

Background document | Kōrero whakamuri
hangarau

Consultation on proposed revisions to the Code of Conduct

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Introduction | Kupu whakataki

The Nursing Council of New Zealand (the Council) is reviewing its Code of Conduct for nurses (the Code) to ensure it remains relevant, clear, and aligned with contemporary nursing practice and regulatory standards. The Code sets expectations for professional behaviour and underpins public trust and confidence in the nursing profession. It provides guidance for nurses on ethical and professional conduct and supports safe, culturally responsive care for health consumers and whānau.

The current Code was introduced in 2012. Since then, the health and regulatory environments have changed significantly. Updates to the registered nurse and enrolled nurse standards of competence, increased emphasis on Kawa Whakaruruhau and cultural safety, more awareness of the experiences of survivors of abuse in state and faith-based care, and evolving expectations around diversity, equity, and inclusion highlight the need for a refreshed Code that reflects these developments. The review also considers the distinction between conduct and competence, ensuring clarity for nurses and consistency with the Council's fitness to practise processes.

This consultation seeks feedback on proposed changes to the Code. These changes aim to:

- maintain alignment with the Council's regulatory framework and standards of competence
- strengthen clarity and accessibility for nurses and the public
- reflect contemporary values
- ensure the Code continues to support safe, ethical, and professional nursing practice in Aotearoa New Zealand.

A summary of the proposed changes, and key questions for feedback, are available on the [consultation webpage](#) and in the associated [consultation document](#).



International nursing jurisdictions – environmental scan

An environmental scan of six international nursing regulators' codes of conduct was undertaken to identify current approaches, trends and themes across international jurisdictions. The scan focused on codes from the United Kingdom (UK), Australia, Ireland, Canada (British Columbia and Ontario) and Singapore. The key themes are outlined below.

Audience and language framing

We examined whether the codes were written for a broad audience or nursing-specific audience, and whether they used positive or negative language framing. Positive framing emphasises the benefits of a particular action or decision, while negative framing highlights potential risks or losses. Table 1 outlines a comparison of jurisdictions.

Table 1: International codes' audience and language framing

Country	Broad audience	Nursing audience	Positive language	Negative language
United Kingdom		✓	✓	
Australia	✓		✓	
Ireland		✓	✓	
British Columbia		✓	✓	
Ontario	✓		✓	✓
Singapore	✓		✓	

Three codes (Australia, Ontario, Singapore) were written for a broad audience, while three (UK, Ireland, British Columbia) targeted a nursing-specific audience. The key difference was in phrasing: codes for broader audiences used statements such as “nurses must” or “nurses understand”, whereas nursing-specific codes used “you must” or “you should”.

Five of the six codes (UK, Australia, Ireland, British Columbia, Singapore) primarily used positive framing, with occasional negative statements. Ontario was the only jurisdiction to consistently use both positive and negative framing throughout its Code.

Currently, the Nursing Council's Code is written for a nursing-specific audience and largely uses positive framing, although some principles (e.g. current principles 1 and 7) use negative framing more frequently.



Design and structure

All codes followed a broadly similar structure, with slight differences in terminology and the number of framework levels. Most jurisdictions used three to four levels, typically consisting of:

- **domains** grouping key principles
- **principles** outlining expectations
- **indicators or behaviours** describing practical applications.

Ontario's framework was closest to the Council's current Code, with principles followed by core behaviours and an explanatory statement under each principle.

Key themes

Across the six codes, core themes emerged that can be grouped into three broad categories: sociodemographic, professional-related, and work environment variables. Key themes included:

- **safety** – consistent application across jurisdictions, with some codes (UK, Ireland, Singapore) explicitly requiring nurses to consider their own safety
- **communication** – generally aligned with the Council's current Code. Although health literacy is not clearly referenced in the current Code, it has been included in the new standards of competence
- **collaboration** – widely applied internationally including in the Council's current Code, where it is referred to explicitly in Principle 6.1 and inferred elsewhere
- **respect** – consistently embedded across all frameworks
- **compassion** – present in most codes except British Columbia; while reflected in the Council's Code, the term is not explicitly used
- **indigenous considerations and cultural safety** – approaches varied. Australia and Ontario included specific requirements for Indigenous populations and cultural safety.
- **diversity, equity and inclusion (DEI)** – inconsistently applied internationally; most codes referenced one or more of these concepts, but application varied. The Council's current Code does not explicitly reference DEI.



Aotearoa New Zealand regulators – environmental scan

An environmental scan of 12 regulatory authorities' codes of conduct was undertaken to identify current approaches, trends and themes across professional practice standards in Aotearoa New Zealand. The scan included health and education regulators such as the Medical Council, Dental Council, Midwifery Council, Pharmacy Council, Psychologists Board and Teaching Council. The key themes are outlined below.

Audience and language framing

We examined whether the codes were written for a broad audience or profession-specific audience, and whether they used positive or negative language framing. Positive framing emphasises the benefits of a particular action or decision, while negative framing highlights potential risks or losses. Table 2 outlines a comparison of New Zealand occupational regulators.

Table 2: Aotearoa New Zealand regulators codes' audience and language framing

Regulator	Broad audience	Profession-specific audience	Positive language	Negative language
Chiropractic Board	✓		✓	
Dental Council		✓	✓	
Dietitians Board	✓		✓	
Medical Council		✓	✓	
Occupational Therapy Board	✓		✓	
Osteopathic Council		✓	✓	✓
Paramedic Council		✓	✓	
Pharmacy Council	✓		✓	
Psychologists Board	✓		✓	✓
Social Workers Registration Board		✓	✓	
Teaching Council		✓	✓	

Five codes were written for a broad audience, while seven targeted a profession-specific audience. Most codes used positive framing throughout, with negative framing appearing mainly in sections on misconduct or risk. Only the Psychologists Board and Osteopathic Council consistently used both positive and negative framing.



Design and structure

Most regulators used two to three levels in their frameworks, typically consisting of:

- **principles or domains** outlining expectations
- **standards or guidance statements** describing practical application

Some regulators adopted a values-based approach (e.g. Teaching Council, Pharmacy Council), grouping principles under broader themes such as care, integrity, and competence. Others, like the Medical Council, used detailed principles supported by explanatory notes. No regulator used a single-level framework – all included at least one layer of practical application beneath the principles.

Key themes

Core themes across the 12 codes included:

- **safety** – emphasised safe and competent practice, risk management and accountability. Several codes explicitly required practitioners to consider their own health and safety, which is only partially reflected in the Council's current Code
- **communication** – consistently applied, with emphasis on honesty, clarity, and timeliness. Health literacy was implied in some codes but not explicitly referenced in the Council's current Code
- **collaboration** – featured strongly, particularly in relation to interprofessional teamwork and continuity of care. Other regulators placed greater emphasis on mentoring and supporting colleagues
- **respect** – embedded throughout all codes, covering respect for patients, whānau, colleagues, and cultural diversity
- **compassion** – appeared in most codes, often alongside respect and empathy. While reflected in the Council's Code, the term is not explicitly mentioned
- **indigenous considerations and cultural safety** – all regulators referenced Te Tiriti o Waitangi and cultural safety to varying degrees. Some included detailed obligations around Māori health equity and partnership
- **diversity, equity and inclusion (DEI)** – most codes referenced diversity and inclusion, with some explicitly addressing equity and systemic bias. The Council's current Code does not explicitly mention DEI.



Mapping the current Code against the new standards of competence for registered nurses

As part of the background work for this review, the Nursing Council mapped the new registered nurse (RN) standards of competence against the current Code to identify areas of alignment and potential gaps.

Findings

The mapping showed strong alignment between the Code and the RN standards of competence, with no major areas of concern identified.

- Of the Code's 81 standards, 28 mapped directly to descriptors in the RN standards of competence (approximately 35%).
- The first three principles of the Code aligned closely with similar descriptors in the RN standards. Beyond these, only a small number of principles mapped to individual descriptors in the standards of competence one or two times.

Table 3 below outlines the areas of alignment and overlap between the current Code and the RN standards of competence.

Key distinction between conduct and competence

The distinction between issues of competence and issues of conduct in assessing fitness to practise often relates to intent: whether an action was deliberate, or whether a practitioner lacked the competence to recognise the issue. While the Code should avoid straying into competence, some overlap is necessary and will remain appropriate.

Implications for the review of the Code

- There needs to be an appropriate alignment between the Code and the standards of competence.
- The Code should clearly distinguish conduct expectations from competence requirements.
- There are opportunities to strengthen clarity in the areas where overlap occurs.



Table 3: Mapping RN standards of competence to the current Code

1.1		✓	✓	✓				
1.2	✓	✓	✓					
1.3	✓	✓	✓	✓				
1.4	✓	✓						
2.1	✓	✓	✓	✓				
2.2						✓		
2.3	✓	✓	✓					
2.4	✓	✓	✓					
2.5	✓	✓	✓			✓		
3.1				✓	✓	✓		
3.2	✓	✓	✓					
3.3	✓	✓	✓			✓		
3.4	✓	✓	✓				✓	
3.5	✓	✓	✓	✓				
3.6				✓	✓	✓		
3.7				✓	✓	✓		
3.8				✓		✓		✓
4.1	✓	✓	✓	✓				
4.2				✓				
4.3	✓	✓	✓	✓		✓		
4.4						✓		
4.5				✓		✓		
4.6	✓	✓	✓	✓				
4.7	✓	✓	✓	✓				
4.8	✓	✓	✓					
4.9				✓		✓		
4.10				✓		✓		✓
4.11		✓		✓		✓		✓
4.12	✓			✓		✓		
5.1	✓	✓	✓	✓				
5.2	✓	✓	✓					
5.3	✓	✓	✓			✓		
5.4	✓			✓		✓	✓	
6.1	✓	✓	✓			✓		
6.2				✓	✓	✓		✓
6.3		✓		✓		✓		✓
6.4				✓		✓		
6.5				✓		✓	✓	✓
6.6				✓		✓		
	1	2	3	4	5	6	7	8

Code of Conduct principles



Alignment to the Health and Disability Commissioner's legislation and code review

In 2024, the Health and Disability Commissioner (HDC) undertook a review of the Health and Disability Commissioner Act 1994 and the Code of Health and Disability Services Consumers' Rights. The Nursing Council considered these proposals when developing its revised draft Code to ensure alignment with broader health sector expectations.

Key themes from the HDC review

Feedback on the HDC Act and Code highlighted several areas for improvement:

- **Improving complaint resolution** – suggestions included making the process more accessible, centring people and mana in the purpose statement, clarifying rights for all cultures, and ensuring service providers understand their obligations.
- **Embedding Te Tiriti o Waitangi and tikanga** – Māori feedback emphasised that Te Tiriti obligations were not visible in the Act or HDC Code. Recommendations included incorporating tikanga, requiring the HDC to respect Te Tiriti, and ensuring Māori leadership and responsiveness.
- **Strengthening rights for disabled people** – proposed changes included updating language, improving accessibility, and clarifying rights to support in decision-making.
- **Introducing appeal options** – feedback suggested creating clearer pathways for appealing HDC decisions, including access to the Human Rights Review Tribunal.
- **Other improvements** – recommendations included increasing penalties for breaches, clarifying consent requirements, and updating definitions for teaching and research.

Implications for the review of the Code of Conduct for nurses

The HDC review reinforced the importance of:

- **clarity and accessibility** in rights and obligations
- **cultural safety and Te Tiriti responsiveness**, including explicit recognition of tikanga
- **inclusive language** that reflects diversity, equity, and inclusion
- **alignment with sector-wide expectations** for consumer rights and complaint processes.



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