Nursing and Midwifery Board Ahpra

Public consultation paper

Review of Enrolled nurse standards for practice and Registered nurse standards for practice

January 2026

The National Boards and Ahpra acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.

Executive summary

The Nursing and Midwifery Board of Australia (NMBA) engaged Monash University, Nursing and Midwifery to carry out a comprehensive review of the *Enrolled nurse standards for practice* and *Registered nurse standards for practice* (EN and RN standards for practice) to inform the development of revised standards. The EN and RN standards for practice have been reviewed to ensure they remain current, are based on the best available evidence, and aligned to international regulatory practice.

The EN and RN standards for practice identify the knowledge, skills and professional attributes needed for safe and competent practice as an EN or RN in Australia. The NMBA invites your feedback on the revised EN and RN standards for practice.

The EN standards for practice

- Communicate to the public the standards that can be expected of Ens.
- Inform the eligibility for registration of people who have completed an EN program of study in Australia.
- Inform the eligibility for registration of ENs who wish to practise in Australia, but have completed courses elsewhere.
- Assess ENs who wish to return to work after being out of the workforce for a defined period, and
- assess ENs who need to show that they are competent to practise.

The revised EN standards for practice are informed by rigorous research methods, and ongoing stakeholder engagement and review.

They propose five interconnected standards:

1. **Professionalism**
2. **Cultural safety**
3. **Collaborative practice**
4. **Evidence informed practice**
5. **Comprehensive care**

The RN standards for practice

- Communicate to the public the standards that can be expected of RNs.
- Inform the eligibility for registration of people who have completed an NMBA approved RN program of study in Australia.
- Inform the eligibility for registration of RNs who wish to practise in Australia but have completed courses elsewhere.
- Assess RNs who wish to return to work after being out of the workforce for a defined period, and
- assess RNs who need to show that they are competent to practise.

The revised RN standards for practice are informed by rigorous research methods and ongoing stakeholder engagement and review.

They propose six interconnected standards:

1. **Professionalism**
2. **Cultural safety**
3. **Collaborative practice**
4. **Evidence informed practice**
5. **Comprehensive care**
6. **Leadership.**

This consultation paper details the reasons for the proposed revisions, including a mapping document outlining the proposed changes to both standards for practice.

This consultation is open for feedback until 13 March 2026

Table of contents

Public consultation

Public consultation enables the NMBA to test proposed changes to regulatory documents and refine them before they are published. It also provides an opportunity to engage transparently and improve regulation, so that its impact is enhanced.

Your feedback

The NMBA is inviting comment on the proposed revised EN and RN standards for practice.

You are invited to provide feedback on either or both the EN and RN standards for practice.

Feedback received during preliminary consultation may be incorporated into the next version of the revised RN and EN standards for practice. Alternatively, the NMBA and Ahpra may decide to test some proposed changes more widely through the public consultation process.

Publication of submissions

The NMBA and Ahpra publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The NMBA and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential. Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Making a submission

Consultation starts on 14 January 2026 and closes on 13 March 2026

You can participate by:

- completing the questions and providing feedback via an online survey (upon completion of the survey, there is an option to save a copy of your responses for your records)
  - EN standards for practice online survey
  - RN standards for practice online survey, or
- emailing your response in a Word document with the subject line '**Feedback: EN/RN standards for practice preliminary consultation**' to nmbafeedback@ahpra.gov.au.

Next steps

After public consultation closes, the NMBA will review and consider all feedback received before making further decisions about the draft revised EN and RN standards for practice.

Overview

The National Registration and Accreditation Scheme (the National Scheme) for health professions in Australia commenced on 1 July 2010 under the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory. Under the National Law, the NMBA is responsible for the regulation of the nursing and midwifery professions and is supported in this role by the Australian Health Practitioner Regulation Agency (Ahpra).

The NMBA has developed registration standards, codes, guidelines, and standards for practice. Together, these form the Professional Practice Framework (PPF), which outlines what is required and expected of enrolled nurses, registered nurses, nurse practitioners, and midwives in Australia.

The role of the NMBA is to protect the public and facilitate access to health services. The Board sets standards for practice as well as professional codes, standards and guidelines that underpin safe and competent practice. These standards also help to clarify the Board's expectations on a range of matters.

As part of its commitment to regularly review its regulatory documents, the NMBA has completed a thorough review of the standards for practice for enrolled and registered nurses. This review ensures the standards are based on the best available evidence and aligned with international best practice.

Once concluded, this review will inform the subsequent review and update of the Australian Nursing & Midwifery Accreditation Council (ANMAC) EN and RN accreditation standards to ensure new graduates are suitably educated and competent to register and safely practise.

Strategic context

The outcomes of this public consultation will support the NMBA to meet the goals and objectives of the National Registration and Accreditation Scheme Strategy 2020-25. The pillars 'Trust and confidence', 'Regulatory effectiveness' and 'Evidence and innovation' of the National Scheme Strategy contribute to our mission of safe and professional health practitioners for Australia.

The standards should be read in conjunction with the following relevant documents, including, but not limited to:

- Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (2020-2025)
- Decision-making framework (NMBA 2020)
- Code of conduct for nurses (NMBA 2018), and
- Code of ethics for nurses (International Council of Nurses 1 March 2018, revised 2021).

Relevant sections of the National Law

The relevant sections of the National Law are:

- Section 38, and
- Section 109.

Purpose of this consultation

As the national regulator for ENs, RNs and midwives, we have a responsibility to consult with stakeholders throughout the regulatory process.

The aim of this public consultation is to share the draft EN and RN standards for practice and invite your feedback. Public consultations facilitate open, timely, and transparent communication. Your input will help us identify any unintended impacts early, and ensure thorough, considered and collaborative review of the standards for practice.

Appendices

Appendix A: Draft Enrolled nurse standards for practice

Appendix B: Draft Registered nurse standards for practice

Appendix C: Mapping draft EN standards for practice to current EN standards for practice (NMBA, 2016)

Appendix D: Mapping draft RN standards for practice to current RN standards for practice (NMBA, 2016)

Appendix E: Statement of assessment – National Board's statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines and principles for best practice regulation

Appendix F: Patient and consumer health and safety impact statement

Background

The NMBA carries out functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The NMBA regulates the practice of nursing and midwifery in Australia and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

Enrolled nurse standards for practice (EN standards for practice)

At the start of the National Registration and Accreditation Scheme in 2010, the NMBA took ownership of a suite of regulatory documents, including the *National competency standards for the enrolled nurse*. A review of those competency standards began in 2013 and led to the development of the current EN standards for practice which came into effect on 1 January 2016.

The purpose of the EN standards for practice is to:

- communicate to the public the standards that can be expected of ENs
- inform the eligibility for registration of people who have completed an EN program of study in Australia
- inform the eligibility for registration of ENs who wish to practice in Australia, but have completed courses elsewhere
- assess ENs who wish to return to work after being out of the workforce for a defined period, and
- assess ENs who need to show that they are competent to practise.

The EN standards for practice are now due for review. Ahpra on behalf of the NMBA engaged the Nursing and Midwifery team at Monash University to provide a high-level review of the current *EN standards for practice* (NMBA, 2016) and deliver a draft of the revised EN standards for practice prior to undergoing public consultation.

The requirements included a review of the national and international literature related to EN regulation, scope of practice, and education. Ongoing engagement with key stakeholders such as regulatory bodies, national nursing organisations, education providers, healthcare employers, ENs and RNs was vital to the ongoing development and revision of the newly developed EN standards for practice.

Registered nurse standards for practice (RN standards for practice)

RNs must practise within the relevant NMBA-approved standards, codes, guidelines and frameworks.

The current RN standards for practice were published in June 2016 replacing the previous *National competency standards for the registered nurse*. These standards are the core framework used for assessing RN practice.

The standards:

- communicate to the public the standards that can be expected of RNs
- inform the eligibility for registration of people who have completed an NMBA-approved RN program of study in Australia
- inform the eligibility for registration of RNs who wish to practise in Australia, but have completed courses elsewhere
- assess RNs who wish to return to work after being out of the workforce for a defined period, and
- assess RNs who need to show that they are competent to practise.

The RN standards for practice are now due for review. Following the commencement of the EN review in 2023, stakeholders highlighted the value of aligning both reviews to create consistent and connected revised EN and RN standards for practice. Consequently, in 2024, Monash University's, Nursing and Midwifery team was engaged to conduct both reviews.

This process included review of the national and international literature on RN regulation and scope of practice, along with ongoing engagement with key stakeholders.

A key goal of the RN review was to better align the RN and EN standards, while clearly identifying the similarities and differences between the two roles – a need that became evident during the review of the EN standards.

To support the development of the revised standards, separate regulatory advisory groups (RAGs) were formed for the EN and RN reviews. These groups provided expert advice throughout the process.

This robust and coordinated approach has enabled the NMBA to proceed to public consultation with two sets of draft standards that are aligned, complementary, and clearly define the distinct roles of ENs and RNs.

The rapidly changing healthcare context

Since the last review and publication of the EN and RN standards for practice in 2016, the nursing profession has experienced significant developments, including a period of rapid change in both international and national nursing regulation, education, scope of professional practice, and healthcare delivery.

A number of things have collectively shifted the healthcare system and influenced the emergence of new models of care. These include, but are not limited to COVID 19, growing emphasis on culturally safe and respectful practice, development of a national nursing workforce strategy, and the national review of scope of practice.

The research project design

The EN and RN projects were conducted in five stages:

Stage 1: Review of the Ahpra Report: Evidence for the Review of the RN and EN standards for practice (2016), and development of blueprint of the RN standards for practice (2016) against EN standards for practice (2016)
Stage 2: Stakeholder interviews for development of revised RN and EN standards for practice
Stage 3: Delphi survey for development of revised RN and EN standards for practice
Stage 4: Simultaneous preliminary consultation of the newly revised RN and EN standards for practice with relevant stakeholders and analysis of feedback, and
Stage 5: Final report and revised RN and EN standards for practice for public consultation.

The revised EN and RN standards for practice represent the culmination of an iterative research design, where each stage informed the next. Development was underpinned by findings from stage one (gap analysis and literature review), stage two (stakeholder interviews), stage three (Delphi stakeholder consultation), and stage four (preliminary consultation). These stages collectively supported the development of the EN and RN standards for practice now presented for public consultation.

This integrative approach was used to ensure that the EN and RN standards for practice are evidence informed, complementary, future focused, and in alignment with the differing roles and scope of practice of the EN and RN.

The NMBA is committed to embedding cultural safety for all peoples, including Aboriginal and Torres Strait Islander communities and the revised EN and RN standards for practice reflect this commitment. The revised standards for practice incorporate valuable input from Aboriginal and Torres Strait Islander communities and organisations and the NMBA has moved to adopt the National Scheme definition of cultural safety to strengthen culturally safe practice.

Proposed changes

EN standards for practice – proposed changes

The EN standards for practice help guide both education and professional practice for ENs. There is strong alignment between the revised standards and the Diploma of Nursing Training Package (*HLT54121 Diploma of Nursing Release 4*, 2023).

Significant changes have been made to the structure of the standards. The current version includes ten standards with 66 criteria. The revised version now includes five standards with 42 criteria. A detailed mapping (see Appendix C) shows that all previous roles and responsibilities have been retained.

The revised standards use clearer, more concise language. This has allowed some criteria to be merged while duplication and repetition has been removed.

The five revised EN standards for practice are:

- Standard 1: Professionalism
- Standard 2: Cultural safety
- Standard 3: Collaborative practice
- Standard 4: Evidence-informed practice
- Standard 5: Comprehensive care

Professionalism is the underlying requirement in implementing each of the standards for practice, outlining the fundamental legal, professional, educational and ethical requirements for EN practice upon which the other four standards rest. This is reflected in the structure of professionalism as standard one. The standards are interconnected and interdependent, and all are essential for the provision of safe care. Professionalism (Standard one), cultural safety (Standard two), collaborative practice (Standard three), and evidence-informed practice (Standard four) together underpin the provision of high-quality comprehensive care (Standard five), within the regulatory guidance informing these standards.

EN leadership, planetary health, and health-related technology have been included in the criteria. Cultural safety for Aboriginal and Torres Strait Islander peoples, and all people, is explicit in Standard two: Cultural safety, and the addition of definitions of cultural safety and culturally safe practice are in the glossary. Evidence-informed practice is explicit in Standard four.

The similarities and differences between the EN and RN standards for practice are complementary, with each scope of practice clearly and distinctly defined. Potential unintended or adverse impacts identified during the review process are expected to be mitigated through the proposed changes to the standards.

RN standards for practice – proposed changes

Major changes have been made to the RN standards for practice (NMBA, 2016). The current seven standards have been revised into six standards and 48 criteria in the draft version.

A detailed mapping (Appendix D) confirms that all roles and responsibilities identified in the current RN standards have been retained. In addition, the revised standards reflect contemporary and future practice through the inclusion of concepts such as cultural safety, collaborative practice, planetary health, and health-related technology.

The six revised RN standards for practice are:

- Standard 1: Professionalism
- Standard 2: Cultural safety
- Standard 3: Collaborative practice
- Standard 4: Evidence-informed practice
- Standard 5: Comprehensive care
- Standard 6: Leadership

Professionalism is the underlying requirement in implementing each of the standards for practice, outlining the fundamental legal and professional requirements of RN practice upon which the other five standards rest. This is reflected in the structure of professionalism as standard one. The standards are interconnected and interdependent, and all are essential for the provision of safe care. Professionalism

(Standard one), cultural safety (Standard two), collaborative practice (Standard three), and evidence informed practice (Standard four) together underpin the provision of high-quality comprehensive care (Standard five) and Leadership (Standard Six), within the regulatory guidance informing these standards.

Similarities and differences are now clearly identifiable across both standards for practice, with further role clarity between ENs and RNs made evident through additions to the introduction and glossary, (as well as within the criteria).

Options statement

The NMBA has considered several options in developing this proposal.

Option one – Retain the status quo

The last review of the EN and RN standards for practice began in 2013, with the revised standards taking effect in 2016. Since then, there have been important developments, including culturally safe and respectful practice and the importance of Aboriginal and Torres Strait Islander Peoples' healthcare, development of a national nursing workforce strategy to improve alignment and articulation of EN and RN roles, and national review of scope of practice aimed at unleashing the potential of the health workforce.

Choosing to keep the current standards unchanged would be a missed opportunity to improve their relevance, effectiveness and impact. It would also be a missed chance to better align both standards so they can support and inform each other.

Option two– Revised RN and EN standards for practice

This option would see the NMBA publish a set of EN and RN standards that:

- complement each other
- align with the differing roles of ENs and RNs
- are current, evidence based, and fit for purpose
- reflect best practice in regulation.

The NMBA will carefully consider input from the public and stakeholders to ensure the revised standards meet the needs of ENs and RNs working in contemporary healthcare environments while maintaining public protection.

Preferred option

The NMBA's preferred option is Option two—to adopt the revised EN and RN standards for practice. This option offers the greatest overall benefit for ENs, RNs, employers and the public.

Estimated impacts

The EN and RN standards for practice are the culmination of findings from a sequential mixed methods design, whereby each stage informed the next. This approach ensured the standards are complementary, clearly aligned with the distinct roles and scopes of practice of ENs and RNs and grounded in evidence. The result is a set of standards that are contemporary, future-focused, and fit for purpose.

The NMBA is seeking feedback about the proposed changes to the current EN and RN standards for practice to ensure they will uphold professional standards and maintain public safety, while delivering a workforce that is responsive to the needs of the health service system without unintended consequences to practitioners, healthcare providers or the public.

The revised standards aim to give ENs and RNs greater clarity about what is expected in their roles, while also highlighting the connection and consistency between the two.

If the NMBA decides to proceed with revising, publishing, and implementing the new standards, any changes will be communicated in advance. This will give nurses time to prepare and comply with the updated requirements. Transitional arrangements will be introduced if needed, and supporting materials will be reviewed and updated to help guide implementation.

New, or unforeseen impacts that may be identified in the process of public consultation will be closely considered by the NMBA prior to publication and implementation.

Questions for consideration –Enrolled nurse standards for practice

The NMBA is inviting general comment on the proposed revised enrolled nurse standards for practice as well as feedback to the specific questions below.

You can respond to the following questions either via the online survey or email your responses in a Word document to nmbafeedback@ahpra.gov.au

Feedback is required by close of business on Friday 13 March 2026.

Questions for consideration – Enrolled nurse (EN) standards for practice

The NMBA is inviting general comments on the draft revised enrolled nurse standards for practice inclusive of the introduction, figure and glossary, as well as feedback on the following questions.

1. Is the language and structure of the revised EN standards for practice clear, relevant and workable? Yes or no. If no, please explain what needs to change.
2. Is there any content that needs to be changed, added, or removed in the revised EN standards for practice? Yes or no. If yes, please provide details.
3. Do the standards address the key differences and key similarities between RNs and ENs? Yes or no. If no, please describe what is missing or unclear.
4. Would the proposed changes to the revised EN standards for practice result in any potential negative or unintended effects for ENs? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
5. Are there any requirements in the revised EN standards for practice that would benefit from additional explanatory material to help ENs understand and apply them? Yes or no. If yes, please provide describe what kind of support or clarification would be helpful.
6. Would the proposed changes to the EN standards for practice result in any potential negative or unintended effects for vulnerable people in the community? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
7. Would the proposed changes to the EN standards for practice result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
8. Please share any other feedback about the revised EN standards of practice.

Questions for consideration –Registered nurse standards for practice

The NMBA is inviting general comment on the proposed revised Registered nurse standards for practice as well as feedback to the specific questions below.

You can respond to the following questions either via online survey or email your responses in a Word document to nmbafeedback@ahpra.gov.au

Feedback is required by close of business on Friday 13 March 2026.

Questions for consideration – Registered nurse (RN) standards for practice

The NMBA is inviting general comments on the draft revised Registered nurse standards for practice inclusive of the introduction, figure and glossary, as well as feedback on the following questions.

1. Is the language and structure of the revised RN standards for practice clear, relevant and workable? Yes or no. If no, please explain what needs to change.
2. Is there any content that needs to be changed, added or removed in the revised RN standards for practice? Yes or no. If yes, please provide details.
3. Do the standards address the key differences and key similarities between RNs and ENs? Yes or no. If no, please describe what is missing or unclear.
4. Would the proposed changes to the RN standards for practice result in any potential negative or unintended effects for RNs? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
5. Are there any requirements in the revised RN standards for practice that would benefit from additional explanatory material to help RNs understand and apply them? Yes or no. If yes, please provide describe what support or clarification would be helpful.
6. Would the proposed changes to the RN standards for practice result in any potential negative or unintended effects for vulnerable people in the community? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
7. Would the proposed changes to the RN standards for practice result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? Yes or no. If yes, please explain the potential impacts and suggest alternatives.
8. Please share any other feedback about the revised RN standards for practice.

Appendix A: Draft revised Enrolled nurse standards for practice

Introduction

The profession of nursing in Australia consists of enrolled nurses (ENs), registered nurses (RNs) and nurse practitioners (NPs). The *EN standards for practice* outline the core framework that underpins enrolled nurse practice.

Enrolled nurses provide person-centred, evidence-informed care to people in a variety of health, hospital, aged, primary care, and community settings in metropolitan, regional, rural and remote locations. People may be healthy and with a range of abilities or have health issues. ENs provide care for people across the lifespan with a diversity of acute and chronic health issues including those living with physical, mental health, intellectual and developmental disabilities. A requirement of the EN role is to recognise and respond to family, domestic and sexual abuse, neglect and exploitation in accordance with the legislated requirements.

Scope of practice is the professional activities that the EN is educated, authorised, and competent to perform. The EN will have completed the prescribed educational preparation equivalent to Australian Qualifications Framework (AQF) Level 5, demonstrated competence to practice (Australian Qualifications Framework, 2013), and is registered under the Health Practitioner Regulation National Law as an EN in Australia (Health Practitioner Regulation National Law Act, 2009).

In accordance with AQF Level 5, educational preparation will result in graduates being able to select and apply knowledge and skills to demonstrate autonomy, judgement and defined responsibility in known or changing (nursing practice) contexts, within broad but established parameters' (Australian Qualifications Framework, 2013). The EN standards for practice should be evident in current practice and inform the development of scope of practice and career progression of ENs.

The Australian community comprises people with diverse cultural backgrounds, values, beliefs, and individual lifestyles. Culturally safe practice recognises the importance of history and culture to health and wellbeing of individuals and communities. ENs are committed to culturally safe practice for all people.

ENs recognise and acknowledge the additional burden of the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia. ENs are committed to addressing the inequity of health systems access, and improving health outcomes for Aboriginal and Torres Strait Islander peoples and all members of the community.

ENs collaborate and consult with people receiving care, their support networks, the community and the healthcare team. They work with support and direct or indirect supervision of an RN, NP, or midwife. A named RN, NP or midwife needs to be accessible at all times, in all contexts of care to consult with, support, guide, and supervise the EN. The EN retains responsibility for their actions and remains accountable in providing delegated nursing care. ENs work within the healthcare team to ensure culturally and clinically safe practice, as they plan, implement, and evaluate integrated care that optimises health outcomes.

As regulated health professionals, ENs are responsible and accountable to the Nursing and Midwifery Board of Australia (NMBA), the profession of nursing, employers, the public and people receiving care.

The *EN standards for practice* communicate what is expected of ENs and can be used in a number of ways including:

- development of nursing curricula by education providers
- assessment of students, new graduates, and graduated ENs
- as a tool for ENs to assess their own performance
- as an objective review and for managing EN fitness for practice concerns by employers and the NMBA
- as a guide in development of governance and policy by ENs and employers
- to assess nurses educated overseas seeking to work in Australia as an EN, and
- to assess ENs returning to work after breaks in registration or practice.

How to use these standards for practice

The *EN standards for practice* are used by a variety of groups, including ENs, RNs, NPs, midwives, government, regulatory agencies, professional bodies, educators, health care professionals, employers, and the community.

The *EN standards for practice* consist of five standards:

1. Professionalism
2. Cultural safety
3. Collaborative practice
4. Evidence-informed practice
5. Comprehensive care

The five standards are interconnected. Professionalism (Standard one), cultural safety (Standard two), collaborative practice (Standard three), and evidence-informed practice (Standard four) together, underpin the provision of high-quality comprehensive care (Standard five).

Key regulatory guidance informing these standards and daily decision-making related to EN scope of practice should also be read in conjunction with the standards for practice. These include, but are not limited to:

- Ahpra Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy
- NMBA Code of conduct for nurses
- International Council of Nurses' Code of ethics for nurses
- NMBA Decision-making framework for nursing and midwifery
- NMBA Fact sheet: Scope of practice and capabilities of nurses

The interconnections between the standards and key regulatory guidance are illustrated in Figure 1.

Each of the five standards include a descriptive statement of the content and criteria within that standard. The criteria provide examples of activities that demonstrate the specific standard. The criteria are not exhaustive, and enable, rather than limit the development of individual EN scope of practice. There are many examples that may be observed in practice that demonstrate a specific standard. Each standard with corresponding criteria is designed to be utilised collectively, with areas of practice covered in one standard being interconnected with the other standards. The aim is to avoid duplication throughout the standards and criteria.

The glossary included in this document is an important component for clarification and understanding how key terms are used in these standards. The standards are to be read in conjunction with other documents, such as the NMBA codes, guidelines and frameworks.

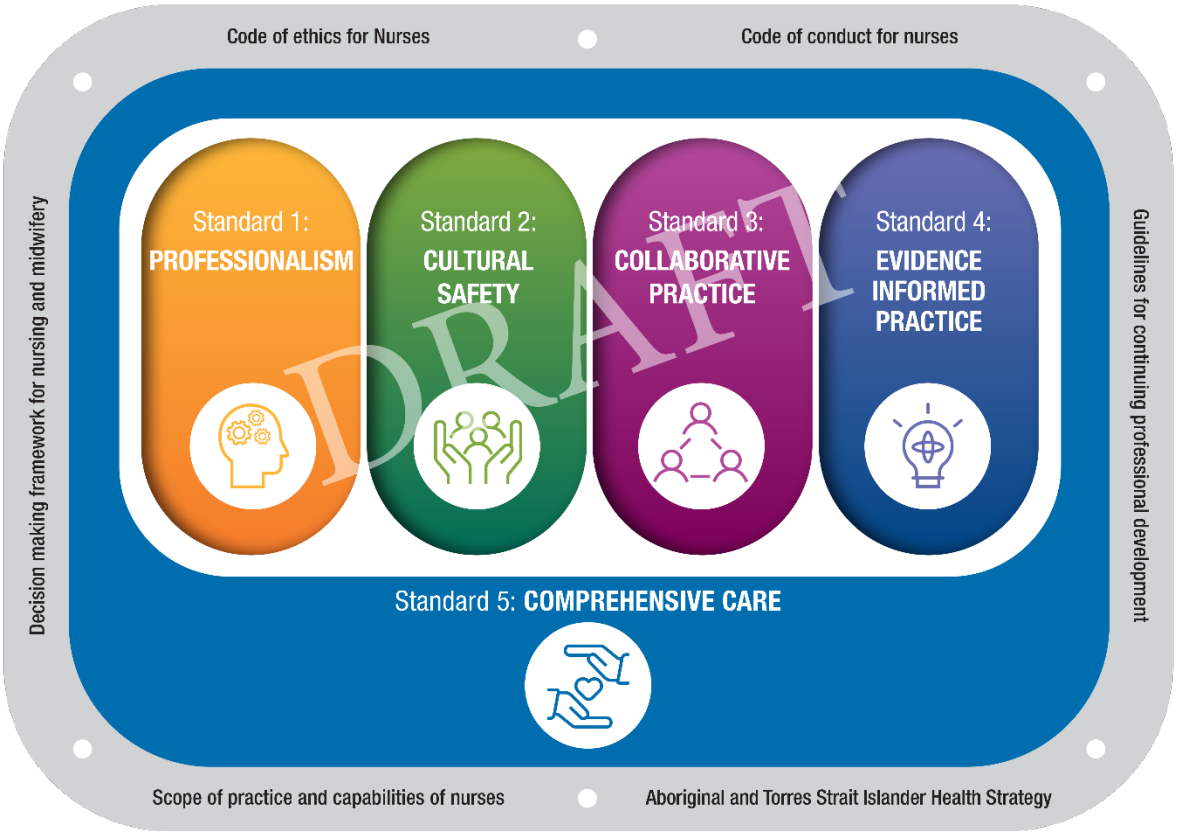

Figure: EN Standards for practice framework

Standard 1: Professionalism

Enrolled nurses are professional in their practice. They use knowledge, skills, attitudes and behaviours. They demonstrate fitness for practice, integrity and leadership to practice person-centred care, safely, sustainably, ethically and within legislative requirements.

The EN:

1.1 Fulfills duty of care, and practises safely in accordance with relevant nursing guidelines, codes, legislation, standards, safety and quality policies and protocols, organisational policies and procedures.

1.2 Practises within their individual scope, relevant to their educational preparation and experience, context, and legislation.

1.3 Demonstrates ethical behaviours and professionalism including integrity, compassion, self-awareness and empathy.

1.4 Identifies and responds appropriately to unethical behaviours and unprofessional conduct including bullying, harassment and incivility.

1.5 Contributes to and supports others to work towards providing safe and supportive work environments.

1.6 Accepts and demonstrates accountability for own actions in providing nursing care, and for the outcomes of actions they have delegated.

1.7 Advocates for the person receiving care and their support networks; colleagues and health workforce, communities, and healthcare system.

1.8 Recognises risk of harm, including unnecessary interventions, and practises to ensure safe outcomes.

1.9 Reports appropriately and documents when incidents of unethical behaviour or unsafe practice occur and, where appropriate, collaboratively explores ways to prevent recurrence.

1.10 Provides, receives and responds appropriately to constructive feedback.

1.11 Practises self-care to optimise personal, physical, and mental wellbeing to ensure fitness for practice.

1.12 Is responsible for their own professional development and contributes to that of others, including teaching, supervision and feedback.

1.13 Maintains an awareness of current health priorities and the needs of priority populations.

1.14 Acts to minimise the impact of healthcare on planetary health, global, and local resources.

1.15 Recognises the impact of technology on EN practice, safety, and quality of care, and acts to ensure the safe use of technology in health, including data privacy.

Standard 2: Cultural safety

Enrolled nurses actively enable a culturally safe and responsive environment for all people. This requires an understanding of their own cultures, bias and the impact of these on professional practice, including the potential for a power imbalance. Enrolled nurses must support, respect and protect Aboriginal and Torres Strait Islander peoples. Enrolled nurses advocate for equitable and positive health outcomes for all people receiving care.

The EN:

2.1 Practises nursing that is culturally safe and respectful of all people, ensuring their rights, privacy, confidentiality and dignity are upheld.

2.2 Engages in culturally appropriate and safe communication to facilitate trust and the building of respectful relationships with all people.

2.3 Respects the role of support networks and communities that underpin the health of all people.

2.4 Acknowledges colonisation, interpersonal and systemic racism, intergenerational trauma, social, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes and makes reasonable adjustments to care delivery.

2.5 Promotes Aboriginal and Torres Strait Islander peoples and communities self-determination in the provision of care, inclusive of Indigenous Knowledges of wellbeing and health.

2.6 Promotes culturally safe practice that aligns with communities, statements and policies, as set out by regulatory and advisory organisations.

2.7 Practises ongoing critical self-reflection on the impact of the health practitioner's knowledge, skills, attitudes, behaviours and power differentials.

Standard 3: Collaborative practice

Enrolled nurses work in partnership with people receiving care, their support networks, communities and the healthcare team to build trust and shared understanding to achieve common goals.

The EN:

3.1 Communicates effectively to assist in achieving identified healthcare needs and quality care.

3.2 Develops professional and respectful relationships and collaborates with persons receiving care, their support networks, and members of the healthcare team to plan and provide nursing care.

3.3 Supports opportunities for people receiving care and their support networks to actively contribute their views to care planning, decision-making and interventions.

3.4 Acknowledges and responds to concerns raised by the person receiving care, or their support network.

3.5 Respects the roles, expertise, differences, worldviews and diversity of healthcare team members, and works collaboratively to create a shared vision of care and positive workplace culture.

3.6 Recognises the RN/NP/midwife, supervises and delegates activities, guides and assists EN decision-making and provision of nursing care.

3.7 Provides support, leadership and supervision to assistants in nursing, support personnel, and EN students, to ensure care is provided as outlined within the plan of care and according to workplace policies, protocols, and guidelines.

Standard 4: Evidence-informed practice

Enrolled nurses apply knowledge and scientific evidence and utilise clinical judgement in their practice.

The EN:

4.1 Practises using knowledge and the informed decisions of persons receiving healthcare.

4.2 Identifies and utilises reliable sources of data, including clinical guidelines to inform practice.

4.3 Participates in evidence-informed quality improvement and accreditation standards activities as relevant to the context of practice.

Standard 5: Comprehensive care

Enrolled nurses provide evidence-informed, holistic, comprehensive healthcare. They conduct assessments, contribute to the planning and provision of safe, responsive quality care. ENs evaluate and report outcomes to inform ongoing care.

The EN:

5.1 Undertakes assessments to systematically collect relevant and accurate information and data to inform practice.

5.2 Interprets assessment findings, knowledge and clinical guidelines to inform plan of care.

5.3 Provides care according to the agreed plan of care.

5.4 Participates with the RN, NP or midwife in evaluation of the progress of the person receiving care toward expected outcomes and the reformulation of plans for care as required.

5.5 Documents and communicates comprehensive care, including during transitions of care.

5.6 Recognises the deteriorating and critically unwell person, and responds appropriately to support the person, escalate and report changing care needs.

5.7 Recognises the impact of the social and environmental determinants of health when contributing to planning, delivering and evaluating care.

5.8 Safely manages and administers medicines as delegated and in accordance with their pharmacotherapeutic knowledge and scope of practice, policies and practice guidelines.

5.9 Uses educational approaches to promote understanding of health, wellbeing, and disease amongst the person receiving care and their support networks.

5.10 Effectively manages time and prioritises dynamic workload demands.

Glossary

Aboriginal and Torres Strait Islander peoples: Refers to the 500 Aboriginal and Torres Strait Islander nations and peoples of Australia; purposely pluralised. Related terms such as 'First Nations' and 'Indigenous' are only used when referring to the names of organisations' (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2022 p.28).

Accountability or accountable: Nurses and midwives are answerable to the persons in their care, the NMBA, their employers and the public. Nurses and midwives are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing or midwifery role.

Accountability cannot be delegated. The registered nurse or midwife, who delegates activities to be undertaken by another registered nurse, midwife, enrolled nurse, student, another health professional or health worker, remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated (Nursing and Midwifery Board [NMBA]. 2020, Updated 2022, p.11).

Accreditation: 'Accreditation is the process of making sure a service [e.g. health service or education provider] meets a set of standards. It is undertaken by an independent assessor'. Accreditation provides assurances to the community that services meet the expected standards and outcomes for quality and safety (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2021a).

Advocate: An advocate is someone who provides support to the healthcare system and those who access it, in speaking for themselves or speaking on behalf of others who cannot speak for themselves. Advocacy requires consent from the person themselves (International Council of Nurses, 2021). Advocacy also includes addressing policies related to workforce, equity of resource allocation, and system improvements to support quality care provision (White et. al., 2025).

Assistant in nursing (AIN): An AIN is a non-regulated care worker, who works under the direction of an enrolled nurse, registered nurse, nurse practitioner or midwife to assist in the provision of direct personal care services. These services are provided in a variety of health, welfare, and community settings. In some contexts, the term used may be personal care assistant / attendant (PCA) / nursing support and personal care workers (Australian Government Department of Health and Aged Care, 2024a; Australian Government Department of Health and Aged Care, 20204b; Jobs and Skills Australia, n.d.).

Autonomy in nursing: Professional autonomy isthe authority to make decisions, and the freedom to act in accordance with one's professional knowledge base. This means having the competence, knowledge base, skills and trust of other health practitioners to make decisions (Skår, 2010). Enrolled nurse autonomy includes the application of judgement and defined responsibility in known or changing contexts, and within broad but established parameters. In contrast, registered nurse autonomy includes the application of well-developed judgement and defined responsibility in contexts that require self-directed work and learning, within broad parameters to provide specialist advice and functions (Australian Qualifications Framework, 2013).

Bias: Bias may be cognitive or implicit. Cognitive biases are automatic patterns of thought that sometimes skew thinking, which may be conscious or unconscious, and can be due to, for example, quick thinking, fatigue, and/or a lack of complete history taking (Cunningham et. al., 2025). Implicit biases are unconscious biases related to attitudes and beliefs. Biases may affect our understanding, decision-making, and behaviours, and may lead to discrimination in healthcare (Thirsk, et. al, 2022).

Clinical judgement: Clinical judgemen**t** is the process by which nurses understand and interpret information to determine care requirements. The process utilises reflective practice and reasoning, and is informed by knowledge, evaluation of data and consideration of different views (Connor et al, 2022).

Collaboration or collaborative practice: Refers to all members of the healthcare team working in partnership with people receiving care, their support networks and communities, and each other, to provide access to the highest quality care. Collaborative practice is free of racism and other forms of discrimination. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision-making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe care (Australian Health Practitioner Regulation Agency [Ahpra] Accreditation Committee, 2024; NMBA 2024a)

Competence: Is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability' (NMBA, 2020 Updated 2022, p.11).

Comprehensive care: Healthcare 'based on identified goals for the episode of care. These goals are aligned with the patient's expressed preferences and healthcare needs, consider the impact of the patient's health issues on their life and wellbeing, and are clinically appropriate' (ACSQHC, 2021b, p.75).

Consultation/consult: Consultation refers to 'seeking of professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. It is dependent on the existence of collaborative relationships, and open communication, with others in the multidisciplinary healthcare team' (NMBA, 2020 Updated 2022, p.11).

Criteria: In this document, criteria refers to examples of the actions and behaviours of the EN that demonstrate meeting the enrolled nurse standards for practice.

Critical reflection: Critical reflection is about observing, questioning and challenging taken-for-granted assumptions, power relations and healthcare practises, and seeking to understand how these influence practice. Critical reflection involves taking action to change practice where required, to achieve agreed healthcare outcomes and equitable care (Edelist et al., 2024).

Cultural safety: Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues (Ahpra, 2020).

Culturally safe practice: This requires practitioners to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. Practitioners should communicate with all patients in a respectful way and meet their privacy and confidentiality obligations including when communicating online*'.*

Culturally safe practice extends to all people, including those receiving care or their support network, colleagues and other members of the healthcare team, and extends beyond the direct provision of care, to include all interactions with all people.

'Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must:

a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful
b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members
c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
d. adopt practises that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and
f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues' (Ahpra, 2022).

Delegate or delegated: The entrusting of a nursing activity, task or responsibility to another person, for example another nurse, student nurse or assistant in nursing. ENs may delegate activities, for example, to another EN or assistant in nursing. 'Delegations are made to meet peoples' needs and to ensure timely safe and effective access to healthcare services' (NMBA, 2020 Updated 2022, p.9). The person who delegates 'retains accountability for the decision to delegate' and is accountable for 'monitoring performance and evaluating outcomes' (NMBA, 2020 Updated 2022, p.9). Both parties share responsibility for making the delegation decision, which includes assessment of the capabilities of the delegated person. In some instances, delegation may be preceded by teaching and competency assessment (NMBA, 2019).

Deteriorating person or patient: Deterioration refers to a worsening of a person's health status and may occur rapidly, or over hours or days. There may be physiological decline or worsening of mental state indicated by a change in behaviour, cognitive function, perception or emotional state. Changes may be observed and reported by members of the healthcare team, the person themselves, or their family or carers. (ACQSHC, 2021b, pp. 73 and 76).

Determinants of health: 'Whether people are healthy or not, is determined by their circumstances and the environment' (WHO, 2025b). Non-medical factors that influence health outcomes include the social and environmental conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms and policies, and political systems (WHO, 2025c.)

Digital health: Refers to using technology to improve the healthcare system for providers and patients alike. This includes: telehealth, electronic health records, electronic prescriptions, healthcare identifiers, electronic referrals, electronic medication charts, access to trusted data (Australian Government Department of Health and Aged Care, 2024c), as well as advanced technologies for managing data and information such as artificial intelligence and genomics (Australian Digital Health Agency, 2020).

Diversity: describes the varied differences based on cultural background, gender, age, religion, disability and sexual orientation, gender identity and gender expression. It includes a wide range of individual unique characteristics and experiences, such as communication style, career path, life experience, educational background, geographic location, income level, marital status, parental status and other variables that influence personal perspectives (Victorian Government, 2023).

Duty of care: means taking responsibility to ensure actions or inactions do not harm or injure the person receiving care or those with whom we work. It includes taking reasonable measures to protect, or prevent foreseeable harm to another person or their property. Nurses have a legal and moral responsibility to keep the people receiving care free and safe from harm while in care. They have a duty to provide a high standard of care and services to meet the person receiving care's assessed needs, whilst listening to and facilitating people's dignity and choice (Australian Government Department of Health and Aged Care, 2023. p1).

Enrolled nurse (EN): is a person who is registered under the Health Practitioner Regulation National Law as an enrolled nurse in Australia. To be registered as an EN, the person must have completed appropriate education and maintain competence for practice. The EN practises under the supervision of the RN/NP/midwife (NMBA, 2023).

Evidence-informed practice: Evidence refers to factual knowledge obtained through observation or experimentation. It is often classified into two categories of *tacit knowledge* (including opinions, values and habits of policy makers, clinicians, patients, which is often expressed through dialogues, websites, policy documents, reports and other informal formats) and *scientific knowledge* (including primary research, synthesis of existing evidence and clinical guidelines, which is produced through rigorous research processes) (WHO, 2021). A specific question for a problem requires a systematic and transparent search and assessment of different types of existing evidence to synthesise the best available evidence (WHO, 2021). Evidence-informed practice emphasises the provision of care that is underpinned by the best available evidence of *scientific knowledge* (WHO, 2021), while also considering other factors that might influence a choice of action, at times outweigh the evidence, such as the preferences of the people receiving care, cost and resource availability (White et al, 2025).

Contemporary evidence-informed practice recognises the inclusion of Indigenous Knowledges where appropriate (Jetta et al, 2024).

Fitness for practice: ‘All the qualities and capabilities of an individual relevant to [their] capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs [their] ability to practise nursing’. (British Columbia College of Nurses and Midwives [BCCNM], 2025).

Healthcare team: Members of the care team vary in size and discipline depending on context, and may include nurses (ENs, RNs, NPs), midwives, medical doctors, allied health professionals, Aboriginal and Torres Strait Islander Health Practitioners, assistants in nursing and support services (ACSQHC, 2010). The healthcare team may be intraprofessional (professionals interacting within their own profession), or interprofessional (professionals interacting with other professions) (Martin et. al., 2022).

Health priorities: describe the diseases and conditions where significant gains could be achieved for the health of Australia’s population, and in terms of costs. These priorities are identified by Commonwealth, and state and territory governments and informed by relevant expertise in the non-government sector (Australian Institute of Health and Welfare, 2021).

Health related technology: encompasses the use of various tools with the aim of improving healthcare. Technologies includes a wide range of products and services, including (but not limited to): digital health (electronic health records, electronic prescriptions, telehealth, and virtual health), medical devices, wearable devices, artificial intelligence (AI), generative artificial intelligence, biotechnology, diagnostic tests, and pharmaceuticals (Australian Government, 2022). **‘**AI represents a constellation of different technologies and systems with the capability of performing tasks that would otherwise require human intelligence and have the capacity to learn or adapt to new experiences or stimuli’ (van der Gaag et al., 2023, p.10).

Incivility: encompasses disrespectful behaviours that violate workplace dignity norms ranging from subtle belittling to overt hostility (Alsadaan et al., 2024) and includes interactions with persons receiving care and their support persons and all members of the care team.

Indigenous Knowledges: ‘Are a set of cultural understandings, beliefs, values and practices that have been shaped through the relationships between people, nature and spirituality’ (Jetta, et. al., 2024). While there is a diversity of Indigenous Knowledges, there are underpinning concepts such as the holistic nature of knowledge, recognition of many truths, the importance of connections, equality, the land as sacred, and relevance of the spiritual world (Jetta, et. al., 2024).

Integrated care: is the provision of well-connected, effective and efficient care that takes account of, and is organised around, a person's health and social needs (Victorian Department of Health, 2024).

Interprofessional education: occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (ANMAC, 2025).

Leadership: ‘The shared and independent responsibility to model the profession’s values, beliefs and attributes, and to promote and advocate for innovation and best practice. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one’s own capabilities and being willing to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles’ (BCCNM, 2017 in BCCNM, 2021). Leaders are recognised for their integrity, approachability, and ability to navigate change. They can be found in every area of care, , where their everyday practice reflects and reinforces their commitment to patients and colleagues (Stanley, 2017).

Midwife: is a person who has completed the prescribed midwifery educational preparation, demonstrated competence to practice, and is registered under the Health Practitioner Regulation National Law as a midwife in Australia (NMBA, 2024c).

Nurse: ‘A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practice nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research,

advocate, innovate and shape policy to improve health outcomes. Nurses play a unique role in health and care for populations of all ages, and in all settings, building trust with individuals, families, and communities, and gaining valuable insights into people's experiences of health and illness. Building on a foundation of personalized direct and social care, nurses advance their capabilities through ongoing education, research and exploration of best practice.

A nurse's scope of practice is defined by their level of education, experience, competency, professional standards, and lawful authority. They play a key role in the coordination, supervision of, and delegation to others who may assist in the provision of health care. Often at the front line, they respond to disasters, conflicts and emergencies, demonstrating courage, dedication, adaptability and commitment to the health of individuals, communities and the environment' (White et.al. 2025).

Nurse practitioner (NP): is a registered nurse who complies with the Nurse Practitioner standards for practice and is endorsed as an NP by the NMBA. Nurse practitioners practice at an advanced level, providing high levels of clinically focused, autonomous nursing care for people and communities with problems of varying complexity. The NP practises under the legislatively protected title 'nurse practitioner' under the National Law (NMBA, 2021a).

Nursing: 'Is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, people- centred care and services. Nursing acts and advocates for people's equitable access to health and healthcare, and safe, sustainable environments. The practice of nursing embodies the philosophy and values of the profession in providing professional care in the most personal health-related aspects of people's lives. Nursing promotes health, protects safety and continuity in care, and manages and leads health care organizations and systems. Nursing practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice and a better future for humanity' (White et.al. 2025).

Nursing and Midwifery Board of Australia (NMBA): regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia (NMBA, 2024b).

Person-centred practice: is an approach to the planning, provision and evaluation of healthcare that includes the people who receive and provide care. It is a collaborative and respectful partnership built on mutual trust and understanding through good communication. People's rights, needs, values and preferences are respected, while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural, religious, and individual diversity. It is inclusive of patient-centred care, client-centred care, holistic care, and woman-centred care (NMBA, 2020 Updated 2022; ACSQHC, 2021b).

Planetary health: Human health is dependent on the health of our planet. Planetary health focuses on understanding and seeking to address the way humans disrupt earth's climate and natural systems (that is, those involving air, water, land, and living organisms) and the impact these have on the health of the planet and subsequently on human health. Planetary health emphasises the need for sustainable practices and policies that protect the health of current and future generations, and that address climate change, biodiversity loss, and pollution in all its forms. Nurses can reduce the impact of healthcare provision on the planet by advocating for and engaging in environmentally sustainable practices such as improving energy efficiency (lighting, heating/cooling), reducing waste, promoting safe waste disposal, and the judicious use of linen and equipment (LeClair & Potter, 2022; Mago et al, 2024). Nurses also have a key role in caring for people whose health is impacted by climate change. 'Climate change refers to long-term shifts in temperatures and weather patterns' (United Nations, 2025). The World Health Organization reports that 'climate change is directly contributing to humanitarian emergencies from heatwaves, wildfires, floods, tropical storms and hurricanes and they are increasing in scale, frequency and intensity' (World Health Organization [WHO], 2023).

Power differential: refers to a disparity of power and an imbalance of control and influence in interactions between individuals. In healthcare, this imbalance is related to such factors as knowledge, position, agency and control of information and care which creates a dynamic where one person holds greater authority or power and the other greater vulnerability or passivity. 'Power differentials exist between patients and [healthcare] providers and between different health professionals (e.g., medicine, nursing, pharmacy) (Housden et al, 2017). Power differentials influence how agency and autonomy is exercised by

recipients of care, and communication and collaboration between health professionals (Molina-Mula, et al.2020).

Primary care: 'Is a model of care that supports first-contact, accessible, continuous, comprehensive and coordinated person-focused care. It aims to optimise population health and reduce disparities across the population by ensuring that subgroups have equal access to services' (Australian Government Department of Health and Aged Care, 2024b)

Priority populations: Groups within the community with disproportionately high rates of chronic disease and poorer overall health are designated 'priority populations'. Priority populations include Aboriginal and/or Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds, people with a disability, LGBTIQ+ people, homeless people, refugees, asylum seekers and veterans (Australian Government, Primary Healthcare Network, North Western Melbourne, 2025).

Professional boundaries: allow nurses, people receiving care and their support networks, to engage safely and effectively in professional relationships, including where care involves personal and/or intimate contact. To maintain professional boundaries, there is a start and end point to the professional relationship. Adhering to professional boundaries promotes person-centred practice (NMBA, 2018b). Professional boundaries relate to the spaces between the nurse's power and the person receiving care whereby the nurse's power comes from the nurse's professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the relationship. (Australian College of Nursing [ACN] 2020).

Quality care: is the degree to which the nursing care provided increases the likelihood of desirable and best outcomes for people receiving care, their support networks, communities, and the population, and is based on person-centred and evidence-informed practice (Australian Institute of Health and Welfare [AIHW], 2024; WHO, 2025a).

Reasonable adjustments: 'A reasonable adjustment is a change to an existing approach or process which is essential to ensure a person's access to a service.' (Australian Commission on Safety and Quality in Health Care. n.d). Making reasonable adjustments includes making adjustments to care delivery, based on person-centred communication and teamwork to create an inclusive environment for all people.

Registered nurse (RN): is a person who has completed the prescribed educational preparation, demonstrated and maintains competence to practice, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia (NMBA, 2024c).

Scope of practice: encompasses the professional activities for which a health professional is educated (including skills and knowledge), competent, authorised and accountable (Australian Government Department of Health and Aged Care, 2024d). Where the education, competence, and legal requirements have been met, the actual scope of practice of individual practitioners is influenced by the settings in which they practice, the health needs of people receiving care, any additional formal education, level of competence and confidence of the nurse, and the policy requirements of the service provider (NMBA, 2024a). Some tasks within the scope of practice of any profession may be shared with other professions, individuals or groups (for example, doctors and nurses both measure blood pressure), but their interpretations of the results and consequent actions/interventions may differ. Decisions about scope of practice can be guided by decision-making tools (NMBA, 2000 Updated 2022).

Self determination: 'Can mean different things to different groups of people. At its core, self-determination 'is concerned with the fundamental right of people to shape their own lives'. In a practical sense, self-determination means that [people] have the freedom to live well, to determine what it means to live well according to [their] own values and beliefs'. Self-determination means that people receiving care have choice and autonomy in determining what care they will receive, and who they will receive care from (Australian Human Rights Commission, [n.d.]).

Standards for practice: set the expectations of ENs, RNs, NPs, and Midwives' practice. They inform the education accreditation standards; nursing and midwifery regulation, determination of the nurse's or midwife's capability for practice, and guide consumers, employers and others on what to reasonably expect from an EN, RN, NP or Midwife, regardless of the area of nursing or midwifery practice, or years of nursing experience (NMBA, 2018a; NMBA, 2021a).

Support networks: are the people or groups in a person's life that provide emotional, spiritual and practical support to achieve common goals during times of need, including ill health and injury. A person's social network might include family members, mob, or friends (Bouloukaki et al., 2024).

Supervision/supervise: describes the oversight of practice, with the intention of providing support to the person providing care, and facilitating the delivery of safe care for the person receiving care. The NMBA requires all enrolled nurses to be supervised by a registered nurse; this means that an RN must be the primary supervisor of an EN. Where appropriate, an EN may be a secondary supervisor of another EN (NMBA, 2021b, p.2). Supervision can be either direct or indirect:

> **Direct supervision** means that the person being supervised is frequently within sight and hearing of the supervisor. In practice, this means that the supervisor can direct and oversee and monitor tasks and progress of activities. For example, 'direct supervision may be used to determine the level of competence of a nurse or midwife' (NMBA, 2021b, p.4).
>
> **Indirect supervision** requires the supervisor to be available for reasonable access and easily contactable. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised (e.g. attending the facility in person, available by telephone, video-call by Smart device, or by teleconference). For example, indirect supervision may be used by an RN supervising an EN they know to be capable of the care delegated to them (NMBA, 2021b).

For the purpose of this document, supervision includes access, in all contexts of care, at all times, either directly or indirectly, to professional and clinically focused supervision to a named and accessible registered nurse for support and guidance of the practice of an enrolled nurse, student, or unregulated health worker.

Enrolled nurses may in some contexts supervise assistants in nursing or student ENs. It is important however, to recognise that there is a difference between supervision, and orientation, and support of new staff. For example, in some contexts ENs may at times introduce (orientate) and support RNs new to the profession or workplace environment (NMBA, 2021b).

Transition of care: refers to the transfer of recipients of care between healthcare practitioners and/or facilities/settings as their care needs change. Transition of care can occur at multiple points across a patient's healthcare journey, including within the same healthcare setting (e.g., intensive care unit to acute ward); between different settings (e.g., acute hospital to primary care); across specialities (e.g., acute cancer to palliative care); and between specialists (e.g., respiratory specialist to gerontologist). The principles of transition of care are ensuring a person-centred, coordinated, interprofessional approach, with comprehensive documentation and communication, including handover and continuity of care (ACSQHC, 2024b).

References

Alsadaan, N., Ramadan, O.M.E., & Alqahtani, M. (2024). From incivility to outcomes: tracing the effects of nursing incivility on nurse well-being, patient engagement, and health outcomes. BMC Nurs 23, 325. DOI: 10.1186/s12912-024-01996-9.

Australian College of Nursing (ACN) (2020). Maintaining Professional Boundaries. Accessed 29.08.2025. Available at https://www.acn.edu.au/wp-content/uploads/career-hub-resources- maintaining-professional-boundaries.pdf

Australian Commission on Safety and Quality in Health Care (ACSQHC) (2010). Putting the framework into action: Getting started. Australian Commission on Safety and Quality in Health Care. Sydney, NSW, Australia. Accessed 30.01.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/migrated/ASQFHC-Guide-Healthcare-team.pdf

Australian Commission on Safety and Quality in Health Care (2020). Implementing the Comprehensive Care Standard: Clinical assessment and diagnosis. Sydney: ACSQHC. Accessed

04.05.25. Available at https://www.safetyandquality.gov.au/sites/default/files/2020-08/acsqhc_cc_ee1_paper_online.pdf.

Australian Commission on Safety and Quality in Health Care (2021a). Accreditation of health service organisations. Accessed 06.03.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/migrated/Fact-sheet-2-Accreditation-of-health-services-in-Australia.pdf

Australian Commission on Safety and Quality in Health Care (2021b). National Safety and Quality Health Service Standards. Second edition. Sydney: ACSQHC. Accessed 02.05.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-

_updated_may_2021.pdf

Australian Commission on Safety and Quality in Health Care (n.d). Reasonable adjustments [Online]. Accessed 02.03.2025. [Available at: https://www.safetyandquality.gov.au/our-work/intellectual- disability-and-inclusive-health-care/reasonable-adjustments

Australian Commission on Safety and Quality in Health Care (2024b). Principles for safe and high- quality transitions. Accessed on 30.01.2025. Available at https://www.safetyandquality.gov.au/our-work/transitions-care/principles-safe-and-high-quality-transitions-care

Australian Digital Health Agency (2020). National Nursing and Midwifery Digital Health Capability Framework. Australian Government Sydney, NSW, Australia. Accessed 10.01.2025. Available at https://www.digitalhealth.gov.au/sites/default/files/2020-11/National_Nursing_and_Midwifery_Digital_Health_Capability_Framework_publication.pdf

Australian Government Department of Health and Aged Care (2022). Digital Health. Accessed 8.01.2025. Available at https://www.health.gov.au/topics/health-technologies-and-digital-health/about

Australian Government Department of Health and Aged Care (2023). Duty of care. Introduction to aged care facilitator guide. Available at https://www.health.gov.au/resources/publications/duty-of-care-introduction-to-aged-care-facilitator-guide?language=en)

Australian Government Department of Health and Aged Care (2024a). Care minutes responsibility: Guide for residential aged care providers. Accessed 30.01.2025. Available at https://www.health.gov.au/resources/publications/care-minutes-and-247-registered-nurse- responsibilities-guides-for-residential-aged-care-providers?language=en

Australian Government Department of Health and Aged Care (2024b). Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. Accessed 2.01.2025. Available at https://www.health.gov.au/our-work/scope-of-practice-review

Australian Government Department of Health and Aged Care (2024c). Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review Public consultation September 2024. Accessed 9.01.2024. Available at https://consultations.health.gov.au/medicare-benefits-and-digital- health-division/safe-and-responsible-artificial-intelligence-in-he/supporting_documents/Consultation%20on%20Safe%20and%20Responsible%20AI%20in%20Health%20Care.pdf

Australian Government Department of Health and Aged Care (2024d). Unleashing the Potential of our Health Workforce - Scope of Practice Review Issues Paper 2. Available at https://www.health.gov.au/sites/default/files/2024-04/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-issues-paper-2_0.pdf

Australian Government, Primary Health Network, North Western Melbourne (2025). Priority populations. Accessed 16.01.2025. Available at https://nwmphn.org.au/our-work/priority-populations/#:~:text=They%20include%20culturally%20and%20linguistically,by%20the%20current%20service%20system.

Australian Health Practitioner Regulation Agency (2020). *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* [Online]. Accessed 3.12.2024. Available at: https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health- Strategy/health-and-cultural-safety-strategy.aspx.

Australian Health Practitioner Regulation Agency [Ahpra] (2022). Shared Code of Conduct. Accessed on 12.02.2025. Available at https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx

Australian Health Practitioner Regulation Agency (2024). Interprofessional Collaborative Practice Statement of Intent. Accessed on 30.01.2025. Available at https://www.ahpra.gov.au/About- Ahpra/Who-We-Are/Ahpra-Board/Accreditation-Committee/Publications.aspx

Australian Health Practitioner Regulation Agency Board Accreditation Committee (2024). Draft guidance of developing professional capabilities. Accessed 15.12.2024. Available at https://www.ahpra.gov.au/documents/default.aspx?record=WD24%2F33932&dbid=AP&chksum=oA7pCghOHHlopQjBpG1Bfg%3D%3D

Australian Human Rights Commission (n.d). Articles 3, 4, and 5 [Online]. Accessed 03.09.2025. Available at: https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination#:~:text=Self%2Ddetermination%20means%20that:,have%20one%20without%20the%20other.

Australian Institute of Health and Welfare (2021). The National Preventive Health Strategy 2021-2030. Commonwealth of Australia. Accessed 30.01.2025. Available at: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy- 2021-2030_1.pdf

Australian Institute of Health and Welfare [AIHW] (2024). Health care safety and quality. Accessed 02.032025. Available at: https://www.aihw.gov.au/reports/health-care-quality-performance/health- care-safety-and-quality

Australian Nursing & Midwifery Accreditation Council [ANMAC] (2025). Glossary. Accessed 06.03.2025. Available at https://anmac.org.au/glossary?page=9

Australian Qualifications Framework Council (2013). Australian Qualifications Framework Second Edition January 2013. Accessed 29.01.2025. Available at: https://www.aqf.edu.au/framework/australian-qualifications-framework

Bouloukaki, I., Christodoulakis, A., Margetaki, K., Aravantinou Karlatou, A., Tsiligianni, I. (2024). Exploring the link between social supports and patient-reported outcomes in chronic obstructive pulmonary disease patients: a cross-sectional study in primary care. Healthcare, 12, 544. DOI: https://doi.org/10.3390/healthcare12050544

British Columbia College of Nurses & Midwives [BCCNM] (2021). Licensed Practical Nurses Entry Level Competencies [Online]. Accessed 03.09.2025. [Available at: https://www.bccnm.ca/Documents/competencies_requisite_skills/LPN_Entry_Level_Competencies.pd f.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2022). Genke II - 'gettin em n keepin em n growin em': Strategies for Aboriginal and Torres Strait Islander Nursing and Midwifery Education Reform [Online]. Brisbane: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Accessed 28.01.202. Available at: https://www.catsinam.org.au/resource?resource=54.

Connor, J., Flenady, T., & Massey, D. (2022). Clinical judgement in nursing – an evolutionary concept analysis. Journal of Clinical Nursing, 32, 13-14, p. 3328 – 3340. DOI: 10.1111/jocn.16469

Cornock, M. (2014). Legal principles of responsibility and accountability in professional healthcare.

Orthopaedic & Trauma Times (23) pp. 16–18.

Cunningham, N., Cook, H., Leach, D., Klein, J. & Harrison, J. (2025). Demystifying cognitive bias in the diagnostic process for frontline clinicians and educators; new words for old ideas Diagnosis, 12, 322-332.

Edelist, T., Friesen, F., Ng, S., Fernandez, N., Bélisle, M., Lechasseur, K., Rochette, A., Vachon, B. & Caty, M. (2024). Critical reflection in team-based practice: A narrative review. Medical Education in Review, 58, 1166-1177.

Health Practitioner Regulation National Law Act (2009). [Online]. Accessed 25.07.2025. [Available at: https://www.ahpra.gov.au/About-Ahpra/What-We-Do/National-Law.aspx#legislation.

Housden, L., Browne, A. J., Wong, S. T., & Dawes, M. (2017). Attending to power differentials: How NP-led group medical visits can influence the management of chronic conditions. Health expectations: an international journal of public participation in health care and health policy, 20(5), 862–870. https://doi.org/10.1111/hex.12525

International Council of Nurses (2021). The ICN Code of Ethics for Nurses. Accessed 31.07.2024. Available at https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

Jetta, C., Zerafa-Payne, E. & Carmody, P. (2024), May. Indigenising teaching and learning through the Big Five ideas of traditional knowledge [Online]. Accessed 03.09.2025 2025. Available at: https://www.timeshighereducation.com/campus/indigenising-teaching-and-learning-through-big-five- ideas-traditional-knowledge.

Jobs and Skills Australia. (n.d.). *Nursing Support and Personal Care Workers* [Online]. Canberra: Australian Government. Accessed 28.01.2025. Available at: https://www.jobsandskills.gov.au/data/occupation-and-industry-profiles/occupations/4233-nursing-support-and-personal-care-workers#:~:text=Nursing%20Support%20and%20Personal%20Care%20Workers%20provide%20assistance%2C%20support%20and,health%2C%20welfare%20and%20community%20settings.

LeClair, J. and Potter, T. (2022). Environments & Health. Planetary Health Nursing: Practical implications for research, education, advocacy and practice. *American Journal of Nursing 122*(4): 47-

52. DOI: 10.1097/01.NAJ.0000827336.29891.9b

Mago, A., Dhali, A., Kumar, H., Maity, R., Kumar, B. (2024). Planetary health and its relevance in the modern era: A topical review. Sage Open Medicine, 12, 20503121241254231. https://doi.org/10.1177/20503121241254231

Martin, A. K., Green, T. L., Mccarthy, A. L., Sowa, P. M. & Laakso, E. L. (2022). Healthcare Teams: Terminology, Confusion, and Ramifications. J Multidiscip Healthc, 15, 765-772.

Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. International journal of environmental research and public health, 17(3), 835. https://doi.org/10.3390/ijerph17030835

New South Wales Government (2022). What is evidence-informed practice? Accessed 02.03.2025. Available at: https://evidenceportal.dcj.nsw.gov.au/using-evidence/what-is-evidence-informed-practice.html

Nursing Council of New Zealand (2005, Updated 2011). Guidelines for cultural safety, the treaty of Waitangi, and Maori health in nursing and midwifery education and practice. Wellington: Nursing Council of New Zealand. Accessed 30.01.2025. Available at https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx

Nursing Council of New Zealand (2024). Registered nurse standards of competence. Accessed 11.12.2024. Available at https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Consultation%20Documents/Standards%20of%20Competence%20Consultation%20Nov%2024/Registered%20nurse%20standards%20of%20competence.pdf

Nursing and Midwifery Board of Australia (2018a). Code of conduct for nurses. Accessed 27.12.2024. Available at https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx#

Nursing and Midwifery Board of Australia (2018b). Midwife standards for practice. Available at https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&chksum=kYbO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d

Nursing and Midwifery Board of Australia (2019). Fact sheet: Registered nurse standards for practice. Accessed 30.01.2025. Available at https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-registered-nurse-standards-for-practice.aspx#

Nursing and Midwifery Board of Australia (2021a). Nurse practitioner standards for practice. Available at https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f30761&dbid=AP&chksum=xdi7RHeXbB7YyopbEfd6ag%3d%3d&_gl=1*6bzybj*_ga*MTk1OTcwODc2OC4xNzMyNjY0ODA4*_ga_F1G6LRCHZB*MTczNzc3ODQ3Mi4xMjguMS4xNzM3Nzc4NDc5LjAuMC4w

Nursing and Midwifery Board of Australia (2021b). Supervision guidelines for nursing and midwifery. Available at: https://www.nursingmidwiferyboard.gov.au

Nursing and Midwifery Board (2020, Updated 2022). Decision-making framework for nursing and midwifery [Online]. Melbourne, Victoria: Nursing and Midwifery Board, Ahpra. Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/codes-guidelines- statements/frameworks.aspx.

Nursing and Midwifery Board of Australia (2023). Fact sheet: Enrolled nurse standards for practice. Accessed 30.01.2025. Available at https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq/enrolled-nurse-standards-for-practice.aspx

Nursing and Midwifery Board of Australia (2024a). Fact sheet: Scope of practice and capabilities of nurses. Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses.aspx

Nursing and Midwifery Board of Australia (2024b). Regulating Australia's nurses and midwives. https://www.nursingmidwiferyboard.gov.au/.

Nursing and Midwifery Board of Australia (2024c). Fact sheet: What do nurses and midwives do? Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-What-do-nurses-and-midwives-do.aspx

Skår R. (2010). The meaning of autonomy in nursing practice. *Journal of clinical nursing, 19(15-16)*, 2226–2234. DOI: 10.1111/j.1365-2702.2009.02804.x

Stanley, D. E. (ed.) (2017). Clinical leadership in nursing and healthcare: Values into action Wiley-Blackwell.

Thirsk, L. M., Panchuk, J. T., Stahlke, S. & Hagtvedt, R. (2022). Cognitive and implicit biases in nurses' judgment and decision-making: A scoping review. International journal of nursing studies, 133, 104284. DOI: 10.1016/j.ijnurstu.2022.104284

Trauma-Informed Care Implementation Resource Centre (2024). What is trauma-informed care? Accessed 02.03.2025. Available at https://www.traumainformedcare.chcs.org/what-is-trauma- informed-care/

United Nations (2025). What is climate change? Accessed 02.03.2025. Available at https://www.un.org/en/climatechange/what-is-climate-change

Van der Gaag, A., Jago, R., Gallagher, A., Stathis, K., Webster, M. Austin, Z. (2023). Artificial intelligence in health professions regulation: An exploratory qualitative study of nurse regulators in three jurisdictions. *Journal of Nursing Regulation*, 14(2). 10-17.

Victorian Government (2021). Understanding intersectionality. Definition of intersectionality and how it can lead to overlapping of discrimination and marginalisation. Accessed 12.01.2025. Available at https://www.vic.gov.au/understanding-intersectionality

Victorian Government (2023). What do we mean by diversity? Accessed 16.01.2025. Available at https://www.vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity- and-inclusion

Victorian Department of Health (2024). Integrated Care. Accessed 30.01.2025. Available at https://www.health.vic.gov.au/primary-and-community-health/integrated-care

White, J., Gunn, M., Chiarella, M., Catton, H. & Stewart, D. (2025). Renewing the Definitions of 'nursing' and 'a nurse'. Final project report, June 2025. [Online]. Geneva, Switzerland: International Council of Nurses. Accessed 03.09.2025 2025. Available at: https://www.icn.ch/sites/default/files/2025-06/ICN_Definition-Nursing_Report_EN_Web_0.pdf.

World Health Organization (2021). Evidence, policy, impact. WHO guide for evidence-informed decision-making [Online]. Geneva, Switzerland: World Health Organisation, Licence: CC BY-NC_SA

3.0 IGO. Accessed 03.09.2025 2025. Available at: https://iris.who.int/bitstream/handle/10665/350994/9789240039872-eng.pdf?sequence=1.

World Health Organization (2023). Climate change. Accessed 02.03.2025. Available at: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

World Health Organization (2025a). Quality of care. Accessed 30.01.2025. Available at https://www.who.int/health-topics/quality-of-care#tab=tab_1

World Health Organization (2025b). Determinants of health. Accessed 02.03.2025. Available at https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

World Health Organization (2025c). Social determinants of health. Accessed 30.01.2025. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Appendix B: Draft revised Registered nurse standards for practice

Introduction

The profession of nursing in Australia consists of enrolled nurses (ENs), registered nurses (RNs) and nurse practitioners (NPs). These are the national RN standards for practice for all RNs. The *RN standards for practice* outline the core framework that underpins registered nurse practice.

In their practice, RNs develop therapeutic and professional relationships with persons receiving care and their support networks, to deliver person-centred and evidence informed care. RNs provide care for people across the lifespan with a diversity of acute and chronic health issues. including those living with physical, mental health, intellectual and developmental disabilities and/or impacted by the social and environmental determinants of health. A requirement of the RN role is to recognise and respond to family, domestic and sexual abuse, neglect, and exploitation in accordance with the legislated requirements.

In Australia, RNs practice across a broad range of geographical locations from metropolitan, regional,and rural and remote areas. RNs provide healthcare in diverse settings and teams, including hospitals, community health, primary care, private practice, within communities, and where the person is living, including residential care. RNs work across the continuum of care including acute healthcare, primary health care and preventative health.

As well as providing clinical care, RNs can work in non-clinical settings, in both paid and unpaid roles. These may include, but are not limited to roles in management, education, research, regulation, and policy development in government and non-government organisations.

The Australian community comprises people with cultural and linguistic diversity, values, beliefs, and individual lifestyles. Culturally safe practice recognises the importance of history and culture to health and wellbeing of individuals and communities. RNs are committed to culturally safe practice for all people.

RNs recognise and acknowledge the additional burden of the impact of colonisation on the cultural, social and spiritual lives of Aboriginal and Torres Strait Islander peoples, which has contributed to significant health inequity in Australia. RNs are committed to addressing the inequity of health systems access and improving health outcomes for Aboriginal and Torres Strait Islander peoples and all members of the community.

As regulated health professionals, RNs are accountable and responsible to the people receiving care, Nursing and Midwifery Board of Australia (NMBA), the profession of nursing, their employers and the public. The RN will have completed the prescribed educational preparation equivalent to Australian Qualifications Framework (AQF) Level 7 or above, demonstrated competence to practice, and be registered under the Health Practitioner Regulation National Law as an RN in Australia (Australian Qualifications Framework, 2013; Health Practitioner Regulation National Law Act, 2009). In accordance with AQF Level 7 educational preparation will result in graduates being able to ‘apply knowledge and skills to demonstrate autonomy, well developed judgement and responsibility’ in nursing practice’ (Australian Qualifications Framework, 2013).

For all RNs, these standards, along with additional education, are the foundations by which advancement in individual scope of practice is built. These RN standards for practice should be evident in current practice, inform development of position descriptions, scope of practice, and aspirations of RNs.

RNs must continuously apply critical thinking and analysis in the context of developing and maintaining constructive relationships. All RNs need to continue to develop professionally and maintain their capability for professional practice. They determine, coordinate, and provide safe, quality care including comprehensive assessment, development of a plan, implementation and evaluation of person-centred outcomes. RNs are responsible and accountable for supervision of nursing activity delegated to ENs, students and others when leading collaborative healthcare teams.

The RN standards for practice communicate the standards that can be expected from RNs. The standards can be used in several ways, including:

- informing nursing curricula by education providers
- assessment of students, new graduates, and experienced RNs
- as a tool for RNs to assess their own performance
- as an objective review and for managing RN fitness for practice concerns by employers and the NMBA
- as a guide in development of governance and policy by key stakeholders including RNs and employers
- to assess RNs educated overseas seeking to work in Australia as an RN, and
- to assess RNs returning to work after breaks in registration or practice.

How to use these standards for practice

The RN standards for practice are used by a variety of groups, including ENs, RNs, NPs and midwives, government, regulatory agencies, professional bodies, educators, health care professionals, employers, and the community.

The RN standards for practice consist of six standards:

1. Professionalism
2. Cultural safety
3. Collaborative practice
4. Evidence informed practice
5. Comprehensive care
6. Leadership

The six standards are interconnected. Professionalism (Standard one), cultural safety (Standard two), collaborative practice (Standard three), and evidence informed practice (Standard four) together, all underpin the provision of high-quality comprehensive care (Standard five) and Leadership (Standard six). The key regulatory guidance informing these standards and daily decision-making related to RN scope of practice should be read in conjunction with the standards for practice. These include, but are not limited to:

- Ahpra Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy
- NMBA Code of conduct for nurses
- International Council of Nurses' Code of ethics for nurses
- NMBA Decision-making framework for nursing and midwifery
- NMBA Fact sheet: Scope of practice and capabilities of nurses

The interconnection between the standards and key regulatory guidance are illustrated in Figure 1.

Each of the six standards includes a descriptive statement of the content and criteria within that standard. The criteria provide examples of activities that demonstrate the specific standard. Each standard with corresponding criteria is designed to be utilised collectively, with areas of practice covered in one standard being interconnected with the other standards. The aim is to avoid duplication throughout the standards and criteria.

The glossary included in this document is an important component for clarification and understanding how key terms are used in these standards. The standards are to be read in conjunction with documents such as the NMBA codes, guidelines and frameworks.

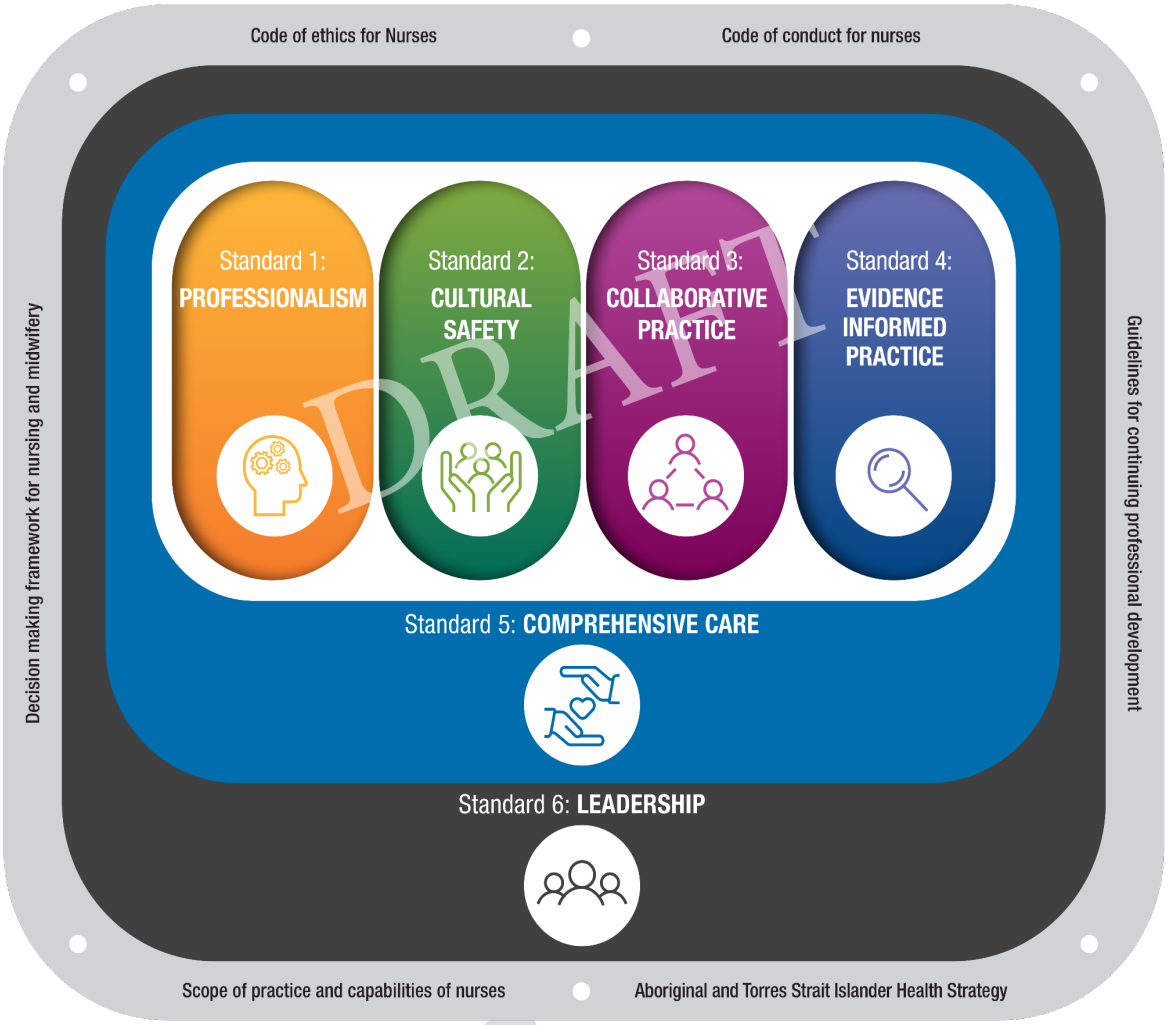

Figure: RN standards for practice framework

Registered nurse standards for practice

Standard 1: Professionalism

Registered nurses are professional in their practice. They use critical thinking, evidence, knowledge, skills, attitudes and behaviours. They demonstrate fitness for practice, integrity and leadership to practise person-centred care safely, sustainably, ethically and within legislative requirements.

The RN:

1.1 Fulfills duty of care and practises safely in accordance with relevant nursing guidelines, codes, legislation, standards, safety and quality policies and protocols, organisational policies and procedures.

1.2 Practises within their individual scope, relevant to their educational preparation, experience, context, and legislation.

1.3 Demonstrates ethical behaviours and professionalism including integrity, compassion, self-awareness and empathy.

1.4 Identifies and responds appropriately to unethical behaviours and unprofessional conduct including bullying, harassment and incivility.

1.5 Contributes to and supports others to work toward providing safe and supportive work environments.

1.6 Exercises autonomy in nursing practice, accepts and demonstrates accountability for own actions, and for the outcomes of actions they have delegated.

1.7 Advocates for the person receiving care and their support networks; colleagues and health workforce, communities, and healthcare systems.

1.8 Recognises risk of harm, including unnecessary interventions, and practises to ensure safe outcomes.

1.9 Reports appropriately and documents when incidents of unethical behaviour or unsafe practice occur and, where appropriate, collaboratively explores ways to prevent recurrence.

1.10 Provides, receives and responds appropriately to constructive feedback.

1.11 Practises self-care to optimise personal, physical and mental wellbeing to ensure fitness for practice.

1.12 Is responsible for their own professional development and contributes to that of others, including interprofessional education, supervision and feedback.

1.13 Maintains an awareness of current health priorities and the needs of priority populations.

1.14 Acts to minimise the impact of healthcare on planetary health, global and local resources.

1.15 Critically analyses, advocates and acts for the safe use of technology in health, including data privacy.

Standard 2: Cultural safety

Registered nurses actively enable and promote a culturally safe and responsive environment for all people. This requires an understanding of their own cultures, bias and the impact of these on professional practice, including the potential for a power imbalance. Registered nurses must support and respect Aboriginal and Torres Strait Islander peoples. Registered nurses advocate for equitable and positive health outcomes for all people receiving care.

The RN:

2.1 Practises nursing that is culturally safe and respectful of all people, ensuring their rights, privacy, confidentiality and dignity are upheld.

2.2 Engages in culturally appropriate and safe communication to facilitate trust and the building of respectful relationships with all people.

2.3 Respects the role of support networks and communities that underpin the health of all people.

2.4 Acknowledges colonisation, interpersonal and systemic racism, intergenerational trauma, social, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes and makes reasonable adjustments to care delivery.

2.5 Promotes Aboriginal and Torres Strait Islander peoples and communities' self-determination in the provision of care, inclusive of Indigenous Knowledges of wellbeing and health.

2.6 Promotes culturally safe practice that aligns with communities, statements and policies, as set out by regulatory and advisory organisations.

2.7 Practises ongoing critical self-reflection on the impact of the health practitioners' knowledge, skills, attitudes, behaviours and power differentials.

Standard 3: Collaborative practice

Registered nurses work in partnership with people receiving care, their support networks, communities and the healthcare team to build trust and shared understanding to achieve common goals.

The RN:

3.1 Communicates effectively to achieve identified healthcare needs and quality care.

3.2 Develops professional and respectful relationships and collaborates with persons receiving care, their support networks, and members of the healthcare team to plan and provide nursing care.

3.3 Facilitates opportunities for people receiving care and their support networks to actively contribute their views to care planning, decision-making and interventions.

3.4 Acknowledges and responds to concerns raised by the person receiving care or their support network.

3.5 Respects the roles, expertise, differences, worldviews and diversity of healthcare team members, and works collaboratively to create a shared vision of care and positive workplace culture.

3.6 Appropriately coordinates and assigns care according to an individual's scope of practice, delegates activities and provides support, leadership and supervision to ENs, assistants in nursing, nursing students and other members of the healthcare team.

Standard 4: Evidence-informed practice

Registered nurses critically evaluate and apply knowledge, scientific evidence and utilise critical thinking in their practice. Registered nurses actively contribute to the body of evidence that informs healthcare.

The RN:

4.1 Practises using knowledge, scientific evidence, critical thinking and the informed decisions of persons receiving healthcare.

4.2 Identifies and critically analyses reliable sources of data, research findings and clinical guidelines to inform practice.

4.3 Participates in and leads evidence-informed quality improvement and accreditation standards activities as relevant to the context of practice.

4.4 Recognises problems, participates in and contributes to the body of evidence that informs healthcare.

Standard 5: Comprehensive care

Registered nurses provide evidence-informed, holistic, comprehensive healthcare. They conduct, interpret, and analyse assessments, plan and coordinate the provision of safe, responsive quality care. RNs evaluate and report outcomes to inform ongoing care.

The RN:

5.1 Undertakes comprehensive assessments to systematically collect relevant and accurate information and data to inform practice.

5.2 Critically analyses and interprets assessment findings, evidence and clinical guidelines to develop differential diagnoses and plan care.

5.3 Is accountable and responsible for oversight, coordination and implementation of the plan of care.

5.4 Evaluates the progress of the person receiving care toward expected outcomes and reformulates plans for care as required.

5.5 Documents and communicates comprehensive care, including during transitions of care.

5.6 Recognises the deteriorating and critically unwell person, responds and manages appropriately, including provision of emergency care and escalation for additional support when required.

5.7 Recognises the impact of the social and environmental determinants of health when planning, delivering and evaluating care.

5.8 Safely manages and administers medicines in accordance with their pharmacotherapeutic knowledge and scope of practice, policies and practice guidelines.

5.9 Assesses health-related knowledge and uses appropriate educational approaches to promote understanding of health, wellbeing, and disease amongst the person receiving care and their support networks.

5.10 Effectively manages time and prioritises dynamic workload demands.

Standard 6: Leadership

Registered nurses lead the provision and innovation of healthcare. They are independent critical thinkers, driving change in policy, equity and sustainability within the nursing profession and the broader healthcare system.

The RN:

6.1 Demonstrates professional role modelling for nurses and other health professionals.

6.2 Coordinates provision of healthcare to manage health outcomes for the person receiving care.

6.3 Leads and contributes to healthcare to optimise service provision and outcomes.

6.4 Advocates for the contribution and value the nursing profession makes to local, national and global health.

6.5 Leads continuous improvement and evidence-informed change in health.

6.6 Promotes and mentors the development of leadership capability in members of the healthcare team.

Glossary

Aboriginal and Torres Strait Islander peoples: 'Refers to the 500 Aboriginal and Torres Strait Islander nations and peoples of Australia; purposely pluralised. Related terms such as 'First Nations' and 'Indigenous' are only used when referring to the names of organisations' (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, 2022 p.28).

Accountability or accountable: Nurses and midwives are answerable to the persons in their care, the NMBA, their employers and the public. Nurses and midwives are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing or midwifery role.

Accountability cannot be delegated. The registered nurse or midwife, who delegates activities to be undertaken by another registered nurse, midwife, enrolled nurse, student, another health professional or health worker, remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of what has been delegated (Nursing and Midwifery Board [NMBA]. 2020, Updated 2022, p.11).

Accreditation: 'Accreditation is the process of making sure a service [e.g. health service or education provider] meets a set of standards. It is undertaken by an independent assessor'. Accreditation provides assurances to the community that services meet the expected standards and outcomes for quality and safety (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2021a).

Advocate: actively supporting the healthcare system and those who access it, in speaking for themselves or speaking on behalf of others who cannot speak for themselves. Advocacy requires consent from the person themselves (International Council of Nurses, 2021). Advocacy also includes addressing policies related to workforce, equity of resource allocation, and system improvements to support quality care provision (White et. al., 2025).

Assistant in nursing (AIN): is a non-regulated care worker, who works under the direction of an enrolled nurse, registered nurse, nurse practitioner or midwife to assist in the provision of direct personal care services. These services are provided in a variety of health, welfare, and community settings. In some contexts, the term used may be personal care assistant / attendant (PCA) / nursing support and personal care workers (Australian Government Department of Health and Aged Care, 2024a; Australian Government Department of Health and Aged Care, 20204b; Jobs and Skills Australia, n.d.).

Autonomy in nursing: professional autonomy is having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. For the registered nurse, this means having the competence, knowledge base, skills and trust of other health practitioners to make decisions (Skår, 2010). Enrolled nurse autonomy includes the application of judgement and defined responsibility in known or changing contexts and within broad but established parameters. In contrast, registered nurse autonomy includes the application of well-developed judgement and defined responsibility in contexts that require self-directed work and learning, within broad parameters to provide specialist advice and functions (Australian Qualifications Framework, 2013).

Bias: may be cognitive or implicit. Cognitive biases are automatic patterns of thought that sometimes skew thinking, which may be conscious or unconscious, and can be due to, for example, quick thinking, fatigue, and/or a lack of complete history taking (Cunningham et. al., 2025). Implicit biases are unconscious biases related to attitudes and beliefs. Biases may affect our understanding, decision-making, and behaviours, and may lead to discrimination in healthcare (Thirsk, et. al, 2022).

Clinical judgement: is the process by which nurses understand and interpret information to determine care requirements. The process utilises reflective practice and reasoning, and is informed by knowledge, evaluation of data and consideration of different views (Connor et al, 2022).

Collaboration or collaborative practice: refers to all members of the healthcare team working in partnership with people receiving care, their support networks and communities, and each other, to provide access to the highest quality care. Collaborative practice is free of racism and other forms of discrimination. Collaborative relationships depend on mutual respect. Successful collaboration depends on communication, consultation and joint decision-making within a risk management framework, to enable

appropriate referral and to ensure effective, efficient and safe care (Australian Health Practitioner Regulation Agency [Ahpra] Accreditation Committee, 2024; NMBA 2024a).

Competence: 'Is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability' (NMBA, 2020 Updated 2022, p.11).

Comprehensive care: is healthcare 'based on identified goals for the episode of care. These goals are aligned with the patient's expressed preferences and healthcare needs, consider the impact of the patient's health issues on their life and wellbeing, and are clinically appropriate' (ACSQHC, 2021b, p.75).

Consultation or consult: refers to 'Seeking of professional advice from a qualified, competent source and making decisions about shared responsibilities for care provision. It is dependent on the existence of collaborative relationships, and open communication, with others in the multidisciplinary healthcare team' (NMBA, 2020 Updated 2022, p.11).

Criteria: in this document, refers to examples of the actions and behaviours of the RN that demonstrate meeting the *Registered nurse standards for practice*.

Critical reflection: is about observing, questioning and challenging taken-for-granted assumptions, power relations and healthcare practices, and seeking to understand how these influence practice. Critical reflection involves taking action to change practice where required, to achieve agreed healthcare outcomes and equitable care (Edelist et al., 2024)

Critical thinking: is a systematic, logical and analytical process to make informed decisions, solve problems, evaluate and draw conclusions, and give meaning to data. The process involves gathering, questioning, analysing and applying theory. Critical thinking incorporates reflection, clinical reasoning and clinical judgement, and considers bias, assumptions and viewpoints that may impact decision-making (Papathansiou et al, 2014; Westerdahl et al, 2022).

Cultural safety: is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues (Ahpra, 2020).

Culturally safe practice: requires practitioners to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. Practitioners should communicate with all patients in a respectful way and meet their privacy and confidentiality obligations including when communicating online'.

Culturally safe practice extends to all people, including those receiving care or their support network, colleagues and other members of the healthcare team, and extends beyond the direct provision of care, to include all interactions with all people.

'Culturally safe and respectful practice requires having knowledge of how a nurse's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. To ensure culturally safe and respectful practice, nurses must:

a. understand that only the person and/or their family can determine whether or not care is culturally safe and respectful
b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among team members

c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels
d. adopt practises that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
e. support an inclusive environment for the safety and security of the individual person and their family and/or significant others, and
f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including people and colleagues' (Ahpra, 2022).

Delegate or delegated: describes the entrusting of a nursing activity, task or responsibility to another person, for example another nurse, student nurse or assistant in nursing. ENs may delegate activities, for example, to another EN or assistant in nursing. 'Delegations are made to meet peoples' needs and to ensure timely safe and effective access to healthcare services' (NMBA, 2020 Updated 2022, p.9). The person who delegates 'retains accountability for the decision to delegate' and is accountable for 'monitoring performance and evaluating outcomes' (NMBA, 2020 Updated 2022, p.9). Both parties share responsibility for making the delegation decision, which includes assessment of the capabilities of the delegated person. In some instances, delegation may be preceded by teaching and competency assessment (NMBA, 2019).

Deteriorating person or patient: refers to a worsening of a person's health status and may occur rapidly, or over hours or days. There may be physiological decline or worsening of mental state indicated by a change in behaviour, cognitive function, perception or emotional state. Changes may be observed and reported by members of the healthcare team, the person themselves, or their family or carers. (ACQSHC, 2021b, pp. 73 and 76).

Determinants of health: 'Whether people are healthy or not, is determined by their circumstances and the environment' (WHO, 2025b). Non-medical factors that influence health outcomes include the social and environmental conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms and policies, and political systems (WHO, 2025c.)

Differential diagnosis: is the process of differentiating between two or more conditions which share similar signs or symptoms. It is a key element of RN practice that incorporates history taking, physical assessment and clinical reasoning skills. As part of an interprofessional healthcare team, RNs contribute their expertise to evaluate symptoms, interpret findings and consider various conditions. This collaborative approach ensures a comprehensive and accurate diagnosis (ACSQHC, 2020; Victor-Chmil, 2013).

Digital health: refers to using technology to improve the healthcare system for providers and patients alike. This includes: telehealth, electronic health records, electronic prescriptions, healthcare identifiers, electronic referrals, electronic medication charts, access to trusted data (Australian Government Department of Health and Aged Care, 2024c), as well as advanced technologies for managing data and information such as artificial intelligence and genomics (Australian Digital Health Agency, 2020).

Diversity: describes the varied differences based on cultural background, gender, age, religion, disability and sexual orientation, gender identity and gender expression. It includes a wide range of unique individual characteristics and experiences, such as communication style, career path, life experience, educational background, geographic location, income level, marital status, parental status and other variables that influence personal perspectives (Victorian Government, 2023).

Duty of care: means taking responsibility to ensure actions or inactions do not harm or injure the person receiving care or those with whom we work. It includes taking reasonable measures to protect or prevent foreseeable harm to another person or their property. Nurses have a legal and moral responsibility to keep the people receiving care free and safe from harm while in care. They have a duty to provide a high standard of care and services to meet the person receiving care's assessed needs, whilst listening to and facilitating people's dignity and choice (Australian Government Department of Health and Aged Care, 2023. p1).

Enrolled nurse (EN): is a person who is registered under the Health Practitioner Regulation National Law as an enrolled nurse in Australia. To be registered as an EN, the person must have completed appropriate education and maintain competence for practice, the EN practises under the supervision of the RN/NP/Midwife (NMBA, 2023).

Evidence-informed practice: refers to factual knowledge obtained through observation or experimentation. It is often classified into two categories of tacit knowledge (including opinions, values and habits of policy makers, clinicians, patients, which is often expressed through dialogues, websites, policy documents, reports and other informal formats) and scientific knowledge (including primary research, synthesis of existing evidence and clinical guidelines, which is produced through rigorous research processes) (WHO, 2021). A specific question for a problem requires a systematic and transparent search and assessment of different types of existing evidence to synthesise the best available evidence (WHO, 2021). Evidence-informed practice emphasises the provision of care that is underpinned by the best available evidence of scientific knowledge (WHO, 2021), while also considering other factors that might influence a choice of action, at times outweigh the evidence, such as the preferences of the people receiving care, cost and resource availability (White et al, 2025). Contemporary evidence-informed practice recognises the inclusion of Indigenous Knowledges where appropriate (Jetta et al, 2024).

Fitness for practice: 'All the qualities and capabilities of an individual relevant to [their] capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs [their] ability to practise nursing'. (British Columbia College of Nurses and Midwives [BCCNM], 2025).

Healthcare team: Members of the care team vary in size and discipline depending on context, and may include nurses (ENs, RNs, NPs), midwives, medical doctors, allied health professionals, Aboriginal and Torres Strait Islander Health practitioners, assistants in nursing and support services (ACSQHC, 2010). The healthcare team may be intraprofessional (professionals interacting within their own profession), or interprofessional (professionals interacting with other professions) (Martin et. al., 2022).

Health priorities: describe the diseases and conditions where significant gains could be achieved for the health of Australia's population, and in terms of costs. These priorities are identified by Commonwealth and State and Territory governments and informed by relevant expertise in the non- government sector (Australian Institute of Health and Welfare, 2021).

Health related technology: encompasses the use of various tools with the aim of improving healthcare. Technologies includes a wide range of products and services, including (but not limited to): digital health (electronic health records, electronic prescriptions, telehealth, and virtual health), medical devices, wearable devices, artificial intelligence (AI), generative artificial intelligence, biotechnology, diagnostic tests, and pharmaceuticals (Australian Government, 2022). 'AI represents a constellation of different technologies and systems with the capability of performing tasks that would otherwise require human intelligence and have the capacity to learn or adapt to new experiences or stimuli' (van der Gaag et al., 2023, p.10).

Incivility: encompasses disrespectful behaviours that violate workplace dignity norms ranging from subtle belittling to overt hostility (Alsadaan et al., 2024) and includes interactions with persons receiving care and their support persons and all members of the care team.

Indigenous Knowledges: 'Are a set of cultural understandings, beliefs, values and practices that have been shaped through the relationships between people, nature and spirituality' (Jetta, et. al.,2024). While there is a diversity of Indigenous Knowledges, there are underpinning concepts such as the holistic nature of knowledge, recognition of many truths, the importance of connections, equality, the land as sacred, and relevance of the spiritual world (Jetta, et. al., 2024).

Integrated care: is the provision of well-connected, effective and efficient care that takes account of, and is organised around, a person's health and social needs (Victorian Department of Health, 2024).

Interprofessional education: occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (ANMAC, 2025).

Leadership: 'The shared and independent responsibility to model the profession's values, beliefs and attributes, and to promote and advocate for innovation and best practice. The attributes of leadership include self-awareness, commitment to individual growth, ethical values and beliefs, presence, reflection and foresight, advocacy, integrity, intellectual energy, being involved, being open to new ideas, having confidence in one's own capabilities and being willing to make an effort to guide and motivate others. Leadership is not limited to formal leadership roles' (BCCNM, 2017 in BCCNM, 2021). They can be found in every area of care, where their everyday practice reflects and reinforces their commitment to patients and colleagues (Stanley, 2017).

Midwife: is a person who has completed the prescribed midwifery educational preparation, demonstrated competence to practice, and is registered under the Health Practitioner Regulation National Law as a midwife in Australia (NMBA, 2024c).

Nurse: 'A nurse is a professional who is educated in the scientific knowledge, skills and philosophy of nursing, and regulated to practise nursing based on established standards of practice and ethical codes. Nurses enhance health literacy, promote health, prevent illness, protect patient safety, alleviate suffering, facilitate recovery and adaptation, and uphold dignity throughout life and at end of life. They work autonomously and collaboratively across settings to improve health, through advocacy, evidence-informed decision-making, and culturally safe, therapeutic relationships. Nurses provide people-centred, compassionate clinical and social care, manage services, enhance health systems, advance public and population health, and foster safe and sustainable environments. Nurses lead, educate, research, advocate, innovate and shape policy to improve health outcomes. Further, nurses play a unique role in health and care for populations of all ages, and in all settings, building trust with individuals, families and communities and gaining valuable insights into people's experiences of health and illness. Building on a foundation of personalised direct and social care, nurses advance their capabilities through ongoing education, research and exploration of best practice. A nurse's scope of practice is defined by their level of education, experience, competency, professional standards and lawful authority. They play a key role in the coordination, supervision of, and delegation to others who may assist in the provision of health care. Often at the front line, they respond to disasters, conflicts and emergencies, demonstrating courage, dedication, adaptability and commitment to the health of individuals, communities and the environment' (White et.al. 2025).

Nurse practitioner (NP): is a registered nurse who complies with the *Nurse practitioner standards for practice* and is endorsed as a nurse practitioner by the NMBA. NPs practise at an advanced level, providing high levels of clinically focused, autonomous nursing care for people and communities with problems of varying complexity. The NP practises under the legislatively protected title 'nurse practitioner' under the National Law (NMBA, 2021a).

Nursing: 'is a profession dedicated to upholding everyone's right to enjoy the highest attainable standard of health, through a shared commitment to providing collaborative, culturally safe, people-centred care and services. Nursing acts and advocates for people's equitable access to health and healthcare, and safe, sustainable environments. The practice of nursing embodies the philosophy and values of the profession in providing professional care in the most personal health-related aspects of people's lives. Nursing promotes health, protects patient safety and continuity in care, and manages and leads health care organisations and systems. Nursing practice is underpinned by a unique combination of science-based disciplinary knowledge, technical capability, ethical standards, and therapeutic relationships. Nursing is committed to compassion, social justice and a better future for humanity' (White et.al. 2025).

Nursing and Midwifery Board of Australia (NMBA): regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia (NMBA, 2024b).

Person-centred practice: is an approach to the planning, provision and evaluation of healthcare that includes the people who receive and provide care. It is a collaborative and respectful partnership built on mutual trust and understanding through good communication. People's rights, needs, values and preferences are respected, while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural, religious, and individual diversity. It is inclusive of patient-centred care, client-centred care, holistic care, and woman-centred care (NMBA, 2020 Updated 2022; ACSQHC, 2021b).

Planetary health: human health is dependent on the health of our planet. Planetary health focuses on understanding and seeking to address the way humans disrupt earth's climate and natural systems (that is, those involving air, water, land, and living organisms) and the impact these have on the health of the planet and subsequently on human health. Planetary health emphasises the need for sustainable practices and policies that protect the health of current and future generations, and that address climate change, biodiversity loss, and pollution in all its forms. Nurses can reduce the impact of healthcare provision on the planet by advocating for and engaging in environmentally sustainable practices such as improving energy efficiency (lighting, heating/cooling), reducing waste, promoting safe waste disposal, and the judicious use of linen and equipment (LeClair & Potter, 2022; Mago et al, 2024). Nurses also have a key role in caring for people whose health is impacted by climate change. 'Climate change refers to long-

term shifts in temperatures and weather patterns' (United Nations, 2025). The World Health Organization reports that 'climate change is directly contributing to humanitarian emergencies from heatwaves, wildfires, floods, tropical storms and hurricanes and they are increasing in scale, frequency and intensity' (World Health Organization [WHO], 2023).

Power differential: refers to a disparity of power and an imbalance of control and influence in interactions between individuals. In healthcare, this imbalance is related to such factors as knowledge, position, agency and control of information and care which creates a dynamic where one person holds greater authority or power and the other greater vulnerability or passivity. 'Power differentials exist between patients and [healthcare] providers and between different health professionals (e.g., medicine, nursing, pharmacy) (Housden et al, 2017). Power differentials influence how agency and autonomy is exercised by recipients of care, and communication and collaboration between health professionals (Molina-Mula, et al.2020).

Primary care: 'is a model of care that supports first-contact, accessible, continuous, comprehensive and coordinated person-focused care. It aims to optimise population health and reduce disparities across the population by ensuring that subgroups have equal access to services' (Australian Government Department of Health and Aged Care, 2024b)

Priority populations: Groups within the community with disproportionately high rates of chronic disease and poorer overall health are designated 'priority populations'. Priority populations include Aboriginal and/or Torres Strait Islander peoples, people from culturally and linguistically diverse (CALD) backgrounds, people with a disability, LGBTIQ+ people, homeless people, refugees, asylum seekers and veterans (Australian Government, Primary Healthcare Network, North Western Melbourne, 2025).

Professional boundaries: allow nurses, people receiving care and their support networks, to engage safely and effectively in professional relationships, including where care involves personal and/or intimate contact. In order to maintain professional boundaries, there is a start and end point to the professional relationship. Adhering to professional boundaries promotes person-centred practice (NMBA, 2018b). Professional boundaries relate to the spaces between the nurse's power and the person receiving care whereby the nurse's power comes from the nurse's professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the relationship. (Australian College of Nursing [ACN] 2020).

Quality care: is the degree to which the nursing care provided increases the likelihood of desirable and best outcomes for people receiving care, their support networks, communities, and the population, and is based on person-centred and evidence-informed practice (Australian Institute of Health and Welfare [AIHW], 2024; WHO, 2025a).

Reasonable adjustments: 'A reasonable adjustment is a change to an existing approach or process which is essential to ensure a person's access to a service.' (Australian Commission on Safety and Quality in Health Care. n.d). Making reasonable adjustments includes making adjustments to care delivery, based on person-centred communication and teamwork to create an inclusive environment for all people.

Registered nurse (RN): is a person who has completed the prescribed educational preparation, demonstrated and maintains competence to practice, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia (NMBA, 2024c).

Scope of practice: the professional activities for which a health professional is educated (including skills and knowledge), competent, authorised and accountable (Australian Government Department of Health and Aged Care, 2024d). Where the education, competence, and legal requirements have been met, the actual scope of practice of individual practitioners is influenced by the settings in which they practise, the health needs of people receiving care, any additional formal education, level of competence and confidence of the nurse, and the policy requirements of the service provider (NMBA, 2024a). Some tasks within the scope of practice of any profession may be shared with other professions, individuals or groups (for example, doctors and nurses both measure blood pressure), but their interpretations of the results and consequent actions/interventions may differ. Decisions about scope of practice can be guided by decision-making tools (NMBA, 2000 Updated 2022).

Self determination: 'can mean different things to different groups of people. At its core, self-determination 'is concerned with the fundamental right of people to shape their own lives'. In a practical sense, self-determination means that [people] have the freedom to live well, to determine what it means to

live well according to [their] own values and beliefs'. Self-determination means that people receiving care have choice and autonomy in determining what care they will receive, and who they will receive care from (Australian Human Rights Commission, [n.d.]).

Standards for practice: set the expectations of ENs, RNs, NPs, and midwives' practice. They inform the education accreditation standards; nursing and midwifery regulation, determination of the nurse's or midwife's capability for practice, and guide consumers, employers and others on what to reasonably expect from an EN, RN, NP or midwife, regardless of the area of nursing or midwifery practice, or years of nursing experience (NMBA, 2018a; NMBA, 2021a).

Support networks: are the people or groups in a person's life that provide emotional, spiritual and practical support to achieve common goals during times of need, including ill health and injury. A person's social network might include family members, mob, or friends (Bouloukaki et al., 2024).

Supervision or supervise: describes the oversight of practice, with the intention of providing support to the person providing care and facilitating the delivery of safe care for the person receiving care. The NMBA requires all enrolled nurses to be supervised by a registered nurse; this means that an RN must be the primary supervisor of an EN. Where appropriate, an EN may be a secondary supervisor of another EN' (NMBA, 2021b, p.2). Supervision can be either direct or indirect:

> **Direct supervision** means that the person being supervised is frequently within sight and hearing of the supervisor. In practice, this means that the supervisor can direct and oversee and monitor tasks and progress of activities. For example, 'direct supervision may be used to determine the level of competence of a nurse or midwife' (NMBA, 2021b, p.4).
>
> **Indirect supervision** requires the supervisor to be available for reasonable access and easily contactable. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised (e.g. attending the facility in person, available by telephone, video-call by Smart device, or by teleconference). For example, indirect supervision may be used by an RN supervising an EN they know to be capable of the care delegated to them (NMBA, 2021b).

For the purpose of this document, supervision includes access, in all contexts of care, at all times, either directly or indirectly, to professional and clinically focused supervision to a named and accessible RN for support and guidance of the practice of an enrolled nurse, student, or unregulated health worker.

ENs may in some contexts supervise assistants in nursing or student ENs. It is important, however, to recognise that there is a difference between supervision, and orientation, and support of new staff. For example, in some contexts ENs may at times introduce (orientate) and support RNs new to the profession or workplace environment (NMBA, 2021b).

Transition of care: refers to the transfer of recipients of care between healthcare practitioners and/or facilities/settings as their care needs change. Transition of care can occur at multiple points across a patient's healthcare journey, including within the same healthcare setting (e.g., intensive care unit to acute ward); between different settings (e.g., acute hospital to primary care); across specialities (e.g., acute cancer to palliative care); and between specialists (e.g., respiratory specialist to gerontologist). The principles of transition of care are ensuring a person-centred, coordinated, interprofessional approach, with comprehensive documentation and communication, including handover and continuity of care (ACSQHC, 2024b).

References

Alsadaan, N., Ramadan, O.M.E., & Alqahtani, M. (2024). From incivility to outcomes: tracing the effects of nursing incivility on nurse well-being, patient engagement, and health outcomes. BMC Nurs 23, 325. DOI: 10.1186/s12912-024-01996-9.

Australian College of Nursing (ACN) (2020). Maintaining Professional Boundaries. Accessed 29.08.2025. Available at https://www.acn.edu.au/wp-content/uploads/career-hub-resources- maintaining-professional-boundaries.pdf

Australian Commission on Safety and Quality in Health Care (ACSQHC) (2010). Putting the framework into action: Getting started. Australian Commission on Safety and Quality in Health Care. Sydney, NSW, Australia. Accessed 30.01.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/migrated/ASQFHC-Guide-Healthcare- team.pdf

Australian Commission on Safety and Quality in Health Care (2020). Implementing the Comprehensive Care Standard: Clinical assessment and diagnosis. Sydney: ACSQHC. Accessed 04.05.25. Available at https://www.safetyandquality.gov.au/sites/default/files/2020- 08/acsqhc_cc_ee1_paper_online.pdf.

Australian Commission on Safety and Quality in Health Care (2021a). Accreditation of health service organisations. Accessed 06.03.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/migrated/Fact-sheet-2-Accreditation-of-health-services-in-Australia.pdf

Australian Commission on Safety and Quality in Health Care (2021b). National Safety and Quality Health Service Standards. Second edition. Sydney: ACSQHC. Accessed 02.05.2025. Available at https://www.safetyandquality.gov.au/sites/default/files/202105/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf

Australian Commission on Safety and Quality in Health Care (n.d). Reasonable adjustments [Online]. [Accessed 02.03.2025]. [Available at: https://www.safetyandquality.gov.au/our- work/intellectual-disability-and-inclusive-health-care/reasonable-adjustments

Australian Commission on Safety and Quality in Health Care (2024b) Principles for safe and high- quality transitions. Accessed on 30.01.2025. Available at https://www.safetyandquality.gov.au/our-work/transitions-care/principles-safe-and-high-quality-transitions-care

Australian Digital Health Agency, (2020). National Nursing and Midwifery Digital Health Capability Framework. Australian Government Sydney, NSW, Australia. Accessed 10.01.2025. Available at https://www.digitalhealth.gov.au/sites/default/files/2020-11/National_Nursing_and_Midwifery_Digital_Health_Capability_Framework_publication.pdf

Australian Government Department of Health and Aged Care. (2022) Digital Health. Accessed 8.01.2025. Available at https://www.health.gov.au/topics/health-technologies-and-digital-health/about

Australian Government Department of Health and Aged care (2023). Duty of care. Introduction to aged care facilitator guide. Available at https://www.health.gov.au/resources/publications/duty-of- care-introduction-to-aged-care-facilitator-guide?language=en)

Australian Government Department of Health and Aged Care (2024a). Care minutes responsibility: Guide for residential aged care providers. Accessed 30.01.2025. Available at https://www.health.gov.au/resources/publications/care-minutes-and-247-registered-nurse- responsibilities-guides-for-residential-aged-care-providers?language=en

Australian Government Department of Health and Aged Care (2024b). Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. Accessed 2.01.2025. Available at https://www.health.gov.au/our-work/scope-of-practice-review

Australian Government Department of Health and Aged Care (2024c) Safe and Responsible Artificial Intelligence in Health Care – Legislation and Regulation Review Public consultation September 2024. Accessed 9.01.2024. Available at https://consultations.health.gov.au/medicare-benefits-and- digital-health-division/safe-and-responsible-artificial-intelligence-in-

he/supporting_documents/Consultation%20on%20Safe%20and%20Responsible%20AI%20in%20Health%20Care.pdf

Australian Government Department of Health and Aged Care (2024d). Unleashing the Potential of our Health Workforce - Scope of Practice Review Issues Paper 2. Available at https://www.health.gov.au/sites/default/files/2024-04/unleashing-the-potential-of-our-health- workforce-scope-of-practice-review-issues-paper-2_0.pdf

Australian Government, Primary Health Network, North Western Melbourne. (2025). Priority populations. Accessed 16.01.2025. Available at https://nwmphn.org.au/our-work/priority-populations/#:~:text=They%20include%20culturally%20and%20linguistically,by%20the%20current%20service%20system

Australian Health Practitioner Regulation Agency [Ahpra], (2020). The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Accessed 3.12.2024.

Available at https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx

Australian Health Practitioner Regulation Agency, (2022). Shared Code of Conduct. Accessed on 12.02.2025. Available at https://www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx

Australian Health Practitioner Regulation Agency, (2024). Interprofessional Collaborative Practice Statement of Intent. Accessed on 30.01.2025. Available at https://www.ahpra.gov.au/About- Ahpra/Who-We-Are/Ahpra-Board/Accreditation-Committee/Publications.aspx

Australian Health Practitioner Regulation Agency Board Accreditation Committee (2024) Draft guidance of developing professional capabilities. Accessed 15.12.2024. Available at https://www.ahpra.gov.au/documents/default.aspx?record=WD24%2F33932&dbid=AP&chksum=oA7pCghOHHlopQjBpG1Bfg%3D%3D

Australian Human Rights Commission. n.d.. Articles 3, 4, and 5 [Online]. Accessed 03.09.2025 2025. Available at: https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social- justice/self-determination#:~:text=Self%2Ddetermination%20means%20that:,have%20one%20without%20the%20other.

Australian Institute of Health and Welfare (2021). The National Preventive Health Strategy 2021- 2030. Commonwealth of Australia. Accessed 30.01.2025. Available at: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy- 2021-2030_1.pdf

Australian Institute of Health and Welfare [AIHW] (2024). Health care safety and quality. Accessed 02.032025. Available at: https://www.aihw.gov.au/reports/health-care-quality-performance/health- care-safety-and-quality

Australian Nursing & Midwifery Accreditation Council [ANMAC] (2025). Glossary. Accessed 06.03.2025. Available at https://anmac.org.au/glossary?page=9

Australian Qualifications Framework Council (2013). Australian Qualifications Framework Second Edition January 2013. Accessed 29.01.2025. Available at: https://www.aqf.edu.au/framework/australian-qualifications-framework

Bouloukaki, I., Christodoulakis, A., Margetaki, K., Aravantinou Karlatou, A., Tsiligianni, I. (2024). Exploring the link between social supports and patient-reported outcomes in chronic obstructive pulmonary disease patients: a cross-sectional study in primary care. Healthcare, 12, 544. DOI: https://doi.org/10.3390/healthcare12050544

British Columbia College of Nurses & Midwives [BCCNM]. 2021. Licensed Practical Nurses Entry Level Competencies [Online]. [Accessed 03.09.2025 2025]. [Available at: https://www.bccnm.ca/Documents/competencies_requisite_skills/LPN_Entry_Level_Competencies.pdf.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. 2022. Genke II - ‘gettin em n keepin em n growin em’: Strategies for Aboriginal and Torres Strait Islander Nursing and Midwifery Education Reform [Online]. Brisbane: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Accessed 28.01.202. Available at: https://www.catsinam.org.au/resource?resource=54.

Connor, J., Flenady, T., & Massey, D. (2022). Clinical judgement in nursing – an evolutionary concept analysis. Journal of Clinical Nursing, 32, 13-14, p. 3328 – 3340. DOI: 10.1111/jocn.16469

Cornock, M. (2014). Legal principles of responsibility and accountability in professional healthcare. Orthopaedic & Trauma Times (23) pp. 16–18.

Cunningham, N., Cook, H., Leach, D., Klein, J. & Harrison, J. 2025. Demystifying cognitive bias in the diagnostic process for frontline clinicians and educators; new words for old ideas Diagnosis, 12, 322-332.

Edelist, T., Friesen, F., Ng, S., Fernandez, N., Bélisle, M., Lechasseur, K., Rochette, A., Vachon, B. & Caty, M. 2024. Critical reflection in team-based practice: A narrative review. Medical Education in Review, 58, 1166-1177)

Health Practitioner Regulation National Law Act, 2009. [Online]. [Accessed 25.07.2025 2005]. [Available at: https://www.ahpra.gov.au/About-Ahpra/What-We-Do/National-Law.aspx#legislation.

Housden, L., Browne, A. J., Wong, S. T., & Dawes, M. (2017). Attending to power differentials: How NP-led group medical visits can influence the management of chronic conditions. Health expectations: an international journal of public participation in health care and health policy, 20(5), 862–870. https://doi.org/10.1111/hex.12525

International Council of Nurses. (2021). The ICN Code of Ethics for Nurses. Accessed 31.07.2024. Available at https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

Jetta, C., Zerafa-Payne, E. & Carmody, P. 2024, May. Indigenising teaching and learning through the Big Five ideas of traditional knowledge [Online]. [Accessed 03.09.2025 2025]. Available at: https://www.timeshighereducation.com/campus/indigenising-teaching-and-learning-through-big-five- ideas-traditional-knowledge.

Jobs and Skills Australia. n.d. Nursing Support and Personal Care Workers [Online]. Canberra: Australian Government. Accessed 28.01.2025. Available at: https://www.jobsandskills.gov.au/data/occupation-and-industry-profiles/occupations/4233-nursing- support-and-personal-care-workers#:~:text=Nursing%20Support%20and%20Personal%20Care%20Workers%20provide%20assistance%2C%20support%20and,health%2C%20welfare%20and%20community%20settings.

LeClair, J. and Potter, T. (2022). ‘Environments & Health. Planetary Health Nursing: Practical implications for research, education, advocacy and practice. American Journal of Nursing 122(4): 47-52. DOI: 10.1097/01.NAJ.0000827336.29891.9b

Mago, A., Dhali, A., Kumar, H., Maity, R., Kumar, B. (2024). Planetary health and its relevance in the modern era: A topical review. Sage Open Medicine, 12, 20503121241254231. https://doi.org/10.1177/20503121241254231

Martin, A. K., Green, T. L., Mccarthy, A. L., Sowa, P. M. & Laakso, E. L. 2022. Healthcare Teams: Terminology, Confusion, and Ramifications. J Multidiscip Healthc, 15, 765-772.

Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. International journal of environmental research and public health, 17(3), 835. https://doi.org/10.3390/ijerph17030835

New South Wales Government (2022). What is evidence-informed practice? Accessed 02.03.2025. Available at: https://evidenceportal.dcj.nsw.gov.au/using-evidence/what-is-evidence-informed-practice.html

Nursing Council of New Zealand. (2005, Updated 2011). Guidelines for cultural safety, the treaty of Waitangi, and Maori health in nursing and midwifery education and practice. Wellington: Nursing Council of New Zealand. Accessed 30.01.2025. Available at

https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx

Nursing Council of New Zealand. (2024). Registered nurse standards of competence. Accessed 11.12.2024. Available at https://www.nursingcouncil.org.nz/common/Uploaded%20files/Public/Publications/Consultation%20Documents/Standards%20of%20Competence%20Consultation%20Nov%2024/Registered%20nurse%20standards%20of%20competence.pdf

Nursing and Midwifery Board of Australia. (2018a). Code of conduct for nurses. Accessed 27.12.2024. Available at https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines- Statements/Professional-standards.aspx#

Nursing and Midwifery Board of Australia. (2018b). Midwife standards for practice. Available at https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&chksum=kYbO0%2bO7kx9I%2fBIvmKH%2bwg%3d%3d

Nursing and Midwifery Board of Australia, (2019). Fact sheet: Registered nurse standards for practice. Accessed 30.01.2025. Available at https://www.nursingmidwiferyboard.gov.au/Codes- Guidelines-Statements/FAQ/fact-sheet-registered-nurse-standards-for-practice.aspx#

Nursing and Midwifery Board of Australia. (2021a). Nurse practitioner standards for practice. Available at https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f30761&dbid=AP&chksum=xdi7RHeXbB7YyopbEfd6ag%3d%3d&_gl=1*6bzybj*_ga*MTk1OTcwODc2OC4xNzMyNjY0ODA4*_ga_F1G6LRCHZB*MTczNzc3ODQ3Mi4xMjguMS4xNzM3Nzc4NDc5LjAuMC4w

Nursing and Midwifery Board of Australia, (2021b) Supervision guidelines for nursing and midwifery. Available at: https://www.nursingmidwiferyboard.gov.au

Nursing and Midwifery Board. (2020, Updated 2022). Decision-making framework for nursing and midwifery [Online]. Melbourne, Victoria: Nursing and Midwifery Board, Ahpra. Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/codes-guidelines- statements/frameworks.aspx.

Nursing and Midwifery Board of Australia, (2023). Fact sheet: Enrolled nurse standards for practice. Accessed 30.01.2025. Available at https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/faq/enrolled-nurse-standards-for-practice.aspx

Nursing and Midwifery Board of Australia, (2024a). Fact sheet: Scope of practice and capabilities of nurses. Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses.aspx

Nursing and Midwifery Board of Australia, (2024b). Regulating Australia's nurses and midwives. https://www.nursingmidwiferyboard.gov.au/.

Nursing and Midwifery Board of Australia, (2024c). Fact sheet: What do nurses and midwives do? Accessed 30.01.2025. Available at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-What-do-nurses-and-midwives-do.aspx

Papathanasiou, I., Kleisiaris, C., Fradelos, E., Kakou, K. & Kourkouta, L. (2014). Critical thinking: the development of an essential skill for nursing students. Journal of Academy of Medical Sciences of Bosnia and Herzegovinia, 22(4), 283-286. DOI: 10.5455/aim.2014.22.283-286

Skår R. (2010). The meaning of autonomy in nursing practice. Journal of clinical nursing, 19(15-16), 2226–2234. DOI: 10.1111/j.1365-2702.2009.02804.x

Stanley, D. E. (ed.) 2017. Clinical leadership in nursing and healthcare: Values into action Wiley-Blackwell.

Thirsk, L. M., Panchuk, J. T., Stahlke, S. & Hagtvedt, R. 2022. Cognitive and implicit biases in nurses' judgment and decision-making: A scoping review. International journal of nursing studies, 133, 104284. DOI: 10.1016/j.ijnurstu.2022.104284

Trauma-Informed Care Implementation Resource Centre, (2024). What is trauma-informed care? Accessed 02.03.2025. Available at https://www.traumainformedcare.chcs.org/what-is-trauma- informed-care/

United Nations (2025). What is climate change? Accessed 02.03.2025. Available at https://www.un.org/en/climatechange/what-is-climate-change

van der Gaag, A., Jago, R., Gallagher, A., Stathis, K., Webster, M. Austin, Z. (2023). Artificial intelligence in health professions regulation: An exploratory qualitative study of nurse regulators in three jurisdictions. Journal of Nursing Regulation, 14(2). 10-17.

Victor-Chmil J. (2013). Critical thinking versus clinical reasoning versus clinical judgment: differential diagnosis. Nurse Educator, 38(1), 34–36. DOI:10.1097/NNE.0b013e318276dfbe.

Victorian Government. (2021) Understanding intersectionality. Definition of intersectionality and how it can lead to overlapping of discrimination and marginalisation. Accessed 12.01.2025. Available at https://www.vic.gov.au/understanding-intersectionality

Victorian Government. (2023). What do we mean by diversity? Accessed 16.01.2025. Available at https://www.vic.gov.au/dpc-diversity-and-inclusion-strategy-2019-2021/what-do-we-mean-diversity- and-inclusion

Victorian Department of Health, (2024). Integrated Care. Accessed 30.01.2025. Available at https://www.health.vic.gov.au/primary-and-community-health/integrated-care

Westerdahl, F., Carlson, E., Wennick, A., Borglin G. (2022). Bachelor nursing students and their educators experience of teaching strategies targeting critical thinking: a scoping review. Nurse Education in Practice, 63, 103409.

White, J., Gunn, M., Chiarella, M., Catton, H. & Stewart, D. 2025. Renewing the Definitions of 'nursing' and 'a nurse'. Final project report, June 2025. [Online]. Geneva, Switzerland: International Council of Nurses.[Accessed 03.09.2025 2025. Available at: https://www.icn.ch/sites/default/files/2025-06/ICN_Definition-Nursing_Report_EN_Web_0.pdf

World Health Organization [WHO] (2021). Evidence, policy, impact. WHO guide for evidence- informed decision-making [Online]. Geneva, Switzerland: World Health Organisation, Licence: CC BY-NC_SA 3.0 IGO. Accessed 03.09.2025 2025. Available at: https://iris.who.int/bitstream/handle/10665/350994/9789240039872-eng.pdf?sequence=1.

World Health Organization (2023). Climate change. Accessed 02.03.2025. Available at: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

World Health Organization (2025a). Quality of care. Accessed 30.01.2025. Available at https://www.who.int/health-topics/quality-of-care#tab=tab_1

World Health Organization (2025b). Determinants of health. Accessed 02.03.2025. Available at https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

World Health Organization (2025c). Social determinants of health. Accessed 30.01.2025. Available at https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Appendix C: Mapping draft EN standards for practice to current *EN standards for practice* (NMBA 2016)

Draft Revised EN standards (v3, 2025)	**EN standards for practice (2016)**									
	Standard 1	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**	**Standard 8**	**Standard 9**	**Standard 10**
Standard 1: Professionalism Enrolled nurses are professional in their practice. They use knowledge, skills, attitudes and behaviours. They demonstrate fitness for practice, integrity and leadership to practice person-centred care safely, sustainably, ethically and within legislative requirements. **The EN:**										
1.1 Fulfills duty of care and practises safely in accordance with relevant nursing guidelines, codes, legislation, standards, safety and quality policies and protocols, organisational policies and procedures.	1.1, 1.2, 1.3, 1.4, 1.8, 1.10	2.2	3.1						9.4	10.1
1.2 Practises within their individual scope, relevant to their educational preparation and	1.6, 1.7		3.1, 3.4 3.5, 3.7						9.4	10.1

experience, context, and legislation.										
1.3 Demonstrates ethical behaviours and professionalism including integrity, compassion, self-awareness and empathy.	1.2, 1.3	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.9.							9.3	10.6
1.4 Identifies and responds appropriately to unethical behaviours and unprofessional conduct including bullying, harassment and incivility.	1.8	2.9	3.9						9.3	
1.5 Contributes to and supports others to work towards providing safe and supportive work environments.	1.5, 1.7		3.8, 3.9	4.3	5.2			8.6	9.2, 9.3	
1.6 Accepts and demonstrates accountability for own actions in providing nursing care, and for the outcomes of actions they have delegated.	1.5, 1.6		3.2, 3.5							
1.7 Advocates for the person receiving care and their support networks; colleagues and health workforce, communities, and healthcare system.	1.10	2.8, 2.9 2.10	3.9		5.3				9.3	

1.8 Recognises risk of harm, including unnecessary interventions, and practises to ensure safe outcomes.	1.8, 1.9	2.8	3.9	4.4					9.2, 9.3	
1.9 Reports appropriately and documents when incidents of unethical behaviour or unsafe practice occur and, where appropriate, collaboratively explores ways to prevent recurrence.	1.8, 1.9	2.9	3.9		5.4		7.3, 7.4, 7.5		9.2, 9.3	
1.10 Provides, receives and responds appropriately to constructive feedback.							7.3			10.3, 10.4, 10.5
1.11 Practises self-care to optimise personal, physical and mental wellbeing to ensure fitness for practice.			3.9							10.5
1.12 Is responsible for their own professional development and contributes to that of others, including teaching, supervision and feedback.			3.8					8.2 8.6		10.2, 10.3, 10.4, 10.5
1.13 Maintains an awareness of current health priorities and the needs of priority populations.								8.6		

1.14 Acts to minimise the impact of healthcare on planetary health, global and local resources.								8.6		
1.15 Recognises the impact of technology on EN practice, safety, and quality of care, and acts to ensure the safe use of technology in health, including data privacy.		2.8, 2.9	3.9	4.4		6.4				10.3

Draft Revised EN standards (2025)	EN standards for practice (NMBA 2016)									
	Standard 1	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**	**Standard 8**	**Standard 9**	**Standard 10**
Standard 2: Cultural safety Enrolled nurses actively enable a culturally safe and responsive environment for all people. This requires an understanding of their own cultures, bias and the impact of these on professional practice, including the potential for a power imbalance. Enrolled nurses must support, respect and protect Aboriginal and Torres Strait Islander peoples. Enrolled nurses advocate for equitable and positive health outcomes for all people receiving care. **The EN:**										
2.1 Practises nursing that is culturally safe and respectful of all people, ensuring their rights, privacy, confidentiality and dignity are upheld.		2.3, 2.4, 2.6, 2.7								
2.2 Engages in culturally appropriate and safe communication to facilitate trust and the building of respectful relationships with all people.		2.3, 2.5								
2.3 Respects the role of support networks and communities that underpin the health of all people.		2.4								

2.4 Acknowledges colonisation, interpersonal and systemic racism, intergenerational trauma, social, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes and makes reasonable adjustments to care delivery.		2.3 2.4, 2.6								
2.5 Promotes Aboriginal and Torres Strait Islander peoples and communities' self-determination in the provision of care, inclusive of Indigenous Knowledges of wellbeing and health.	1.2, 1.10	2.1, 2.4, 2.6, 2.10				6.3				10.4
2.6 Promotes culturally safe practice that aligns with communities, statements and policies, as set out by regulatory and advisory organisations.	1.1, 1.3	2.2, 2.3, 2.4			5.1					
2.7 Practises ongoing critical reflection on the impact of the health practitioners' knowledge, skills, attitudes, behaviours and power differentials.		2.4, 2.5, 2.6	3.8		5.1		7.3			10.3

Draft revised EN standards (2025)	EN standards for practice (NMBA 2016)									
	Standard 1	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**	**Standard 8**	**Standard 9**	**Standard 10**
Standard 3: Collaborative practice Enrolled nurses work in partnership with people receiving care, their support networks, communities and the healthcare team to build trust and shared understanding to achieve common goals. **The EN:**										
3.1 Communicates effectively to assist in achieving identified healthcare needs and quality care.			3.4, 3.6				7.3, 7.4, 7.5	8.6		
3.2 Develops professional and respectful relationships and collaborates with persons receiving care, their support networks, and members of the healthcare team to plan and provide nursing care.	1.10	2.5, 2.8	3.4, 3.6		5.1, 5.2, 5.6					
3.3 Supports opportunities for people receiving care and their support networks to actively contribute their views to care planning, decision-making and interventions	1.10	2.1, 2.5, 2.10			5.3	6.3	7.5			

3.4 Acknowledges and responds to concerns raised by the person receiving care or their support network.	1.10	2.1, 2.9, 2.10				6.3			9.3	
3.5 Respects the roles, expertise, differences, worldviews and diversity of healthcare team members, and works collaboratively to create a shared vision of care and positive workplace culture.	1.10	2.8, 2.9	3.6, 3.7, 3.8		5.1, 5.2, 5.3, 5.6		7.3			
3.6 Recognises the RN/NP/midwife supervises and delegates activities, guides and assists EN decision-making and provision of nursing care.	1.3, 1.5, 1.6, 1.9	2.8	3.3, 3.4, 3.5, 3.7		5.5, 5.6		7.2	8.1, 8.6		
3.7 Provides support, leadership, and supervision to assistants in nursing, support personnel and EN students, to ensure care is provided as outlined within the plan of care and according to workplace policies, protocols, and guidelines.	1.3, 1.4, 1.7, 1.8	2.3, 2.4, 2.6	3.2, 3.8, 3.9	4.3	5.1, 5.3, 5.4	6.5	7.3	8.4	9.4	10.4, 10.6

Draft Revised EN standards (2025)	EN standards for practice (NMBA 2016)									
	Standard 1	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**	**Standard 8**	**Standard 9**	**Standard 10**
Standard 4: Evidence **informed practice** Enrolled nurses apply knowledge, scientific evidence and utilise clinical judgement in their practice. **The EN:**										
4.1 Practises using knowledge and the informed decisions of persons receiving healthcare.	1.7	2.1	3.7				7.5	8.2, 8.4		
4.2 Identifies and utilises reliable sources of data, including clinical guidelines to inform practice.	1.3	2.2		4.1, 4.2			7.1	8.2, 8.3, 8.4, 8.5		
4.3 Participates in evidence-informed quality improvement and accreditation standards activities as relevant to the context of practice.	1.9	2.4, 2.10						8.3, 8.5	9.1, 9.2	

Draft Rrevised EN standards (2025)	EN standards for practice (NMBA 2016)									
	Standard 1	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**	**Standard 8**	**Standard 9**	**Standard 10**
Standard 5: Comprehensive care Enrolled nurses provide evidence informed, holistic, comprehensive healthcare. They conduct assessments, and contribute to the planning and provision of safe, responsive quality care. ENs evaluate and report outcomes to inform ongoing care. **The EN:**										
5.1 Undertakes assessments to systematically collect relevant and accurate information and data to inform practice.				4.1, 4.2			7.1, 7.4, 7.5			
5.2 Interprets assessment findings, knowledge and clinical guidelines to inform plan of care.				4.2, 4.3			7.2, 7.5	8.4		
5.3 Provides care according to the agreed plan of care.	1.4		3.7	4.3	5.3	6.1				
5.4 Participates with the RN/NP/midwife in evaluation of the progress of the person receiving care toward expected outcomes and the				4.3	5.3, 5.6	6.2	7.2, 7.4, 7.5	8.1		10.3

reformulation of plans for care as required.										
5.5 Documents and communicates comprehensive care, including during transitions of care.	1.2, 1.3, 1.4,		3.6	4.2	5.2, 5.5	6.2	7.1, 7.2, 7.3, 7.4, 7.5			
5.6 Recognises the deteriorating and critically unwell person, and responds appropriately to support the person, escalate and report changing care needs.			3.6			6.6	7.1, 7.2, 7.4, 7.5	8.1		
5.7 Recognises the impact of the social and environmental determinants of health when contributing to planning, delivering and evaluating care.	1.10	2.1, 2.3, 2.4, 2.5, 2.10			5.3					
5.8 Safely manages and administers medicines as delegated and in accordance with their pharmacotherapeutic knowledge and scope of practice, policies and practice guidelines.	1.1, 1.3, 1.4, 1.5		3.1, 3.7					8.4	9.4	
5.9 Uses educational approaches to promote understanding of health,										10.4

wellbeing, and disease amongst the person receiving care and their support networks										
5.10 Effectively manages time and prioritises dynamic workload demands.					5.4	6.5				

Appendix D: Mapping draft RN standards for practice to current *RN standards for practice* (NMBA 2016)

Draft RN standards for practice	**Current RN standards for practice (2016)**						
Standard 1: Professionalism	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses are professional in their practice. They use critical thinking, evidence, knowledge, skills, attitudes and behaviours. They demonstrate fitness for practice, integrity and leadership to practice person-centred care safely, sustainably, ethically and within legislative requirements. **The RN:**							
1.1 Fulfills duty of care and practises safely in accordance with relevant nursing guidelines, codes, legislation, standards, safety and quality policies and protocols, organisational policies and procedures.	1.4, 1.5,	2.7	3.1,3.3, 3.4	4.1, 4.2, 4.3	5.1, 5.2, 5.3, 5.4, 5.5	6.5	
1.2 Practises within their individual scope, relevant to their educational preparation, experience, context, and legislation.	1.4		3.3, 3.4	4.1, 4.2, 4.3		6.2, 6.3, 6.5	
1.3 Demonstrates ethical behaviours and professionalism including integrity, compassion, self-awareness and empathy.	1.4, 1.5	2.1, 2.2, 2.3, 2.7, 2.9	3.4	4.1, 4.2, 4.3		6.5, 6.6	
1.4 Identifies and responds appropriately to unethical behaviours and unprofessional conduct including bullying, harassment and incivility.	1.3, 1.4, 1.5	2.1, 2.2, 2.3, 2.5, 2.7, 2.9	3.1			6.5, 6.6	
1.5 Contributes to, and supports others to work toward providing safe and supportive work environments.	1.3, 1.4, 1.5	2.2, 2.6, 2.8	3.1, 3.3, 3.4	4.3	5.2, 5.3, 5.4, 5.5	6.3, 6.5	7.1, 7.2, 7.3
1.6 Exercises autonomy in nursing practice, accepts and demonstrates accountability for own actions, and for the outcomes of actions they have delegated.	1.4	2.1, 2.3, 2.5, 2.6, 2.7, 2.9	3.3, 3.4	4.1, 4.2, 4.3		6.3, 6.5	

1.7 Advocates for the person receiving care and their support networks; colleagues and health workforce, communities, and healthcare systems.	1.1, 1.2, 1.3, 1.4, 1.5	2.5, 2.7, 2.9	3.1	4.3		6.5, 6.6	7.1, 7.2, 7.3
1.8 Recognises risk of harm, including unnecessary interventions, and practises to ensure safe outcomes.	1.1, 1.4, 1.5, 1.6, 1.7	2.7, 2.8, 2.9	3.1	4.3	5.1	6.3, 6.4, 6.6	7.3
1.9 Reports appropriately and documents when incidents of unethical behaviour or unsafe practice occur and, where appropriate, collaboratively explores ways to prevent recurrence.	1.4, 1.6, 1.7	2.2, 2.7, 2.8, 2.9	3.1, 3.4	4.3, 4.4	5.1	6.6	7.3
1.10 Provides, receives and responds appropriately to constructive feedback.		2.6	3.1, 3.3, 3.5				
1.11 Practises self-care to optimise personal, physical and mental wellbeing to ensure fitness for practice.	1.1, 1.2,		3.1, 3.3			6.4, 6.5	
1.12 Is responsible for their own professional development and contributes to that of others, including interprofessional education, supervision and feedback.		2.6, 2.7	3.3, 3.5			6.4, 6.5	7.1
1.13 Maintains an awareness of current health priorities and the needs of priority populations.	1.3		3.6, 3.7	4.3			
1.14 Acts to minimise the impact of healthcare on planetary health, global and local resources.				4.4	5.5		
1.15 Critically analyses, and acts for the safe use of technology in health, including data privacy.	1.1, 1.2, 1.4, 1.5, 1.7			4.2, 4.3, 4.4	5.1, 5.5	6.5, 6.6	

Draft RN standards for practice	Current RN standards for practice (NMBA 2016)						
Standard 2: Cultural safety	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses actively enable and promote a culturally safe and responsive environment for all people. This requires an understanding of their own cultures, bias and the impact of these on professional practice, including the potential for a power imbalance. Registered nurses must support, respect and protect Aboriginal and Torres Strait Islander peoples. Registered nurses advocate for equitable and positive health outcomes for all people receiving care. **The RN:**							
2.1 Practises nursing that is culturally safe and respectful of all people, ensuring their rights, privacy, confidentiality and dignity are upheld.	1.2, 1.3, 1.5	2.1, 2.2, 2.3, 2.5, 2.7, 2.8, 2.9	3.2	4.1	5.1, 5.2	6.1, 6.5, 6.6	
2.2 Engages in culturally safe communication to facilitate trust and the building of respectful relationships with all people.	1.3	2.1, 2.2, 2.6, 2.7, 2.8	3.2	4.1	5.2	6.5	
2.3 Respects the role of support networks and communities that underpin the health of all people.	1.3	2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9	3.2	4.1, 4.3	5.2	6.5	
2.4 Acknowledges colonisation, interpersonal and systemic racism, intergenerational trauma, social, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples' health outcomes and makes reasonable adjustments to care delivery.	1.3	2.2, 2.3, 2.4, 2.5, 2.8, 2.9	3.2	4.1, 4.3	5.2	6.5	
2.5 Promotes Aboriginal and Torres Strait Islander peoples and communities' self-determination in the provision of care, inclusive of Indigenous Knowledges of wellbeing and health.	1.3, 1.5	2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9	3.2	4.1, 4.3	5.2	6.5	

2.6 Promotes culturally safe practice that aligns with communities, statements and policies, as set out by regulatory and advisory organisations.	1.3, 1.4, 1.5	2.2, 2.3, 2.4, 2.7, 2.8, 2.9	3.2	4.1, 4.3	5.2	6.5	
2.7 Practises ongoing critical reflection on the impact of the health practitioners' knowledge, skills, attitudes, behaviours and power differentials.	1.2, 1.3, 1.5	2.1, 2.2, 2.3, 2.4, 2.5	3.2, 3.3	4.3	5.2	6.1, 6.5	

Draft RN standards for practice (v3)	Current RN standards for practice (NMBA 2016)						
Standard 3: Collaborative practice	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses work in partnership with people receiving care, their support networks, communities and the healthcare team to build trust and shared understanding to achieve common goals. **The RN:**							
3.1 Communicates effectively to achieve identified healthcare needs and quality care.	1.2, 1.3, 1.6	2.1, 2.2, 2.6, 2.7, 2.8	3.2, 3.5	4.1, 4.2, 4.3	5.1, 5.2, 5.3, 5.4	6.1, 6.3, 6.4, 6.6	7.3
3.2 Develops professional and respectful relationships and collaborates with persons receiving care, their support networks, and members of the healthcare team to plan and provide nursing care.	1.3, 1.5	2.1, 2.2, 2.6, 2.7, 2.8	3.2, 3.3, 3.6	4.3	5.1, 5.2, 5.3, 5.4	6.1, 6.3, 6.4, 6.5	7.3
3.3 Facilitates opportunities for people receiving care and their support networks to actively contribute their views to care planning, decision-making and interventions.	1.3, 1.5	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8	3.2	4.3	5.2	6.1	7.3
3.4 Acknowledges and responds to concerns raised by the person receiving care or their support network.	1.3, 1.4, 1.5	2.2, 2.3, 2.4, 2.5, 2.7, 2.8	3.2	4.3	5.2	6.1	7.1, 7.2, 7.3
3.5 Respects the roles, expertise, differences, worldviews and diversity of healthcare team members, and works collaboratively to create a shared vision of care and positive workplace culture.	1.2, 1.3,	2.1, 2.2, 2.7, 2.8	3.3, 3.4	4.3	5.2, 5.4, 5.5	6.1, 6.3, 6.4, 6.6	

3.6 Appropriately coordinates and assigns care according to an individual's scope of practice, delegates activities and provides support, leadership and supervision to ENs, assistants in nursing, nursing students and other members of the healthcare team.		2.1, 2.2, 2.6, 2.7, 2.8	3.1, 3.3, 3.4	4.4	5.2, 5.5	6.3, 6.4, 6.5, 6.6	7.1, 7.2

Draft RN standards for practice (v3)	Current RN standards for practice (NMBA 2016)						
RN Standard 4: Evidence-informed practice	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses critically evaluate and apply knowledge, scientific evidence and utilise critical thinking in their practice. Registered nurses actively contribute to the body of evidence that informs healthcare. **The RN:**							
4.1 Practises using knowledge, scientific evidence, critical thinking, and the informed decisions of persons receiving healthcare.	1.1, 1.2, 1.3, 1.4, 1.5	2.2, 2.3, 2.4, 2.5, 2.7	3.2, 3.3	4.1,4.2, 4.3	5.1, 5.2	6.1	7.2
4.2 Identifies and critically analyses reliable sources of data, research findings and clinical guidelines to inform practice.	1.1, 1.4, 1.5, 1.7		3.3, 3.6		5.1	6.1	7.1
4.3 Participates in and leads evidence-informed quality improvement and accreditation standards activities, as relevant to the context of practice.	1.1,1.4,1.5, 1.7	2.7, 2.8	3.3, 3.4, 3.6	4.3, 4.4	5.3	6.1	7.1
4.4 Recognises problems, participates in and contributes to the body of evidence that informs healthcare.	1.7	2.7, 2.8	3.6, 3.7	4.3	5.2	6.1	7.1

Draft RN standards for practice (v3)	Current RN standards for practice (NMBA 2016)						
Standard 5: Comprehensive care	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses provide evidence-informed, holistic, comprehensive healthcare. They conduct, interpret and analyse assessments, plan and coordinate the provision of safe, responsive quality care. RNs evaluate and report outcomes to inform ongoing care. **The RN:**							
5.1 Undertakes comprehensive assessments to systematically collect relevant and accurate information and data to inform practice.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	2.1, 2.2, 2.7		4.1, 4.2, 4.3, 4.4	5.1, 5.2, 5.3	6.1, 6.5	7.1
5.2 Critically analyses and interprets assessment findings, evidence and clinical guidelines to develop differential diagnoses and plan care.	1.1, 1.4, 1.5, 1.6	2.7, 2.8		4.2, 4.3, 4.4	5.1, 5.2, 5.3, 5.4	6.5	7.1, 7.2, 7.3
5.3 Is accountable and responsible for oversight, coordination and implementation of the plan of care.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	2.1, 2.2, 2.3, 2.6, 2.7, 2.8, 2.9	3.1, 3.4,	4.3	5.3, 5.4, 5.5	6.1, 6.2, 6.3, 6.4, 6.5, 6.6	7.1, 7.2, 7.3
5.4 Evaluates the progress of the person receiving care toward expected outcomes and reformulates plans for care as required.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	2.2, 2.3, 2.7, 2.8	3.4	4.1, 4.2, 4.3, 4.4	5.1, 5.2, 5.3, 5.4, 5.5		7.1, 7.2, 7.3
5.5 Documents and communicates comprehensive care, including during transitions of care.	1.6	2.2, 2.7, 2.8		4.3	5.2, 5.3, 5.4	6.1, 6.3, 6.5, 6.6	7.1, 7.2, 7.3
5.6 Recognises the deteriorating and critically unwell person, responds and manages appropriately, including provision of emergency care and escalation for additional support when required.	1.1	2.8	3.4	4.2	5.1, 5.2, 5.5	6.1, 6.5	7.1, 7.2, 7.3

5.7 Recognises the impact of the social and environmental determinants of health when planning, delivering and evaluating care.	1.3	2.2, 2.3, 2.4	3.2	4.3, 4.4	5.2	6.1	7.3
5.8 Safely manages and administers medicines in accordance with their pharmacotherapeutic knowledge and scope of practice, policies and practice guidelines.							
5.9 Assesses health-related knowledge and uses educational approaches to promote understanding of health, wellbeing, and disease amongst the person receiving care and their support networks.	1.3	2.2, 2.3, 2.4	3.3, 3.4	4.3	5.3	6.1	
5.10 Effectively manages time and prioritises dynamic workload demands.						6.4	

Draft RN standards for practice (v3)	**Current RN standards for practice (NMBA 2016)**						
Standard 6: Leadership	**Standard 1**	**Standard 2**	**Standard 3**	**Standard 4**	**Standard 5**	**Standard 6**	**Standard 7**
Registered nurses lead the provision and innovation of healthcare. They are independent critical thinkers driving change in policy, equity and sustainability within the nursing profession and the broader healthcare system. **The RN:**							
6.1 Demonstrates professional role modelling for nurses and other health professionals.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7	2.1, 2.2, 2.3, 2.4 2.5, 2.6, 2.7, 2.8	3.3, 3.4, 3.5, 3.6, 3.7	4.3	5.1, 5.2, 5.3, 5.4, 5.5	6.1, 6.2, 6.3, 6.4, 6.5, 6.6	7.1, 7.2, 7.3
6.2 Coordinates provision of healthcare to manage health outcomes for the person receiving care.	1.4, 1.5	2.2, 2.6, 2.7, 2.8	3.1, 3.3, 3.4	4.3	5.2, 5.5	6.1, 6.3, 6.4, 6.5, 6.6	7.1, 7.2, 7.3
6.3 Leads and contributes to healthcare to optimise service provision and outcomes.	1.7	2.7	3.3, 3.4, 3.6, 3.7	4.3, 4.4	5.2, 5.3, 5.4, 5.5	6.6	
6.4 Advocates for the contribution and value the nursing profession makes to local, national and global health.	1.1	2.7	3.6, 3.7				
6.5 Leads continuous improvement and evidence-informed change in health.	1.1, 1.7	2.7	3.6, 3.7	4.3		6.6	
6.6 Promotes and mentors the development of leadership capability in members of the healthcare team.		2.7					

Appendix E: Statement of assessment against Ahpra's procedures for the development of registration standards, codes and guidelines

June 2025

Review of Registered nurse standards for practice and Enrolled nurse standards for practice

Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires the Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra *Procedures for the development of registration standards, codes and guidelines* (2023) is available at on the Ahpra resources webpage

While standards for practice are not a registration standard, code or guideline, the Nursing and Midwifery Board of Australia (NMBA) has prepared this statement against the procedures as it is good regulatory practice to do so.

Context – issue or problem statement

Following an extensive review the NMBA is proposing to update the *Enrolled nurse standards for practice* and *Registered nurse standards for practice* (EN and RN standards for practice). The standards for practice identify the knowledge, skills and professional attributes needed for safe and competent practice as an enrolled nurse (EN) or registered nurse (RN) in Australia.

It is good regulatory practice to review standards for practice on a planned, regular basis to test their workability, clarity and continued relevance. The current EN and RN standards for practice were published and implemented in January 2016 and June 2016 respectively. The standards are due for review to reflect the intent of the National Scheme by ensuring that the standards for practice remain current and content is based on evidence where available.

The purpose of this consultation is to seek input from key stakeholders about whether the revised EN and RN standards for practice standard improve clarity for practitioners and balances flexibility for nurses with public protection.

Assessment

Below is the NMBA's assessment of its proposal to review the EN and RN standards for practice considering Ahpra procedures.

1. Describe how the proposal

1.1 takes into account the paramount principle, objectives and guiding principles in the National Law[1]
1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The NMBA's revised EN and RN standards for practice take into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners.

[1] See section 3 and section 3A of the National Law

The proposed updates to the standards for practice aim to ensure that the Board will meet objectives:

- by facilitating the provision of high-quality education and training of ENs and RNs. Education providers are required to map course content to the updated standards for practice. Proposed updates to the capabilities are to ensure students are being taught contemporary material and are prepared for practice in the current healthcare system.

- in building the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. Cultural safety has been strengthened throughout the revised standards for practice to improve knowledge and support the provision of culturally safe care for Aboriginal and Torres Strait Islander Peoples.

- by facilitating rigorous and responsive assessment of overseas-trained health practitioners by ensuring that descriptions are clear and relevant for assessment purposes are aligned to the extent possible to international contemporary practice.

- to facilitate access to services provided by health practitioners in accordance with the public interest by ensuring that standards for practice reflect the contemporary health service needs of Australian communities and does not place unnecessary limitations or restrictions on practice.

- to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners by ensuring the standards for practice reflect contemporary practice and technology arrangements of a modern Australian health system.

If approved, the revised EN and RN standards for practice would support the National Scheme to operate in a transparent, accountable, efficient, effective and fair manner. The standards would provide clear guidance to nurses, including internationally qualified nurses, about the NMBA's requirements.

The Board has drawn from the available evidence to inform the review including a literature review and report in 2023carried out by the research and evaluation unit at the Ahpra, on behalf of the NMBA. This included a detailed scoping review of international and national literature since 2013 relating to RN education, regulation, pathways to practice and expected RN graduate attributes.

2. Outline steps that have been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

Preliminary consultation is the first step in the consultation process. The aim of preliminary consultation is to enable the NMBA to seek feedback and test proposals with key stakeholders and refine them before proceeding to public consultation. We will seek input from both professional stakeholders and patient safety and healthcare consumer bodies.

The NMBA will consider the feedback received at preliminary consultation when preparing the revised EN and RN standards for practice for public consultation. We will ensure that there is the opportunity for broader public comment via public consultation. This includes publishing a consultation paper on the NMBA and Ahpra websites and informing health practitioners and the community of the review via the NMBA's electronic newsletter and Ahpra's social media channels.

3. Address the following principles:

a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

As part of the scheduled review of the current EN and RN standards for practice the NMBA has considered two options as outlined in the consultation paper. Option 1 is maintaining the status quo; and Option 2 is to propose revisions to both the EN and RN standards for practice.

The NMBA considers that option 2 – updating the EN and RN standards for practice is the best option for ensuring the standards are fit for purpose, specify the requirements for enrolled nurses and registered nurses to practise safely and competently, and reflect contemporary practice across a variety of settings. This option also provides an opportunity to incorporate research and feedback from key stakeholders, consumers and community members, including Aboriginal and Torres Strait Islander Peoples.

The alternative, maintaining the status quo and retaining the current standards for practice, is not considered to be a viable option as it presents a missed opportunity to contemporise and ensure continued suitability of these regulatory documents.

b. whether the proposal results in an unnecessary restriction of competition among health practitioners

The NMBA considers the proposal is unlikely to restrict competition as the proposed revisions will continue to apply to all ENs and RNs in the same way as the current standards. Additionally, the changes would not limit provision of health services or create restrictions in general for ENs or RNs.

c. whether the proposal results in an unnecessary restriction of consumer choice

The NMBA anticipates that the proposal will not result in any unnecessary restrictions of consumer choice. Having clear, contemporary, and consistent registration standards that are informed by evidence, international benchmarking and National Boards' regulatory experience helps maintain consumer choice by facilitating access to safe and effective healthcare services provided by registered health practitioners in accordance with the public interest.

d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

This proposal is not expected to result in an unnecessary restriction of consumer choice as the updated standards for practice will apply to all ENs and RNs in the same way as the current standards. Additionally, the changes proposed to the standards for practice will not limit the roles, settings or locations of practice. The likely costs of the proposed changes are expected to be minimal and mostly about ENs and RNs becoming familiar with the changes.

It is standard practice for the NMBA to develop additional explanatory information to help practitioners and stakeholders understand and comply with revised standards for practice.

e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The NMBA is committed to a plain language approach that will help health practitioners and the public understand and apply the requirements of the EN and RN standards for practice. We have written the proposed revised registration standard in plain language and will develop a range of complementary material to support transparency and public understanding, including Easy English guides where appropriate.

f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The NMBA has procedures in place to support a review the EN and RN standards for practice at least every five years, as it is good regulatory practice to do so. This ensures that the profession, education providers, employers and the community have both consistency in the standards while they are in effect and confidence that the standards for practice will be continuously reviewed.

However, the NMBA may choose to review the standards for practice earlier, in response to any issues which arise, or new evidence which emerges to ensure their continued relevance and workability.

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process and/or in developing the new or revised registration standard, code or guideline will be provided to the NMBA to inform decision-making.

Appendix F: National Boards' Patient and consumer health and safety impact statement

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (the Statement)[2] explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

While standards for practice are not a registration standard, code or guideline, the Nursing and Midwifery Board of Australia (NMBA) has prepared this statement as it is good regulatory practice to do so.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions to the regulatory document on the health and safety of patients and consumers, particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects.

2. The potential impact of the proposed revisions to the regulatory document on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.

3. Engagement with patients and consumers, particularly vulnerable members of the community, about the proposal.

4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025, National Scheme engagement strategy 2020-2025, National Scheme Strategy 2020-2025 and reflects key aspects of the revised consultation process in the Procedures for developing registration standards, codes and guidelines and accreditation standards.

Below is our initial assessment of the potential impact of the proposed revision to the EN and RN standards for practice on the health and safety of patients, clients and consumers, particularly on vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient, client and consumer health and safety, particularly on vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The NMBA has carefully considered the impacts that the proposed revised EN and RN standards for practice could have on patient, client and consumer health and safety, particularly those vulnerable to harm within the community, in order to put forward the best option for consultation. The proposed option is informed by best available evidence, best practice approaches and monitoring of the current standards for practice.

[2] This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

We have balanced these considerations and put forward what we think is the best option for consideration for members of the community at risk of experiencing poorer health outcomes include Aboriginal and Torres Strait Islander Peoples, people living in rural and remote areas, people of low socioeconomic groups and older people.

The revised EN and RN standards for practice have made changes to the definition of cultural safety to bring it into alignment with the definition adopted by the National Scheme. Doing so will align with the Aboriginal and Torres Strait Islander concept of self-determination and broader Ahpra cultural safety initiatives.

The NMBA believes the proposed changes to the EN and RN standards for practice will maintain the focus on closing the gap in healthcare outcomes for Aboriginal and Torres Straits Islander People and improve the health, safety and quality of healthcare services for all patients regardless of their cultural background. These include emphasising patient-centred care, managing risks and hazards, and responding to domestic and family violence, abuse and neglect, and sexual violence in line with trauma-informed models of care.

The updates reflect the continued importance of culturally safe practice across clinical care, education, supervision and research, and the importance of integrating family and culture to provide holistic care to Aboriginal and Torres Strait Islander Peoples and communities.

We will seek further input and advice from Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit and Community Advisory Council. Our engagement through consultation will help us to better understand possible impacts, outcomes and meet our responsibilities to protect patient safety and health care quality.

2. How will consultation engage with patients, clients and consumers, particularly with vulnerable members of the community?

In line with our consultation processes the NMBA is carrying out wide-ranging public consultation following preliminary consultation with key stakeholders. We will engage with patients, clients and consumers, peak bodies, the community and other relevant organisations to get input and views from people vulnerable to harm.

Our consultation questions specifically ask whether the proposed changes will impact on patient, client and consumer health and safety, particularly people vulnerable to harm within the community. Responses will help us better understand possible outcomes and address them.

3. What might be the unintended impacts for patients, clients and consumers, particularly for vulnerable members of the community? How will these be addressed?

The NMBA has carefully considered what the possible unintended impacts of the revised EN and RN standards for practice might be. Consulting with relevant organisations will help us to identify any other potential impacts. We will fully consider and take action to address any potential negative impacts for patients, clients and consumers that may be raised during consultation, particularly for people vulnerable to harm within the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The NMBA has carefully considered any potential impact of the revised standards for practice on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different in order to put forward the proposed option for feedback as outlined in the consultation paper.

The updates to the EN and RN standards for practice have maintained and built upon practitioner obligations for culturally safe practice and reflect the importance of culturally safe practice across clinical care, education, supervision and research, and integrating family and culture to provide holistic care to Aboriginal and Torres Strait Islander Peoples and communities. The NMBA believes these updates will continue to support the delivery of patient centred, holistic and culturally safe care by enrolled nurses and registered nurses to Aboriginal and Torres Strait Islander Peoples and communities.

Our engagement through consultation will help us to identify any other potential impacts, including any unintended impacts for Aboriginal and Torres Strait Islander Peoples and non-Aboriginal or Torres Strait Islander people. Consultation will also aim to support us to meet our responsibilities to build the capacity of the Australian health workforce to deliver culturally safe care and otherwise promote the safety and quality of healthcare for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The National Boards including the NMBA are committed to the National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025 which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we will explore the best ways to meaningfully engage with Aboriginal and Torres Strait Islander Peoples with input from Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit. We will engage directly with Aboriginal and Torres Strait Islander organisations and stakeholders, including offering opportunities to meet to discuss the revised EN and RN standards for practice in more detail and understand potential impacts for Aboriginal and Torres Strait Islander Peoples.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The NMBA has carefully considered and has not identified any unintended impacts for Aboriginal and Torres Strait Islander Peoples in the revised EN and RN standards for practice. Consulting with Aboriginal and Torres Strait Islander Peoples and stakeholders will help us to identify any other potential impacts. We will consider and take actions to address any potential negative or unintended impacts for Aboriginal and Torres Strait Islander Peoples raised during consultation.

7. How will the impact of this proposal be actively monitored and evaluated?

In partnership with Ahpra, the NMBA continually monitors compliance with its regulatory documents. Engagement with audit is a mandatory requirement for all health practitioners registered under the National Scheme. The audit provides assurance to the NMBA that the level of regulation offered by the EN and RN standards for practice is appropriate and proportionate, that compliance with the requirements is met and that the regulation is achieving its public safety objectives. It also provides feedback to the NMBA about the operation, effect, and impact of the regulation for continuous improvement.

The Board has completed a **patient health and safety impact statement** for consultation and will provide a patient and safety impact assessment (if the proposal is approved