

Submission by the Australian Nursing and Midwifery Federation

Public Consultation Paper – Review of Enrolled nurse standards for practice

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**Australian
Nursing &
Midwifery
Federation**



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Introduction

- 1) The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.
- 2) Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
- 3) Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
- 4) Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
- 5) The ANMF thanks the Nursing and Midwifery Board and Ahpra for the opportunity to provide feedback on the *Public Consultation paper – Review of Enrolled nurse standards for practice*. We are pleased that some of our feedback provided in August 2025 was taken into consideration and resulted in changes to these standards.



Consultation Questions

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.

- 6) The ANMF supports the revised *Review of Enrolled nurse standards for practice* and supports this consultation. The revised Enrolled Nurse (EN) standards are relevant, clear and can be reflected in contemporary practice. The revised standards support and provide clarity at times to ENs and stakeholders to understand the professional practice expectations of an enrolled nurse.
- 7) The EN standards for practice must guide the EN workforce to clearly understand their responsibility and accountability to collaborate and consult with the supervising RN and the people receiving their care. Differing scopes and standards of practice for the EN nurse, compared to the RN, enable other health practitioners to know who holds the primary responsibility for clinical decisions and patient outcomes. This also prevents role confusion across the multidisciplinary team and ensures clarification of responsibility for supervision and delegation, and workflows in the clinical setting. A clearly defined scope of practice for each role acknowledges the differing levels of accountability for clinical decision making.
- 8) There are embedded elements within the Review of Enrolled Nurse Standards for Practice that require further consideration.
- 9) The streamlining of the standards from ten standards to five standards is welcomed. As with the RN standards, we recommend that the standards' criteria are as specific and measurable as possible to ensure they can be applied effectively in practice.



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.

- 10) The ANMF believes that the EN standards for practice provide a clear workable framework, however there are opportunities for improvements and further clarification on the proposed *Enrolled Nurse Standards for Practice* revision.
- 11) The ANMF welcomes the new classification of “nurse” and “nursing”, adopted by the International Council of Nurses (ICN), which has been inserted into the Glossary of the *Enrolled Nurse Standards for Practice public consultation paper*
- 12) As we have previously advised we recommend the inclusion of these definitions in the introduction for *Enrolled Nurse Standards for Practice public consultation paper*.
- 13) The ANMF supports the inclusion of sustainability and planetary health in the *Enrolled Nurse Standards of Practice public consultation paper*. Nurses have a critical role to play in advancing planetary health through not only through mitigation efforts but also adaptation and resilience-building efforts. The impact of climate change is only increasing, and it is imperative that the standards reflect the importance of this crisis and how it will impact nurses and midwives in the future. The ANMF recommends that further detail is provided to support these two concepts, recognising that climate change is being referred to as a global emergency in many contexts of healthcare.
- 14) While there are many positives in the standards, the ANMF recommends the following amendments to ensure a clear workable framework for ENs.



Standard 1 Professionalism

- 15) We recommend changing or removing the term *'incivility'* in **Standard 1.4**. It is not a commonly used word, and *'disrespectful'* may be better understood. Alternatively, it could be removed, as the context is already covered by other terms in this standard. The ANMF is concerned that this could set up a power imbalance where the matters are outside mandatory requirements to 'report'.
- 16) **Standard 1.6** states that the EN "accepts and demonstrates accountability for own actions in providing nursing care, and for the outcomes of actions they have delegated." The use of the term *delegated* in this context is unclear. As written, it implies that the EN has authority to directly delegate tasks, which may not accurately reflect the typical workflow and accountability structure between the RN and EN.
- 17) In standard clinical practice, the RN holds primary responsibility for delegating care activities, while the EN accepts and performs delegated tasks within their scope of practice. Therefore, the statement should clarify whether it refers to situations where an EN may coordinate or allocate tasks after consultation or collaboration with the RN. If this is the intended meaning, the wording should explicitly state this.
- 18) The standard would benefit from clearly outlining the delegation hierarchy, specifying that the RN delegates care activities and the EN accepts delegated responsibilities. Furthermore, where an activity has been delegated by the RN to the EN, the EN should not redelegate that activity unless this occurs under explicit direction or policy guidance. Clearer language would reduce ambiguity regarding accountability and ensure alignment with established nursing roles and responsibilities.
- 19) We also recognise that ENs may delegate tasks to other ENs, Assistants in Nursing (AINs), or Personal Care Workers (PCWs) in situations where a RN is not immediately present. This occurs in many clinical environments where ENs are responsible for coordinating aspects of care delivery within their scope of practice.



- 20) Within **Standard 1.8**, we recommend the following amendment “Recognises risk of harm, *including the harm from identified unnecessary or wasteful interventions*, and practises to ensure safe outcomes” to reflect the growing body of evidence that some care interventions are not clinically effective and/or even harmful to not only to the patient, but also detrimental to environmental outcomes.
- 21) **Standard 1.10** states “responds appropriately to constructive feedback” the ANMF recommends that the word constructive is removed from this sentence. Not all feedback is considered constructive, and the EN needs to be able to appropriately evaluate and respond even in the face of feedback that is not considered constructive.
- 22) **Standard 1.15** implies that the EN has control over the use of technology in health by stating “*and acts to ensure the safe technology in health.*” To support the appropriate level of responsibility expected, we would suggest a change in wording to reflect safer parameters of technological use. Instead, state “**and is aware of and aims to support the safe use of** technology in health.”

Standard 2 Cultural Safety

- 23) While the ANMF believes that **Standard 2** is a positive step towards ensuring culturally safe practice. We recommend that the following detail is considered for inclusion in **Standard 2.4** “*Acknowledges colonisation, interpersonal and systemic racism, intergenerational trauma, social, behavioural, and economic factors which impact Aboriginal and Torres Strait Islander peoples’ and other racially marginalised peoples, health outcomes and makes trauma informed adjustment to care delivery*”.
- 24) The ANMF has concerns with the definition of cultural safety that the NMBA uses in the revised EN standards. The Queensland Nursing and Midwifery Union (2022) First Nations Branch has developed a Cultural Safety position statement (please see attached) which



asserts that ‘cultural safety’ is an established term and framework, coined by Irihapeti Ramsden¹, who was a First Nations nurse and researcher based in New Zealand.

25) The ANMF is concerned that the definition used in the revised standards unfairly and disproportionately places the burden on Aboriginal and Torres Strait Islander peoples to identify and facilitate their own cultural safety. We recommend the NMBA reviews and revise the cultural safety definition, recognising the framework established by Irihapeti Ramsden.

Standard 3 Collaborative Practice

26) **Standard 3.6** *“Recognises the RN/NP/Midwife supervises and delegates activities, guides and assists EN decision-making and provision of nursing care.”* This statement is not clear. For a clear intention the phrase needs to state, ‘where the RN/NP/Midwife delegates to’ or ‘delegates in collaboration with’. There needs to be a given hierarchy that the RN delegates and the EN accepts delegated activity, the EN cannot redelegate an activity.

27) **Standard 3.7** requires further clarity. To achieve this the ANMF recommends the following changes, *“Provides support, and guidance to assistants in nursing, supports personnel and Diploma of nursing students, to ensure care is provided as outlined within the plan of care and according to workplace policies, protocols and guidelines.”* These changes more accurately describe the supervision role of ENs.

28) The RN is the overarching supervisor as such the standard needs to reflect that the EN is to support and not supervise. The term *“support personnel”* also requires further clarity, the concern is that this statement is too broad and the potential for higher expectations of the EN to supervise staff they would normally not be required to supervise. The ANMF suggests this be changed to *“personal care workers in residential and community aged care services.”*

¹ Queensland Nurses and Midwives’ Union (QNMU), *Position Statement Endorsed by QNMU Council 2022*



29) Similar to our feedback responding to the RN standards, we are concerned that the language used in these standards is not sufficiently clear to guide safe nursing practice. While collaborative practice is an important aspect of effective teamwork, precise and clear language is required to safely articulate the roles and responsibilities of the EN in regard to supervision and delegation. The ANMF recommends revising the language used in this standard to align with the NMBA Decision-making framework for nursing and midwifery (2022), specifically the 'Guide to delegation decisions' from page 9, which clearly articulates the delegation relationship.

30) Diploma of Nursing students is the preferred term for EN students, by referring to their education requirements to practice as an EN. The ANMF's preference is that the term Diploma of Nursing students is used rather than EN student.

Standard 4 Knowledge Informed Practice

31) The term "knowledge-informed practice" is broad and requires further clarification. The statement needs to refer to where the knowledge is coming from, for example, learned practice from diploma studies, RN knowledge and/or experience. We recommend that Knowledge Informed Practice is included in the glossary.

Standard 5 Comprehensive Care

32) **Standard 5** would benefit from the inclusion of the terms person/people centered care and compassion in the summary of this standard to demonstrate that nurses provide this form of holistic care.

33) Within **Standard 5.6**, the ANMF would recommend the following changes "*Recognises the deteriorating and critically unwell person and responds appropriately to support the person, escalate and report changing care needs to the appropriate identified clinician ."* This would ensure a clear order of escalation in managing a deteriorating patient ensuring the safe escalation of care.



- 34) We recommend the following changes, substitutions and additions, be included in the standard: additional detail to provide guidance on *‘responding appropriately’* to and *‘reporting’* on the deteriorating patient. There should also be reference to the appropriate identified clinician within the parameters of the workplace policies and procedures and EN scope of practice.
- 35) **Standard 5.10** states *“The EN effectively manages time and prioritises dynamic workload demands”*. Workload demands are often largely influenced by systemic, institutional factors. Consistent with our feedback regarding the RN standards for practice, we are concerned that this expectation, interpreted in isolation of these broader structural determinants, may be used to unfairly shift the blame onto ENs as individuals for not meeting unreasonable workload demands imposed by institutions.

Glossary

- 36) Although the ANMF supports many of the inclusions to the glossary, for best use of the revised standards, we recommend several revisions and additions to the glossary. These are as follows:
- 37) **Supervision/supervise** would benefit from further clarity. Currently it states, *“where appropriate, an EN may be secondary supervisor of another EN”*. The term *“where appropriate”* requires further clarification. The definition should set the expectations for who delegates the **supervision**. The intention needs to be clear, for example is the intention that the supervision is delegated in collaboration with the RN, as directed by the RN or determined by the EN themselves.
- 38) The definition of the **Enrolled Nurse (EN)** role in the Glossary contains some inconsistencies. On page 24, it states that the *“EN practises under the supervision of the RN/NP/midwife (NMBA, 2023).”* However, on page 28 under the section **Supervision/supervise**, it states that *“The NMBA requires all enrolled nurses to be supervised by a registered nurse; this means that the RN must be the primary supervisor of an EN.”*



- 39) We acknowledge that in some practice settings ENs may work with indirect supervision from a registered nurse and may need to escalate care to another appropriate clinician, such as a general practitioner.
- 40) Therefore, the ANMF requests that these sections of the document be reviewed and amended to ensure consistency throughout the document, particularly regarding references to supervision arrangements and the inclusion of midwives, and to ensure alignment with **Standard 3.6**.
- 41) The definition of the **EN** also appears to contradict the intent of **Delegate or delegated** definition that precedes the EN definition. The definition also lacks any mention of the requirement for a minimum qualification which is the Diploma of Nursing. The ANMF recommends that this is clearly articulated i.e. a Diploma or Advanced Diploma of Nursing through an approved provider or the required minimum NMBA qualification.
- 42) **Delegate or delegated** : The ANMF has concerns related to the statement that *“the person who delegates retains accountability for the decision to delegate and for performance and outcomes.”* As previously expressed, this statement creates ambiguity in relation to the RN’s responsibility and accountability as the primary nursing role accountable for clinical decision making and directions.
- 43) Further aspects that remain ambiguous within the document are definitions of what constitutes guidance and how this differs from supervision. Clarity in terminology is critical to ensure that the EN role and scope of practice is understood.
- 44) We recommend greater clarity regarding the terminology used in the Glossary **AIN** definition (p 22), specifically, the meaning of the word ‘*direction*’ when referring to the relationship between AINs and ENs, i.e., 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.



- 45) Under '**Culturally safe practice**' the sentence '*Practitioners should communicate in a respectful way and meet their privacy and confidentiality obligations including when communicating online*' whilst not incorrect, does not fit with the flow of the previous sentence. The ANMF requests that there be a glossary term that is for both confidentiality and privacy.
- 46) Privacy/Confidentiality are both inherent to the role of an EN. It is vital for an EN to be able to practice and uphold confidentiality for the safety of patients and to maintain their trust.
- 47) Confidence is used within the standards to describe an undertaking of care, this terminology is inherently dangerous, confidence is a subjective notion and although confidence may be present, competence may not. If confidence is used within the standards, then a sufficient and strong understanding of what confidence is referring to is required. Otherwise, this could allow professionals to undertake tasks in which they are not adequately competent, leaving them and patients at risk. *Privacy/Confidentiality* is inherent to the role of an enrolled nurse. To protect the safety of patients, build trust and allow for respectful practice, all nurses must maintain confidentiality. Both definitions should be included in the Glossary
- 48) **Deteriorating Patient/Person** needs to define the standard for the EN on recognising and responding to the deteriorating patient. Clarification is required of the expectations of the EN when managing this type of patient, for example, the EN should escalate to the RN, as well as explaining the scope of practice for ENs to support the patient.
- 49) As we stated in our previous submission, inherent requirements for practice should also be included in the glossary for the EN standards of practice. The ANMF would recommend the following definition be used "*The essential abilities, knowledge, skills, and professional behaviors required to complete an accredited Enrolled Nurse program and practice safely in accordance with the Enrolled Nurse Standards for Practice set by the NMBA.*"



50) As we stated in our previous submission we would expect there to be an explanation for trauma informed care within the glossary. This would further explain this concept and give guidance on how ENs can incorporate trauma informed care into their practice.

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.

51) Yes, the standards address the key differences and similarities between RNs and ENs. The document highlights the distinct roles and scopes of practice for RNs and ENs while ensuring alignment and complementarity between the two sets of standards.

52) However, there are too many areas of ambiguity that do not properly address the distinction between RNs and ENs. The RN remains responsible for patient and clinical outcomes and this needs to be reflected accurately within the standards.

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.

53) While the ANMF recognizes that these standards for practice are clear and support the valuable role of the EN, we still have concerns that the ambiguity in various statements used could lead to unintentional negative impacts with role ambiguity.

54) As planetary health is an emerging field in nursing, there is a risk that new standards could be misinterpreted or inconsistently applied, potentially leading to undue pressure on individual health professionals. No health professional should be penalised for good faith efforts to meet planetary health related standards, provided they act within the bounds of evidence-based practice and their professional scope.

55) To mitigate this, the standards must be accompanied by clear guidance from the NMBA to ensure that the standards empower action rather than impose unrealistic expectations on nurses. We would suggest the development of a Professional Practice Guideline on the



integration of planetary health into nursing practice. In line with existing Professional Practice Guidelines, this guideline would include (but not be limited to) the arising threat of the Triple Planetary Crisis and its impact on health, providing guidance for the implementation of planetary health into nursing practice.

56) As outlined in our feedback to the RN standards, the ANMF is concerned that **EN Standard 5.10** may result in potential negative unintended consequences for ENs. We are concerned that this standard assumes that Enrolled Nurses have complete control over their working environment, which is not the case. While we acknowledge that prioritisation of clinical care is an essential nursing skill, there is a risk that the standard as it is currently framed could be applied punitively to individuals and shift responsibility away from systemic and organisational factors that impact nursing workloads.

57) We recommend revising the standard to clearly support the responsibility of ENs to escalate any identified risks and affirm the role of professional judgement. For example: *“Effectively prioritises a dynamic workload under the delegation and supervision of a Registered Nurse and escalates risks appropriately, including change in a patient’s condition, patient deterioration or when workload demands cannot be safely managed.”*



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

58) The ANMF suggests that for the EN standards to be appropriately implemented in workplaces and within education curricula, there will need to be appropriate explanatory information provided about the changes to the standards. Practitioners may benefit from being provided with supporting material to meet the revised standards.

59) In **Standard 2 Cultural Safety**, it would be beneficial to have an attached toolkit or further explanatory material that provides practical examples, case studies or communication strategies that explain implementing culturally safe practice. This would allow the EN to effectively practice in a culturally safe manner.

60) As outlined in our response to the RN Standards , including the NMBA Decision making framework for nursing and midwifery (2022), specifically the ‘Guide to delegation decisions’ from page 9 as additional explanatory material, would support ENs to understand the delegation relationship and their responsibilities under Standard 3 – Collaborative Practice.

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.

61) The ANMF has identified the potential for negative or unintended effects for vulnerable people within the community due to the ambiguity in the supervision requirements.

62) Clarification is still required to establish the form of supervision the EN requires, whether that is direct or indirect supervision. Another statement to clarify these terms regarding the EN standards is required. Restricting ENs in their practice may be detrimental in rural/remote regions with low skill mix workforces. Currently there are challenges in accessing care for these regions, unnecessary restrictions could negatively affect these populations.



63) The opposite effect additionally could also occur, with ENs expected to work outside their scope of practice due to an unclear supervision requirement. If ENs are expected to work outside their scope, this leaves the EN at risk and as well as increasing risk to potentially vulnerable populations.

64) **Implementation Challenges:** If the ENs lack adequate education or resources to meet the new standards, particularly in areas of cultural safety and trauma-informed care, vulnerable populations may not receive the intended benefits of the revision.

65) **Misinterpretation of Standards:** Ambiguity in understanding the language of the standards, without adequate education and real-life scenarios, could lead to inconsistent application of the revised EN standards.

66) To mitigate these concerns the ANMF recommends the implementation of mechanisms to monitor the impact of the revised standards on vulnerable groups and gather feedback to address any unintended consequences.

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.

67) The ANMF supports the creation and inclusion of the Cultural Safety standard which emphasises the importance of culturally safe and supportive practice. However, we recommend that this standard has supporting material attached for this to be implemented correctly and avoid any negative or unintended effects for Aboriginal and Torres Strait Islander Peoples.

68) If there are not adequate resources for the implementation of culturally safe practices this may lead to inequitable care for Aboriginal and Torres Strait Islander Peoples. The standards need to ensure that the intentions are clear and are inclusive in comprehensive consultation with Aboriginal and Torres Strait Islander Peoples and stakeholders including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). As previously stated



there needs to be supporting documentation that ensures a shared understanding of how nurses practice in a culturally safe and inclusive manner.

69) This revision of standards is an opportunity to contribute to uplifting health outcomes for Aboriginal and Torres Strait Islander Peoples, but it must be guided and led by Aboriginal and Torres Strait Islander Peoples' voices.

Please share any other feedback about the revised EN standards of practice

70) N/A

Conclusion

71) The ANMF appreciates the opportunity to provide feedback on the Public consultation of the *EN Standards of Practice* revision. This is a welcome update to the current standards for practice and will support future ENs to work to their scope of practice and be supported in their roles. We understand that these standards will assist in informing curricula and ensuring strong standards for safe and best practice care. For the ongoing development and support of ENs, the ANMF's recommendations must be considered. We look forward to providing further support in the implementation of the standards.