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## Standards for practice for registered nurses in Australia

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### KEYWORDS

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**Summary** This article describes the development of the inaugural Australian registered nurse standards for practice, incorporating the first review since 2006 of the National competency standards for the registered nurse ([Nursing and Midwifery Board of Australia, 2006](#)), for the Nursing and Midwifery Board of Australia (NMBA). In this multistage study, mixed methods were used by the research team to review literature, conduct a gap analysis of current registered nurse practice against the existing competency standards and consult widely. A large number,

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Person-centred practice;  
Evidence-based practice;  
Competencies

close to 10,000, stakeholders both internal and external to the profession were engaged in the redesign of the standards through interviews, two online structured response surveys, and two rounds of work-based observation of registered nurse practice.

The revised standards were endorsed by the NMBA in November 2015. These new standards foreground the ethical and relational nature of nursing and the significance of translating evidence into practice for quality outcomes. The resultant standards are similar in appearance and focus to other such standards that are in place internationally. Difference is evident in seven interconnected standards that outline registered nurse capabilities while allowing for progress in both the nature and context of practice. These standards extend for the first time to communicate the standard of practice for all registered nurses in Australia.

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## 1. Introduction

The development and application of nursing standards are an important part of protecting the public, and achieving quality nursing practice outcomes (International Council of Nurses, 2013). Standards represent to the profession, government and the public the level of quality or attainment of actual practice that can be expected. Standards for registered nurses inform regulation (including registration), education, determination of a nurse's capability for practise, as well as guide consumers, employers and others on what to reasonably expect from a registered nurse. This paper reports on the review of the current National competency standards for the registered nurse (Nursing and Midwifery Board of Australia, 2006) and development of the registered nurse standards for practice in Australia conducted for the NMBA in 2014–2015.

### 1.1. Nursing standards

Nursing work has become visible as a constellation of professional competencies though the development of codes including competency standards. They were first introduced by the International Council of Nurses (ICN) in 1953, and in Australia in 1985 as part of the introduction of occupational standards generally, and in the transition of nursing education to the tertiary sector (Bryant, 2005; Chiarella, Thoms, Lau, & McInnes, 2008; Kennedy et al., 2015). Nursing standards are an important policy mechanism to convey professional standing and assist in defining practice and behaviour for regulation purposes, by government, regulatory authorities, education providers, employers and consumers (Benton, 2011; Chiarella & White, 2013; Chiarella et al., 2008). As such they serve as an abbreviated version of the body of knowledge of the profession and define skill requisites and behaviours. It is therefore important that while standards provide a means for professionals to manage uncertainty and know how to conduct themselves (Baer, 1986), in nursing they specifically need to accommodate the ever-changing complexities of health care, patient safety and service delivery as well as the workforce demands on the scope of nursing practice (Gardner, Chang, & Duffield, 2007; Health Workforce Australia, 2013b; Kennedy et al., 2015; Nelson et al., 2014). Developing nursing standards is also fundamental to partnering with consumers and providing person-centred health care. There is a growing body of evidence that recognises partnerships between health

care professionals; patients, family members, carers and communities have a significant impact on patient outcomes and safety (Australian Commission on Safety and Quality in Health Care, 2012; Australian Commission on Safety and Quality in Healthcare, 2013).

The uses of nursing standards are dynamic and cross legislative, economic, professional, social and educational spectrums (Australian Nursing and Midwifery Accreditation Council, 2013; Benton, Gonzalez-Jurado, & Beneit-Montesinos, 2013; Duncan, Thorne, & Rodney, 2015). This has been particularly evident in the last decade where regulation has been required to ensure the competence of a globally migrating health and nursing workforce (Benton, Perez-Raya, Gonzalez-Jurado, & Rodriguez-Lopez, 2015; Sherwood & Shaffer, 2014). Regulation for the protection of the public requires prescribing and enforcing codes of practice that are relevant to the competencies needed for safe and effective practice (Benton et al., 2015; Hewitt, 2007). Internationally this function is performed by nursing regulators (International Council of Nurses, 2013), with all nursing regulators in developed countries providing various forms of practice standards, codes or guidelines (International Council of Nurses, 2009). Commonly these standards offer a functional approach in specifying a minimum or threshold level of performance such as required for entry to the profession and for practice in clinical roles. Some registered nurse standards are also reinterpreted by regulatory authorities for specific areas of practice such as education and administration or adult or children's nursing (College of Registered Nurses of British Columbia, 2012; Nursing and Midwifery Council, 2010; Nursing and Midwifery Council, 2015).

### 1.2. Competency and nursing standards

Competence, though an elusive concept, is the foundation for most professional practice frameworks (Brownie, Bahnisch, & Thomas, 2011; Lester, 2014). Competence models vary from internal, individual and attribute approaches about what individuals know and can do, to external social and activity-based approaches that focus on the activities or functions that need to be performed competently (Eraut, 1998; Lester, 2014). A review of 40 professional standards in the UK found that competency standards alone lack the capacity to predict and communicate what the professional may need to be able to do, as well as convey the necessary professional characteristics in a manner "that ensures

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