave false answers to inquires about this;
- forged the initials of another nurse in a drug chart & gave false answers to the inquiries about this;
- provided falsified certificates of training to a nursing agency;
- breached conditions of her registration;
- made a false statement to an AHPRA investigator, &
- Made false statements in a written application for registration which was submitted to the NMBA.

The nurse did not participate in the tribunal process, despite being personally served with a notice of the hearing.

The tribunal accepted the unchallenged affidavit evidence from the NMBA.

1 in every 200 Nurses/Midwives per annum are reported to AHPRA via notification. Over 60% of notifications made result in no further action.
What would the reasonable nurse/midwife expect from peers?

Scenario 1: Social Media
You have seen Facebook posts of a RN who works with you on a paediatric unit. You are Facebook friends & she has been discussing her anti-vaccination opinions. Some of the comments you have shared because you don’t think children should be vaccinated either.

Have you & the other RN breached the Code of Conduct for Nurses?

<table>
<thead>
<tr>
<th>A Code of Conduct for Nurses issue</th>
<th>Not sure</th>
<th>Not a Code of Conduct for Nurses issue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What would the reasonable nurse/midwife expect from peers?

Scenario 2: Promote Health & Wellbeing
You overhear a discussion between a colleague & an elderly patient. During the discussion, your colleague advises the patient not to bother having the flu vaccination as they do not believe that the vaccination is effective.

In consideration of the Code of Conduct for Nurses is this behaviour professionally appropriate? Why or why not?

<table>
<thead>
<tr>
<th>A Code of Conduct for Nurses issue</th>
<th>Not sure</th>
<th>Not a Code of Conduct for Nurses issue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What would the reasonable nurse/midwife expect from peers?

Scenario 3: Act with Professional Integrity
Whilst caring for a woman you establish a very close relationship & find yourself undertaking personal errands for the woman afterhours. On reflection you believe that you are now over-involved with the woman.

Is this a Code of Conduct issue?
Identify your responsibilities in regards to the *Code of Conduct for Nurses* or the *Code of Conduct for Midwives*.

<table>
<thead>
<tr>
<th>A Code of Conduct for Nurses/Midwives issue</th>
<th>Not sure</th>
<th>Not a Code of Conduct for Nurses/Midwives issue</th>
</tr>
</thead>
</table>


What would the reasonable nurse/midwife expect from peers?

**Scenario 4: Practice Safely, Effectively & Collaboratively**
You are viewing a colleague’s social media post & note that they have referred to a patient for whom they are caring (without mentioning their name).

Is this a breach of the code of conduct? What are your responsibilities as a nurse/midwife now that you have seen this post?

<table>
<thead>
<tr>
<th>A <em>Code of Conduct for Nurses/Midwives</em> issue</th>
<th>Not sure</th>
<th>Not a <em>Code of Conduct for Nurses/Midwives</em> issue</th>
</tr>
</thead>
</table>