Submission by the Australian Nursing and Midwifery Federation

Public Consultation Paper – Review of Registered nurse standards for practice

March 2026

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 Registered 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. Please find below our feedback to this consultation.

Consultation Questions

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.

6) The ANMF supports the revised Standards for Practice for RNs and supports option two in this consultation. The ANMF believes that the structure is clear and relevant, the reduction of standards from seven standards to five ensures a clear structure for RNs, educators and healthcare providers to follow. The revised language, particularly the headings for the standards, are relevant, clear and understandable.

7) However, the ANMF is concerned that the revised RN standards for practice are currently framed in very broad and overly general terms, which limits their effectiveness and practical application. The standards are used to support assessment of RN performance and professional practice. As such, they need to be specific, measurable and practically applicable, rather than high-level statements that provide limited direction in practice. We are concerned that where these statements are ambiguous or open to interpretation, they may be applied in a way that shifts responsibility onto individual nurses in circumstances where this may not be appropriate or fair.

8) 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 *Registered Nurse Standards for Practice public consultation paper*

9) As we have previously advised we recommend the inclusion of these definitions in the Introduction for *Registered Nurse Standards for Practice public consultation paper.*

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.

10) While the ANMF supports the revision of the standards for practice and its intentions, there is content that needs to be revised to ensure positive impacts on the healthcare system. The ANMF's recommended revisions are outlined below.

Standard 1 Professionalism

11) The ANMF welcomes the amendments to improve **Standard 1.10** and **1.15** since the preliminary consultation to include language which better demonstrates the need for nurses to understand or consider their interactions in relation to escalating changes to digital health and artificial intelligence in healthcare.

12) **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 RN needs to be able to appropriately evaluate and respond even in the face of feedback that is not considered constructive.

13) 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'.

14) In its current form, **Standard 1.14** places emphasis on mitigation, without adequately acknowledging the critical role nurses will increasingly play in adaptation and resilience efforts in planetary health. In 2025 the Australian Government released the National Climate Risk Assessment, which highlighted where critical investments in climate adaptation and resilience measures are needed to sustain the health and community service system. Further the Belem Health Action Plan released at COP30 in 2025 identified the importance of adequate workforce preparedness in order to advance climate adaptation and resilience

across the health sector[1]. It will be pivotal that nurses are included and sufficiently responsible and supported to contribute to health system climate change adaptation and resilience. As such we suggest the following:

- "1.x Acts in a way that identifies and responds to environmental determinants of health, including climate change, biodiversity loss and pollution" OR
- "1.x Acts to identify vulnerabilities and takes steps towards building resilience in communities and health services to withstand climate change, biodiversity loss and pollution ([alternate wording] the Triple Planetary Crisis and/or [alternate wording] environmental degradation)."

15) **Standard 1.15** "*Critically analyses, applies and advocates for the safe use of technology in health.*" While this standard is clear, it should be revised to better reflect the future of technology and how this will impact healthcare. As the use of technology is amplified in healthcare, for example, virtual care, it is imperative that more detail is included to support RNs' clinical practice.

16) This standard also needs to include language which demonstrates the need for nurses to understand or consider their interactions in relation to escalating changes to digital health and artificial intelligence in healthcare.

Standard 2 Cultural Safety

17) The ANMF believes that **Standard 2** is a positive step towards ensuring culturally safe practice, noting the critical inclusion of registered nurses being self-aware and reflective of their own biases in the delivery of care to First Nations People. 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*

[1] World Health Organization. (2025). *The Belém health action plan for the adaptation of the health sector to climate change*. https://www.who.int/publications/m/item/the-belem-health-action-plan-for-the-adaptation-of-the-health-sector-to-climate-change

racially marginalised peoples, health outcomes and makes trauma informed adjustment to care delivery."

18) The ANMF has concerns with the definition of cultural safety that the NMBA uses in the revised standards. The Queensland Nursing and Midwifery Union (QNMU), 2022 First Nations Branch has developed a Cultural Safety position statement which asserts that 'cultural safety' is an established term and framework, coined by Irihapeti Ramsden[2], who was a First Nations nurse and researcher based in New Zealand. 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 revises the cultural safety definition, recognising the framework established by Irihapeti Ramsden.

Standard 3 Collaborative Practice

19) The ANMF welcomes the amendments to improve **Standard 3.5** since the preliminary consultation to include language which better demonstrates the need for nurses to understand or consider their interactions in relation to escalating changes to digital health and artificial intelligence in healthcare.

20) **Standard 3.6** refers to the relationship between RNs, ENs and Assistants in Nursing (AINs), that is *'the RN 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* (p 39).

21) The ANMF is concerned that this statement is ambiguous and does not safely guide nursing practice. As it is currently written, this standard risks being misinterpreted by RNs without a thorough understanding of delegation decisions. 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 RN in regard to supervision and delegation.

[2] Queensland Nurses and Midwives' Union (QNMU), *Position Statement Cultural Safety Endorsed by QNMU Council 2022*

22) 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.

23) We note that AINs have a work description but do not have a defined scope of practice. Consideration should also be given to including references to the relationship between RNs and Undergraduate Students of Nursing (USONs)/Registered Undergraduate Students of Nursing (RUSONs). These roles form part of the contemporary workforce; it would therefore be useful for the standards to clearly outline the relationship between RNs and these other positions.

Standard 4 Evidence-informed practice

24) While **Standard 4.2** refers to RNs identifying and critically analysing research findings, and Standard 4.3 refers to RNs participating in and leading evidence-informed quality improvement activities, there is no explicit reference to RNs participating in or undertaking research**. Standard 1.7** (Nursing and Midwifery Board of Australia, 2016) included the expectation that RNs lead and contribute to quality improvement and relevant research. While acknowledging that not all RNs participate in research, we consider this is an important aspect to include as there is a research stream in nursing. We therefore recommend that consideration is given to retaining this expectation.

Standard 5 Comprehensive Care

25) **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.

26) **Standard 5.1,** we recommend changes to the language of the standard to articulate the role of the RN in clinical decision-making responsibilities. '*Undertakes comprehensive assessments to systematically collect relevant and accurate information and data to inform practice and* ***clinical decision making****.'*

27) **Standard 5.9** refers to RNs assessing health-related knowledge and using appropriate educational techniques to promote understanding of health, wellbeing and disease amongst the person receiving care and their support networks (p 41). While this statement focuses primarily on education focused at an individual level, we recommend that it includes an explicit statement about the role that RNs have in public health education. During COVID, for example, many RNs took the lead in providing public health information and education to support the public when making vaccination-related decisions.

28) Further, the Code of conduct for nurses refers to nurses being expected to commit to *"teaching, supervising and assessing students and other nurses in order to develop the nursing workforce across all contexts of practice"* (NMBA, 2018, p. 15). We recommend that consideration is also given to including teaching as an explicit expectation of RN practice.

29) **Standard 5.10** states "*The RN effectively manages time and prioritises dynamic workload demands*". Workload demands are often largely driven by systemic, institutional factors which are beyond the capacity for RNs in the clinical environment to influence The ANMF is concerned that this expectation, interpreted in isolation of these broader structural determinants, may be used to unfairly shift the blame and risk onto RNs as individual practitioners for not meeting unreasonable workload demands imposed by institutions and

facilitate blame shifting and scapegoating at the expense of a failure to address underlying factors that drive workload demands.

Standard 6 Leadership

30) While we support the intent of this standard, we are concerned that it is currently expressed in broad and non-specific terms, which reduces its effectiveness in providing clear and actionable direction in practice.

31) **Standard 6.3**, the RN '*leads and contributes to healthcare to optimise service provision and outcomes'* has the potential to clearly articulate professional expectations regarding nursing leadership and identifying and escalating workplace issues or safety risks. However as currently drafted, it remains overly general and lacks the specificity required to be effective. We recommend expanding these attributes in greater detail in the standard to increase its practical application. We also recommend the inclusion of 'and the environment' to reflect the importance of embedding planetary health into nursing practice.

32) **Standard 6.4,** The ANMF recommends that the wording is altered from "advocates for the …" to "*Leads, contributes and advocates for the contribution and value the nursing profession makes to local, national and global health*." This reflects the work of current nurse leaders, who are actively contributing to healthcare reform and the impact of future nurse leaders. It is imperative to include the work that all nurses do, not all are in patient facing roles, many are contributing to reforms, policy and hold leadership roles.

33) **Standard 6.6** (NMBA ,2016) states that '*the RN uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards'*. The ANMF considers this is a useful statement, providing support and reinforcing the expectation that RNs report risk-related system-based concerns.

34) While a similar expectation is included in the Code of Conduct for RNs (*Obligation 2.1c 'document and report concerns if they believe the practice environment is compromising the health and safety of people receiving care')*, we could not find a comparable statement in the draft revised standards that explicitly refers to the need for RNs to identify, report and escalate these systemic issues. The ANMF therefore recommends that a comparable statement is retained in the revised standards, to reinforce this expectation.

Glossary

35) The ANMF supports the amendments that have been made to the Glossary, based on our feedback during the preliminary consultation. We also recommend the following additions:

36) 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 would request that there be a glossary term that is for both confidentiality and privacy.

37) Privacy/Confidentiality are both inherent to the role of an RN. It is vital for an RN to be able to practice and uphold confidentiality for the safety of patients and to maintain their trust.

38) 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.

39) Inherent requirements for practice also should be included within the glossary for the RN standards of practice. The ANMF recommends the following definition be used for inherent requirements "*The essential abilities, knowledge, skills, and professional behaviours required to complete an accredited Registered Nurse program and practise safely in accordance with the Registered Nurse Standards for Practice set by the NMBA" .*

40) Sustainability should also be added to the glossary as the use of this term can vary within the standards and within nursing practice; a clear definition is therefore required to assist in ensuring correct use.

41) Trauma-informed care**:** An explanation is required in the glossary to explain and give guidance on how RNs can incorporate trauma informed care into their practice.

42) Greater clarity is required regarding the terminology used in the Glossary **AIN definition** (p 42), 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*.

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.

43) Yes, the standards cover the differences and similarities, however these are reflected subtly only. They still require further clarification to ensure patient safety and clinician accountability are clearly delineated, particularly in relation to supervision and delegation by the RN. The ANMF agrees that leadership should only be reflected in the RN standards for practice.

Would the proposed changes to the revised 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.

44) There are minimal negative or unwanted effects for RNs however within the glossary there is ambiguity that must be clarified. The concerns the ANMF would like to highlight are as follows:

45) Ambiguity in implementation: **supervision/supervise** definitions within the glossary are ambiguous and require updating to define expectations of the RN. Otherwise, this could lead to role confusion and undue expectations being placed on the EN. Overall, the language needs to be definitive to ensure correct implementation.

46) 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*."

47) 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.**

48) It is recommended that an accompanying document is created that provides further examples of how the standards are implemented with a frequently asked questions document to assist in clarification of the identified concerns. Other ambiguous terms within the standards are where the words "where appropriate" are used, which leaves the standards open to interpretation and could lead to undue expectations being placed on the RN.

49) **Increased complexity**: The new additions of cultural safety and leadership may require additional training or adjustments in practice. The ANMF anticipates that curriculum and healthcare providers will need to provide extra support to reflect this standard in practice.

50) The ANMF recommends that the revised standards have an adequate phase in/lead up time to be able to introduce changes reasonably and accurately to allow for healthcare organisations time to implement change and achieve the intended outcomes of this revision.

51) We recommend revising the standard to clearly support the responsibility of RNs to escalate any identified risks and affirm the role of professional judgement. For example: *"Effectively prioritises a dynamic workload within the constraints of the working environment and follows appropriate processes to escalate concerns based on professional judgement when workload demands cannot be safely managed."*

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 kind of support or clarification would be helpful

52) To implement the revised standards appropriately there needs to be significant awareness of the standards and information provided explaining the standards to the various stakeholders involved.

53) Supporting documentation that further explains the intention of the standards for cultural safety would be beneficial. This would ensure expectations are clear once the revised standards are introduced. These documents could include a FAQ sheet that provides answers to common questions.

54) As outlined in our feedback to question two, the ANMF is concerned that RN **Standard 5.10** may result in potential negative unintended consequences for RNs. We are concerned that this standard assumes that Registered 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.

55) We recommend revising the standard to clearly support the responsibility of RNs to escalate any identified risks and affirm the role of professional judgement. For example: *"Effectively prioritises a dynamic workload within the constraints of the working environment and follows appropriate processes to escalate concerns based on professional judgement when workload demands cannot be safely managed."*

56) Further to our response to Q7, 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 RNs to understand the delegation relationship and their responsibilities under **Standard 3 – Collaborative Practice.**

57) 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.

58) 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.

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.

59) The ANMF has identified that there is a possibility of unintended effects for vulnerable people in the community due to the following concerns.

60) **Implementation Challenges**: If the RNs 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.

61) **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 RN standards.

62) 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 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.

63) The ANMF supports the inclusion of the cultural safety standard which emphasises the importance of demonstrating culturally safe and respectful practice, the standard is thorough and reflects current needs of the population. However, it is important to consider that there could be possible negative or unintended effects for Aboriginal and Torres Strait Islander Peoples in the introduction of the revised standards. The concerns are as follows:

64) **Inconsistent Application of Cultural Safety:** It is imperative that RNs have adequate education and understanding of the standard, if not, it could lead to inconsistent or superficial implementation, failing to address systemic racism and inequities effectively.

65) **Resource Limitations:** Healthcare settings with limited resources, particularly in rural and remote regions, may struggle to implement culturally safe practices, disadvantaging Aboriginal and Torres Strait Islander Peoples. To ensure effective implementation of this standard, healthcare facilities will need to review their current systems and processes to best support Aboriginal and Torres Strait Islander Peoples and support those working to deliver supportive, safe care.

66) **Misinterpretation of Standards**: Ambiguity in understanding the language of the cultural safety standard could lead to misinterpretation, resulting in practices that do not align with the needs and expectations of Aboriginal and Torres Strait Islander communities.

67) To mitigate the risk of potential unintended or negative effects, the ANMF makes the following recommendations.

68) **Comprehensive Aboriginal and Torres Strait Islander Engagement***:* Ensure the involvement of Aboriginal and Torres Strait Islander communities and stakeholders including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in the development and introduction of training and resources to ensure alignment to their perspectives and needs.

69) Monitoring and Feedback**:** Establish mechanisms to monitor the impact of the revised standards on Aboriginal and Torres Strait Islander Peoples and gather feedback to address any unintended effects.

70) Resource Allocation**:** Ensure healthcare organisations have sufficient resources to support culturally safe practice and the introduction of the revised standards.

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

71) The ANMF recommends that monitoring and evaluation strategies be implemented to determine the impact of the revised standards on patient outcomes, vulnerable populations and healthcare systems to assess whether the revised standards have achieved their goal. The success of the transition to the revised standards will depend on thoughtful implementation, ongoing support and active engagement with stakeholders.

Conclusion

72) The ANMF appreciates the opportunity to provide feedback on the revised *Standards for Practice for RNs,* this is a welcome update to the current standards for practice, and we acknowledge the impact that the revised standards will have on contemporary nursing practice. As stated, with thoughtful implementation and considered responses to feedback the ANMF has provided, these standards could further strengthen nursing practice and assist in elevating the recognition of the vital role of nurses.