



25 May 2022

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Via email: [tanya.vogt@ahpra.gov.au](mailto:tanya.vogt@ahpra.gov.au);  
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Dear Tanya,

**Re: Consultation on the new factsheet on nursing and midwifery scope of practice**

Thank you for the opportunity to provide feedback on the proposed new NMBA factsheet on nursing and midwifery scope of practice. The ANMF commends the NMBA on the decision to develop this important resource.

The ANMF Federal Office has consulted with our state and territory branches to inform our response.

We offer the following feedback in response to the questions posed and have also provided tracked changes on the draft factsheet for your consideration.

**Q1. Does this document provide clarity on the various nursing and midwifery roles?**

This factsheet will be a useful resource for employers, public and private health services, other health practitioners, people receiving nursing and midwifery care and for nurses and midwives themselves. However, there are a number of sections that need to be amended for accuracy and clarity. Some areas are overly simplistic.

The ANMF appreciates that scope of practice is very broad and difficult to cover in a factsheet, however, the risk is that this resource becomes a task list which has the potential to limit scope instead of explaining it.

Health service organisations need to be able to see the complexity of nursing and midwifery practice, not just be given a list of typical activities they can use to pick out what can be done by other practitioners or healthcare workers.

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It may be better to use the relevant standards for practice, including examples against each standard and what that might mean for the nurse or midwife. This would also assist both employers and practitioners to better understand how the standards for practice align with the nurse or midwives' practice and development.

The draft factsheet raises the issue of supervision of one profession by another. This is detailed in both the Enrolled nurse (EN) and the Midwife columns where it states:

An EN provides nursing care as part of a team, contributes to nursing care plans while always working under the supervision of an RN or midwife.

An EN is accountable in providing care that has been delegated to them by an RN, NP or midwife, according to the health needs of the person, and that is within their competence.

Midwives supervise ENs, students and other healthcare workers.

As stated in the factsheet, nursing and midwifery are recognised as two separate professions under the National Law.

Midwives work within a defined scope of practice, which enables key concepts of midwifery practice including: partnership with women; respect for human dignity; care of the childbearing family; promotion of safe motherhood; cultural respect and safety; the right of women to choose a midwife as their primary carer, and a focus on health promotion and illness prevention.

It is the position of the ANMF that nurses who are not midwives may provide aspects of midwifery care for pregnant or birthing women only in emergency or exceptional circumstances when there is no midwife or doctor available. Supportive, evidence-based information and guidance should be available for registered nurses when there is no midwife available. There should be appropriate and timely referral to a midwife and/or doctor following care given by the registered nurse. In maternity services, nurses who are not midwives should only provide an activity delegated to them, in accordance with their state/territory legislative requirements, and under a care plan developed by a midwife responsible for the individual woman's care.

Care should be taken that this new factsheet does not suggest that midwives who are not nurses should be responsible for the supervision and delegation of nurses providing nursing care or even nurses providing midwifery care, other than in an emergency.

It is the role of the RN to supervise and delegate to the EN, student of nursing, or healthcare worker providing nursing care. As it is the role of midwives to supervise and delegate to students of midwifery providing midwifery care. The ANMF is concerned that a growing number of health service organisations are seeking to fill midwife vacancies with nurses to provide antenatal and postnatal midwifery care, purportedly under the supervision and delegation of a midwife.



The NMBA Decision-Making Framework (Guide to midwifery practice decisions statement 4), allows for a midwife to delegate an activity that is within a midwifery plan of care to a nurse. Language in the factsheet should be aligned with the DMF.

**Q2. What have we missed that may be crucial around how these roles differ in the workplace?**

In the current document the lists of typical activities must be viewed as examples only and the statement under 'scope of practice' should be highlighted and explained further.

Nurses, midwives and key stakeholders accessing the factsheet need to be provided with information about the relationship between scope of practice, experience, level of knowledge and context, including geographical location (rural and remote) to ensure understanding that individual scope of practice can develop and change.

It should be emphasised that registered nurses' and nurse practitioners' education aims to facilitate the development and expansion of critical thinking capability and the practitioner's ability to work autonomously as well as part of a team. It should detail that they also engage in learning which provides them with skills and knowledge that are transferrable to many contexts and situations. Using the standards as the framework might work better to emphasise this.

Please find attached the draft factsheet with suggested amendments and additions as tracked changes.

We appreciate the opportunity to participate in the consultation process and provide feedback on behalf of our membership. Should you require further information on this matter, please contact Julianne Bryce, ANMF Senior Federal Professional Officer at [jbryce@anmf.org.au](mailto:jbryce@anmf.org.au) or on 0409 221 699.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Annie Butler'.

**Annie Butler**  
Federal Secretary  
Australian Nursing and Midwifery Federation

Encl.



Nursing and  
Midwifery Board  
Ahpra

Fact sheet

# Scope of practice and capabilities of nurses and midwives

CONSULTATION DRAFT

# Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

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 standards, codes and guidelines which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

Nursing and midwifery are recognised as two separate professions under the National Law. There are two divisions of nursing, registered nurses and enrolled nurses.

Registered nurse, enrolled nurse, nurse practitioner and midwife are professions regulated by the NMBA, each with different education, knowledge, skills and standards for practice and different responsibilities and activities.

This fact sheet has been developed to inform stakeholders such as employers, private and public health services, and other health practitioners, on the varying roles and scope of practice of each NMBA registrant cohort. Employers can use the information when determining which practitioner best suits the needs and requirements of their health service. It can also provide clarity and guidance to the public when receiving care and treatment from a nurse or midwife.

The information in the following table provides a comparison of entry-level nursing and midwifery education and practice. It clarifies the educational outcomes, common activities and fundamental differences of each NMBA registrant group. While the table provides an entry level comparison, throughout their careers nurse and midwives continue to develop their knowledge and skills and expand their scope of practice. The information is a collective synopsis of NMBA regulatory standards, codes and guidelines which can be sourced on the NMBA's website at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au).

CONSULTATION DRAFT

# Comparison of entry-level nursing and midwifery education and practice

Category	Registered nurse (RN)	Nurse practitioner (NP)	Enrolled nurse (EN)	Midwife
<b>Qualification/ education entry level and program of study</b>	<p><b>Bachelor of nursing</b> (AQF 7) Study duration: Three years full time, tertiary education (university)</p> <p><b>Master's degree</b> (AQF 9) Study duration: Two years or equivalent. Students complete a minimum of 800 hours of clinical placement in a variety of settings.</p> <p>Only those who are registered with the Nursing and Midwifery Board of Australia can use the title 'registered nurse'.</p>	<p><del>Holds registration as an RN with</del> and an <b>NP Masters</b> (AQF 9) Study duration: minimum 18 months, tertiary education. Students complete a minimum of 300 hours of supernumerary clinical practice.</p> <p>Only those who are endorsed as an NP by the Nursing and Midwifery Board of Australia can use the title 'nurse practitioner'.</p> <p><b>Broad and extensive experience as a RN</b></p> <p><b>Completes an NMBA approved program of study</b></p>	<p><b>Diploma of nursing</b> (AQF 5) Study duration: minimum 18 months within the vocational education training (VET) sector, delivered by Registered Training Organisations (RTO). Students complete a minimum of 400 hours of clinical placement in a variety of settings.</p> <p>Only those who are registered with the Nursing and Midwifery Board of Australia can use the title 'enrolled nurse'.</p> <p><b>Completes an NMBA approved program of study</b></p>	<p><b>Bachelor of midwifery</b> (AQF 7) – Study duration: Three years full time or</p> <p><b>Master of midwifery</b> (AQF 9) Study duration: Two years or equivalent, or</p> <p><b>Graduate diploma of midwifery</b> Post graduate pathway (AQF 8) – for current RNs seeking midwifery registration. Study duration: 12 months Students complete a minimum of 10 continuity of care episodes (antenatal, labour and postnatal care) with women and their families.</p> <p>Only those who are registered with the Nursing and Midwifery Board of Australia can use the title 'midwife'.</p>
<b>Educational outcomes</b>	<p>RNs graduate as generalists with a person-centred approach to practice and an integrated theoretical and practice based knowledge of care across the lifespan and across all body systems.</p> <p>RNs have an in-depth scientific knowledge that includes the administration, supply and quality use of medicine.</p> <p>RNs have foundational <b>skills in communication, relationships and management.</b></p>	<p>NPs graduate with advanced <b>clinical</b> assessment and diagnostics skills, with a person-centred approach underpinned by clinical research and practice improvement methods.</p> <p>NPs are educated and authorised to prescribe scheduled medicines and order diagnostic investigations.</p>	<p>ENs graduate from a competency-based education framework with essential knowledge to manage and <b>complete tasks under the supervision of an RN, NP or midwife</b>. The supervision can be direct or indirect.<sup>1</sup></p> <p>ENs are educated with the essential knowledge required to effectively complete delegated care, manage tasks and manage contingencies in the context of the role.</p> <p>ENs recognise normal and changing health conditions of people in their care.</p>	<p>Midwives graduate with a woman-centred approach to practise and an integrated theoretical and practice based knowledge of care across the childbearing continuum.</p> <p>Midwives have an in-depth scientific knowledge that includes the administration, supply and quality use of medicine relevant to midwifery practice.</p>
<b>Scope of practice</b>	<p>While the foundational education of RNs, ENs and midwives in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practise. This includes the health needs of people, the level of competence and confidence of the nurse and/or midwife and the policy requirements of the service provider.</p> <p>Sometimes a registered practitioner has a type of registration or conditions that limit what they can do. The NMBA publishes a list of nurses and midwives who are registered to practise in Australia. The list is called the '<a href="https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurse-standards-for-practice.aspx">Register of practitioners</a>'.<sup>2</sup> When a health practitioner's name appears on the list, you know that they are allowed to practise and whether they have any limitations or conditions associated with their registration.</p>			

<sup>1</sup> <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurse-standards-for-practice.aspx>

<sup>2</sup> <https://www.nursingmidwiferyboard.gov.au/>

Category	Registered nurse (RN)	Nurse practitioner (NP)	Enrolled nurse (EN)	Midwife
<p><b>What do nurses and midwives do?</b></p>	<p>RNs are accountable for the management of people in their care, the development of care plans and for the coordination of other health workers and resources to provide nursing care.</p> <p>RNs have the knowledge and skills to conduct comprehensive and systematic assessments.</p> <p>RNs provide information and education to enable people to make decisions and take action in relation to their health.</p> <p>RNs supervise ENs, students and other healthcare workers.</p> <p><b>Typical registered nursing activities include:</b></p> <ul style="list-style-type: none"> <li>responsibility for the assessment, planning and delivery of care to people who have acute and/or chronic health issues</li> <li>to review and maintain nursing care plans and other health records</li> <li>the ongoing monitoring and evaluation of the nursing care provided and identification where care may need to be escalated or altered due to the changing health of the person</li> <li>assessing and responding to people's health needs and problems</li> <li>performing treatments, commence, administer and monitor medication and IV therapy</li> <li>interpreting diagnostic test results or reports</li> <li>educating people about their medical conditions and treatment plans, their follow up care, and any referral to specialist services that have been made</li> <li>maintaining a safe, hygienic working environment</li> <li>providing emotional and psychological support to patients and their families</li> <li>supervising nursing students</li> <li>participating in medical procedures as part of a multi-disciplinary team (for example in surgical wards and operating theatres)</li> <li>working with other health care providers to make sure each individual patient gets care that meets their individual needs</li> </ul>	<p>NPs supervise ENs, students and other healthcare workers.</p> <p><b>Typical nurse practitioner activities include:</b></p> <ul style="list-style-type: none"> <li>managing the total holistic care of people</li> <li>to diagnose, prescribe scheduled medicines, refer people to other health practitioners and undertake advanced procedural work</li> <li>to conduct invasive diagnostic tests and assist in major surgical procedures.</li> <li>establishing healthcare delivery for the diagnosis and treatment of people of all ages with conditions such as diabetes, infections, injuries and wound care.</li> <li>ordering, performing and interpreting tests such as blood test and x-rays</li> <li>strategic role to improve, manage or prevent health issues</li> <li>supervising nurse practitioner students</li> <li>providing education</li> <li>exhibiting leadership that supports meeting the need of community health and uses up to date research to provide evidence-based care</li> </ul> <p><b>Policy development Initiation and involvement in quality improvement activities</b></p> <p><b>working with communities and specific populations to improve health outcomes</b></p>	<p>An EN provides nursing care as part of a team, contributes to nursing care plans while always working under the supervision of an RN or midwife.</p> <p>ENs have the knowledge and skills to gather data using observation, interview, physical examination and measurement.</p> <p>An EN is accountable in providing care that has been delegated to them by an RN, NP or midwife, according to the health needs of the person, and that is within their competence.</p> <p><b>Typical enrolled nursing activities include:</b></p> <ul style="list-style-type: none"> <li>providing personal care and hygiene needs such as showering, dressing and assisting with meals.</li> <li>recording and interpreting observations: <ul style="list-style-type: none"> <li>Temperature, pulse and blood pressure</li> <li>Urinalysis</li> <li>Blood glucose and other tests used in specific areas of practice</li> </ul> </li> <li>recognising and reporting changes in patients condition to the RN</li> <li>providing care for those with acute and chronic physical and mental health needs</li> <li>providing basic wound care in line with an agreed plan of care</li> <li>administering and monitoring medicines and intravenous therapy</li> <li>supporting basic nutrition advice and education</li> <li>responds to people's health and care needs</li> </ul>	<p>Midwives work in partnership with women</p> <p>Midwives supervise ENs, students and other healthcare workers</p> <p><b>Typical midwifery activities include:</b></p> <ul style="list-style-type: none"> <li>antenatal care including abdominal palpation, performing clinical observations on mother and unborn baby, reviewing and ordering diagnostic and/or screening tests, and risk assessments from a clinical, health, lifestyle and psychological perspective</li> <li>intrapartum care including monitoring and support of women during labour, monitoring the foetus during labour and medication management</li> <li>birthing or 'delivering' the baby, identifying variances to normal birth, and escalating as necessary to specialist staff</li> <li>to commence, administer and monitor medication and IV therapy within the context of midwifery practice</li> <li>managing the third stage of labour, perineal assessment and suturing and facilitating initial mother and baby interaction including skin to skin and breastfeeding support</li> <li>advising and supporting parents on the daily care of their newborn babies</li> <li>identifying where there may be concerns about the health and wellbeing of the mother and the newborn baby</li> <li>offer breastfeeding and nutritional support</li> <li>helping parents who experience miscarriage, termination, stillbirth and neonatal death</li> <li>may extend to women's health, reproductive and sexual health, and child and family health care.</li> </ul>

Category	Registered nurse (RN)	Nurse practitioner (NP)	Enrolled nurse (EN)	Midwife
<b>Additional formal education pathways</b>	Post Graduate Certificates, <b>Diplomas</b> , Honours degree (all AQF8), Masters (AQF 9) and Doctorates (AQF 10)	Post Graduate Certificates, Diplomas, Honours degree (all AQF8), Masters (AQF 9) and Doctorates (AQF 10)	Advanced Diploma of Nursing (AQF 6). This qualification provides additional skills and knowledge in a specific area of nursing practice. <del>ENs can seek advanced standing towards the Bachelor of Nursing (AQF7) if they want to register as an RN.</del>	Post Graduate Certificates, Diplomas, Honours degree (all AQF8), Masters (AQF 9) and Doctorates (AQF 10)
<b>Where do nurses and midwives' work?</b>	RNs <b>provide care</b> across the life span from infants to aged care. RNs work in clinical roles, in generalists  specialist areas of practice. This includes private and public health settings, aged care and health care, public health, community, mental health, paediatrics, emergency medicine, intensive care, aged care and correctional services to name a few  RNs can be employed or self-employed, run nurse led clinics and work in rural, regional, remote and metropolitan health services. RNs also work in non-clinical roles such as management, administration, education, research, advisory, regulatory or policy development roles	NPs work in clinical roles in their generalist or specialist area of practice. This includes private and public health settings, aged care and health care, public health, community, mental health, paediatrics, emergency medicine, intensive care, aged care and correctional services to name a few. NPs can be employed or self-employed, run nurse led clinics and work in rural, regional, remote and metropolitan health services. NPs work across a combination of clinical and non-clinical roles 	ENs provide care across the life span from infants to aged care ENs work in clinical roles across private and public health settings, aged care and health care, public health, community, mental health, paediatrics, aged care and correctional services to name a few 	Midwives usually work in clinical roles across hospitals, private and public settings, primary care and birthing centres. Some midwives work privately and support women and their families across the continuum of midwifery care including the provision of homebirths. This may be in the home environment, in private clinics or in partnership with a maternity hospital Midwives also work in non-clinical roles such as management, education, research and policy 