



# **An Atlas of the Legislation & Professional Regulation of Nursing & Midwifery in Australia**



**The National Nursing and  
Nursing Education Taskforce (N<sup>3</sup>ET)**

**May 2006**

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# Atlas of the Legislation & Professional Regulation of Nursing & Midwifery in Australia

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## National Nursing and Nursing Education Taskforce

The National Nursing & Nursing Education Taskforce (N<sup>3</sup>ET) was established in November 2003 State, Territory and Australian Government Ministers for Education and Health to implement recommendations of the National Review of Nursing Education – Our Duty of Care report. The Taskforce brings together some of Australia's leading nursing and nursing education and training specialists who have been nominated for their leadership qualities and collective expertise. Members of the Taskforce are supported by a Secretariat located within, and supported by, the Department of Human Services, Victoria.

## Background

As part of the work on Recommendation 4 from the National Review of Nursing Education (2002) Our Duty of Care report, the N<sup>3</sup>ET has undertaken an exercise to map the legislation and professional regulation of nursing and midwifery practice across Australia. The need for a contemporary map of nursing and midwifery legislation and regulation was identified by N<sup>3</sup>ET and a broad range of stakeholders at the N<sup>3</sup>ET Scope of Practice Symposium (March 2005) and highlighted on the N<sup>3</sup>ET Blueprint for National Action as a core activity underpinning a number of related activities in Priority Action Areas.

## Scope of Atlas

The Atlas provides a detailed and contemporary snapshot of the similarities and differences in legislation and policy that supports particular aspects of the professional regulation of nurses and midwives in each of the jurisdictions in Australia. This in turn, is intended to prompt and promote consideration of opportunities for achieving greater national consistency in these matters both through legislation reform and through a national approach to professional regulation by nursing and midwifery

At this point, the Atlas is not a comprehensive review of the full range of the regulatory framework governing the practice and conduct of nurses. The mapping exercise cuts across the material from a few specific and key angles, that is:

- the quality and safety of healthcare for the community - a nurse or midwife's competence<sup>1</sup> to practice safely;
- portals of entry and the mobility of the nursing & midwifery workforce across jurisdictions, specifically within Australia.

This work has occurred against a shifting background of legislation reform both at the state and territory and national levels. While it will be current for only a short space in time, there are a number of learnings from this exercise.

The information in this document has been provide by Chief Nurses, the nursing and midwifery regulatory authorities and the Australian Nursing and Midwifery Council over the period of January to May 2006 and was verified as correct at that time. Acknowledgement must be made of the high level of cooperation and assistance by the regulatory authorities and the State and Territory Chief Nurses throughout the course of this Project.

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## How to use the Atlas

The Atlas contains eight maps focusing on key areas of inquiry for the Taskforce. Each map has a title that indicates the focus of the map.

Information in the maps is colour coded to denote the source of information:

- Entries in black in the tables is general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.

Citations to source documents are incorporated in the maps and the Reference List is included at the end of each map.

As there is substantial detail in the maps, to avoid repetition, cross-referencing is used and where possible, links are provided in the electronic version.

# Nursing and Midwifery Legislation and Regulation Atlas

## HEALTH PROFESSIONAL REGULATORY REGIMES SPECIFIC TO NURSING & MIDWIFERY IN AUSTRALIA - PROTECTION OF THE COMMUNITY'S HEALTH & SAFETY & ENABLING THE MOBILITY OF THE NURSING & MIDWIFERY WORKFORCE

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[Map 9](#) Setting & Reviewing Educational Standards

## Map 1 – the Legislation, the Regulatory Authority & Professional Standards

**Review of provisions in the principle Act(s) and subordinate regulation and attendant policy & supporting guidelines that specifically state or clearly go to the protection of the community's health & safety**

### KEY:

- Entries in black in the tables are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ Feed back has been received from jurisdiction

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Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
1.1	Health Professional Regulatory Regime Specific to Nursing & Midwifery	1. *Health Professionals Act 2004 2. Health Professionals Regulation 2004 3. Health Act 1993	1. *Nurses and Midwives Act 1991 2. Health Care Complaints Act 1993 3. Nurses and Midwives Regulation 2003 4. Nurses and Midwives Amendment (Performance Assessment) Act 2004	1. *Health Practitioners Act 2004	1. *Nursing Act 1992 2. Health Practitioner Registration Boards (Administration) Act 1999 3. Health Practitioners (Professional Standards) Regulation 2000 4. Nursing Regulation 2005	1. *Nurses Act 1999 2. Nurses Regulations 1999 3. Nurses (Electoral) Regulations 1999	1. *Nursing Act 1995 2. Nursing (Fees) Regulations 1998 3. Nursing Regulations 2005	1. *Nurses Act 1993 2. Nurses Regulations 2004  Health Professions Registration Act 2005 (HPRA) (uncommenced)	1. *Nurses Act 1992 2. Nurses Rules 1993 3. Nurses Code of Practice 2000 4. Nurse Practitioners Code of Practice 2004  Nurses & Midwives Bill 2005
1.2	Legislated Purpose or Objects of Act					No statement of purpose or objects			
1.2.1	Protect the health & safety of the community by having a registration system for nurses & midwives that enables the following:	Yes ss 13(1) & (2)(a)-(c)	Yes s 2A(1)(a)	Yes s 3(a)	Yes s 3	No	Yes s 9	Yes s 1(a)  Yes s 1(a)	Yes s 3(a)  No statement of purpose or objects in new Bill.
1.2.2	Developing, promoting, applying & reviewing	Yes ss 13(2)(b)	Not specifically	Yes ss 3(b) & (c)	Not specifically	s 16(1)(f)	s 11 Nursing Code	Not specifically	Yes ss 3(a) & (b)

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	standards of professional practice & conduct				Outlined in philosophy of Professional Standards Policy [1].				
1.2.3	Ensuring nurse & midwives who provide health services are fit & competent to practice	Yes s 13(1)	Yes s 2A(1)(a)	Yes s 3(b)	Yes s 3	s 16(1)(e)	Yes s 9(b)	Yes s 1(a)  Yes s1(a)	Yes s 3(a)
1.2.4	Ensuring nurses & midwives who provide health services maintain the required levels of competence & fitness to practice	Yes ss 13(1) & (2)(d)	Not specifically  Though the Board has the power to impose conditions or refuse to renew registration or endorsement – s 29A(1).	Yes s 3(d)	Not specifically  Registration Policy [2].	s 23(1)(c)	Not specifically	Not specifically  Though the Board has the power to refuse to renew registration or endorsement – s 14(a)(b).  Renewal of registration – s 18(4)	Yes ss 3(a) & (b)
1.2.5	Provide a standard system of reporting, investigating & dealing with issues of professional conduct, professional performance & the ability to practice of nurses & midwives	Yes – ss 13(2)(f), (g), (h) & (i)	Not specifically  Though there is a strong complaints system within Part 5 of the Act.	Not specifically	Not specifically  Professional Standards Policy [1].	Part 5	Yes s 9(c)	Yes s 1(a)  Yes s1(a)	Not specifically
1.2.6	Provide mechanisms to enable the public & employers to readily identify nurses & midwives who are registered or enrolled	Not specifically	Yes – s 2A(1)(b)	Not specifically	Not specifically  Website Advisory Service	No  Online Register & Roll	Not specifically	Not specifically  The register - s 17 & Certificates – s 18  Register of health practitioners – s 30 & Certificates – s 31	Not specifically
1.2.7	Establish a RA responsible for the regulation of nurses & midwives & administering the registration system	Yes – ss 13(2)(e)	Not specifically	Not specifically	Not specifically  Registration Policy [2].	s 16	Yes s 7(a)	Yes s 1(b)  Section (1)(d)	Not specifically
	Protect the health & safety of the community by having a registration system for students of nursing & midwifery & enables the investigation into the suitability of students to undertake	No	No  This is an identified area of deficit & consideration should be given to how best to address the issue.	No  Section 113 obliges an educational institution to notify the Board if a person undertaking an accredited course has a mental or physical	No	No	No	Not under current Act  Yes s1(b)	Not specifically

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	clinical training			incapacity that may seriously impair the person's ability to practice.					
	Others		The exercise of the Board's functions must be consistent with the Objects - s 2A(2).	To promote the health & safety of the people of NT- s 3(a)				Regulate the advertising of nursing services – ss 64A & 64B.  Protect the public by providing for the registration of students of the health professions & investigations into the suitability of those students to undertake clinical training – s 1(b).  Regulate the advertising of regulated health services– s 1(c).	
1.3	Regulatory Authority Responsible	ACT Nursing and Midwifery Board Scheds 3 & 4 paras 3.1 & 4.1	Nurse and Midwives Board s 8	Nursing & Midwifery Board of the Northern Territory s 7	Queensland Nursing Council s 7	Nurses Board of South Australia s 4	Nursing Board of Tasmania s 5	Nurse Board of Victoria s 65  Nurse Board of Victoria s 117	Nurse Board of Western Australia s 5(1)  Nurses & Midwives Board of Western Australia CI 5(1)
1.4	Number on RA Board or Council	9 Sched 3,s 3.9 & Sched 4, s 4.	16 - s 9. appointed by the Governor	7	13 appointed by the Governor in Council	11 appointed by the Governor – s 5(11).	7 appointed by the Governor	12 appointed by the Governor in Council  9 – 12 appointed by the Governor in Council	12  13
1.5	Regulatory Authority Membership & method of appointment	Part 2.2	Section 9	Schedule 1, s 5	Section 11	Section 5	Section 6	Section 67 All nominated by the Minister  Section 120 All nominated by the Minister	Section 6 All appointed by the Minister  Clause 6 All appointed by the Minister
1.5.1	Community members	2 x community representatives (not entitled to be registered or enrolled) appointed by the Minister from the Community	3 x community representatives nominated by the Minister	2 x must be persons who are <b>not</b> RNs, ENs or registered in the category of registration of midwifery & who demonstrate that they	1 x person representing persons who use the services provided by the nursing profession.	3 x persons who are not RNs or ENs, medical practitioners or legal practitioners.	2 x persons who are not nurses, nominated by the Minister to represents the interests of persons who use the services provided by nurses.	2 x persons who are not nurses  3 x persons who are not nurses or midwives	1 x shall be nominated by the Minister to whom the administration of the <i>Consumer Affairs Act 1971</i> is for the time being committed, and



Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		representative list – Sched 3 para 3.9		are able to represent the interest of persons who use the services provided by persons registered or enrolled in those categories.					shall be a person who has knowledge of and experience in representing the interests of consumers.  1 x is a person who has knowledge of & experience in representing the interests of consumers.
1.5.2	RNs	1 x RN appointed by Minister	<ul style="list-style-type: none"> <li>3 x RNs elected by RNs</li> <li>1 x RN nominated by Minister who is an officer of NSW Health</li> </ul>	2 x RNs holding current practising certificates & who demonstrate an ability to assist the Board in performing its functions.			See 1.5.6	<ul style="list-style-type: none"> <li>1 x registered in Division 1 or the Register</li> <li>1 x must, at the time of nomination, be employed as a grade 2 clinical nurse specialist.</li> </ul>	2 x shall be persons nominated by the Australian Nursing Federation, Industrial Union of Workers, Perth, who have knowledge of and experience in clinical nursing practice and are registered in division 1 of the register  5 x RNs
1.5.3	Midwives	<ul style="list-style-type: none"> <li>1 x midwife elected by midwives</li> <li>1 x midwife appointed by Minister</li> </ul>	1 x RM elected by RMs	1 x must be a person who is registered in the category of registration of midwifery who holds a current practising certificate & who demonstrates an ability to assist the Board in performing its functions.			See 1.5.6		1 x shall be a person nominated by the Australian College of Midwives (Western Australian Division) who has knowledge of and experience in midwifery and is registered in division 1 of the register  2 x midwives
1.5.4	ENs	1 x EN appointed by Minister	<ul style="list-style-type: none"> <li>1 x EN or EN(mothercraft) elected by ENs &amp; ENs(mothercraft)</li> <li>1 x EN nominated by Minister</li> </ul>		(at least 1 EN from group in 1.5.6)		See 1.5.6	2 x registered in Division 2 of the Register & at least 1 of those persons is employed in aged care at the time of nomination.	2 x shall be enrolled nurses nominated by the body known as the Australian Liquor, Hospitality and Miscellaneous Workers' Union  2 x ENs
1.5.5	Mental health nurse		1 x RN practicing in mental health nominated by Minister					1 x must be registered in Division 3 of the Register or be a registered nurse with qualifications in psychiatric nursing.	1 x shall be a person nominated by the Psychiatric Nurses Association who has knowledge of and experience in psychiatric

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									nursing  1 x RN who practises in the area of mental health nursing
1.5.6	Nurses - classification mixed or unspecified	3 x nurses elected by nurses  The term nurses include registered, enrolled or nurse practitioner.	<ul style="list-style-type: none"> <li>1 x RN or RM nominated by NSWNA</li> <li>1 x RM or RM nominated by the College of Nursing</li> </ul>	2 x RNs or ENs holding current practising certificates & who demonstrate an ability to assist the Board in performing its functions.	<ul style="list-style-type: none"> <li>5 x nurses</li> <li>5 x nurses (1 of whom is an EN) chosen from a panel of names submitted by an association or associations accepted by the Minister as representative of nurses.</li> </ul>	<ul style="list-style-type: none"> <li>1 x person with nursing qualifications nominated by the Minister to be the presiding member of the Board</li> <li>5 x currently registered or enrolled RNs or ENs elected by proportional representation by all persons registered or enrolled.</li> </ul>	5 x nurses nominated by the Minister, who hold practising certificates & have demonstrated an ability to assist in the fulfillment of the Board's objectives.	At least half of the members must be registered nurses & midwives.	
1.5.7	Nurse &/or midwives from education sector		2 x nurses or midwives from nursing & midwifery education sector		Representatives on subcommittees of Council, eg Education Committee			1 x must, at the time of nomination, be employed as or have experience as a nursing academic or educator.	<ul style="list-style-type: none"> <li>1 x shall be nominated by the Executive Director of the Office of Technical and Further Education and shall be a person who has knowledge of and experience in teaching nursing to persons who are studying to be registered in division 2 of the register</li> <li>1x shall be nominated by the Chancellor of the Curtin University of Technology referred to in the Curtin University of Technology Act 1966 and shall be a person who teaches nursing at that university</li> <li>1 x shall be nominated by the Council of the Edith Cowan University referred to in the Edith Cowan University Act 1984 and shall be</li> </ul>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									a person who teaches nursing at that college  1 x an RN who teaches nursing in a higher education institution
1.5.8	Nurse administrators or managers							<ul style="list-style-type: none"> <li>1 x must, at the time of nomination, be employed as a director of nursing in a rural or regional hospital.</li> <li>1 x must, at the time of nomination, be employed as a director of nursing in a metropolitan hospital.</li> <li>1 x must, at the time of nomination, be employed as a charge nurse.</li> </ul>	1 x shall be a person nominated by the Royal College of Nursing Western Australian Chapter who has knowledge of and experience in nursing administration
1.5.9	Executive officer of the RA	Executive Officer of Board may be a member of the Board – Cl 20(2).  Though this is unlikely to happen.	Legislation is silent  Director of Health Professionals Registration Boards, NSW Health Department, is de facto executive officer & manager for all boards managed by the Health Professionals Registration Boards Branch but does not usually attend meetings. Executive Director & Registrar of Nurses & Midwives Board attend each meeting as invitees & are invited to speak to the Board on relevant matters. Relationship based on trust & cooperation.	Legislation is silent	Yes	Legislation is silent	The Executive Officer is to act as secretary to the Board – s 13(2).	Legislation is silent	The Registrar is the secretary of the Board – s 21(2).
1.5.10	Other specific classes of professional or occupation	Nil	1 x legal practitioner nominated by the Minister		1 x lawyer	1 x legal practitioner 1x medical practitioner		1 x lawyer  1 x lawyer	1 x legal practitioner
1.6	Term of RA Appointment	No longer than 4 years – Cl 10(3)	No longer than 4 years – term specified in	No longer than 3 years, as is specified by the	The appointment of a member is for the term	A member of the Board will be appointed on	A member is appointed for such term, not	A member of the Board holds office for the	A member shall hold office for such term, not

Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Reappointment possible – s208 <i>Legislation Act 2001</i> (ACT)	instrument of appointment.  Reappointment possible for a maximum of 3 consecutive terms – Sched 1, s2	Minister.  A member may serve any number of terms.  May not serve more than 2 terms in succession unless approved by the Minister – Sched 2, s1.	(not longer than <b>3 years</b> ) specified in the member's instrument of appointment - s 22.	conditions determined by the Governor for a term, not exceeding <b>3 years</b> , specified in the instrument of appointment &, at the expiration of a term of appointment, is eligible for reappointment s 6(1).	exceeding <b>3 years</b> , as is specified in the member's instrument of appointment. A member may serve any number of terms but may not serve more than 2 terms in succession - Sched 1, s 1.	period specified in their instrument of appointment, which must not be more than 3 years.  A member of the Board is eligible for reappointment – s 68.  Same under HPRAct – s 121.	being more than <b>3 years</b> , as is specified in the member's instrument of appointment, but may from time to time be reappointed.  A member may not hold office for more than 2 consecutive terms – Sched 1, Cl 1.  A member shall hold office for such term, not being more than <b>3 years</b> , as is specified in the member's instrument of appointment.  A member may not hold office for more than 9 years, consecutively or otherwise.  Minister may appoint someone for > 9 years if there are special reasons for doing so – Sched 1, Cl 1.
1.7	Chairperson of the RA	<ul style="list-style-type: none"> <li>Executive or Ministerial appointment - Cl 5(1)</li> <li>Minister required to consult board &amp; may consult others Cl 11</li> <li>Must be a nurse or midwife Cl 5(2)(a)</li> <li>Has to have been registered for 3 years continuously prior to appointment - Cl 5(2)(b)</li> <li>Up to 4 year appointment – Cl 5(3)</li> </ul>	President must be a nurse or midwife & appointed by an instrument executed by the Governor – Sched 1, Cl 1(1), <b>on the recommendation of the Minister.</b>	The Board must elect one of its members to be the Chairperson – this person must be a RN – Sched 2, s 3.	The Governor in Council is to appoint a nurse member who is not an officer of the public service to be chairperson of the council – s 12.	A person with nursing qualifications nominated by the Minister to be the presiding member of the Board – s 5(1)(a).	The Governor may appoint a nurse member as chairperson – s 6(3).	The Governor in Council may appoint a member of the Board who is a registered nurse to be President of the Board & holds office for the term specified in their instrument of appointment & is eligible for reappointment – s 70.  The Governor in Council may, on the recommendation of the Minister, appoint a member of the Board who is a registered nurse to be President of the Board & holds office for the term specified in their	The Minister shall, after consultation with the Board, appoint from among the members a person to be the presiding member of the Board – s 7.  The presiding member are to be elected by the Board from amongst its members – Cl 7.

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								instrument of appointment & is eligible for reappointment – s 123.	
1.8	Appointment of Executive Officer		Director-General of NSW Health Department is the head of the Health Professionals Registration Boards Division of the Government Service which employs staff - Sect 4C & Schedule 1 to the Public Sector Employment & Management Act 2002.						
1.8.1	Selected & appointed by	A health professional board must, in writing, appoint an executive officer – CI 20.	The Board cannot employ any staff. Note: Staff may be employed under Chapter 1A of the <i>Public Sector Employment and Management Act 2002</i> in the Government Service to enable the Board to exercise its functions - Sched 4, CI 4.43 <i>Public Sector Employment Legislation Amendment Act 2006 No 2</i> – commenced 17.3.06.	The Minister must appoint a person to be the Registrar of a Board – s 14(1).	The executive officer is to be appointed by the Governor in Council – s 27.	There will be a Registrar of the Board appointed by the Board on terms & conditions determined by the Board & must be a person who is registered, or who is eligible for registration, as a nurse – ss 11(1) – (3).	The Board must appoint a registered nurse as Executive Officer & may appoint such other employees as may be necessary – s13(1A).	The Board may employ a person to be responsible for maintaining the Register & any other officers that are necessary – s 77.  Same under HPRAAct – s 132.	The Board shall appoint a Registrar and such other staff as it considers necessary– s 21  The Board is to engage or employ a person to be the registrar – CI 12(1).
1.8.2	Role	The executive officer of a health profession board: <ul style="list-style-type: none"> <li>is responsible for the management of the board's affairs, subject to any direction given by the board</li> <li>must advise the board</li> <li>has any other function given to the executive officer under a territory law – s 21</li> </ul>	Not applicable	A Registrar has the powers and functions conferred by or under this Act – s 14(2).	The executive officer is, under the council, to manage the council's affairs.  Anything done in the name of, or on behalf of, the council by the executive officer is taken to have been done by the council – s 26.	The Registrar is the chief executive of the Board & in particular is, subject to the control & direction of the Board, responsible for: <ul style="list-style-type: none"> <li>managing the staff &amp; resources of the Board</li> <li>giving effect to the policies &amp; decisions of the Board – s 11(4).</li> </ul>	For the performance of the Board's functions & the exercise of its powers – s13(1A).	For the purposes of administering this Act – s 77.  Same under HPRAAct – s 132.	To enable the Board to perform its functions – s 21  The registrar has the functions that are conferred under the Act, or that the Board directs the registrar to perform – CI 17(2).
1.8.3	Duration of appointment	Legislation is silent	Not applicable	Legislation is silent	The appointment of the executive officer is for the term (not longer than	Legislation is silent	Legislation is silent	Legislation is silent	Legislation is silent

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					5 years) specified in the executive officer's instrument of appointment – s 28.				
1.8.4	Removal	Legislation is silent	Not applicable	Legislation is silent	<p>The Governor in Council may remove the executive officer from office if the executive officer:</p> <ul style="list-style-type: none"> <li>is convicted of an indictable offence; or</li> <li>is guilty of misconduct or neglect of duty; or</li> <li>contravenes a provision of this Act without reasonable excuse; or</li> <li>is unable because of physical or mental incapacity to satisfactorily perform the functions of the office – s 36.</li> </ul>	Legislation is silent	Legislation is silent	Legislation is silent	Legislation is silent
1.8.5	Other provisions of note	Delegation provision – Cl 22.			<p>The executive officer must not engage in paid employment outside the duties of the office without the approval of the council – s 34.</p> <p>The executive officer must give written notice to the chairperson of all direct or indirect pecuniary interests that the executive officer has or acquires in any business or in any corporation carrying on any business – s 35.</p>				
1.9	Legislated Functions powers & obligations of the authority:								
1.9.1	Provision of information about & promotion of nursing & midwifery	<p>Yes</p> <p>Giving advice to the profession &amp; the public in matters relevant to</p>	<p>Yes</p> <p>Publish &amp; distribute information concerning Act &amp; Regs &amp; to nurses,</p>	<p>Yes</p> <p>The Board has power to publish &amp; distribute information concerning</p>	<p>Not specifically identified</p> <p>Established Advisory Service Website</p>	<p>Not specifically identified</p>	<p>Yes</p> <p>Publishing &amp; distributing information concerning this Act &amp; its</p>	<p>Not specifically identified</p>	<p>Yes</p> <p>Carrying out &amp; promoting public education and research in relation to</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		nursing & midwifery – s 26(2)(c).	midwives & other interested persons – s 10(1)(d)	this Act to the public, health practitioners & other interested persons – s 11(2)(b).			administration to nurses & other interested persons – s 8(1)(b).		nursing – s 8(1)(c)
1.9.2	Developing, promoting, maintaining & reviewing professional practice standards & professional development standards of nursing & midwifery practice	Yes See 1.10	Yes See 1.10	Yes See 1.10	Yes See 1.10	Yes See 1.10	Yes See 1.10	Yes See 1.10  Yes See 1.10	Not specifically identified
1.9.3	Reviewing & monitoring the entry, re-entry & continuing competence, professional development conduct & health or registered or enrolled nurses & midwives	Yes  Promoting & monitoring continuing competence of registered nurses & midwives, & their professional development – s26(2)(g).	Yes  The Board can review and monitor entry and re-entry of nurses and midwives under sections 18, 19, 27, 28, 29A & 33. 29A enables Board to refuse entry or re-entry to Registers and Roll or grant registration/enrolment with conditions.  The Board may have the professional performance of a nurse or midwife assessed under this Part if any matter comes to its attention that indicates that the professional performance of the nurse or midwife, or any aspect of the nurse's or midwife's professional performance, is unsatisfactory. This is not limited to matters that are the subject of a complaint or notification to the Board – s 42G.	Yes  To monitor the competence of nurses & midwives – s 10(1)(c).  The Board has power to conduct evaluations of persons applying to be registered or enrolled – s 11(2)(d).	Yes  Determining examinations, qualifications, experience & other requirements to be fulfilled by persons applying for & maintaining registration, enrolment or authority to practise under this Act, & monitoring standards of student assessment in schools of nursing – s 7(h).	Yes  Determining the requirements necessary for registration or enrolment under this Act – s 16(1)(d).  Authorising areas of specialist nursing practice for inclusion on the register or roll under this Act – s 16(1)(h).  Determining & recognising special practice areas – s 16(1)(i).	Not specifically identified as a function but implied s 50(2)	Yes See 1.9.7  Yes See 1.9.7	Not specifically identified
1.9.4	Education of nurses & midwives & educational programs relating to nursing & midwifery  See Table 9	Yes  Approving educational & training courses related to professional qualifications – s26(2)(f).	Yes  Promoting education of nurses & midwives – s 10(b).  Holding examinations (&	Yes  Accrediting courses for entry into nursing and midwifery – s 10(1)(g).  Accrediting educational	Yes  Determining standards for accreditation of nursing courses – s 7(c).  Accrediting nursing	Yes  Approving courses of education or training that provide qualifications for registration or enrolment as a nurse under the Act	Yes  Monitoring standards of nursing education – s 7(f).  Determining standards	Yes  Approving registered funded agencies or courses conducted by registered funded agencies which provide	Yes  Monitoring nursing education, & provide advice on nursing education to the Minister & to any

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>appointing examiners) under Act &amp; determining character, subjects &amp; conduct of those – ss 10(e) &amp; (f).</p> <p>Recognition of: institutions offering educational courses to train RNs, RMs, NPs, MPs, ENs, ENs(mothercraft); course curricula; &amp; diplomas, certificates &amp; other qualifications awarded – s 10(g).</p>	<p>institutions to conduct courses for entry into nursing &amp; midwifery – s 10(1)(h).</p> <p>The Board has power to:</p> <ul style="list-style-type: none"> <li>co-operate with any university, hospital or other institution or body (whether in the Territory or elsewhere) to provide education &amp; evaluation of health practitioners.</li> <li>participate in any programs (including Territory &amp; national programs) relating to the education or practice of health practitioners.</li> <li>support education &amp; research in health care practice – ss 10(2)(c), (e) &amp; (f).</li> </ul>	<p>courses – s 7(d).</p> <p>Determining minimum requirements for entry to accredited nursing courses conducted by health services – s 7(e).</p> <p>Establishing &amp; maintaining other records in relation to nurse education &amp; nursing practice – s 7(j).</p> <p>Cooperating with any university, college, other educational institution, hospital or other person or body in another State, a Territory or a foreign country in making provision for the education &amp; examination of persons practising, or intending to practise, as nurses &amp; midwives – s 8(e).</p> <p>Participating in:</p> <ul style="list-style-type: none"> <li>any nationally coordinated program relating to nurse education .</li> <li>any program with the Commonwealth, another State, a Territory or a foreign country in relation to nurse education – s 8(f).</li> </ul> <p>Developing or assisting in the development of curricula for nurse education – s 8(h).</p> <p>Entering into, &amp; carry out, agreements or arrangements with any</p>	<p>– s 16(1)(c).</p>	<p>for the accreditation of nursing schools &amp; courses in nursing– s 7(g).</p> <p>Accrediting nursing schools &amp; courses in nursing– s 7(h).</p> <p>Supporting nursing education &amp; research– s 8(1)(c).</p> <p>Conducting examinations &amp; assessments– s 8(1)(d).</p> <p>Co-operating with any university, hospital or other institution or body, whether located in this State or elsewhere, in making provision for the education &amp; assessment of nurses– s 8(1)(e)</p> <p>Participating in any State, national or other program relating to nursing education – s 8(1)(f).</p> <p>Being a member of any national or other body or program concerned with nurses or specific groups of nurses or with general nursing education or a specific area of nursing education – s 8(1)(g).</p> <p>Participating in the formation of any body or program of the kind referred to above– s 8(1)(h).</p> <p>Assisting any person or body in the development</p>	<p>qualifications for registration purposes and which provide qualifications in addition to those required for registration – s 66(1)(c).</p> <p>Setting &amp; conducting examinations and to establishing standards for the conduct of examinations in registered funded agencies – s 66(1)(d).</p> <p>Accrediting courses which provide qualifications for registration purposes and which provide qualifications in addition to those required for registration – s 66(1)(e).</p> <p>Accrediting courses of study or recognising clinical experience that provides competence for each category of nurse practitioner for which registration may be endorsed – s 66(1)(eb).</p> <p>Approving courses of study that provide competence for which registration may be endorsed &amp; to determining the manner in which competencies for such endorsement may be maintained– s 66(1)(ec).</p> <p>Approving courses of study that provide qualifications for registration as health practitioners in the health</p>	<p>other person or body involved in nursing education – s 8(1)(d).</p> <p>- CI 10(d)</p> <p>To promote &amp; encourage the continuing education of nurses &amp; midwives in the practice of their professions – CI 10(e)(i)</p>



Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					university, college, other educational institution, hospital or other person or body for furthering the council's functions – s 8(i).		of curricula for nursing education– s 8(1)(h).	profession regulated by the board – s 118(1)(b).  Approving positions with a registered health practitioner or any other person or body providing regulated health services for supervised practice required for registration – s 118(1)(c).	
1.9.5	Advising the Minister	Yes  Assisting Minister with the Administration of the Act – ss 26(1) & 28.  Giving advice to the Minister about matters relevant to nursing & midwifery – s 26(2)(c).	Yes  Advises on matters relating to registration & enrolment of nurses & midwives – s 10(c).	Yes  To advise the Minister on other matters relating to the Act – s 10(1)(i).	Yes  Advise on, & report to the Minister on: ▪ developments in nurse education & nursing practice. ▪ the needs of the State in relation to nurse education & nursing practice – s 7(a).	Yes  Providing advice to the Minister as may be appropriate– s 16(1)(k).	Yes  Advising the Minister on developments in nursing education, practice & regulation & on the needs of the State in relation to those matters – s 7(i). Advising the Minister on other matters relating to this Act – s 7(j).	Yes  Advising the Minister on any matters relating to its functions – s 66(1)(m).  Yes  Advising the Minister on any matters relating to its functions – s 118(1)(l).	Yes  Advising the Minister on matters to which the Act applies – s 8(1)(a).  Yes  Advising the Minister on matters to which the Act applies – Cl 10(a).
1.9.6	Providing information concerning nurses & midwives for lawful purposes	Yes  Providing information to allow the laying of charges against people who commit offences under the Act – s 26(2)(i).  Providing information to confirm whether or not someone is a registered nurse and/or midwife – s 26(2)(n).	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act – s 70.	Yes  The Board has power to share information with other health practitioner registration authorities & with other persons & bodies (whether within Australia or elsewhere) – s 11(2)(a).	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act – ss 139 & 139A.	Yes  Exchanging information with other registering authorities for nurses– s 16(1)(j).	Yes  Sharing information with nursing registration authorities, the Australian Nursing Council & other relevant bodies – s 8(1)(a).	Yes  Exchanging information with registration boards in other jurisdictions about registered persons or persons who have sought to become registered in Victoria – s 66(1)(i).  Providing information to ANMC about registered persons or persons who have sought to become registered in Victoria – s 66(1)(j).	Not specifically listed as a function or power of the Board ? provisions available?
1.9.7	Administering the scheme of registration, enrolment, authorisation/ endorsement of qualified nurses & midwives, & exercising discretions granted under Act in	Yes  Administering a scheme of registration for nurses & midwives, including setting the fees – s 26(2)(a)&(b)	Yes  Directing the entry of the relevant particulars, particulars of the qualifications and experience of qualified	Yes  To administer the scheme of registration & enrolment – s 10(1)(a)	Yes  Establishing & maintaining a register & a roll of nurses – s 7(i).	Yes  Regulating the practice of nursing in the public interest – s 16(1)(a).	Yes  Administering the scheme of registration and enrolment – s 7(a).	Yes  Registering persons who comply with the requirements of this Act as to registration so that they may practise	Yes  Administering the scheme of registration – s 8(1)(b).  Yes

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	relation to the registration or enrolment of nurses & midwives	Required to giving a person a certificate upon registration – CI 121.	<p>nurses or midwives, RNs or RMs who are authorised by the Board to practise as NPs or MPs to be entered in the appropriate Register – ss 10(1)(k) &amp; (l).</p> <p>Determine applications for registration as a nurse or midwife, for authorisation to practise as a NP or MP, &amp; for enrolment as an EN or EN (mothercraft) – ss 10(1)(m).</p> <p>Issue certificates of registration to RNs &amp; RMs, certificates of authorisation to NPs &amp; MPs &amp; certificates of enrolment to ENs &amp; ENs (mothercraft) – s10(1)(n).</p> <p>Issue authorities to practise as a nurse or midwife – s 10(1)(o).</p> <p>Impose requirements or conditions for or relating to registration as a nurse or midwife, authorisation to practise as a NP or MP, or enrolment as an EN or EN(mothercraft) – s10(1)(i).</p> <p>Grant exemptions in prescribed circumstances or cases from requirement or condition for or relating to registration as a nurse or midwife, authorisation to practise as a NP or MP, or enrolment as an EN or EN (mothercraft) – s10(1)(j).</p>					<p>nursing in Victoria - s 66(1)(b).</p> <p>Endorsing the registration of nurses who comply with the requirements of this Act as to endorsement of registration – s 66(1)(ca).</p> <p>Registering persons who comply with the requirements of this Act for registration so that they may practise as health practitioners in the health profession regulated by the board or, in the case of students, undertake clinical training in that health profession in Victoria – s 118(1)(a).</p>	Administering the scheme of registration – CI 10(b).

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
1.9.8	Refusing or imposing conditions on registration or enrolment; terminating or varying registration, enrolment, authorisation or endorsement; withdrawing or varying conditions of, any recognition or exemption in relation to registration, enrolment, authorisation/ endorsement	Cancellation & suspension not specifically listed see clause 26(3).  Everything else is covered see section 26(2)(a) & Clauses 113 – 115.  Conditional registration – Clauses 116 & 117	Yes  Board empowered to terminate or vary, as it considers appropriate, any appointment made as part of its registration & enrolment functions – s10(2)(a).  Board empowered to withdraw, or vary the conditions of, any recognition or exemption granted as part of its registration & enrolment functions – s10(2)(a).	Not specifically listed as a function or power of the Board  However power is clearly evident in - ss 22, 24, 27, 28, 30 & 37.	Not specifically listed as a function or power of the Board.  However power is clearly evident in - ss 55 – 66.  Professional Standards Policy [1].	Not specifically listed as a function or power of the Board.  However power is clearly evident in – ss 23 – 32.	Not specifically listed as a function or power of the Board.  However power is clearly evident in – ss 20 - 37	Not specifically listed as a function or power of the Board.  However power is clearly evident in – ss 5-16  Delegation – s 78.	Not specifically listed as a function or power of the Board.  However power is clearly evident in – ss 33- 44  – ss 26.
1.9.9	Cancelling or suspending any registration, authorisation or enrolment in accordance with requirements outlined the Act	Yes  Board can apply to the ACT Health Professions Tribunal to suspend or cancel the registration of a nurse or midwife – s 26(3).  If a nurse or midwife's registration is cancelled or suspended, or had conditions placed upon it, or the details are no longer accurate, the Board can request the return the practising certificate to the Board Cl 123.	Yes  Board empowered to cancel or suspend any registration as a nurse or midwife, authorisation to practise as a NP or MP, or enrolment as an EN or EN (mothercraft) or, where appropriate, to restore any such registration, authorisation or enrolment – in accordance with the requirements of the Act – s 10(2)(c).  Board empowered to cancel certificates or registration, authorisation & enrolment – in accordance with the requirements of the Act; & – s 10(2)(d).	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act. - ss 24, 30, 37 & 50.	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act - s 67.  Professional Standards Policy [1].	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act - ss 41 - 44.	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act - ss 64 & 67.	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act - s 25  Delegation – s 78.	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act - s 69  Section 83
1.9.10	Taking action in relation to breaches of standards, reports or complaints about nurses & midwives  See Table 10.	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act ie Part 6.2, Part 9 & Part 10.	Not specifically listed as a function or power of the Board other than the power to terminate, vary any conditions, recognition or exemption, or to cancel or suspend any registration,	Yes  To initiate investigations of complaints made against nurses & midwives & to initiate investigations into other matters that are	Yes  Undertaking investigations into matters & complaints as prescribed by this Act – s 7(g).	Yes  Investigating the fitness of persons to practise as nurses in this State, & investigating the professional conduct of nurses who are	Yes  Examining complaints &, as necessary, referring them to the Tribunal for inquiry – s 7(d). Prosecuting offences against this Act – s 7(e).	Yes  Investigating the professional conduct or fitness to practise of persons registered under the Act and impose sanctions where	Not specifically listed as a function or power of the Board, however power is clearly evident in other provisions of the Act. – ss 59 – 76.

Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Dealing with registered nurses & midwives who contravene the required standards of practice, or who do not satisfy the suitability to practice requirements – ss 26(2)(h) & (i).	enrolment or authorisation of a nurse or midwife – s 10(2)  Complaints scheme (a co-regulatory scheme with Health Care Complaints Commission (HCCC)) is a discrete part of the Act outlining Board's role in dealing with complaints & reports concerning professional conduct – ss 43 -49, health impairment – ss 70A – 70O, & the professional performance of nurses & midwives – ss 42E – 42ZB.	prescribed – s 10(1)(e).  To prosecute offences against this Act that relate to nurses & midwives – s 10(1)(f).	Professional Standards Policy [1]. Procedures Manual for Inspectors	registered or enrolled under this Act; – s 16(1)(e).		necessary – s 66(1)(f).  Investigating the professional conduct, professional performance or ability to practise of registered health practitioners regulated by the board & impose sanctions where necessary – s 118(1)(e).  Investigating the suitability of students regulated by the board to undertake clinical training & impose sanctions where necessary – s 118(1)(f).	- 49 - 84
1.9.11	Consulting with & developing relationships with other organisations & participating in activities relevant to RA's functions & powers	<b>Yes</b>  Developing supportive relationships with individuals or entities that have a shared interest in public protection & health professional regulation – s26(2)(m).  See also Division 5.2 banking & borrowing powers & keeping community representatives list.  Clauses 17,18, 19, 20 & 22 dealing with employment	Not specifically identified in the Act	<b>Yes</b>  The Board has power to: ▪ co-operate with any university, hospital or other institution or body (whether in the Territory or elsewhere) to provide education & evaluation of health practitioners. ▪ participate in any programs (including Territory & national programs) relating to the education or practice of health practitioners. ▪ participate in the formation of, & be a member of, any body or program concerned with health practitioners ▪ support education & research in health care practice – ss10(2)(c), (e), (f) &	<b>Yes</b>  Consulting & cooperating with foreign regulatory authorities & other relevant entities about the Following: ▪ nurse education. ▪ nursing practice. ▪ the regulation of nursing & midwifery – s 7(m).  Participating in: ▪ any nationally coordinated programs relating to nurse education or nursing practice. ▪ any program with the Commonwealth, another State, a Territory or a foreign country in relation to nurse education or nursing practice – s 8(f).  Participating in the	Not specifically identified in the Act	<b>Yes</b>  Participating in any State, national or other program relating to nursing education or practice – s 8(1)(f). Being a member of any national or other body or program concerned with nurses or specific groups of nurses or with general nursing education or practice or a specific area of nursing education or practice – s 8(1)(g). Participating in the formation of any body or program of the kind referred to above – s 8(1)(h).  Assisting any person or body in the development of curricula for nursing education – s 8(1)(i).	Not specifically identified in current Act  <b>Yes</b>  Initiating, promoting, supporting, funding or participating in programs that the responsible board considers will improve health practitioners' ability to practise & students' ability to undertake clinical training – s 118(1)(k).	Not specifically identified in current Act

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				(g).	<p>formation of, &amp; becoming a member of, any national authority established in Australia to promote consistent policies &amp; practices among Australian authorities responsible for the regulation of nursing &amp; midwifery – s 8(g).</p> <p>The council:</p> <ul style="list-style-type: none"> <li>may become &amp; be a member of any body (whether incorporated or unincorporated) that has among its objects nurse education, training or research or any matter relating directly to the council's functions, is engaged in the advancement of nurse education, training or research or any function of the council.</li> <li>may enter into agreements or arrangements with the body – s 9.</li> </ul> <p>Entering into, &amp; carry out, agreements or arrangements with any university, college, other educational institution, hospital or other person or body for furthering the council's functions – s 8(i).</p>				
1.9.12	Other functions, exercising powers & obligations of the RA		Generally, to do any other act or to exercise any other functions necessary for carrying the provisions of the Act	The Board has those functions that are imposed on it by this or any other Act or that are prescribed – s 10(2).	Establishing & maintaining other records in relation to nurse education & nursing practice – s 7(j).	Carrying out other functions assigned to the Board by or under this Act, or by the Minister – s 16(1)(l).	Undertaking such other functions as may be imposed on the Board by this or any other Act or as may be prescribed – s	Issuing & publishing guidelines about the minimum terms and conditions of professional indemnity	Performing the other functions that are vested in the Board by this Act – s 8(1)(e).

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			into effect s10(1)(p).	The Board has power to do all things necessary or convenient to be done in connection with the performance of its functions – s 11(1).	<p>Conducting research into matters relevant to the council's functions – s 7(k).</p> <p>Giving the Minister a report of the Board's work &amp; activities &amp; those of its committees during each financial year – s 7(l).</p> <p>Carrying out other functions conferred on it by this or another Act – s 7(n).</p> <p>The council has power to do all things necessary or convenient to be done for, or in connection with, the performance of its functions – s 8.</p> <p>The council has, for or in connection with the performance of its functions, all the powers of an individual &amp; may eg</p> <ul style="list-style-type: none"> <li>enter into contracts.</li> <li>acquire, hold, dispose of &amp; deal with property.</li> <li>appoint committees to assist it to perform its functions.</li> <li>exploit commercially any resources of the council, including any study, research or knowledge, or the practical application of any study, research or knowledge, developed by or</li> </ul>	<p>The Board has the powers necessary or expedient for, or incidental to, the performance of its functions eg:</p> <ul style="list-style-type: none"> <li>engage experts or consultants, appoint agents, or engage contractors.</li> <li>enter into any form of contract or arrangement.</li> <li>acquire, hold, deal with and dispose of real &amp; personal property.</li> <li>acquire or incur other rights or liabilities – s 17.</li> </ul>	<p>7(k).</p> <p>The Board has power to do all things necessary or convenient to be done in connection with the performance of its functions – s 8(1).</p> <p>Doing anything incidental to any of its powers – s 8(1)(j).</p>	<p>insurance for registered nurses – s 66(1)(ha).</p> <p>When so requested by the Minister, giving to the Minister any information reasonably required by the Minister – s 66(1)(k).</p> <p>Undertaking any other functions conferred on the Board by this Act – s 66(1)(n).</p> <p>The Board has all the powers necessary to enable it to perform its functions – s 66(2).</p> <p>The Board must consult with the Minister and have regard to the Minister's advice in carrying out its functions and exercising its powers – s 66(3).</p> <p>Issuing &amp; publishing guidelines about the minimum terms &amp; conditions of professional indemnity insurance for registered health practitioners regulated by the board – s 118(1)(h).</p> <p>When so requested by the Minister, giving to the Minister any information reasonably required by the Minister – s 118(1)(m).</p> <p>Undertaking any other functions conferred on the responsible board by this or any other Act – s 118(1)(n).</p>	<p>The Board may do all things that are necessary or convenient to be done for, or in connection with, its functions – s 8(2).</p> <p>To perform other functions that are conferred on the Board under this Act or any other Act – Cl 10(f).</p>

Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					within the council or belonging to the council (whether alone or jointly with another person or body) – ss 8(a) – (d).			A responsible board has all the powers necessary to enable it to perform its functions – s 118 (4).	
1.10	RA role in professional & practice standards of nursing & midwifery practice	<p>Taking part in any entity responsible for the development of policies for the promotion &amp; maintenance of standards of practice within nursing &amp; midwifery &amp; within regulated health professions generally – s 26(2)(e).</p> <p>Assisting in development of &amp; promoting the required standard of practice – ss 26(2)(j)&amp;(k).</p> <p>Developing &amp; promoting best practice standards to which registered health professionals should aspire – s 26(2)(k).</p> <p>Setting the required standard of practice for nursing &amp; midwifery – s 7(3)(b).</p> <p>The Board must, in writing, approve standards developed by the Board or another entity – CI 134(3)</p>	<p>Promoting &amp; maintaining professional standards of nursing practice &amp; midwifery practice in NSW – s 10(a).</p> <p>The Board may establish one or more codes of professional conduct setting out guidelines that should be observed by nurses and midwives in their professional practice. The Board may from time to time amend or replace a code of professional conduct.</p> <p>The Minister may require the Board to develop guidelines relating to any conduct of nurses or midwives that the Minister considers should be the subject of a code of professional conduct – s 43.</p> <p>Recognise, if Board considers it appropriate, areas of practice as NP or MP – s 10(h).</p>	<p>Monitoring the standard &amp; provision of health care services in nursing &amp; midwifery – s 10(1)(b).</p> <p>To provide guidance on clinical conduct &amp; ethical matters to nurses &amp; midwives – s 10(1)(d).</p> <p>The Board may adopt policies &amp; guidelines for the purpose of providing practical guidance to nurses &amp; midwives – s 12(1).</p>	<p>Determine the scope of nursing practice, including the activities that constitute, or are included in, nursing practice – s 7(b).</p> <p>Developing or adopting codes of practice for nurses, midwives &amp; other persons authorised to practise nursing – s 7(f).</p> <p>Scope of Practice Framework for Nurses and Midwives 2005 [3].</p>	<p>The Board should exercise its functions with a view to:</p> <ul style="list-style-type: none"> <li>Ensuring that the community is adequately provided with nursing care of the highest standard.</li> <li>Achieving &amp; maintaining the highest professional standards both of competence and conduct in nursing. – s 16(2).</li> </ul> <p>Determining the scope of nursing practice – s 16(1)(b).</p> <p>Endorsing codes of conduct for nurses – s 16(1)(f).</p> <p>If the Board endorses a code of conduct or professional standard under subsection (1), the Board must:</p> <ul style="list-style-type: none"> <li>take reasonable steps to send a copy of the code or standard to each person who is registered or enrolled as a nurse under this Act.</li> <li>ensure that a copy of the code or standard is kept available for public inspection, without charge and during</li> </ul>	<p>Monitoring the standard &amp; provision of nursing services in this State – s 7(b).</p> <p>Determining the activities that constitute or are included in the scope of nursing practice – s 7(c).</p> <p>The Board may make by-laws for the purpose of providing practical guidance to nurses in general practice and in restricted practice areas. By-laws made may be referred to, collectively, as the Nursing Code.</p> <p>The Board must:</p> <ul style="list-style-type: none"> <li>make a copy of the Nursing Code available at its office to be inspected by any person on request free of charge</li> <li>ensure that any person who wishes to do so may obtain a copy of the Nursing Code from the Board.</li> </ul> <p>The Board may charge a fee to recover the cost of providing a person with a copy of the Nursing Code – s 11.</p>	<p>Regulating the standards of practice of nursing in the public interest – s 66(1)(a).</p> <p>Identifying &amp; distinguishing between the principal functions that may be carried out by nurses registered in each division of the register – s 66(1)(g).</p> <p>Issuing &amp; publishing codes for the guidance of registered nurses about standards recommended by the Board relating to the practise of nursing – s 66(1)(h).</p> <p>The Board must notify registered nurses about any codes proposed to be made &amp; call for &amp; consider any submissions from registered nurses about the proposed codes before issuing &amp; publishing those codes – s 66(4).</p> <p>Determining the categories of nurse practitioner for the purposes of endorsement – s 66(1)(ea).</p> <p>In exercising its functions in relation to categories</p>	<p>The Board may, with the approval of the Governor, by publication in the Gazette issue codes of practice with respect to:</p> <ul style="list-style-type: none"> <li>the practice of nursing &amp; the conduct of nurses</li> <li>the practice of any nursing speciality &amp; the conduct of nurses practising that speciality</li> <li>nurse practitioners.</li> </ul> <p>The Board may, with the approval of the Governor, by publication in the Gazette:</p> <ul style="list-style-type: none"> <li>amend;</li> <li>revoke; or</li> <li>revoke &amp; replace, a code of practice.</li> </ul> <p>A code of practice is to contain only information recommended by the Commissioner of Health with respect to the functions of nurse practitioners, including:</p> <ul style="list-style-type: none"> <li>the possession, use, supply or prescription of poisons, as defined</li> </ul>

Map 1 – the Legislation, the Regulatory Authority & Professional Standards									
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						<p>normal office hours, at the principal office of the Board</p> <ul style="list-style-type: none"> <li>cause a copy of the code or standard to be published in the Gazette – s 16(3).</li> </ul> <p>Endorsing professional standards, including definitions &amp; titles – s 16(1)(g).</p>		<p>of nurse practitioner for which a nurse's registration can be endorsed the Board must have regard to the advice of the nurse practitioner advisory committee – s 66(5).</p> <p>Regulating the standards of practice in the health profession regulated by the board in the public interest – s 118(1)(d). Issuing &amp; publishing codes for the guidance of registered health practitioners regulated by the board &amp; registered students regulated by the board about standards recommended by the responsible board relating to the provision of regulated health services &amp; about professional performance – s 118(1)(g).</p> <p>Issuing &amp; publishing guidelines about the obtaining, possession, use, sale or supply of Schedule 1, 2, 3, 4 &amp; 8 poisons within the meaning of the <i>Drugs, Poisons &amp; Controlled Substances Act 1981</i> by health practitioners registered under this Act – s 118(1)(i).</p> <p>Issuing &amp; publishing guidelines about qualifications for registration or endorsement of</p>	<p>in the <i>Poisons Act 1964</i>, by a nurse practitioner</p> <ul style="list-style-type: none"> <li>the requesting, or undertaking, of diagnostic testing or therapies</li> <li>the undertaking of treatments by a nurse practitioner</li> <li>such other functions as are necessary or convenient with respect to the practice of nursing as a nurse practitioner &amp; the conduct of nurse practitioners, &amp; anything incidental or conducive to those functions.</li> </ul> <p>A code of practice may adopt wholly or partly any standards, rules, code, or other provisions published by some other body &amp; may adopt them:</p> <ul style="list-style-type: none"> <li>with or without any amendment or modification</li> <li>as in force at the time of adoption or as amended from time to time – s 9.</li> </ul> <p>The Board may, with the approval of the Minister, issue codes of practice for:</p> <ul style="list-style-type: none"> <li>the practice of nursing &amp; the conduct of an EN or RN</li> <li>the practice of nursing and the</li> </ul>



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								<p>registration as a health practitioner including supervised practice &amp; examinations – s 118(1)(j).</p>	<p>conduct of a NP</p> <ul style="list-style-type: none"> <li>the practice of midwifery and the conduct of a midwife.</li> </ul> <p>A code of practice is to contain only information recommended by the Commissioner with respect to the functions of nurse practitioners, including:</p> <ul style="list-style-type: none"> <li>the possession, use, supply or prescription of poisons by a NP</li> <li>the requesting, or undertaking, of diagnostic testing or therapies</li> <li>the undertaking of treatments by a NP</li> <li>such other functions as are necessary or convenient with respect to the practice of nursing as a NP</li> <li>the conduct of a nurse practitioner, &amp; anything incidental or conducive to those functions.</li> </ul> <p>The code of practice may adopt the provisions of other publications, whether with or without modification or addition and whether in force at a particular time or from time to</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									time – Cl 100.  To promote & encourage the continuing levels of skills, knowledge & competence in the practice of nursing & midwifery – Cl 10(e)(ii).
1.11	RA's codes of conduct & ethics to guide their work & decision making	<b>Board Code of Conduct</b> [4].  Refer to decision making framework policy development.	<b>Board Code of Conduct</b> [5].	?	<b>Code of Conduct for Members of Council &amp; its Committees &amp; Staff</b> [6]  <b>Conflict of Interest Policy</b> [7].	A member of the Board who has a direct or indirect pecuniary or personal interest in a matter under consideration by the Board: <ul style="list-style-type: none"> <li>must, as soon as he or she becomes aware of the interest, disclose the nature &amp; extent of the interest to the Board; &amp;</li> <li>must not take part in any deliberations or decision of the Board on the matter – s 9.</li> </ul>	<b>Conflict of Interest Policy</b>	A member who has a pecuniary interest in any matter in which the Board is concerned must: <ul style="list-style-type: none"> <li>if the member is present at a meeting of the Board at which the matter is to be considered, disclose the nature of the interest immediately before the consideration of that matter; or</li> <li>if the member is aware that the matter is to be considered at a meeting of the Board at which the member does not intend to be present, disclose the nature of the interest to the President or Deputy President of the Board before the meeting is held.</li> </ul> The member: <ul style="list-style-type: none"> <li>may take part in the discussion at the meeting; &amp;</li> <li>must leave the meeting while any vote is taken on a question relating to the matter – s 75.</li> </ul>	A member of the Board or of a committee who has a direct or indirect interest, other than as a member, in a matter before the Board or committee: <ul style="list-style-type: none"> <li>shall, as soon as the person is aware of the matter, disclose the nature of the interest to the Board or the committee &amp;</li> <li>shall not without the approval of the Board or the committee take part in any deliberation or decision of the Board or committee with respect to the matter.</li> </ul> A disclosure made by a person under this section shall be recorded in the minutes of the Board or the committee – s 13.

Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
1.12	<p><b>Key codes of conduct, ethics &amp; statements of standards &amp; guidelines developed by RA</b></p>	<p>NOTE: most of the policies below are not currently available on the website as they are being reviewed.</p> <ul style="list-style-type: none"> <li>Scope of Nursing Practice</li> <li>Professional Midwifery Services</li> <li>Medication Administration by Enrolled Nurses</li> <li>Recency of Practice</li> <li>Accreditation of Courses</li> <li>Competence to Practice &amp; Continuing Professional Development [8].</li> </ul> <p>There needs to be a more comprehensive professional standards code for nurses &amp; midwives across Australia incorporating areas such as professional boundaries etc. The present code of conduct &amp; code of ethics in current use are not adequate.</p> <p>It would be more appropriate to invest in this from a trans-Australian perspective rather than jurisdiction by jurisdiction.</p>	<ul style="list-style-type: none"> <li>Competencies of the Midwife – 2004 [9].</li> <li>Complementary Therapies in Nursing Practice</li> <li>Guidelines for the Development of Programs Leading to Registration</li> <li>Guidelines for the Development of Courses Leading to Registration as a Midwife</li> <li>Guidelines for Institutions Wishing to Submit Courses for Approval in Regard to Authorisation of Nurse Practitioners</li> <li>Course Requirements for Enrolled Nurse Education</li> <li>Administration of medications in residential facilities [10].</li> </ul>	<ul style="list-style-type: none"> <li>Information for the Administration of Medications by the Enrolled Nurse</li> <li>Position Statement Nurses and Midwives Infected with Blood Borne Viruses</li> <li>The use of Alternative Healers and Carers in Nursing and Midwifery Practice Policy</li> <li>Use of Complementary Therapies in Nursing and Midwifery practice</li> <li>TeleNursing practice Standards</li> <li>Standards for Accreditation of Courses and Educational Institutions [11].</li> </ul>	<ul style="list-style-type: none"> <li>Scope of practice framework for nurses and midwives 2005</li> <li>Guidelines for RNs &amp; ENs regarding the Boundaries of professional practice</li> <li>Code of Practice for Midwives</li> <li>Nursing and midwifery education policy an accreditation framework 2005</li> <li>Policy on medication administration by enrolled nurses 2005</li> <li>Policy on the regulation of nurse practitioners in Queensland, 2005</li> <li>Professional standards policy</li> <li>Statement on sexual relationships between health practitioners &amp; their patients 2005</li> <li>Guidelines on standards of practice for RNs with drug therapy protocol endorsement</li> <li>Nurses infected with blood borne viruses [12, 13].</li> </ul>	<ul style="list-style-type: none"> <li>Standard for delegation by a registered nurse or midwife to an unlicensed healthcare worker</li> <li>Standard for Medication Management</li> <li>Standard for the Use of Restraint</li> <li>Standard for Therapeutic Relationships and Professional Boundaries</li> <li>Standard for Education Providers and Education Courses [14].</li> </ul>	<ul style="list-style-type: none"> <li>Scope of Nursing Practice Decision Making Framework 2006</li> <li>Code of Practice for Midwives in Tasmania 2003</li> <li>Standards for the Use of Complementary Therapies as a Nursing Intervention 2005</li> <li>Standards for the use of Restraint as a Nursing Intervention</li> <li>Standards for the Scope of Nursing Practice</li> <li>Standards for the Supervision of Students in Practice Setting</li> <li>Standards for Nursing Documentation 2003</li> <li>Medication Management Standards for Nurses 2004</li> <li>Standards for Accreditation Conduct and Monitoring of Nursing Programs</li> <li>Professional Boundaries Standards for Nurses in Tasmania 2005 [15].</li> </ul>	<p>- s 128.</p> <ul style="list-style-type: none"> <li>FAQ booklet - Medication Administration - Division 2 endorsement</li> <li>Guidelines Delegation and Supervision for registered nurses and extended scope of practice for the division 2 registered nurse</li> <li>Guidelines Extended scope of practice for division 2 registered nurses to administer medication</li> <li>Guidelines for Registered Nurses, Student Nurses and Pharmacists regarding the Use of Dose Administration Aids (DAA) for Clients in Care in Victoria - DOCUMENT UNDER REVIEW</li> <li>Guidelines for medication administration - division 2 registered nurses</li> <li>Guidelines for the Use of Complementary Therapies in Nursing Practice</li> <li>Statement for Nurses Undertaking Clinical Practice/Procedures</li> <li>Role of Nurses Registered in Divisions 1, 3 or 4 and Division 2</li> <li>Standards for Course Accreditation</li> </ul>	<ul style="list-style-type: none"> <li>Nurses Code of Practice 2000</li> <li>Code of Practice for Nurse Practitioners, 2004</li> <li>Scope of Nursing Practice Decision-Making Framework</li> <li>Professional Standards for nurses registered as Nurse Practitioners in WA</li> <li>Guidelines for nurses regarding advertising services</li> <li>Boundaries for Therapeutic Relationships.</li> <li>Management of Patient Information and Documentation Guidelines</li> <li>Ethical Dilemmas A Framework for Decision making</li> <li>Guidelines for the Use of Restraint in Western Australia</li> <li>Medication Administration Guidelines</li> <li>Guidelines for Complementary Therapies in Nursing Practice</li> <li>Accreditation Process</li> <li>Position Paper on Comprehensive Nursing Education</li> <li>Guidelines for Demonstration of Continuing Professional Competence [17-19].</li> </ul>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								<ul style="list-style-type: none"> <li>Standards for Supervised Practice</li> <li>Professional Boundaries - Guidelines for Registered Nurses in Victoria [16]</li> </ul>	
1.13	RA adoption of national standards	[20]		[21]	[22]	[23, 24]	[15]	[16]	[17]
1.13.1	Code of Ethics for Nurses in Australia (ANMC 2002)	Yes	<b>No</b>  While it has been considered appropriate for a regulatory authority to establish a code of professional conduct and to expect that nurses and midwives adhere to that code, it has not previously been considered appropriate to impose a particular set of values in circumstances where a nurse or midwife may be able to demonstrate safe and competent practice based on different values. It is possible the Board may consider adopting the new code of ethics when developed but it would need to obtain Ministerial approval as provided by section 43.	Yes	Yes	Yes	Yes	?	Yes
1.13.2	Code of Professional Conduct for Nurses in Australia (ANMC 2003)	Yes	<b>No</b>  The Board had established the Code as provided by s 43 of the Act prior to amendments to that section in 2004. The Minister has approved a request from the Board that the existing Code remain in place pending development of new	Yes	Yes	Yes	Yes	?	Yes

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			code(s) which will be required to satisfy the additional scrutiny and obtain Ministerial approval as now prescribed by section 43.						
1.13.3	National Competency Standards for the Registered Nurse (ANMC 2000)	Yes	Yes  Adoption of 2006 version is under consideration, may be able to advise in near future.	Yes	Yes	Yes	Yes	?	Yes
1.13.4	National Competency Standards for the Enrolled Nurse (ANMC 2002)	Yes	Yes  Adoption of 2006 version is under consideration, may be able to advise in near future.	Yes	Yes	Yes	Yes	?	Yes
1.13.5	National Competency Standards for the Midwife (ANMC 2006)	Yes	No  Adoption of 2006 version is under consideration, may be able to advise in near future.	Yes	?	Yes	Yes	Yes	Yes
1.13.6	National Competency Standards for the Nurse Practitioner (ANMC 2005)	Yes	No  Adoption of 2006 version is under consideration, may be able to advise in near future.	Yes	?	?	Yes	?	Yes
1.14	Accountability of RA	The Board is responsible to the Minister for the administration of the Act – s26(1).  Any Standards Statement approved by the Board, the approval must be in writing & is a notifiable instrument!  In assessing Board's performance Minister may consider: ▪ whether the standards approved	Subject to the control & direction of the Minister in the exercise of its functions – s11.  Annual Reports tabled in Parliament.	The Board: ▪ is a body corporate with perpetual succession. ▪ has a common seal. ▪ is capable, in its corporate name, of acquiring, holding & disposing of real (including leasehold) & personal property & of suing and being sued – s 8.  The Board must, not	The council: ▪ is a body corporate with perpetual succession ▪ has a common seal ▪ may sue & be sued in its corporate name – s 6.  Advises & reports to the Minister on the functions of the council – s 7(a).	The Board: ▪ is a body corporate ▪ has perpetual succession & a common seal ▪ is capable of suing & being sued in its corporate name ▪ has the functions & powers assigned or conferred by or under this Act – s 4.  The Board must keep proper accounting	The Board may: ▪ acquire, hold, dispose of & otherwise deal with property ▪ sue & be sued in its corporate name - s 5.  The accounts of the Board are subject to the <i>Financial Management &amp; Audit Act 1990</i> – s 17.  The Board must keep proper accounts &	The Board: ▪ is a body corporate with perpetual succession ▪ has a common seal ▪ may sue and be sued in its corporate name ▪ may acquire, hold and dispose of real and personal property ▪ may do and suffer all acts and things that a body corporate may, by law, do and	The Board: ▪ is a body corporate with perpetual succession ▪ is to have a common seal ▪ may sue and be sued in its corporate name – s 5.  Section 5(2)  The Minister may, after consulting with

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		<p>by the Board benefit or are likely to benefit the public</p> <ul style="list-style-type: none"> <li>whether the Board deals with applications, reports &amp; referral to panels promptly while allowing for proper consideration</li> <li>whether Board has sent renewal notices – Cls 109, 110 &amp; 111.</li> </ul> <p>The Board is a corporation with perpetual succession, may have a common seal &amp; may sue &amp; be sued, &amp; hold property in its corporate name – s 32.</p> <p>See also powers vested in Minister to seek a report from the Board on discharge of functions s 28, the positive obligation imposed on Boards to exercise their functions diligently s 27 and the power vested in the Minister to discharge Boards under s 30.</p>		<p>later than 31 December of each year, give to the Minister a report on its operations for the preceding financial year – s 17.</p>		<p>records in relation to its financial affairs, &amp; must have annual statements of account prepared in respect of each financial year.</p> <p>The accounts must be audited at least once in every year by an auditor approved by the Auditor-General &amp; appointed by the Board.</p> <p>The Auditor-General may at any time audit the accounts of the Board – s 14.</p> <p>The Board must, on or before 30 September in each year, deliver to the Minister a report on the administration of this Act &amp; the work of the Board during the financial year ending on the preceding 30 June. The report must incorporate the audited accounts of the Board for the relevant financial year. The Minister must, within 12 sitting days after receiving a report under this section, have copies of the report laid before both Houses of Parliament – s 15.</p> <p>If the Board:</p> <ul style="list-style-type: none"> <li>refuses to approve a course of education or training for the purposes of this Act; or</li> <li>revokes the approval of a course of education or training under this</li> </ul>	<p>records of its financial affairs &amp;, not later than 15 August after the end of each financial year, prepare a statement of accounts in a form approved by the Auditor-General exhibiting a true &amp; correct view of the financial position &amp; transactions of the Board for that financial year – s 18.</p> <p>The Board must, not later than 31 August after the end of each financial year, give the Minister a report on its operations for that financial year. The report is to incorporate the audited statement of accounts prepared for that financial year.</p> <p>The Minister may, in writing, direct the Board to prepare the report in a particular way or to include particular information in the report.</p> <p>The report may be appended to the annual report of the Department. If the Board's report is not appended to the annual report of the Department, the Minister must cause the Board's report to be laid before each House of Parliament by not later than 31 October after the end of the financial year to which it relates – s 19.</p>	<p>suffer – s 65.</p> <p>Same provision under HPRAAct – s 117.</p> <p>When so requested by the Minister, giving to the Minister any information reasonably required by the Minister – s 66(1)(k).</p> <p>Same provision under HPRAAct – s 118(1)(m).</p>	<p>the Board, give directions in writing to the Board with respect to the performance of its functions either generally or in relation to a particular matter, and the Board shall give effect to any such direction, except in relation to directing the Board with respect to the performance of its functions in regard to:</p> <ul style="list-style-type: none"> <li>a particular person; or</li> <li>a particular application, complaint or proceeding – s10.</li> </ul> <p>The Board is to cause to be kept proper accounts &amp; records of the transactions &amp; affairs of the Board &amp; is to prepare financial statements in accordance with Australian Accounting Standards on an accrual basis unless the Board determines otherwise – s 55.</p> <p>The accounts &amp; financial statements of the Board are to be audited at least once a year, at the expense of the Board, by a registered company auditor appointed by the Board with the prior approval of the Minister – s 56.</p> <p>The Board, not later</p>

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						<p>Act, the provider of the course may apply to the Minister for a review of that decision.</p> <p>The Minister may determine the application as the Minister thinks fit and, if the Minister finds in favour of the applicant, grant or preserve the approval (as appropriate) - 62.</p>			<p>than 31 December in each year, is to make &amp; submit to the Minister an annual report of its proceedings for the preceding year ending on 30 June together with a copy of its financial statements for that year &amp; the auditor's report on those statements.</p> <p>The Board's annual report must include details of:</p> <ul style="list-style-type: none"> <li>the number, nature, &amp; outcome, of investigations &amp; inquiries undertaken under this Act during the year to which the report relates; &amp; matters that have been brought before the State Administrative Tribunal by the Board during the year to which the report relates;</li> <li>the number &amp; nature of matters that are outstanding; any trends or special problems that may have emerged; forecasts of the workload of the Board in the year after the year to which the report relates; &amp; any proposals for improving the operation of the</li> </ul>

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									<p>Board.</p> <p>The Minister is to cause a copy of the Board's annual report &amp; financial statements &amp; of the auditor's report to be laid before each House of Parliament within 14 sitting days of that House after receipt of the report by the 5 Minister- s 57.</p> <p>- Cls 23 – 25.</p> <p>The Minister may, after consulting with the Board, give directions in writing to the Board with respect to the performance of its functions either generally or in relation to a particular matter, &amp; the Board is to give effect to any such direction.</p> <p>The Minister must not direct the Board with respect to the performance of its functions in respect of:</p> <ul style="list-style-type: none"> <li>▪ a particular person</li> <li>▪ a particular qualification</li> <li>▪ a particular application, complaint or proceeding.</li> </ul> <p>The text of a direction given must be:</p> <ul style="list-style-type: none"> <li>▪ laid before each House of Parliament within</li> </ul>



Map 1 – the Legislation, the Regulatory Authority & Professional Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									<p>14 sitting days of that House after the direction is given</p> <ul style="list-style-type: none"> <li>included in the annual report submitted by the Board – Cl 13.</li> </ul> <p>The Minister is entitled:</p> <ul style="list-style-type: none"> <li>to have information in the possession of the Board</li> <li>if the information is in or on a document, to have, &amp;make &amp; retain copies of, that document.</li> </ul> <p>The Minister may:</p> <ul style="list-style-type: none"> <li>request the Board to furnish information to the Minister</li> <li>request the Board to give the Minister access to information</li> <li>make use of the staff of the Board to obtain the information &amp; furnish it to the Minister – s 58.</li> </ul> <p>– Cl 14.</p>
1.15	Delegation by RA	<p>Board may delegate a function to:</p> <ul style="list-style-type: none"> <li>A Board member</li> <li>Board Executive Officer</li> <li>Board committee</li> <li>Anyone else the Board considers appropriate – Cl 22</li> </ul>	<p>Board may delegate a function to:</p> <ul style="list-style-type: none"> <li>Board President</li> <li>Deputy President</li> <li>Committee comprising 2 or more members of the Board</li> <li>The Registrar or any other member of</li> </ul>	<p>The Board may delegate to a person, member, committee or the Registrar of the Board any of its powers &amp; functions under this Act, other than this power of delegation.</p> <p>A power or function delegated under this</p>	<p>The council may delegate its powers to a member of the council, a committee of the council or an employee of the council, except its powers to:</p> <ul style="list-style-type: none"> <li>grant provisional registration or enrolment</li> <li>grant limited</li> </ul>	<p>The Board or the Registrar may delegate a function or power conferred or vested under this Act. A delegation:</p> <ul style="list-style-type: none"> <li>may be made to a particular person or body; or to the person for the time being occupying a particular</li> </ul>	<p>The Board may delegate any of its functions or powers, other than this power of delegation, to a member of the Board, the Executive Officer or a committee – s 10.</p>	<p>The Board may, in writing, delegate to a member of the Board; or the person responsible for maintaining the register or any other member of the staff of the Board its powers and functions under this Act, other than:</p> <ul style="list-style-type: none"> <li>the power to</li> </ul>	<p>The Board may, by resolution, delegate any function specified in the resolution, other than this power to delegate, to a member or any committee – Sched1, Cl 5.</p> <p>The Board may delegate any power or</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>staff of the Board</p> <p>Except - Board must not delegate:</p> <ul style="list-style-type: none"> <li>• Its delegation function</li> <li>• A function in relation to the Board's Education &amp; Research Account (s76(5))</li> <li>• Its functions in relation to complaints &amp; disciplinary proceedings – s14</li> </ul>	<p>section, when exercised or performed by the delegate, is taken to have been exercised or performed by the Board.</p> <p>A delegation under this section:</p> <ul style="list-style-type: none"> <li>▪ must be in writing.</li> <li>▪ does not prevent the exercise of a power or the performance of a function by the Board - s 13.</li> </ul>	<p>registration or enrolment</p> <ul style="list-style-type: none"> <li>▪ immediately suspend registration or enrolment</li> <li>▪ review suspension for health reasons</li> <li>▪ refer a charge to the tribunal – s 43.</li> </ul> <p>The executive officer may delegate the executive officer's powers to an employee of the council – s 44.</p>	<p>office or position; &amp; may be made subject to conditions and limitations specified in the instrument of delegation; &amp;</p> <ul style="list-style-type: none"> <li>▪ is revocable at will and does not derogate from the power of the delegator to act in a matter – s 52.</li> </ul>		<p>refuse to grant or refuse to renew registration</p> <ul style="list-style-type: none"> <li>▪ the power to impose or to amend, vary or revoke conditions, limitations or restrictions on registration</li> <li>▪ the power to suspend registration</li> <li>▪ the power to conduct any hearing or make any determination</li> <li>▪ this power to delegate – s 78.</li> </ul> <p>A responsible board may, in writing, delegate to a member of the responsible board; or the person responsible for maintaining the register or any other member of the staff of the responsible board its powers and functions under this Act, other than:</p> <ul style="list-style-type: none"> <li>▪ the power to refuse to grant or refuse to renew registration or endorsement of registration</li> <li>▪ the power to impose or to amend, vary or revoke conditions on registration or endorsement of registration</li> <li>▪ the power to refuse to approve an application or revoke an approval under</li> <li>▪ the power to impose conditions on</li> </ul>	<p>duty of the Board under another provision of this Act to:</p> <ul style="list-style-type: none"> <li>▪ a member of the Board</li> <li>▪ a committee or a member of a committee</li> <li>▪ the registrar.</li> </ul> <p>The delegation must be in writing executed by the Board.</p> <p>A person to whom a power or duty is delegated under this section cannot delegate that power or duty.</p> <p>A person exercising or performing a power or duty that has been delegated to the person under this section is to be taken to do so in accordance with the terms of the delegation unless the contrary is shown.</p> <p>Nothing in this section limits the ability of the Board to perform a function through the registrar or any other member of staff or an agent CI 12.</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								<ul style="list-style-type: none"> <li>an approval the power to conduct any hearing or to make any determination</li> <li>this power to delegate.</li> </ul> <p>A responsible board may, in writing; delegate to the members of an investigations committee established by the board any of its powers and functions under relating to investigations of health practitioners or registered students – s 133.</p>	

## References

1. Queensland Nursing Council, *Information Sheet for Applicants Seeking Restoration to the Register or Roll in Queensland*. 2003.
2. Queensland Nursing Council, *Registration Policy*. 2004.
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5. Nurses & Midwives Board (NSW), *Code of Conduct for members of the Board and Committees of the Board*. 2004.
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## Map 2 - The Registers &amp;/or Rolls of Nurses &amp; Midwives

## KEY:

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* <i>Health Professionals Act 2004</i></b></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><b>* <i>Nurses and Midwives Act 1991</i></b></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><b>* <i>Health Practitioners Act 2004</i></b></p>	<p><b>* <i>Nursing Act 1992</i></b></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><b>* <i>Nurses Act 1999</i></b></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><b>* <i>Nursing Act 1995</i></b></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><b>* <i>Nurses Act 1993</i></b></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><b>* <i>Nurses Act 1992</i></b></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
2.1	Registers & rolls	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Register of Midwives</li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Register of Midwives</li> <li>Roll of Nurses                             <ul style="list-style-type: none"> <li>List A – ENs</li> <li>List B – ENs (Mothercraft)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Register of Midwives (DEM only)</li> <li>Roll of Nurses</li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Roll of Enrolled Nurses</li> </ul>	<ul style="list-style-type: none"> <li>Register                             <ul style="list-style-type: none"> <li>Register of General Nurses</li> <li>Register of Midwives</li> <li>Register of Mental Health Nurses</li> <li>Register of Nurse Practitioners</li> <li>Other parts (or 'registers')</li> </ul> </li> <li>Roll                             <ul style="list-style-type: none"> <li>Roll of Nurses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Roll of Nurses</li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Register of Health Practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Register of Nurses</li> <li>Register of Nurses &amp; Midwives</li> </ul>
2.1.1	RNs or Division 1	Registration on Register of Nurses	Registration on Register of Nurses	Registration in the category of health care practice of nursing – registered nurse – s 19(1)(f)	Registration on Register of Nurses – s 58.	Registration on Register of General Nurses – s 22(3)(a)	Registration on Register of Nurses – s 43	Registration in Division 1 of the Register – s 17(2)(a).  General Registration in Division 1 of the Register – s 6.	Registration in Division 1 of the Register – s 34(a) – Gold Card – signifies that the registrant is 'in good standing'  Registration on Register of Nurses & Midwives as a registered nurse – CI 27.
2.1.2	ENs or Division 2	Enrolment on Register of Nurses	Enrolment on List A of Roll of Nurses	Enrolment in the category of health care practice of nursing – enrolled nurse – s 19(2)	Enrolment on the Roll of Nurses – s 58.	Enrolment on the Roll of Nurses – s 22(5).	Enrolment on the Roll of Nurses – s 44	Registration Division 2 of the Register – 17(2)(b).  General Registration in Division 2 of the Register – s 6.	Registration Division 2 of the Register – 34(b). – Gold card  Registration on the Register of Nurses & Midwives as an enrolled nurse – 27.
2.1.3	Midwife/RN (post registration qualifications)	Registration on Register of Nurses & Registration on Register of Midwives	Registration on Register of Nurses & Registration on Register of Midwives	Registered in the category of health care practice of midwifery – registered nurse authorised to practice midwifery – s 19(1)(e)(ii)	Registration on Register of Nurses – s 58 authorised to practice midwifery – s 77(1)	Registration on Register of Nurses & Registration on Register of Midwives – ss 22(3)(a) & (b).	Registration on Register of Nurses – s 43 Authorised to practice in the restricted practice area of midwifery – s 31(a).	Registration Division 1 of the Register – 17(2)(a).  General Registration in Division 1 of the Register – s 6 & endorsed as a midwife – s 21.	Registration in Division 1 of the Register – s 34(a) – Gold Card.  Registration on Register of Nurses & Midwives as a registered nurse & a midwife – CI 27.
2.1.4	Direct Entry Midwife	Registration on Register of Midwives	Registration on Register of Midwives	Registered in the category of health care practice of midwifery –	No Bachelor of Midwifery authorised by the Council.	Registration on Register of Midwives – s 22(3)(b).	No Bachelor of Midwifery authorised by the Council.	Registration Division 1 of the Register – s 17(2)(a) with a restriction only to	No provision under current Act but policy to grant registration in

Map 2 - The Registers &/or Rolls of Nurses & Midwives										
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓	
				midwife – s19(1)(e)(i)	DEMs entered on database as a non-nurse, midwife only - ? under s 77(4)		Little support for Bachelor of Midwifery or DEMs – health services are so small that it is very rare that they will support people only prepared as midwives.	practice midwifery – s 8.  Specific Registration as a midwife – s 7(2).	Division 1 of the Register – s 34(a).  DEMs applying under MR are registered with restrictions only to practice midwifery – Silver Card  Registration on Register of Nurses & Midwives as a midwife– Cl 27.	
2.1.5	Nurse Practitioner	Registration on the Register of Nurses	Authorisation as NP on the Register of Nurses	Authorisation in a restricted practice area of NP – on the Register of Nurses – s 31	Applicants are able to apply to Council for NP endorsement.  Registration on Register of Nurses – s 58 authorised to practise as NPs under the section enabling the Council to authorise a person to practise nursing in another area of nursing - s 77(3).	Registration on 'other parts or "registers" for other areas recognised by the Board as being special practice areas' – s 22(3)(d).	Role currently still under development in  Registration on Register of Nurses - s 43 Authorised to practice in the restricted practice area of nursing practice as may be prescribed – s 31(c).  The area of nursing practice performed by an NP is prescribed as a restricted practice area – Cl 4 Reg 2005.	Registration Division 1, 3 or 4 of the Register – ss 17(2)(a), (c) or (d)).& endorsed as NP in a specific category or categories for which the NP is qualified to use the title– s 8B.  General Registration in Division 1, 3 or 4 of the Register – s 6 & endorsed as NP in a specific category or categories for which the NP is qualified to use the title– s 21.	Registration in Division 1 of the Register as a NP– s 22A.  Registration on Register of Nurses & Midwives as a registered nurse & a NP– Cl 28.	
2.1.6	Midwife Practitioner	No provision for category	Authorisation as an MP on Register of Midwives	No provision for category	No provision for category	No provision for category	No provision for category	No provision for category	No provision for category	
2.1.7	Mothercraft nurse	Enrolment on the register of nurses.	Enrolled on List B of Roll of Nurses as EN(mothercraft)	No specific recognition  Enrolment in the category of health care practice of nursing – enrolled nurse – s 19(2)  A mothercraft nurse has not yet applied under the new Act. The Board would possibly utilise its powers under s 20(3) (c) & consider enrolling & applying conditions under s 30 to limit practice.	No specific recognition	No specific recognition	No specific recognition	Enrolled on Roll as EN(Mothercraft)	Registration in Division 5 of the Register – s 17(2)(e).  General Registration in Division 5 of the Register – s 6 as a mothercraft nurse.  Division now closed – not accepting any new entries though may re-enter.	Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a mothercraft nurse – Cl 20(c) Nurses Rules.  Registration on the Register of Nurses & Midwives as an enrolled nurse – 27.
2.1.8	Mental Health Nurse	No specific recognition	Qualifications may be	Not recognised	Registration on Register	Registration on Register	Registration on Register	Registration in Division 1	Registration in Division 1	

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	(post registration qualifications)	Registered on the Register of Nurses	recorded on the Register of Nurses – s 16(2)(e)  See note re qualifications being recorded on the Register or Roll at 2.4.	Registered on the Register of Nurses	of Nurses – s 58 authorised to practise mental health nursing if they have successfully completed a mental health nursing course accredited by the council or a comparable course outside Queensland based on similar competencies – s 77(2)	of General Nurses & the Register of Mental Health Nurses – ss 22(3)(a) & (c).	of Nurses - s 43 Authorised to practice in the restricted practice area of psychiatric nursing – s 31(b).	of the Register – s 17(2)(a).  General Registration in Division 1 of the Register – s 6 .	& 2 of the Register – ss 34(a) & (b) – Gold Card.  Registration on Register of Nurses & Midwives as a registered nurse – CI 27.
2.1.8	Direct Entry Mental Health Nurse (pre registration qualifications)	No specific recognition  Registered on the Register of Nurses	No specific recognition  Registered on the Register of Nurses	Registered on the Register for Nurses & conditions placed on practice to work only in mental health facilities - s 27.	Registration on Register of Nurses – s 58  No practice restriction due to single register – though moving towards credentialing.	Registered on the Register of Mental Health Nurses – s 22(3)(c).	No specific recognition  Registered on the Register of Nurses	Registration Division 3 of the Register.  Specific Registration as a mental health nurse – s 7(1).  Division now closed – not accepting any new entries though may re-enter.	No provision under current Act but policy to grant registration in Division 1 of the Register – s 34(a)  Under MR nurses with only mental health qualifications are registered with restrictions only to practice mental health nursing – Silver Card  Registration on Register of Nurses & Midwives– CI 27.
2.1.9	ENs with recognised medication expertise	Enrolled in specialty area as an EN(medications) – Sched 3 para 3.7(3)&(4)	Enrolled on the Roll of Nurses  While there is no legislative basis for granting endorsement to ENs for the purpose of medication endorsement, the Board considers that medication administration, unless undertaken safely, has potential for serious harm to patients. The Board has issued guidance to nurses and midwives that enrolled nurses may administer medications only if they have	No specific recognition  No endorsement of ENs qualifications pharmacology & medication administration embedded in Cert 4 pre-enrolment preparation courses.  ? Potential for conditions or endorsement exists under ss 27 or 53.	Endorsement- ENs complete 18 month Diploma of Nursing (Pre-enrolment) at TAFE. On successful completion the applicant provides evidence of successful completion & it is endorsed on their licence.	No specific recognition  Enrolled on the Roll of Nurses – s 22(5)  No endorsement of ENs qualifications pharmacology & medication administration embedded in TAFE Diploma pre-enrolment preparation courses.  No conditions placed on enrolment if not prepared to same level as Diploma prepared ENs in SA.	Enrolled on Roll of Nurses - s 44 Authorised to practice in the restricted practice area as an authorised enrolled nurse – s 31(c).	Registration Division 2 of the Register – s 17(2)(b) & endorsed for medication administration – s 8C.  General Registration in Division 2 of the Register – s 6 & endorsed for medications – s 22.	Registration Division 2 of the Register – 34(b). No endorsement of ENs qualifications pharmacology & medication administration embedded in Diploma pre-enrolment preparation courses.  Not able to place conditions on registration under current legislation if an EN applies for registration & is not prepared to same level as Diploma prepared ENs in WA.



Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			completed a course approved by the Board for this purpose. While the Board does not normally consider or give approval to post-enrolment courses, it was considered important for public safety that it do so in the period of transition until the majority of ENs will have routinely completed medication administration as part of pre-enrolment education. Although it is not a practice entitlement or practice restriction in the usual sense, medication endorsement is, for the time being, shown on enrolled nurses' practising certificates to assist nurses, midwives, employers and the public to identify those ENs who have completed approved courses or whose practice in other jurisdictions includes medication administration and who have applied for endorsement under mutual recognition legislation.						Registration on the Register of Nurses & Midwives as an enrolled nurse – Cl 27.  Conditions will be able to be imposed under the pending legislation.
2.1.10	Maternal & child health nurses	No specific recognition	No specific recognition	No specific recognition	No specific recognition	No specific recognition	No specific recognition	No specific recognition	Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a children's nurse – Cl 20(a) Nurses Rules.  Registration on the Register of Nurses & Midwives as an enrolled nurse – Cl 27.
2.1.11	Other	No	Mental retardation	?	?	No		Mental Retardation	Mental Health Disability

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>/developmental disability or similarly qualified nurses are able to have their names entered in the Register of Nurses</p> <p><b>General nurses</b> (former NSW or equivalent courses) are able to have their names entered in the Register of Nurses.</p> <p><b>Adult nurses (UK)</b> are able to have their names entered in the Register of Nurses.</p> <p><b>Geriatric nurses</b> may have their names entered in the Register of Nurses (without conditions if registered prior to August 2004, but may have conditions restricting practice if registered after that date).</p> <p><b>Infants nurses (former NSW &amp; equivalent courses), Sick Children's &amp; Children's nurses (UK, Ireland, Germany, Switzerland)</b> may have their names entered in the Register of Nurses (without conditions if registered prior to August 2004, but may have conditions restricting practice if registered after that date).</p>					<p><b>Nurses</b> – Registered Division 4 – s 17(2)(a).</p> <p>Specific Registration as a mental retardation nurse – s 7(1).</p> <p>Division now closed – not accepting any new entries though may re-enter.</p> <p><b>Registration as a student</b> – s 8</p>	<p>Nurses – dealt with in the same way as direct entry mental health nurses – see 2.1.8. Direct entry mental health nurses will only be registered under MR if there is employment available. Disability services are provided by Social Trainers in WA.</p> <p>Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a dental nurse – Cl 20(c) Nurses Rules. Dental nurses will not be registered under the new legislation. No longer recognized as a nursing role, therefore no requirement for them to be registered.</p> <p>Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a tuberculosis nurse – Cl 20(d) Nurses Rules.</p> <p>Registration on the Register of Nurses &amp; Midwives as an enrolled nurse – Cl 27.</p>
2.2	Effect of registration, authorisation, endorsement or enrolment	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>	<ul style="list-style-type: none"> <li>Obligations on health professional under Act</li> <li>Protection of the</li> </ul>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		title • Protection of practice	title	title • Protection of practice	title	title • Protection of the public	title • Protection of practice	title	title • Protection of practice
2.3	Protection of practice &/or title								
2.3.1	Practice	Yes – s 72(1).	No	Yes – s 102.	No	Yes – s39.	Yes – s 75.	?  No	? Yes – ss 45-51  Yes Clauses 85 - 87
2.3.2	Title	Yes – s 71(1).	Yes – ss5 & 5A	Yes – s 104 & Sched 7.	Yes – ss 77C & 77D.	Yes – ss 36 – 40.	Yes – CI 6, Reg 2005.	Yes – ss60 – 64E  Yes – ss 80 – 97.	Yes – ss 45 – 51  Yes Clauses 88 - 90
2.4	Registration, authorisation, endorsement & other recognition of specific or higher level qualifications on the registers & rolls	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a NP</li> </ul> <b>Register of Midwives</b> <ul style="list-style-type: none"> <li>Registration as a midwife</li> </ul> Relevant qualifications held, including relevant training undertaken	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Authorisation as a NP – s19A</li> <li>Entry of further or additional qualifications approved by Board – s22</li> </ul> <b>Register of Midwives</b> <ul style="list-style-type: none"> <li>Registration as a midwife – s16(1)</li> <li>Authorisation as a MP – s20</li> <li>Entry of further or additional qualifications approved by Board – s22</li> </ul> <b>Roll of Nurses</b> <ul style="list-style-type: none"> <li>List "B" – EN (mothercraft) – s26</li> </ul> While entry of additional qualifications is permitted by legislation, it does not happen. Some years ago, the Board received legal advice regarding its responsibilities in placing qualifications on the Register. Courses leading to registration or	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a nurse authorised to practice midwifery – s 19(1)(e)(ii)</li> <li>Authorisation as a nurse authorised to practice as an NP – s 31.</li> </ul> <b>Register of Midwives</b> <ul style="list-style-type: none"> <li>Registration as a midwife – s 19(1)(e)(ii)</li> </ul> Relevant qualifications held	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a nurse authorised to practice midwifery – s 77(1).</li> <li>Registration as a nurse authorised to practice as an NP – s 77(3)</li> <li>Registration as a nurse authorised to practice mental health nursing – s 77(2).</li> <li>Registration as a nurse authorised to practise under the <i>Health (Drugs and Poison Regulation)-</i> <ul style="list-style-type: none"> <li>Rural &amp; Isolated Practice endorsement,</li> <li>Sexual &amp; Reproductive Health endorsement,</li> <li>Immunisation endorsement – s 77(3)</li> </ul> </li> <li>Medication administration for ENs – s 77(3).</li> </ul>	<b>Register</b> <ul style="list-style-type: none"> <li>Registration as a midwife – s 22(3)(b).</li> <li>Registration as a special practice as a NP – s 22(3)(d)</li> <li>Registration as a mental health nurse – s 22(3)(c).</li> </ul> <b>Register &amp; Roll</b> <ul style="list-style-type: none"> <li>Details of any specialist qualifications held &amp; determined by the Board to be appropriate for inclusion on the register – s 22(4)(c).</li> </ul>	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a nurse authorised to practice midwifery – s 31(a).</li> <li>Registration as a nurse authorised to practice as an NP – s 31(c).</li> <li>Registration as a nurse authorised to practice psychiatric nursing – s 31(b).</li> </ul> Roll of Nurses <ul style="list-style-type: none"> <li><b>Enrolment as a nurse with medication authorisation</b></li> </ul>	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a nurse in Divisions 1, 3 or 4 endorsed to practice as an NP within specified category(ies) – s 8B.</li> <li>Registration as a nurse in Division 2 endorsed for medication administration – s 8C.</li> <li>Notation on the registration of a nurse that the nurse is qualified to be exempt from the requirements of the <i>Chinese Medicine Registration Act 2000</i> with respect to the practice of acupuncture – s 8A.</li> <li>Notation of qualifications or training that the Board considers to be relevant to the practice of nursing in addition to those approved for registration – s 14A.</li> </ul>	<b>Register of Nurses</b> <ul style="list-style-type: none"> <li>Registration as a NP in Divisions 1</li> </ul> <b>Register of Nurses &amp; Midwives</b> <ul style="list-style-type: none"> <li><b>Registration as a midwife – CI 27.</b></li> <li><b>Registration as a NP – CI 28.</b></li> <li>Registration as specialists – CI 31.</li> </ul>

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	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>enrolment (or authorisation as nurse practitioner) are scrutinised by the Board through its committees the Board can attest that the courses are of an established standard. Scrutinising numerous post-registration courses including those conducted in other states other countries would be very resource-intensive the Board has not done this since 1988. Being unable to satisfy itself of the standard of post-registration qualifications, the Board has not directed that post-registration qualifications be entered in the Register.</p> <p>Courses leading to enrolment in List B of the Roll (mothercraft nursing) were the 15 to 18 month 'direct entry' courses which have not been conducted since approximately 1990. There are post-registration and post-enrolment courses in 'parentcraft' nursing (or similar titles) but these are regarded like other post-registration courses and are not entered in Registers or Roll.</p>		Relevant qualifications held.			<p><b>Register of Nurses</b></p> <ul style="list-style-type: none"> <li>Registration as a nurse in Divisions 1, 3 or 4 endorsed to practice as an NP within specified category (ies) – s 20.</li> <li>Registration as a nurse in Divisions 1&amp; endorsed to practice as a midwife – s 21.</li> <li>Registration as a nurse in Division 2 endorsed for medication administration – s 22.</li> <li>Registration as a nurse &amp; endorsed to practice acupuncture – s 28.</li> <li>Notation of qualifications or training that the Board considers to be relevant to the practice of nursing in addition to those approved for registration – s 12.</li> </ul>	
2.5	Registration, enrolment, authorisation or endorsement other than full registration	<ul style="list-style-type: none"> <li>Short-term registration – Scheds 3 &amp; 4 paras 3.11 &amp; 4.9 for re-entry or a period of supervised practice.</li> </ul>	<ul style="list-style-type: none"> <li>Provisional registration – s23</li> <li>Provisional enrolment – s28A</li> <li>Temporary</li> </ul>	<ul style="list-style-type: none"> <li>Interim registration or enrolment – s 23(1)</li> <li>Interim authorisation – s 36.</li> <li>Conditional</li> </ul>	<ul style="list-style-type: none"> <li>Provisional registration or enrolment – s 63.</li> <li>Temporary registration – s 64.</li> </ul>	<ul style="list-style-type: none"> <li>Limited registration or enrolment – s 27.</li> </ul>	<ul style="list-style-type: none"> <li>Interim registration or enrolment – s 23.</li> <li>Interim authorisation – s 36.</li> </ul>	<ul style="list-style-type: none"> <li>Restricted registration – s 8.</li> <li>Conditional, restricted or Limited registration – s 9.</li> </ul>	<ul style="list-style-type: none"> <li>Registration of body corporate – s 24</li> <li>Honorary registration – s 25.</li> <li>Provisional</li> </ul>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<ul style="list-style-type: none"> <li>Conditional registration of overseas nurses &amp; midwives – Scheds 3 &amp; 4 paras 3.12 &amp; 4.10.</li> <li>Conditional registration &amp; enrolment for refresher course – Scheds 3 &amp; 4 paras 3.13 &amp; 4.11.</li> </ul>	registration – s24 <ul style="list-style-type: none"> <li>Temporary enrolment – s28B</li> </ul>	registration or enrolment – s 26(1)(b).	<ul style="list-style-type: none"> <li>Limited registration or enrolment – s 65.</li> </ul>			<ul style="list-style-type: none"> <li>Specific registration – s 7.</li> <li>Registration as a student – s 8.</li> <li>Provisional registration – s 9.</li> <li>Interim registration – s 10.</li> <li>Non-practising registration – s 11.</li> </ul>	registration – s 26. <ul style="list-style-type: none"> <li>Temporary registration – s 27.</li> <li>Provisional registration – Cl 29.</li> <li>Conditional registration – Cl 30.</li> </ul>
2.6	Information on database/register or roll	Clauses 112 & 152	Sections 16 & 26  There is a database (confidential information) and the Registers and Roll (public information). Important to differentiate. The legislation refers primarily to the Registers & Roll.	Sections 43 & 44 [1-9]	Sections 48 - 52	Section 22	Sections 43 & 44	Section 17 with the 'prescribed information' – Clause 9, 2004 Regs.  Section 30	Section 33  Clause 38.
2.6.1	Name	<ul style="list-style-type: none"> <li>Name – Cl 112(a)</li> <li>Name used by the person, or intended to be used by the person, when practising if different from the person's name – Cl 112(b)</li> <li>If the person has previously practised in the profession—any other name used by the person when practising the profession – Cl 112(c).</li> </ul>	<ul style="list-style-type: none"> <li>Full name</li> <li>Former names</li> <li>Preferred title</li> </ul>	<ul style="list-style-type: none"> <li>Full name</li> <li>Any change of name</li> <li>Preferred title</li> </ul>	The person's name	Full name	<ul style="list-style-type: none"> <li>Full name</li> <li>Any name change</li> </ul>	<ul style="list-style-type: none"> <li>Name</li> <li>Maiden name</li> <li>All previous names</li> <li>Name</li> </ul>	<ul style="list-style-type: none"> <li>Name</li> <li>Previous name</li> <li>Name</li> </ul>
2.6.2	Address & other contact details	<ul style="list-style-type: none"> <li>Postal address – Cl 112(e)</li> <li>Business address, or intended business address – Cl 112(e).</li> </ul>	<ul style="list-style-type: none"> <li>Address</li> <li>Telephone</li> <li>Fax/email</li> </ul> Records of telephone, fax & email not usually kept.	<ul style="list-style-type: none"> <li>Personal address</li> <li>Business address (if any)</li> <li>Any change of personal address or business address of a registered person</li> <li>Telephone Numbers</li> </ul>	<ul style="list-style-type: none"> <li>Residential address</li> </ul>	<ul style="list-style-type: none"> <li>Personal address</li> <li>Business address (if any)</li> </ul>	<ul style="list-style-type: none"> <li>Personal address</li> <li>Business address (if any)</li> <li>Any change of personal address or business address of a registered person</li> <li>Contact phone numbers</li> </ul>	<ul style="list-style-type: none"> <li>Address</li> <li>Telephone numbers</li> <li>Email</li> <li>A business address or a postal address</li> </ul>	<ul style="list-style-type: none"> <li>Address</li> <li>Contact number</li> <li>Email (though currently not being collected – will be when online registration is available).</li> <li>Business address</li> </ul>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				• Fax/email					• Other address
2.6.3	Date of birth	Yes	Yes Confidential information stored on data base.	Yes	Yes	Yes	Yes	Yes	Yes
2.6.4	Gender	Yes	Yes Confidential information stored on data base	Yes	Yes	Yes	Yes	No	Yes
2.6.5	Country of birth	Yes	No	Yes	Yes	No	No	Yes & Nationality	Yes
2.6.6	Date of initial registration /enrolment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Date of last renewal/ expiry date of registration or enrolment period	Yes Date of latest renewal – CI 153(3)(d)	Yes Expiry date of current practising certificate	? Renewal of a person's right to practice	Yes	Yes	Yes	Yes	Yes
2.6.7	Registration number	Yes	Yes	Legislation silent	Yes	Yes	Legislation silent	Yes	Legislation silent
2.6.8	Qualifications	Yes including relevant training undertaken – CI 112(g)	Some • Particulars of qualifications or qualifications by virtue of which person is registered • Particulars of additional qualifications held by RNs that Board deems appropriate to enter on Register – see 2.4.	Yes	Yes Relevant qualifications held	Yes The qualifications for registration held by the person & details of any specialist qualifications held by the person & determined by the Board to be appropriate for inclusion on the register.	Yes Relevant qualifications held	Yes Professional qualifications  Yes Principal academic qualifications & training that was completed for registration, including the name of the person or body that awarded the qualification or provided the training & the year the qualification was awarded.  Any qualification noted on register.	Yes Particulars of all nursing qualifications  Yes Particulars of all nursing or midwifery qualifications
2.6.9	Authorisations, endorsements etc	Provision under which person registered – CI 152(3)(b).		Yes Any authorisations the person holds (RNs or	Yes Any authorisations held by the person to practise	NP's may be authorised to prescribe specific medications.	Yes Any authorisations the person holds & any	Yes Details of any current notations or	Not Applicable

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				midwives only)	nursing or midwifery – see 2.4 above.		changes in authorisations.	endorsements  Yes  Any current endorsement of registration.	
2.6.9	Any conditions upon registration or enrolment	Yes – CI 152(3)(b)	Yes  Any conditions or restrictions on practice	Yes  <ul style="list-style-type: none"> <li>Any conditions the person is subject to imposed on determination of the person's application</li> <li>Any conditions a person's registration is subject to under Act</li> </ul>	Yes	Yes  <ul style="list-style-type: none"> <li>details of any condition or limitation that applies to the person under the Act; &amp;</li> <li>details concerning the outcome of any action taken against the person by the Board in proceedings.</li> </ul>	Yes  Any conditions that the person's registration or enrolment has been made subject to & any modification of those conditions.	Yes  Details of any current condition, limitation or restriction imposed on the registration of the nurse.  Yes  Details of any current condition imposed on the registration or endorsement.	Yes  Details of: <ul style="list-style-type: none"> <li>any censure, conditions imposed or instructions by Board – s 64, or</li> <li>disciplinary action taken by the Board – s 69 – only under MR or as a result of disciplinary action.</li> </ul> Yes  Any conditions applying to the registration.  Details of the exercise of any power under the disciplinary & impairment provisions – Part 5.
2.6.10	Registration or enrolment refused, suspended or cancelled	Yes  <ul style="list-style-type: none"> <li>If refused registration, or had their registration cancelled—details of the refusal or cancellation – CI 112(h).</li> <li>If refused registration as a nurse or midwife or had their registration or enrolment cancelled, under a corresponding law of a local jurisdiction—details of</li> </ul>	Data collected - ? goes onto register	<ul style="list-style-type: none"> <li>Suspension of a person's right to practice</li> <li>Removal from the register of a person's name</li> </ul>	Yes	Yes	Yes	Yes  Any current suspension of the registration of the nurse.  Yes  To be recorded & maintained on a separate part of the register details of any practitioner whose registration is currently cancelled or suspended.	Yes  Disciplinary action taken by the Board: <ul style="list-style-type: none"> <li>Struck off register</li> <li>Suspended from the register -s 69.</li> </ul> See 2.6.9

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		the refusal or cancellation Provision under which person registered – CI 112(i) & Sched 3, s3.10 & Sched 4, s4.8. <ul style="list-style-type: none"> <li>If registration is suspended – the date that suspension began &amp; its end CI 152(f).</li> </ul>							
2.6.11	Other information	Other information that the Board deems necessary or desirable – CI 152(2).	Other particulars required under Act or Regulation.	<ul style="list-style-type: none"> <li>Restoration to the register of a person's name</li> <li>Any change in authorisations of a registered person</li> <li>Other information the board considers appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Any other particulars prescribed under a regulation</li> <li>Such other particulars as are required by this Act to be included in the register</li> <li>Such other particulars as the council determines.</li> </ul>	May include other information as the Board thinks fit.	<ul style="list-style-type: none"> <li>Restoration to the register</li> <li>Other information as the Board considers necessary or appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Description of registration granted.</li> <li>The division of the register the health practitioner is registered in.</li> </ul>	<ul style="list-style-type: none"> <li>The provision under the Act under which the person is registered</li> <li>Such other particulars as are prescribed.</li> <li>The type of registration</li> <li>The provision under the Act under which the person is registered</li> <li>Such other information, if any, that is prescribed by the regulations.</li> </ul>
2.7	Obligation to make registers & rolls available to the public	<ul style="list-style-type: none"> <li>The registers kept by the Board must be kept in a way that allows the information about registered nurses &amp; midwives to be readily reproduced in an easily readable form – CI 153.</li> <li>Registers must be open for inspection by the public at reasonable times – CI 155(1).</li> </ul> <p>Board plan to publish selected information from register &gt;31 March 2006 when renewal process is completed.</p>	<ul style="list-style-type: none"> <li>The registers &amp; rolls must be available for inspection by any person:</li> <li>In person at the office of the Board at all reasonable times</li> <li>By other means &amp; at such times that the Board determines – s 16.</li> </ul> <p>Register &amp; Roll currently being prepared for internet access – due mid 06.</p>	<p>A person may inspect the register or roll kept by the Board at the office of the Board or obtain a copy of or extract from the register or roll kept by the Board – s 47.</p> <p>Web-based access is now available but is not yet 'live' – is updated weekly.</p>	<p>A person may, on payment of the prescribed fee:</p> <ul style="list-style-type: none"> <li>inspect an entry in the register or roll; or</li> <li>obtain a copy of, or extract from, an entry in the register or roll, certified correct by the executive officer; during ordinary business hours on days on which the council's office is open – s 53(1).</li> </ul> <p>Register may be searched using the internet – available at: <a href="http://www.qnc.qld.gov.au">http://www.qnc.qld.gov.au</a></p>	<p>Register may be searched using the internet – available at: <a href="http://www.nursesboard.sa.gov.au/reg.html">http://www.nursesboard.sa.gov.au/reg.html</a></p> <p>Power under legislation though with the internet access fee is not required: The Registrar must, on payment of the prescribed fee:</p> <ul style="list-style-type: none"> <li>release the full name of a nurse whose name appears on the register or roll</li> <li>make any information entered on</li> </ul>	<p>A person may, on payment of the prescribed fee, inspect the register or roll at the office of the Board.</p> <p>A person inspecting the register may, on payment of the prescribed fee, obtain a copy of or extract from the register or roll.</p> <p>The Board may waive the payment of all or part of the prescribed fee for inspecting or obtaining a copy of or extract from the register or roll – s 47.</p>	<p>The register may be inspected at the office of the Board by any person during ordinary office hours without charge.</p> <p>A person may obtain a copy of or an extract from the register on payment of the fee determined by the Board.</p> <p>A private address of a person whose name appears on the register must not appear on that part of the register which is open to the public for inspection, unless the</p>	<p>The register shall be kept in the office of the Registrar &amp; they may permit any person, on payment of the prescribed fee (if any) to inspect the register – ss 35(1) &amp; (2).</p> <p>Register may be searched using the internet – available at: <a href="http://www.nbwa.org.au/0/50/50/Home.pm">http://www.nbwa.org.au/0/50/50/Home.pm</a>.</p> <p>The register must be kept in the office of the registrar &amp; must be available for</p>



Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<a href="#">u/register/register.aspx</a>	qualifications, conditions or limitations on registration or enrolment & any action taken by the Board on proceedings – s 22(11).	Register may be searched using the internet – available at: <a href="http://www.nursingboardtas.org.au/nbtonline.nsf/AZ?OpenForm">http://www.nursingboardtas.org.au/nbtonline.nsf/AZ?OpenForm</a> .	person so authorises – s 17(6).  Register may be searched using the internet – available at: <a href="http://www.nbv.org.au/nbv/nbvonlinev1.nsf/AZ?OpenForm">http://www.nbv.org.au/nbv/nbvonlinev1.nsf/AZ?OpenForm</a> .  The Board may publish the register on a website maintained by or in the name of the responsible board on the Internet.  The register may be inspected at the office of the Board by any person during ordinary office hours without charge.  A person may obtain a copy of or an extract from the register on payment of the fee determined by the Board.  The Board must not provide a copy of the register to any person unless satisfied that it is in the public interest to do – ss 30(5) – (7).	inspection by members of the public: <ul style="list-style-type: none"> <li>during normal office hours</li> <li>on an internet website maintained by the Board</li> </ul> A person may, on application to the registrar in respect of the register or an entry on the register & payment of the prescribed fee (if any) obtain a certified copy of the entry – Cl 39(1) – (4).
2.8	Information available to the public	<ul style="list-style-type: none"> <li>Name</li> <li>Name used by the person, or intended to be used by the person, when practising if different from the person's name</li> <li>If the person has previously practised in the profession—any other name used by the person when practising the</li> </ul>	<ul style="list-style-type: none"> <li>Full name</li> <li>Date of registration</li> <li>Particulars of qualifications or qualifications by virtue of which person is registered</li> <li>Particulars of additional qualification held that Board deems appropriate to enter on Register</li> </ul>	A nurse or midwife's private address & details of any health related condition must not appear in the register or roll that is available for public inspection – s 48. <ul style="list-style-type: none"> <li>Name</li> <li>Business address</li> <li>Registration Number</li> <li>Original date of</li> </ul>	The following particulars are not available for inspection by the public: <ul style="list-style-type: none"> <li>a person's date of birth;</li> <li>a person's residential address;</li> <li>another particular prescribed under a regulation – s 53(2).</li> </ul> The information available through the Public &	See 2.7	Notwithstanding the capacity for a person to inspect the Register or Roll, or the Board to publish components of the Register or Roll: <ul style="list-style-type: none"> <li>a nurse's private address is not to appear in the register or roll as made available for public inspection or be published in the</li> </ul>	A private address of a person whose name appears on the register must not appear on that part of the register which is open to the public for inspection, unless the person so authorises – s 17(6).  A health practitioner's private address must not appear on that part of the	The Registrar shall not disclose the address of a nurse to any person without the written consent of that nurse, other than for prescribed legal purposes – s 35(3).  The Registrar shall not disclose the address of a nurse to any person without the written consent of that nurse,

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>profession</p> <ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Postal address</li> <li>• Business address, or intended business address</li> <li>• Qualifications, including relevant training undertaken</li> <li>• If refused registration, or had their registration cancelled—details of refusal or cancellation</li> <li>• If refused registration as a nurse or midwife or had their registration or enrolment cancelled, under a corresponding law of a local jurisdiction—details of the refusal or cancellation – CI 112.</li> <li>• Provision under which person registered</li> <li>• Registration number</li> <li>• Date of original registration</li> <li>• Date of latest renewal</li> <li>• Conditions upon registration</li> <li>• If registration is suspended – date that suspension began &amp; its end – CI 152.</li> <li>• Any other information need not be available to the public – CI 155(2).</li> </ul> <p>NOTE: The Board has a</p>	<ul style="list-style-type: none"> <li>• Other particulars required under Ac or Reg: <ul style="list-style-type: none"> <li>○ The existence of any conditions or restrictions on practice - s 16 &amp; 36 but not details</li> <li>○ Expiry date of current practising certificate</li> <li>○ Registration number</li> </ul> </li> </ul>	<p>registration</p> <ul style="list-style-type: none"> <li>▪ Expiry date of registration</li> <li>▪ Whether full or conditional registration or enrolment</li> <li>▪ Any employment/ practice based conditions.</li> </ul>	<p>Employer Access is limited to:</p> <ul style="list-style-type: none"> <li>▪ name</li> <li>▪ registration/enrolment number</li> <li>▪ type of nurse (eg: registered/enrolled)</li> <li>▪ type of registration/enrolment (eg: full/limited)</li> <li>▪ current registration/enrolment status (eg: active/limited/suspended)</li> <li>▪ expiry date of licence</li> <li>▪ any current endorsements on the licence</li> <li>▪ any conditions on the licence [10].</li> </ul>		<ul style="list-style-type: none"> <li>▪ Gazette without that nurse's permission the register or roll made available for public inspection or published in the Gazette need not include the information, or all of the information listed - s 49.</li> </ul>	<p>register which is published or open to the public for inspection, unless the private address is also the address nominated by the health practitioner for publication</p> <p>The Board must omit from the register particulars of any condition imposed on the registration of a health practitioner as the result of an agreement with the board about ill health or impairment or an investigation or hearing into the ill health or impairment of the health practitioner unless the Board is of the opinion that it is in the interests of clients of the health practitioner's services or the public to know the particulars of the condition – ss 30(4) &amp; (9).</p> <p>The Board must not provide a copy of the register to any person unless satisfied that it is in the public interest to do – ss 30(8).</p>	<p>other than for prescribed legal purposes – CI 39(6).</p>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		discretion to refuse access in relation to conditions if: ○ the condition contains information about other persons that is or may be confidential, or ○ the Board deems that the benefit to the public knowing the condition is outweighed by the personal or prejudicial nature of the condition CI 155(3).							
2.9	Fee to inspect the register or roll	No	\$10 Power to charge a fee – s 16 (5)	No fee specified & Board would not charge a fee.	Power to charge fee – s 53(1)  Currently does not appear to be a fee set for this purpose under regulation – presumably most searches are conducted via the internet..	Power to charge fee – s 22(11), CI 10(m)  Currently there is no fee set for this purpose under regulation – most searches are conducted via the internet.	Power to charge fee – s 47(1)  \$10 – Nursing (Fees) Sched 1, Reg 1998	Inspection is without charge – s 17(4)  Obtaining a copy of an extract can incur a fee – s 17(5).  Currently does not appear to be a fee set for this purpose under regulation – presumably most searches are conducted via the internet.  Inspection is without charge – s 30(6).  Obtaining a copy of an extract can incur a fee – s 30(7).	Power to charge fee – s35.  \$17.00 - inspection fee – CI 6 Sched 2 of Nurses Rules  No fee to inspect the Register. A fee is incurred only if a certified copy of the register or entry. Fees have not been agreed to as yet – Rules have not yet been drafted.
2.10	Where other information will be shared with other relevant agencies such as health professional regulatory authorities in the same or other jurisdictions	Legislation is silent but the Board takes the view that information that goes to the community's health & safety about the conduct, competence or health of a nurse or midwife registered in the ACT should be shared – not written policy in this	Board is authorised to inform any body, which under the law of another State or Territory, is responsible for the registration, enrolment or authorisation to practice of nurses or midwives of a determination of the Tribunal – s70.	Board has power to share information with other health practitioner registration authorities & with other persons & bodies (whether within Australia or elsewhere) – s 11(2)(a).	The council may, at the request of the Australian Nursing Council Incorporated, supply that body with information about the particulars in the register or roll – s 53(3).  Provision for notification	It is a function of the Board to exchange information with other registering authorities for nurses – s 16(1)(j) Nurses Act & s 37(1) Mutual Recognition Act..	The Board has power to share information with nursing registration authorities, ANMC & other relevant bodies – s 8(1)(a).	Functions of the Board are to: ▪ exchange information with registration boards in other jurisdictions about registered persons or persons who have sought to become registered in	The Board may notify any finding, reason or decision of the Board or the professional standards committee to any board or authority outside the State charged with regulating the registration and supervision of nursing or

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>respect</p> <p>Section 86 provides for mandatory consultation with the Commissioner for Community and Health Services Complaints &amp; s 87 provides for information sharing with the Chief of Police where evidence of offence committed by nurse or midwife.</p>	<p>Board does not provide information to other jurisdictions other than where legislative power exists or the information is part of the public Registers or Roll.</p> <p>As noted, even information in Registers and Roll are not necessarily made public (eg details of any conditions)</p> <p>Section 33(1) of the <i>Mutual Recognition Act</i> (Commonwealth) has been interpreted as providing for information about disciplinary conditions to be advised to other jurisdictions participating in mutual recognition arrangements even though a person's initial application for registration was not made MR.</p> <p>There are a number of instances in which it would be desired to share additional information about registrants or applicants for registration/enrolment, if permitted by legislation including privacy legislation &amp; <i>Health Records &amp; Information Privacy Act 2002</i> (NSW). Eg the Board has recently sought legal advice regarding ability to share information about a</p>		<p>of Commissioner for Young people &amp; Child Guardian in certain instances – s 139A.</p> <p>Legislation is silent for other provision of information; however other RAs are able to have access through the internet to the register.</p> <p>The information available through the Nurse RA Access for each nurse includes:</p> <ul style="list-style-type: none"> <li>name</li> <li>registration/enrolment number</li> <li>type of nurse (eg: registered/enrolled)</li> <li>type of registration/enrolment (eg: full/limited)</li> <li>current registration/enrolment status (eg: active/limited/suspended)</li> <li>contact QNC indicator (if a nurse is subject to disciplinary action under the provisions of the <i>Nursing Act 1992</i>)</li> <li>expiry date of licence</li> <li>date of initial registration/enrolment</li> <li>qualification details</li> <li>any current endorsements on the licence</li> <li>any conditions on the licence [11].</li> </ul> <p>The Council also notifies</p>			<p>Victoria – s 66(i).</p> <ul style="list-style-type: none"> <li>provide information to the ANMC about registered persons or persons who have sought to become registered in Victoria – s 66(j).</li> </ul> <p>The Board may disclose information relating to health practitioners or students registered by the board or to applicants for registration by the board that it collects or is given to:</p> <ul style="list-style-type: none"> <li>another responsible board</li> <li>a person or body established under a law of another jurisdiction that has functions or powers that correspond to the functions or powers of a responsible board under the Act.</li> </ul> <p>A responsible board may only disclose information in accordance with this section for the purpose of:</p> <ul style="list-style-type: none"> <li>fulfilling its functions under the Act</li> <li>assisting the above persons or bodies to fulfil their functions – s 161.</li> </ul>	<p>any officer, employee or agent thereof. No action, claim or demand lies against a person in respect of the communication or publication in good faith – s 79.</p> <p>The Board may notify any finding, reason or decision of the Board or the professional standards committee to any board or authority outside the State charged with regulating the registration and supervision of nursing or any officer, employee or agent thereof. No action, claim or demand lies against a person in respect of the communication or publication in good faith – CI 107.</p>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>registered nurse who has a serious mental health problem &amp; who is also registered with another RA in NSW.</p> <p>Board has no power to provide information re current investigations of serious matters or any determinations from Professional Standards Committees or Impairment Panels.</p>		all Australian nursing & midwifery RAs about all Council & Tribunal decisions that alter the data contained in the Register or Roll.				
2.11	Certificates of registration, authorisation, endorsement &/or enrolment								
2.11.1	Certificate of registration or enrolment	<p>Yes</p> <p>If a Board registers someone as a nurse or a midwife, they must give the person a certificate that states—</p> <ul style="list-style-type: none"> <li>the name the person is allowed to practise under; &amp;</li> <li>the profession (or specialist area within the profession) the person is registered in</li> <li>the date the registration ends</li> <li>if the registration is conditional—that the person's registration is conditional &amp; that the conditions on registration may be obtained from the health profession board unless the board decides otherwise under</li> </ul>	<p>Yes</p> <ul style="list-style-type: none"> <li>Certificate of registration to be issued by Board to an RN or RM – ss 18(1) &amp; 19(1).</li> <li>Certificate of authority to practice be issued by Board to an NP or MP.</li> <li>Certificate of enrolment to be issued by Board to an EN – s 29.</li> </ul>	<p>Yes</p> <p>The Board must issue a certificate of registration or a certificate of enrolment &amp; must:</p> <ul style="list-style-type: none"> <li>be in the approved form &amp; contain information that the determines</li> <li>specify the conditions, if any, to which the registration or enrolment is subject.</li> </ul> <p>A certificate of registration or enrolment is evidence that the person named in the certificate is:</p> <ul style="list-style-type: none"> <li>registered or enrolled as a health practitioner in the category of registration or enrolment specified in the certificate</li> </ul>	<p>Yes</p> <p>On the registration or enrolment of a person, the council must issue to the person a certificate of registration or enrolment in a form approved by the council – s 61(1)(b).</p> <p>If the registration or enrolment is provisional, temporary or limited the registration or enrolment the certificate issued to the person is to be endorsed showing that fact &amp; any conditions to which the registration or enrolment is subject – s61(2)(b).</p>	<p>Yes</p> <p>The Board will issue to each nurse a certificate of registration or enrolment.</p> <p>The certificate will be in a form determined by the Board.</p> <p>The certificate must note, in a manner determined by the Board, any condition, limitation or restriction that applies to the person under the Act – Cl 4.</p> <p>The Board issues to each nurse a certificate of registration or enrolment for up to a 12 month period ending 31 August each year. This certificate is the individual's licence to practice &amp; is documented verification</p>	<p>Yes</p> <p>The Board must issue a certificate of registration or enrolment to a person who is granted registration or enrolment.</p> <p>A certificate of registration or enrolment is to:</p> <ul style="list-style-type: none"> <li>be in such form &amp; contain such information as the Board determines</li> <li>specify the conditions, if any, to which the registration or enrolment is subject.</li> </ul> <p>A certificate of registration or enrolment is evidence that the person named in the certificate is registered or enrolled as a nurse subject to the conditions,</p>	<p>Yes</p> <p>Upon granting registration to a person, or renewing the registration of a person the Board must issue a certificate of registration to that person, with the following particulars:</p> <ul style="list-style-type: none"> <li>any condition, limitation or restriction imposed on the registration of the nurse</li> <li>any current notation</li> <li>the prescribed information</li> <li>details of any endorsements – s 18.</li> </ul> <p>Upon:</p> <ul style="list-style-type: none"> <li>granting registration to a health practitioner or student</li> <li>endorsing the registration of a health</li> </ul>	<p>Yes</p> <p>The Board shall on the registration of a person issue to that person a certificate of registration in the appropriate prescribed form which shall, subject to the Act, have effect for the period prescribed.</p> <p>In the absence of evidence to the contrary a certificate of registration:</p> <ul style="list-style-type: none"> <li>is evidence that the person to whom the certificate is issued is registered</li> <li>specifying that a person may practise as a NP or in a particular nursing specialty is evidence that the person to whom the certificate is issued has entered in</li> </ul>

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		section 155 (3) - Access to registers – CI 21.		<ul style="list-style-type: none"><li>subject to the conditions, if any, specified in the certificate – ss38 &amp; 39.</li></ul>		that the person whose name appears on the certificate is a nurse, midwife, mental health nurse or nurse practitioner. If an individual cannot meet all of the above requirements, limitations may be applied to their practice which would be indicated on their certificate [12].	if any, specified in the certificate – ss 38 & 39.	<p>practitioner</p> <ul style="list-style-type: none"><li>renewing the registration of a health practitioner or student the Board must issue a certificate of registration to that health practitioner or student, including the following particulars:<ul style="list-style-type: none"><li>the type of registration granted</li><li>the date the registration was granted</li><li>the division of the register (if any) that the health practitioner is registered in</li><li>any current endorsement</li><li>any condition imposed on the registration or endorsement of registration</li><li>any qualification noted on the health practitioner's registration</li><li>any prescribed information – s 31.</li></ul></li></ul>	<p>the register, in respect of their registration, qualifications that are approved by the Board in respect of the practice of nursing as a NP or that nursing speciality</p> <ul style="list-style-type: none"><li>specifying that a person's name is entered in a particular division of the register is evidence that the name of the person is entered in that division of the register – s 36.</li></ul> <p>On registration of a person, the Board is to issue to that person a certificate of registration in a form approved for that type of registration &amp; this is evidence that the person to whom the registration is issued is registered as specified on the certificate – CI 40.</p>
2.11.2	Annual (or other period) practising certificates	<p>Same as above in 2.11.1</p> <p>To register includes renewal of registration – Legislation Act 2001.</p>	<p>Period not specified in Act.</p> <p>Function of the Board is to issue Authorities – s 10(1)(o).</p> <p>Authorities to practices as a nurse of midwife where only requirement is for an annual practising fee to be paid– s 33.</p>	<p>Yes</p> <p>The Board must issue a practising certificate to each person that it registers or enrolls &amp; this must:</p> <ul style="list-style-type: none"><li>be in the approved form &amp; contain information that the relevant Board determines</li><li>if applicable– indicate whether the certificate holder's practice must be</li></ul>	<p>Yes</p> <p>The council must reregister, re-enrol or reauthorise the applicant &amp; issue an annual licence certificate to the applicant if it is satisfied:</p> <ul style="list-style-type: none"><li>the applicant has practised nursing or midwifery during the 5 years before the application; &amp;</li><li>the applicant is qualified to be registered, enrolled or</li></ul>	Same as above in 2.11.1	<p>Yes</p> <p>The Board must issue a practising certificate to a person who is granted registration or enrolment.</p> <p>A practising certificate is to:</p> <ul style="list-style-type: none"><li>be in such form &amp; contain such information as the Board determines</li><li>specify the conditions, if any, to</li></ul>	<p>Same as above in 2.11.1</p> <p>Yes</p> <p>Same as above in 2.11.1</p> <p>Applicants have the option of 1 year or 3 year periods of renewal.</p>	

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				<p>supervised &amp; the degree of supervision required</p> <ul style="list-style-type: none"> <li>specify the conditions, if any, to which the certificate holder's registration or enrolment is subject.</li> </ul> <p>A practising certificate issued to a RN or RM is evidence until the due date, or the date determined by the Board, that:</p> <ul style="list-style-type: none"> <li>the nurse or midwife is authorised to practise in the NT in the category of registration specified in the certificate subject to the conditions, if any, specified in the certificate</li> <li>the nurse or midwife is authorised to practise in the restricted practice areas, if any, subject to the conditions, if any, specified in the certificate</li> </ul> <p>A practising certificate issued to an EN is evidence until the due date, or the date determined by the Board, that the EN is authorised to practise in the Territory:</p> <ul style="list-style-type: none"> <li>under the direct or indirect supervision of a person who is a registered nurse</li> <li>subject to the</li> </ul>	<p>authorised – s 74(6).</p> <p>If the registration or enrolment is provisional, temporary or limited the registration or enrolment any annual licence certificate issued to the person is to be endorsed showing that fact &amp; any conditions to which the registration or enrolment is subject s 61(2)(b).</p>		<p>which the certificate holder's registration or enrolment is subject</p> <ul style="list-style-type: none"> <li>in the case of a practising certificate issued to a RN – specify any authorisations held by the certificate holder.</li> </ul> <p>A practising certificate issued to a RN is evidence that, for the period or until the date specified in the certificate the nurse is authorised to:</p> <ul style="list-style-type: none"> <li>engage in general practice in SA subject to the conditions, if any, specified in the certificate</li> <li>practise in the restricted practice areas, if any, subject to the conditions, if any, specified in the certificate.</li> </ul> <p>A practising certificate issued to an EN is evidence that, for the period or until the date specified in the certificate, the nurse is authorised to practise in SA under the supervision of a RN subject to the conditions, if any, specified in the certificate – s 38 &amp; 40.</p>		

Map 2 - The Registers &/or Rolls of Nurses & Midwives									
	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				conditions, if any, specified in the certificate – ss 38 & 40.					
2.12	A person can be on more than one register in jurisdiction	Yes  If competency can be established in both the areas of nursing & midwifery.	<ul style="list-style-type: none"> <li>Can be on both Register of Nurses &amp; Register of Midwives</li> <li>An RN eligible to be registered as a nurse cannot be registered as a midwife unless they are also registered as a nurse – s19(3)</li> </ul>	No  See 2.1.3 & 2.1.4	No  Only one register	A nurse can be registered on two or more parts of the register at the same time – s 33(2).	No  Only one register	No  Only one register	There does not appear to be any provision to preclude a person being registered on more than one part of the register at any one time – presumably if they are able to establish current competency in each area of registration..
2.13	A person can be registered & enrolled at same time in a jurisdiction	A person cannot be on the nurse register as an EN & RN at the same time, however, an EN on the nurse register can be on the midwife register	?	<p>No</p> <p>If an EN is granted registration, the nurse's enrolment is cancelled.</p> <p>If a RN is granted enrolment, the nurse's registration is cancelled.</p> <p>If an EN is granted interim registration, the nurse's enrolment is suspended for the period of the interim registration.</p> <p>If a RN is granted interim enrolment, the nurse's registration is suspended for the period of the interim enrolment – s 29.</p>	<p>No</p> <p>A person may not be registered as a registered nurse &amp; also enrolled as an enrolled nurse.</p> <p>An applicant for registration as a registered nurse, or enrolment as an enrolled nurse, must advise the council whether the person is currently registered or enrolled.</p> <p>If an enrolled nurse is registered under this Act as a registered nurse, the person's enrolment is cancelled.</p> <p>If a registered nurse is enrolled under this Act as an enrolled nurse, the person's registration is cancelled – s 60.</p>	No  A nurse cannot, at the same time, be registered on the register & enrolled on the roll – s 33(1).	No  A person is not entitled to be registered & enrolled at the same time.  If an EN is granted registration by the Board, the person's enrolment is cancelled.  If a RN is granted enrolment by the Board, the person's registration is cancelled.  If an EN is granted interim registration by the Executive Officer, the person's enrolment is taken to be suspended for the period of the interim registration.  If a RN is granted interim enrolment by the Executive Officer, the person's registration is taken to be suspended for the period of the interim enrolment – s 29.	Yes  Yes	The Board has a policy that discourages nurses from being registered in both Divisions of the Register, but has no legislative power to enforce a prohibition.



## References

1. Health Professions Licensing Authority - Northern Territory, *Application for a Registered Nurse to Practise in a Restricted Practise Area - Midwifery*. Undated.
2. Health Professions Licensing Authority - Northern Territory, *Application for Registration as a Midwife*. Undated.
3. Health Professions Licensing Authority - Northern Territory, *Application for Registration as a Midwife Midwifery Qualification Gained Outside of Australia or New Zealand*. Undated.
4. Health Professions Licensing Authority - Northern Territory, *Application for Enrolment of Defence Force Medics*. Undated.
5. Health Professions Licensing Authority - Northern Territory, *Application for Conditional Registration/Enrolment as a Nurse Nursing Qualification Gained Outside Australia*. Undated.
6. Health Professions Licensing Authority - Northern Territory, *Application for Registration/Enrolment as a Nurse Qualification Gained in Australia or New Zealand*. Undated.
7. Health Professions Licensing Authority - Northern Territory, *Application for Registration as a New Graduate Nurse*. Undated.
8. Health Professions Licensing Authority - Northern Territory, *Application for Registration as a Direct Entry Midwife Mutual Recognition Act (Commonwealth) 1992, Section 19 Notice Trans Tasman Mutual Recognition Act (Commonwealth) 1997, Section 18 Notice*. Undated.
9. Health Professions Licensing Authority - Northern Territory, *Application for Registration/ Enrolment - Mutual Recognition Act (Commonwealth) 1992, Section 19 Notice; Trans-Tasman Mutual Recognition Act (Commonwealth) 1997, Section 18 Notice*. Undated.
10. Queensland Nursing Council. *Online Register Services: Public and Employer Access*. [Website] 2006 [cited; Available from: <http://www.qnc.qld.gov.au/register/register.aspx?P=paea>].
11. Queensland Nursing Council. *Online Register Services: Nurse Regulatory Authorities Access*. [Website] 2006 [cited; Available from: <http://www.qnc.qld.gov.au/register/register.aspx?P=nraa>].
12. Nurses Board of South Australia. *Registrations - Criteria for Registration or Enrolment*. 2001 [cited; Board website]. Available from: [http://www.nursesboard.sa.gov.au/reg\\_cre.html](http://www.nursesboard.sa.gov.au/reg_cre.html).

**Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse**

**KEY:**

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ **Feed back has been received from jurisdiction**

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><i>* <b>Health Professionals Act 2004</b></i></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><i>* <b>Nurses and Midwives Act 1991</b></i></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><i>* <b>Health Practitioners Act 2004</b></i></p>	<p><i>* <b>Nursing Act 1992</b></i></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><i>* <b>Nurses Act 1999</b></i></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><i>* <b>Nursing Act 1995</b></i></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><i>* <b>Nurses Act 1993</b></i></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><i>* <b>Nurses Act 1992</b></i></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
3.1	Registration or enrolment in jurisdiction required to practice nursing or midwifery	Yes Titles & practice protected	Yes Titles protected	Yes Titles & practice protected	Yes Titles protected	Yes Titles & practice protected	Yes Titles & practice protected	Yes Titles (& ? practice) protected  Yes Titles (& ? practice) protected	Yes Titles & practice protected  Yes Titles & practice protected
3.2	Before application will be considered	<ul style="list-style-type: none"> <li>Application required in writing</li> <li>Payment of the prescribed fee (P12)</li> </ul>	<ul style="list-style-type: none"> <li>Application required in writing</li> <li>Payment of the prescribed fee – ss18, 19, 27 &amp; 28.</li> </ul>	<ul style="list-style-type: none"> <li>Application must be in the approved form</li> <li>Be lodged with the Registrar</li> <li>Be accompanied by application fee &amp; practising certificate fee</li> <li>Be accompanied by other information or evidence the Board requires – s 21(1).</li> </ul>	<p>An application to be registered under this Act as a RN or enrolled t as an EN, must be:</p> <ul style="list-style-type: none"> <li>made in the form approved by the council supported by evidence of qualification for registration or enrolment &amp; of such other matters as the council requires</li> <li>accompanied by the prescribed application fee &amp; the annual licence certificate fee – s 55(1).</li> </ul>	<p>An application for registration or enrolment must:</p> <ul style="list-style-type: none"> <li>be made to the Board in the manner &amp; form approved by the Board</li> <li>be accompanied by the fee fixed by regulation</li> <li>provide the Board with any information required by the Board for the purposes of determining the application - ss 25(1) &amp; (2).</li> </ul>	<p>An application is to:</p> <ul style="list-style-type: none"> <li>be in a form approved by the Board; &amp;</li> <li>be lodged with the Executive Officer; &amp;</li> <li>be accompanied by the prescribed application fee &amp; prescribed practising certificate fee; &amp;</li> <li>specify, if the application is for registration, whether the applicant is enrolled or, if the application is for enrolment, whether the applicant is</li> </ul>	<p>An application must be:</p> <ul style="list-style-type: none"> <li>in writing in the prescribed form</li> <li>accompanied by: <ul style="list-style-type: none"> <li>evidence of the qualifications which the applicant claims entitle them to the type of registration applied for</li> <li>the information required by the Board (under s 19A)</li> <li>the fee fixed by the Board – s 5(2).</li> </ul> </li> </ul> <p>An application must:</p> <ul style="list-style-type: none"> <li>be in writing; &amp;</li> <li>be accompanied by the fee fixed by the board</li> <li>be accompanied by the required information (s 34)</li> <li>be accompanied by evidence of the qualifications &amp; supervised practice which the applicant claims entitle them to the type of registration applied for</li> <li>contain any particulars that are prescribed – s 4(2).</li> </ul>	<p>An application for registration shall be made in writing &amp; in a manner &amp; form determined by the Board &amp; shall be accompanied by the application fee prescribed – s 29.</p> <p>An application is to be:</p> <ul style="list-style-type: none"> <li>in writing;</li> <li>made in an approved manner &amp; form; &amp;</li> <li>accompanied by the application fee, if any, prescribed by the regulations Cl 33.</li> </ul>

<sup>2</sup> Does not include authorisation of nurse or midwife practitioners

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							registered; & be accompanied by such information or evidence as the Board requires – s 21(1).		
3.3	Suitability to practice, general competence, <sup>3</sup> character & personal - legislative requirements for entry	Sections 114 & 115	Sections 4(2), 4A, 4B, 18, 19, 27, 28 & 42B	Sections 20 & 22	Section 54	Sections 23 & 24	Sections 20 & 22	Sections 6 & 7 Sections 5, 6 & 7	<b>Sections 22 &amp; 23</b> Very loosely. No mention of suitability to practice, or general competence. Good character picked up in criminal convictions.  <b>Section 27</b>
3.3.1	Qualifications	Yes	Yes	Yes	Yes	Yes	Not specifically – but implied see 3.3.2	Yes	Yes
3.3.2	Required educational preparation	Yes	Yes	Yes	Yes	Not specifically	Yes	Yes	Yes
3.3.3	Competence to practise at the level for which application is made	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not specifically
	Adequate communication skills	Yes	Yes	Not specifically	Not specifically	Not specifically	Not specifically	Not specifically	Not specifically
	Adequate command of the English language	Yes	Yes	Yes	Yes	Not specifically	Yes	Yes	Yes
3.3.4	Mental & physical health & capacity	Yes	Yes	Yes	Yes	Not specifically	Yes	Yes	Yes – CI 4((j) Nurses Rules
3.3.5	No addictions to substances	Yes	Yes	Not specifically	Not specifically	Not specifically	Not specifically	Yes	Yes – CI 4((i) Nurses Rules
								Yes	Not specifically

3

**Competence** - “the combination of skills, knowledge, values and abilities that underpin effective &/or superior performance in a profession/occupational area. Continuing professional competence is the ability of nurses (& midwives) to demonstrate that they have maintained their competence in their current area of practice”-The Australian Nursing and Midwifery Council (ANMC).

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
3.3.6	Be of good character	Have no relevant criminal record - CI 115 (1)(c).  Please note also certificate of good standing referred to in Sched 3 para 3.10(3) & Sched 4 para 4.8(3)	Yes & No relevant criminal proceedings underway or on record.	Yes	In deciding whether the person is competent & fit to practise nursing, the council may have regard to the person's criminal history – s 54(3A).	Yes  Is a fit & proper person to be an RN or EN – ss 23(1)(c) & 24(1)(c).	Yes	Yes  Including: ▪ criminal record ▪ disciplinary action under health professional regulatory scheme  Yes – same terms	Has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse – s 22(2)(1)  The applicant is a fit & proper person to be registered as an EN, midwife or RN &  Has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse or midwife. – CI 27(2)(a).
3.3.7	Have appropriate professional indemnity arrangements	Not specifically mentioned in Schedule 3 & Schedule 4 though provision for professional indemnity to be required is evident in Act.	No	Yes	No	No	Yes	Yes  Yes	No  Yes – s 32(2) A discretionary power.
3.3.8	Other	Other relevant matters – CI 115(2).	Have the knowledge, skill or judgment possessed, or exercise care at a reasonable standard & in an ethical manner.			Person must have met the requirements met by the Board for the purposes of registration or enrolment – ss 23(1)(b) & 24(1)(b).	Person is eligible to apply for registration or enrolment – s 22(1)(a).		
3.4	Educational requirements for registration as a nurse – RN  * See also Map 9	Must be a graduate of: • a bachelor of nursing program approved by the Board or another nursing & midwifery regulatory authority, or • a nursing program that is no longer offered if, at the time the person graduated from the program, graduation	Satisfy Board that they: • Have completed a course of training as a nurse at an institution in Australia, recognised by the Board as entitling the person to registration as a nurse & • Hold of a degree, diploma, certificate or other qualification to the effect that the person has successfully completed that course,	A person may only apply to be registered or enrolled in a category of registration or enrolment if the person: ▪ has successfully completed an accredited course in the category of	The person must satisfy the council that the person meets the following educational requirements: ▪ They have successfully completed an appropriate accredited nursing course in Queensland (including the passing of any further examinations, & ▪ undertaking any additional supervised	The qualification required to be eligible for initial registration by the Board is the Bachelor of Nursing. The Bachelor of Nursing is a 3 year program (full time or equivalent part time). At the completion of this	A person may apply to the Board to be registered or enrolled as a nurse if the person has: ▪ successfully completed an accredited course in nursing	Registration in Division 1 of the register - if that person: ▪ has successfully completed a course of study accredited by the Board; or ▪ in the opinion of the Board, has a qualification that is substantially equivalent or is based on similar competencies to an accredited course; or ▪ has a qualification that is recognised in another State or Territory of the	A natural person who applies to the Board & satisfies it that hold an approved educational qualification may be registered – s 22(2)(d).  A person holds an approved educational qualification if they: ▪ have gained a qualification approved by the Board, granted by an Australian

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>from the program was a sufficient educational qualification in the ACT to allow the person to be registered as a nurse, or</p> <ul style="list-style-type: none"> <li>a program in a place other than the ACT or a local jurisdiction that the Board is satisfied is equivalent to a bachelor of nursing program approved by the Board, &amp; have graduated from the course within the 5-year period before the day the person applied for registration – Sched 3 para 3.5(1).</li> </ul> <p>However, the board may register a person who does not satisfy the above as an RN if satisfied that the person:</p> <ul style="list-style-type: none"> <li>is a graduate of a nursing program in a place other than the ACT or a jurisdiction in Australia or NZ, &amp;</li> <li>has done any other training or further education required to achieve the standard required of RNs in the ACT, &amp;</li> <li>graduated from the course, or finished the training or further education, within the 5-year period before the day</li> </ul>	<p>Or, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>would, but for the commencement of Schedule 2 (3) to the <i>Nurses Registration (Amendment) Act 1985</i>, have been entitled to be registered under the <i>Nurses Registration Act 1953</i> as a general nurse, a mental retardation nurse or a psychiatric nurse.</li> </ul> <p>Or, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>have undergone a course of training as a nurse, &amp;</li> <li>Hold a degree, diploma, certificate or other qualification approved by the Board from an institution, person or body in any place (in or outside Australia) to the effect that the person has successfully completed the course of training, &amp;</li> <li>have passed such examinations, &amp; successfully completed such additional training, as the Board may in the particular case require, &amp;</li> <li>the qualifications of the person are adequate for the purposes of registration as a nurse</li> <li>meet any conditions the Board deems appropriate – s 18</li> </ul>	<p>registration or enrolment in the NT; or</p> <ul style="list-style-type: none"> <li>has successfully completed a course in the category of registration or enrolment outside the Territory that the Board considers is at least substantially equivalent to an accredited course in the category of registration or enrolment – s 20(3)(a) &amp; (b).</li> </ul>	<p>practice, required by the council) within such period before the making of the application for registration or enrolment as the council determines – s 54(2).</p>	<p>program the successful degree graduate will have met the required minimum competency level for registration with the Board as a Registered General Nurse [1].</p>	<p>education in Tasmania; or</p> <ul style="list-style-type: none"> <li>successfully completed a course in nursing education outside Tasmania that the Board considers to be at least substantially equivalent to an accredited course in nursing; or</li> <li>experience &amp; training in nursing practice that the Board considers to be at least substantially equivalent to the successful completion of an accredited course in nursing – s 20.</li> </ul>	<p>Commonwealth for the purposes of undertaking work of a similar nature to that which a person, who holds a qualification above is qualified to undertake – s 6(1).</p> <p>A person is qualified for general registration as a health practitioner if the person has successfully completed all or any of the following that are required by the board:</p> <ul style="list-style-type: none"> <li>a course of study approved by the responsible board or a course of study that, in the opinion of the board, is substantially equivalent, or is based on similar competencies, to a course of study approved by the board;</li> <li>any period of supervised practice approved by the board or a period of supervised practice that, in the opinion of the board, is substantially equivalent, or is based on similar competencies, to a period of supervised practice approved by the board;</li> <li>any examination set by the board or a person or body nominated by the board for the purpose of qualifying a person for registration as that kind of health practitioner;</li> <li>any other prescribed requirements – s 5(1).</li> </ul>	<p>tertiary educational institution recognised by the Board, or</p> <ul style="list-style-type: none"> <li>in a country other than Australia, has completed a qualification in nursing approved by the Board, in relation to that section; or</li> <li>is registered provisionally &amp; has completed a course of nursing training or study approved by the Board – s 23(1).</li> </ul> <p>To be registered a person holds a qualification approved by the Board as a qualification for registration as an EN, midwife or RN, as the case may be, or a qualification that in the opinion of the Board is equivalent to such a qualification – Cl 27(2)(f).</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		the person applied for registration - Sched 3 para 3.5(2).							
3.5	<p><b>Educational requirements for registration as a midwife – RM</b></p> <p>* See also Map 9</p>	<p>Must be a graduate of:</p> <ul style="list-style-type: none"> <li>• midwifery program approved by the Board or another nursing &amp; midwifery regulatory authority, or</li> <li>• program in a place other than the ACT or a another jurisdiction in Australia or NZ that the Board is satisfied is equivalent to the program above, &amp;</li> <li>• have graduated from the course within the 5-year period before the day the person applied for registration - Sched 4 para 4.4(1). However, the Board may register a person who does not satisfy The above requirements if satisfied that the person: <ul style="list-style-type: none"> <li>• is a graduate of a midwifery program in a place other than the ACT or another Australian or NZ jurisdiction, &amp;</li> <li>• has done any other training or further education required to achieve the standard required</li> </ul> </li> </ul>	<p>Satisfy Board that they:</p> <ul style="list-style-type: none"> <li>• Have completed a course of training as a midwife at an institution in Australia, recognised by the Board as entitling the person to registration as a midwife &amp;</li> <li>• Hold of a degree, diploma, certificate or other qualification to the effect that the person has successfully completed that course.</li> </ul> <p>Or, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• have undergone a course of training as a midwife, &amp;</li> <li>• hold a degree, diploma, certificate or other qualification approved by the Board from an institution, person or body in any place outside Australia in which a law providing for the registration (or other entitlement to practise) &amp;</li> <li>• the standards of training are adequate for the purposes of registration as a midwife.</li> </ul> <p>Or, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• have undergone a course of training as a midwife, &amp;</li> <li>• Hold a degree, diploma, certificate or other qualification approved by the Board from an</li> </ul>	<p>See 3.4 Section 20(3)(a) &amp; (b)</p>	<p>An individual may be authorised by the council to practise midwifery if the person has successfully completed a midwifery course accredited by the council or a comparable course outside Queensland that is based on similar competencies &amp; the council is satisfied the person is a suiMap person to practise midwifery – s 77(1).</p> <p>No direct entry midwifery course has been accredited by Council &amp; DEMs who apply from other jurisdictions are entered onto the database as non-nurse midwives only.</p>	<p>The Nurses Board approves programs leading to registration as a midwife. The graduates of these programs are awarded the Bachelor of Midwifery.</p> <p>There are 2 options available for completing the Bachelor of Midwifery:</p> <ul style="list-style-type: none"> <li>▪ 3 year program is a direct entry degree program.</li> <li>▪ 1 year program is for RNs who wish to gain an additional qualification in midwifery.</li> </ul> <p>At the completion of either of these programs the successful graduate will have met the required minimum competency level for registration with the Board as a Registered Midwife [1].</p>	<p>A RN may apply to the Board for an authorisation to practise in the restricted practice area of midwifery if the nurse has successfully completed an accredited midwifery course or has qualifications, training &amp; experience in midwifery that the Board considers to be at least substantially equivalent to an accredited midwifery course – s 32(a).</p> <p>No direct entry midwifery course has been accredited by the Board &amp; DEMs who apply from other jurisdictions are entered onto the database as nurses with practice restricted to</p>	<p>See 3.4 Section 6(1)</p> <p>Direct entry midwives are registered in Division 1 with a restriction upon their practice to practice in midwifery.</p> <p>See 3.4 Section 5(1) for post graduate entry to midwifery.</p> <p>DEMs: The Board may also grant specific registration as a nurse to an applicant who is not qualified for general registration under Division 1 of the register kept by the Board but has completed a course of study &amp; supervised training in midwifery to enable that applicant to practise midwifery &amp; use the title midwife – s 7(2).</p>	<p>See 3.4</p> <p>Direct entry midwives can only be registered in Division 1 with a restriction upon their practice to practice in midwifery under MR - silver card.</p> <p>See 3.4</p>



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>of registered midwives in the ACT, &amp;</p> <ul style="list-style-type: none"> <li>graduated from the course, or finished the training or further education, within the 5 year period before the day the person applied for registration - Sched 4 para 4.4(2).</li> </ul>	<p>institution, person or body in any place (in or outside Australia) to the effect that the person has successfully completed the course of training, &amp;</p> <ul style="list-style-type: none"> <li>have passed such examinations, &amp; successfully completed such additional training, as the Board may in the particular case require, &amp;</li> <li>the qualifications of the person are adequate for the purposes of registration as a midwife &amp;</li> <li>meet any conditions the Board deems appropriate – s 19.</li> </ul>				midwifery only.		
3.6	Educational requirements for enrolment as an enrolled nurse - EN	<p>Must be a graduate of:</p> <ul style="list-style-type: none"> <li>an EN program approved by the Board or another nursing &amp; midwifery regulatory authority, or</li> <li>an EN program that is no longer offered if, at the time the person graduated from the program, graduation from the program was a sufficient educational qualification in the ACT to allow the person to be enrolled as a nurse, &amp;</li> <li>had graduated from the course within the 5-year period before the day the person applied for</li> </ul>	<p><b>Qualifications for enrolment on List "A" of the Roll</b></p> <p>Satisfy Board that they:</p> <ul style="list-style-type: none"> <li>have undergone training as a nurse at one or more hospitals or institutions in Australia recognised by the Board as entitling the person to enrolment as a nurse in List "A" of the Roll, &amp; is the holder of a certificate to the effect that the person has undergone that training, &amp;</li> <li>have received the prescribed tuition &amp; passed the prescribed examinations.</li> </ul> <p><b>Or</b>, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>would, immediately before the commencement of Schedule 2 (6) to the <i>Nurses Registration (Amendment) Act 1987</i>, have been entitled to be</li> </ul>	See 3.4 Section 20(3)(a) & (b)	See 3.4 Section 54(2)	The Board approves programs leading to enrolment as an EN. A new curriculum has recently been approved by the Board for ENs. Previously the approved program was a Certificate IV in Health (Nursing). The newly approved program is now a Diploma of Nursing (Pre-Enrolment) [1].	See 3.4 Section 20.	<p><b>Registration in Division 2 of the register</b> - if that person:</p> <ul style="list-style-type: none"> <li>has successfully completed a course approved by the Board or an examination set by the Board or, if the Board so requires, both a course approved by the Board &amp; an examination set by the Board; or</li> <li>has successfully completed units in a course of study accredited by the Board for the purposes are substantially equivalent or based on similar competencies to a course or examination to the above; or</li> <li>in the opinion of the Board, has a qualification that is substantially equivalent or is based on similar competencies to a course or examination to the above; or</li> <li>has a qualification that is recognised in another State or Territory of the Commonwealth for the</li> </ul>	<p>See 3.4 Sections 22 &amp; 23</p> <p>See 3.4 Clause 27</p>



Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>registration - Sched 3 para 3.5(3). However, the Board may enrol a person who does not the above requirements if satisfied that the person:</p> <ul style="list-style-type: none"> <li>is a graduate of an enrolled nursing program in a place other than the ACT or jurisdiction in Australia or NZ, &amp;</li> <li>has done any other training or further education required to achieve the standard required of ENs in the ACT, &amp;</li> <li>graduated from the course, or finished the training or further education, within the 5-year period before the day the person applied for registration - Sched 3 para 3.5(4).</li> </ul>	<p>enrolled as a nurses aide under the <i>Nurses Registration Act 1953</i>. Or, satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>have undergone an equivalent course of training to obtain enrolment or equivalent qualifications, &amp;</li> <li>hold a diploma, certificate or other qualification approved by the Board from an institution, person, or body in any place in or outside Australia to the effect that the person has successfully completed the course of training, &amp;</li> <li>passed such examinations, successfully completed such additional training, as the Board may in the particular case require, &amp;</li> <li>the Board is satisfied that the qualifications of the person are adequate for the purposes of enrolment as a nurse in List "A" of the Roll &amp;</li> <li>meet any conditions the Board deems appropriate – s 27.</li> </ul> <p><b>Qualifications for enrolment on List "B" of the Roll</b> Satisfy Board that they:</p> <ul style="list-style-type: none"> <li>hold a certificate approved by the Board stating they have, for the period approved by the Board, attended the practice of such one or</li> </ul>					<p>purposes of undertaking work of a similar nature to that which a person, who holds a qualification is qualified to undertake – s 6(2).</p> <p>See 3.4 Section 5(1)</p>	

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>more hospitals or homes for children or such similar institutions as are approved by the Board &amp; have passed such examinations as the Board approves</p> <p>Or satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• they would, immediately before the commencement of Schedule 2 (6) to the <i>Nurses Registration (Amendment) Act 1987</i>, have been entitled to be registered as a mothercraft nurse under the <i>Nurses Registration Act 1953</i></li> </ul> <p>Or satisfy the Board that they:</p> <ul style="list-style-type: none"> <li>• have undergone a course of training to obtain mothercraft or equivalent qualifications, &amp;</li> <li>• are the holder of a diploma, certificate or other qualification approved by the Board from an institution, person or body in any place, other than NSW, to the effect that the person has successfully completed the course of training, &amp;</li> <li>• have passed such examinations, &amp; has successfully completed such additional training, as the Board may in the particular case require, &amp;</li> <li>• their qualifications are adequate for the purposes of enrolment as a nurse in List "B" of the Roll – s 28.</li> </ul>						
3.7	Evidence of qualifications required	Certified copy of evidence of nursing &/or midwifery qualifications	See 3.8	Original or certified copies of nursing	Original or certified copies of: ▪ Inclusion of	Original or certified copies of:	Not required for Tasmanian Graduates	Only information requested is: ▪ the academic title of nurse course	information requested is: ▪ the academic title of nurse course

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		– certificate, diploma or degree issued by the educational institution or hospital [2].		<p>qualification or a transcript of results issued by an Australian University.</p> <p>If person has not been issued with their certificate or transcript a letter sent directly to the Board by the Course co-ordinator attesting that that applicant has successfully completed all the course requirements &amp; that the applicant has been assessed against the ANMC National Competency Standards as competent practitioners is accepted in the first instance.</p> <p>The course transcript is to be forwarded to the Board as soon as it becomes available [3].</p>	<p>applicant's name in certified list of graduates from the university or TAFE, signed by delegated signatories, or</p> <ul style="list-style-type: none"> <li>Academic record including a completion statement indicating that the applicant has successfully completed the course &amp; is eligible for award of the qualification or</li> <li>Evidence of successful completion of a hospital based EN course [4].</li> </ul>	<ul style="list-style-type: none"> <li>Original transcript of education program [5].</li> </ul>	<p>Only information requested is the name of the educational institution from which the nursing qualification/s used to apply for registration or enrolment were obtained, &amp; the date(s) they were completed [6].</p>	<ul style="list-style-type: none"> <li>name of the educational institution from which the nursing qualification was obtained, &amp;</li> <li>the date commenced &amp; the date completed [7].</li> </ul>	<ul style="list-style-type: none"> <li>name of the educational institution from which the nursing qualification was obtained, &amp;</li> <li>the date commenced &amp; the date completed</li> <li>Academic course transcript- - final printout [8].</li> </ul>
3.8	Evidence of successful completion of education program required	Transcript required indicating all components of course were successfully completed [2].	Document(s) certifying completion of approved program of education -for graduates of recognised courses at recognised institutions leading to registration or enrolment as a nurse or registration as a midwife, this will be the form	See 3.7	See 3.7	See 3.7	for Tasmanian graduates – see 3.7  dited EPs le the Board with ation on the nts that have ssfully leted their	Not required for Victorian Graduates  Information provided directly from approved EPs to Board [13].	Statement of Student Eligibility for Registration to be completed & sent directly to the Board by the Education Provider [14].

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>of document agreed between the Registrar of the Nurses &amp; Midwives Board &amp; the administration of the educational institution [9-11].</p> <p>Theoretical &amp; clinical transcript of course if course not already recognised by Board. [9-11].</p> <p>As well as theoretical &amp; clinical transcript, may provide any other documentation to satisfy the Board that the course of education is sufficiently similar to recognised courses &amp; therefore demonstrate that education may be adequate for registration /enrolment.</p> <p>Persons, who have completed courses which are not recognised by the Board, must provide documentation from the education institution to demonstrate completion of the course.</p> <p>Persons completing courses which are not recognised may provide appropriately certified photocopies of all the documents about their education.</p>				<p>ams. Board will directly register rates from ania or from es that have accredited by the l.</p> <p>nurses applying</p> <p>ration/enrolment nurse in the first ce having eted a course le Tasmania but rse that has accredited by the l may have to le:</p> <p>original tified copies of levant certificate, na or degree d by School of g, university , e or hospital, ing completion of training transcript cation course or am completed</p>		
3.9	Pre-Registration or Pre-Enrolment qualification completed within last 5 years	<p>Yes</p> <p>Must have graduated from the course within the 5-year period before the day the person applied for registration or enrolment, or practised as a nurse or midwife – Sched 3 para 3.5(1)(b), Sched 4 para</p>	<p>Legislation &amp; policy is silent</p> <p>However s 29A provides that, notwithstanding an applicant being otherwise entitled to registration or enrolment, the Board may refuse application or impose conditions if there are concerns about a person's competence to practise nursing or midwifery.</p>	<p>Yes</p> <p>Recency of practice requirement – s 22(1)(b).</p>	<p>Yes</p> <p>The person must satisfy the council that the person has successfully completed an appropriate accredited nursing course in Queensland (including the passing of any further examinations, &amp; undertaking any additional</p>	<p>Yes</p> <p>Recency of practice requirement – s 29.</p>	<p>Legislation &amp; policy is silent</p>	<p>Recency of practice legislation &amp; policies applied.</p>	<p>Legislation &amp; policy is silent</p> <p>The applicant has acquired such knowledge &amp; has such practical experience in nursing or midwifery, as in the opinion of the Board is sufficient to enable that person to perform</p>

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		4.4(1)(b) & Sched 3 para 3.5(3)(b).	<p>The Board's policy is that registration/enrolment is usually granted without conditions if the person applies within two years of completion of course. Between 2 and 5 years, registration or enrolment may be granted with conditions requiring a report from a nurse manager or midwife manager (within 3 months of the nurse or midwife commencing practice) regarding the competence of the nurse or midwife. If a person applies more than 5 years after completion of course, then a Schedule 1B inquiry may be held to determine if the person may be registered or enrolled.</p> <p>If the person has registered or enrolled in another jurisdiction and has practised there, then policy is that registration or enrolment is usually granted without conditions if the person has practised within the last 5 years. If not practised for more than 5 years, conditions are usually imposed requiring a report from a nurse manager or midwife manager, within three months of commencing practice, re nurse or midwife's competence.</p>		<p>supervised practice, required by the council) within such period before the making of the application for registration or enrolment as the council determines – S 54(2)(a).</p> <p>Pre-registration or pre-enrolment nursing qualification in Queensland must be obtained within the last five years [15].</p>				<p>efficiently the duties of an EN, midwife or RN, as the case may be; &amp; holds a qualification approved by the Board as a qualification for registration as an EN, midwife or RN, or a qualification that in the opinion of the Board is equivalent to such a qualification <b>unless</b> the qualification has been awarded within the 5 years preceding the application, &amp; the person is applying to the Board, for the first time – Clauses 27(2)(e) &amp; (f) &amp; (3).</p>
3.10	<p>Accreditation or approval of education programs for entry into practice required</p> <p>*see Map 9 also</p>	<p>Yes</p> <p>But not necessarily by the Board in the ACT if course has been approved by another nursing &amp; midwifery</p>	<p>No</p> <p>Education institutions &amp; courses are required to be recognised by the Board where they lead to eligibility to apply for:</p>	<p>Yes</p> <p>A Board has the functions to accredit:</p> <ul style="list-style-type: none"> <li>courses for entry into the</li> </ul>	<p>Yes</p> <p>The functions of the council are to:</p> <ul style="list-style-type: none"> <li>determine standards for accreditation of nursing courses</li> </ul>	<p>Yes</p> <p>The functions of the council are to approve courses of education or</p>	<p>Yes</p> <p>The Board has the following functions:</p> <ul style="list-style-type: none"> <li>to monitor</li> </ul>	<p>Yes</p> <p>Functions of the Board:</p> <ul style="list-style-type: none"> <li>to approve registered funded agencies or courses conducted by registered funded agencies which</li> </ul>	<p>Yes</p> <p>A person holds an approved educational qualification if the person has gained a qualification approved by the Board</p>

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		regulatory authority - Schedules 3 & 4 paras 3.5(1)(a)(i) & (ii) & 4.3.	<ul style="list-style-type: none"> <li>registration as an RN in NSW</li> <li>registration as a midwife in</li> <li>enrolment as an EN in NSW - ss 18(3), 19(4) &amp; 27(2)</li> </ul> <p>However, recognition provides a mechanism "to facilitate" registration &amp; enrolment [s 19(10)(g)]</p> <p>If someone completes a "recognised course" conducted by a "recognised institution" then the person is assured that the course has satisfied requirements and registration or enrolment, as applicable, will be granted. Persons who have completed other courses (whether conducted in NSW, elsewhere in Australia, or elsewhere in the world) bear the individual onus of providing documents to satisfy the Board that they have completed courses which are adequate for registration or enrolment and there may be some delay while they do this or they may end up not being able to satisfy the Board and therefore have the application refused.</p>	<ul style="list-style-type: none"> <li>category of health care practice for which it is established</li> <li>educational institutions to conduct courses referred to above – s 10(1)(g) &amp; (h).</li> </ul>	<ul style="list-style-type: none"> <li>accredit nursing courses</li> <li>determine minimum requirements for entry to accredited nursing courses conducted by health services – ss 7(c) – (e).</li> </ul>	<p>training that provide qualifications for registration or enrolment as a nurse – s 16(1)(c).</p> <p>Applicant must have a qualification approved or recognised by the Board for the purposes of registration or enrolment – ss 23(1)(a) &amp; 24(1)(a).</p>	<p>standards of nursing education;</p> <ul style="list-style-type: none"> <li>to determine standards for the accreditation of nursing schools &amp; courses in nursing;</li> <li>to accredit nursing schools &amp; courses in nursing – ss 7(f)(g) &amp; (h).</li> </ul> <p>A person may apply to the Board to be registered or enrolled as a nurse if the person has successfully completed an accredited course in nursing education in Tasmania; a course substantially equivalent to an accredited course; or has experience &amp; training in nursing practice that the Board considers to be at least substantially</p>	<p>provide qualifications for registration purposes;</p> <ul style="list-style-type: none"> <li>to set &amp; conduct examinations &amp; to establish standards for the conduct of examinations in registered funded agencies;</li> <li>to accredit courses which provide qualifications for registration purposes &amp; which provide qualifications in addition to those required for registration – ss 66(1)(c), (d) &amp; (e).</li> </ul> <p><b>Yes</b></p> <p>Function of the Board: to approve courses of study that provide qualifications for registration as health practitioners in the health profession regulated by the board – s 118(1)(b).</p>	<p>granted by an Australian tertiary educational institution recognised by the Board – s 23(1)(a).</p> <p><b>Yes</b></p> <p>The requirements for registration as an EN, midwife or RN are that the applicant holds a qualification approved by the Board as a qualification for registration as an EN, midwife or RN, or a qualification that in the opinion of the Board is equivalent to such a qualification – Cl 27(2)(f).</p>

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							equivalent to the successful completion of an accredited course in nursing – s 20.		
3.11	Recognises another nursing & midwifery regulatory authority in Australia or NZ approval of a nursing or midwifery program	<p><b>Yes</b></p> <p>The ACT legislation specifically recognises another nursing &amp; midwifery regulatory authority's approval of a nursing or midwifery program Schedules 3 &amp; 4 paras 3.5, 3.7, 3.13, 4.4 &amp; 4.11.</p> <p>Therefore a new graduate of a nursing or midwifery program can register directly without having to register in the jurisdiction where they undertook the course prior to registering or enrolling in the ACT.</p>	<p>The Board may allow a person to register or enrol for the first time by establishing the equivalence of the applicant's qualifications but does not customarily do so.</p> <p>Legislation requires that the Board consider character and education as the primary factors in determining eligibility.</p> <p>However it is usual that persons educated in other jurisdictions are registered there and inability to demonstrate registration or enrolment in another jurisdiction may be an indication that the course did not satisfy the requirements in the other jurisdiction or may indicate that there is a character issue or unresolved professional conduct matter. Lack of registration in another jurisdiction may not be a problem provided the Board has full information about why the person is not registered in jurisdiction where education was undertaken.</p>	<p><b>No</b></p> <p>It has been customary not to register nurses &amp; midwives in the first instance when they have not registered in the jurisdiction where they completed their qualifications, although the legislation does not preclude this.</p> <p>The Board can allow a person to register or enrol for the first time, but they would have to satisfy themselves of the equivalence of the course.</p>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>A person must satisfy Council that they have successfully completed an appropriate nursing course conducted outside Queensland for the purposes of registration or enrolment as a nurse that, in the council's opinion, is based on, &amp; would enable achievement of, competencies similar to those in, &amp; acquired by, accredited nursing courses conducted in Queensland, &amp;</li> <li>Has gained registration or enrolment as a nurse in a place outside Queensland – s 54(2)(b).</li> </ul> <p>Therefore a nurse or midwife cannot seek registration or enrolment if they have successfully completed a course accredited by another RA without registering with that RA.</p>	<p>?</p> <p>Board has the power to approve or recognise qualifications for the purposes of registration or enrolment – ss23(1)(a) &amp; s24(1)(b).</p>	<p>?</p> <p>Board has the power to recognise equivalent qualifications for the purposes of registration or enrolment – ss20(b) &amp; (c).</p> <p>It has been the Board's practice to accredit courses if graduates are seeking to register or enrol for the first time in Tasmania.</p>	<p><b>No</b></p> <p>The Board does not register nurses in the first instance if they have completed their qualification in another jurisdiction, although the legislation does not preclude this:</p> <p><b>The Board may register a person</b> if that person:</p> <ul style="list-style-type: none"> <li>in the opinion of the Board, has a qualification that is substantially equivalent or is based on similar competencies to a course or examination to the above; or</li> <li>has a qualification that is recognised in another State or Territory of the Commonwealth for the purposes of undertaking work of a similar nature to that which a person, who holds a qualification is qualified to undertake – s 6.</li> </ul> <p><b>The Board may register a person</b> if that person has completed a course of study that in the opinion of the Board, is substantially equivalent or is based on similar competencies to a course of study approved by the Board – s 5(1)(a).</p>	<p>The Board can only register nurses in the first instance if they have completed a qualification approved by the Board – ss 22(2)(d) &amp; 23.</p> <p>The Board does not register nurses in the first instance if they have completed their qualification in another jurisdiction.</p> <p>Section 22(3) deals with applications from another state or territory within Australia. As well, the Board does register nurses in the first instance if they have completed their qualification in another jurisdiction overseas. The Board, through policy has built up a bank of approved qualifications from not only within Australia, NZ but also overseas.</p> <p><b>Yes</b></p> <p><b>See 3.10</b></p>
3.12	Scope for RA to establish equivalence	<p><b>Yes</b></p> <p>The Board can exercise discretion to ensure equivalence if the program is not one</p>	<p><b>Yes</b></p> <p>Board also has the power to review the education program &amp; satisfy regarding the standards of training &amp;</p>	<p><b>Yes</b></p> <p>A person may only apply to be registered or enrolled in a</p>	<p><b>Yes</b> - See 3.10</p>	<p><b>Yes</b> - See 3.11</p>	<p><b>Yes</b> - See 3.11</p>	<p><b>Yes</b> - See 3.11</p> <p><b>Yes</b> - See 3.11</p>	<p><b>No</b></p> <p><b>Yes</b> - See 3.10</p>

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		approved by a nursing & midwifery regulatory authority – Schedules 3 & 4 paras 3.5, 3.7, 3.13, 4.4 & 4.11.	examinations – ss 18(1)(d), 19(1)(c), 27(1)(d) & 28(1)(d).	category of registration or enrolment if the person has successfully completed a course in the category of registration or enrolment outside NT that the Board considers is at least substantially equivalent to an accredited course in the category of registration or enrolment – s 20(3)(a) & (b).					
3.13	Examination distinct from education program	No	No  But power is available under s 10(1) should it be required.  No written examinations. However, the requirement that some applicants undertake a competence assessment program in order to be eligible for registration or enrolment is, in effect, a form of examination.  Power in s 10(1) may not be applicable to graduates of "recognised courses".	No	No  But power is available under ss 7(h), 8(3)(e) & 54(4)(a) should it be required.	No	No  But power is available under s 8(1)(d).	No  But power is available under s 66(1)(d).  S 5(1)(c).	No  The draft template regulations for the new Act do make reference to examinations although it is unlikely the Board will go down that path.
3.14	Competency requirements – in areas in which they practice	Self declaration on application [2].  A person is suiMap to practice as a nurse or midwife if the person is generally competent – CI 114(1)(c).	No specific requirements requested on application.  Legislation requires a person to have sufficient: <ul style="list-style-type: none"> <li>physical capacity</li> <li>mental capacity</li> <li>knowledge &amp; skill</li> <li>communication skills,</li> </ul>	No specific requirements requested on application.  An applicant is entitled to be registered or enrolled in the category of	Self declaration on application [15].  The person must satisfy the council that the person is competent & fit to practise nursing s 54(2A).	No specific requirements requested on application.  A person must be a fit & proper person to be a RN or EN – ss 23(1)(c) &	No specific requirements requested on application.  Board must be satisfied that an applicant has sufficient competence to	No specific requirements requested on application.	No specific requirements requested on application.  See 3.9 - for requirements should nurse or midwife not have completed qualification in the 5 years before application is made for registration –



Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			including an adequate command of the English language to be competent to practice nursing or midwifery s4B  Board report that they made strong representations to Minister to have competency requirements included in the most recent review of the Act in 2004.	registration or enrolment to which the application relates if the relevant Board is satisfied that the applicant is competent to practise in the category – s 22(1)(b).		24(1)(c)  Also, a complaint can be made about nurses who provide nursing care without having or exercising adequate or sufficient knowledge, experience or skill – s 41(1).	practise – s 22(1)(b).  STATEMENT ON FRONT OF APPLICATION FORM: <i>You must satisfy the Board that you are competent &amp; fit to practise nursing or midwifery. You are required to disclose, as part of your application, any matter that may reasonably bear upon an assessment of your competence &amp; fitness. Such matters are not limited to nursing issues &amp; may include, eg, action taken against you by another professional body [12].</i>		CI 27.  The requirements for registration as an EN, midwife or RN nurse are that the applicant has sufficient skill to practise nursing or midwifery – CI 27(2)(d).
3.15	Mental & physical health requirements	Self declaration on application [2].  A person must have adequate physical capacity, mental capacity & skill to practise nursing & midwifery – CI 115(1)(a), Sched 3 & 4 – paras 3.6(a) & 4.5(a)	Self declaration on application [9-11].  A person is considered to suffer from an impairment if they suffer from any: - physical or mental impairment (including habitual drunkenness or addition to a deleterious drug) - disability - condition or disorder	Self declaration on application [3].  An applicant is entitled to be registered or enrolled in the category of registration or enrolment to which the application relates if the	Self declaration on application [15].  The person must satisfy the council that their state of health is such that they are capable of carrying out the person's duties as a RN or EN without endangering any patient the person may attend – s 54(3)(a).	Self declaration on application [16].  A person must be a fit & proper person to be a RN or EN – ss 23(1)(c) & 24(1)(c)	Self declaration on application [12].  Board must be satisfied that an applicant has sufficient physical & mental capacity to practise – s 22(1)(b).	Self declaration on application [7].  The Board may refuse to grant registration in a division of the register to an applicant if in the opinion of the Board, the applicant is unfit to be registered because they have a physical or mental impairment which significantly impairs their capacity to practise as a registered nurse – s 7(2)(e).	Self declaration on application [8].  The requirements for registration as an EN, midwife or RN nurse are that the applicant has sufficient physical capacity & mental capacity & skill to practise nursing or midwifery – CI 27(2)(d).

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			That detrimentally affects their physical or mental capacity to practice nursing or midwifery – s4A	relevant Board is satisfied that the applicant has sufficient physical & mental capacity to practise in the category - s 23(1)(c).				The responsible board may refuse to grant general registration to an applicant if in the opinion of the responsible board, the applicant is unfit to be registered because They have a physical or mental impairment which impairs their ability to practise as a health practitioner – s 6(2)(c).	
3.16	Addiction to alcohol, other drug or substance that may affect ability to practice	Self declaration on application [2]. – CI 115(1)(b).	No specific information requested on application.  Habitual drunkenness or addiction to a deleterious substance is considered to be a physical or mental disorder – s 4A.	No specific information requested on application.	No specific information requested on application.	No specific information requested on application	No specific information requested on application	Self declaration on application [7].  The Board may refuse to grant registration in a division of the register to an applicant if that the applicant is unfit to practise as a registered nurse because they are an alcoholic or drug-dependent person – s 7(2)(b).  The responsible board may refuse to grant general registration to an applicant if in the opinion of the responsible board, the applicant is unfit to practise as a health practitioner because they are an alcoholic or drug-dependent person which impairs their ability to practise as a registered health practitioner – s 6(2)(b).	Self declaration on application [8]
3.17	Communication skills requirement	No specific information requested on application.  A person must have communication skills that allow the person to practise nursing & midwifery effectively without endangering patients– Sched 3 & 4 – paras 3.6(b) & 4.5(b)	No specific information requested on application.  Sufficient communication skills are identified as part of the suite of attributes identified for a person to be competent to practice nursing or midwifery– s4B.	No specific information requested on application.	No specific information requested on application.	No specific information requested on application	No specific information requested on application	No specific information requested on application	No specific information requested on application
3.18	Adequate written & spoken English to	No specific information requested on	No specific information requested on application.	No specific information	No specific information requested on application.	No specific information	No specific information	No specific information requested on application.	No specific information requested on application

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	practice nursing	<p>application.</p> <p>A person must have knowledge of written &amp; spoken English that is adequate to allow the person to practise nursing &amp;/or midwifery - s37(1)(b).</p>	<p>A person must have a knowledge of written &amp; spoken English that is adequate to allow the person to practise nursing – s4B</p>	<p>requested on application.</p> <p>An applicant is entitled to be registered or enrolled in the category of registration or enrolment to which the application relates if the relevant Board is satisfied that the applicant has an adequate command of the English language – s 23(1)(d).</p> <p>Application forms for the registration of overseas educated nurses &amp; midwives do require the applicant to provide evidence of English language competence.</p>	<p>The person has a sufficient command of the English language, both oral &amp; written, to ensure that the safety &amp; wellbeing of patients is maintained s 54(3)(b).</p>	<p>requested on application</p> <p>Requirements are different for initial registration/enrolment of overseas qualified nurses &amp; midwives.</p>	<p>requested on application</p> <p>Board must be satisfied that an applicant has adequate command of the English language – s 22(1)(d).</p>	<p>The Board may refuse to grant registration in a division of the register to an applicant if the applicant's competency in speaking or communicating in English is not sufficient for that person to practise as a registered nurse – s 7(2)(f).</p> <p>The responsible board may refuse to grant general registration to an applicant if the applicant's competency in speaking or communicating in English is not sufficient for that person to practise as a health practitioner – s 6(2)(f)</p>	
3.19	Criminal convictions or record	<p>Self declaration on application required of convictions – Cl 115(1)(c).</p>	<p>Self declaration on application of convictions, criminal findings [9-11].</p> <p>Being of good character – ss 18, 19 &amp; 27.</p>	<p>Self declaration on application of convictions, criminal findings [3].</p> <p>Being of good character – s 23(1)(f).</p>	<p>Self declaration on application of current preliminary investigation or action that may lead to criminal charges, criminal charges, convictions, criminal findings - [15].</p> <p>In deciding whether the person is competent &amp; fit to practise nursing, the council may have regard to the person's criminal history.</p>	<p>Self declaration on application of convictions in last 10 years (not traffic offences) [16].</p> <p>A person must be a fit &amp; proper person to be a RN or EN – ss 23(1)(c) &amp; 24(1)(c)</p>	<p>Self declaration on application of any convictions, charges, proceedings for disciplinary, civil or criminal offences pending [12].</p> <p>The Board must be</p>	<p>Self declaration on application of any criminal charges, finding of guilt of an offence in a Court or Tribunal or under the Act or equivalent or pending [7].</p> <p>The Board may refuse to grant registration in a division of the register to an applicant if the applicant has been found guilty of:</p> <ul style="list-style-type: none"> <li>an indicMap offence in Victoria an equivalent offence in another jurisdiction; or</li> </ul>	<p>Self declaration on application of any convictions for offences [8].</p> <p>The requirements for registration are that the person has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse – s 22(2)(a).</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>The council may ask the commissioner of the police service for a written report about the person's criminal history.</p> <p>The approved form may require the disclosure of the applicant's criminal history.</p> <p>If the approved form requires the disclosure of the applicant's criminal history, the Criminal Law (Rehabilitation of Offenders) Act 1986 does not apply to the disclosure - ss 54(3A) – (3D).</p>		<p>satisfied that the applicant is of good character – s 22(1)(c).</p>	<p>an offence where the ability of the applicant to practise is likely to be affected because of the finding of guilt or where it is not in the public interest to allow the applicant to practise because of the finding of guilt – s 7(2)(c).</p> <p>The board may refuse to grant general registration to an applicant if, in the opinion of the board, the applicant has been found guilty of an offence where the suitability of the applicant to practise as a health practitioner is likely to be affected because of the finding of guilt or where it is not in the public interest to allow the applicant to practise because of the finding of guilt – s 6(2)(d).</p>	<p>The requirements for registration as an EN, midwife or RN nurse are that the applicant has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse or midwife – CI 27(2)(b).</p>
3.20	Academic conduct requirements	No information requested on application	<p>Being of good character – ss 18, 19 &amp; 27.</p> <p>Self declaration on whether:</p> <ul style="list-style-type: none"> <li>• ever been suspended or expelled from a tertiary academic institution</li> <li>• ever found guilty of student misconduct eg plagiarism or other dishonesty by a tertiary academic institution [9-11].</li> </ul>	No information requested on application	No information requested on application	No information requested on application	No information requested on application	No information requested on application	No information requested on application
3.21	Competence assessment distinct from education program required	<p>No</p> <p>Random audit of applications received.</p>	<p>As noted above in 3.13, some applicants are required to complete a competence assessment program in order to be eligible for registration or enrolment. This is required where considered necessary by the Board but is never applicable to graduates of "recognised courses".</p>	No	No	No	No	No	No
3.22	Ever had name suspended or	Self declaration on application [2].	Self declaration on application [9-11].	Self declaration on application [3].	Self declaration on application [15].	Self declaration on application	Self declaration on	Self declaration on application [7].	Self declaration on application [8].

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	removed from a Register/Roll or been refused registration or enrolment in this or another jurisdiction	See also certificate of standing Sched 3.10(3).				[16].	application [12]		
3.23	Ever had conditions imposed on registration or enrolment in this or another jurisdiction	Self declaration on application [2].  See also certificate of standing Sched 3.10(3)	Self declaration on application [9-11].	Self declaration on application [3].	Self declaration on application [15].	No	Self declaration on application [12]	No	Self declaration on application - found guilty of unethical conduct as a nurse &/or been subject to disciplinary action by any body or authority legally constituted to discipline nurses [8].
3.24	Practice hour requirements (internship)	No  See generally 3.13	No	No	No	No	No	No	No
3.25	Proof of identity	<ul style="list-style-type: none"> <li>• 00 points ID check</li> <li>• ertified photo</li> <li>• vidence of name changes [2].</li> </ul>	<ul style="list-style-type: none"> <li>• certificate Birth</li> <li>• Pass</li> <li>• port or Australian citizenship Certificate</li> <li>• evide</li> <li>• ence of name changes [9-11].</li> </ul>	<p>Two certified copies of Proof of Identity eg:</p> <ul style="list-style-type: none"> <li>▪ Drivers Licence</li> <li>▪ Passport</li> <li>▪ Birth Certificate</li> <li>▪ Stat Dec attesting to the applicants identity or</li> <li>▪ Other official form of identification).</li> </ul> <p>Evidence of Name Change eg:</p> <ul style="list-style-type: none"> <li>▪ Marriage Certificate</li> <li>▪ Divorce Decree or</li> <li>▪ Deed Poll (if applicable)</li> </ul> <p>A recent passport type photograph with applicant's signature on</p>	<ul style="list-style-type: none"> <li>▪ Birth Certificate, or</li> <li>▪ Deed Poll, or</li> <li>▪ Passport, or</li> <li>▪ Certificate of Citizenship, or</li> <li>▪ Evidence of use of a name for the past five years &amp;</li> <li>▪ Marriage Certificate if relevant [4].</li> </ul>	<p>Certified copy or original means of identification eg</p> <ul style="list-style-type: none"> <li>▪ Driver's licence</li> <li>▪ Student card</li> <li>▪ Birth certificate [5].</li> </ul>	<ul style="list-style-type: none"> <li>▪ Proof of identity</li> <li>▪ Certified evidence of name change eg marriage certificate [12].</li> </ul>	<p>Original or certified copy of:</p> <ul style="list-style-type: none"> <li>▪ Full birth certificate</li> <li>▪ Marriage certificate(s)</li> <li>▪ Proof of other name changes (deed poll or name change certificate [13].</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identity documents (birth certificate or passport)</li> <li>▪ Change of name document (if applicable) [8].</li> </ul>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				back[3].					
3.26	Commitment to follow codes of conduct & ethics	Self declaration - ANMC Codes &/or ACMI Codes <sup>4</sup> [2].	Self declaration – Code of professional conduct adopted by Board [9-11].	Self declaration - applicants (other than those under MR) are required to declare that they practice in accordance with the ANMC Codes & Competency Standards	Self declaration - ANMC Code of Ethics for Nurses in Australia & Code of Practice for Midwives (if a midwife) [15].	No	No	No	No
3.34	Imposition of conditions on registration or enrolment	<p>On application by a person for registration the Board must: register the person unconditionally, or register the person conditionally, or refuse to register the person &amp; give the person written notice of the decision – Cl 113,</p> <p>See also Sched 3, clauses 3.12, 3.13 &amp; 3.14</p>	<p>Board may grant registration or enrolment with conditions if it considers that refusal of registration or enrolment is not warranted.</p> <p>Conditions permit practice as a nurse or midwife but within limits that the Board considers would protect the safety of members of the public – s29A(2)</p> <p>Eg working under supervision for a period.</p> <p>Also section 21 (relating to RNs &amp; RMs) and s 28C (relating to ENs &amp; ENs (Mothercraft)) provide that the Board must refuse an application if it is not satisfied that an applicant is eligible.</p> <p>These sections also provide that the Board may not refuse an application unless it has given the applicant an opportunity to be heard.</p>	<p>If the relevant Board is satisfied that the applicant is entitled to be registered or enrolled, it must register or enrol the applicant &amp; it may do so unconditionally or subject to conditions.</p> <p>The Board must give notice to the applicant of:</p> <ul style="list-style-type: none"> <li>the applicant's registration or enrolment</li> <li>if the registration or enrolment is conditional – the conditions that the registration or enrolment is subject to &amp; the applicant's rights of appeal &amp;</li> </ul>	<p>If:</p> <ul style="list-style-type: none"> <li>person requests the council to impose limited</li> <li>registration or enrolment on the person; or</li> <li>the council is satisfied, on reasonable grounds, that limited registration or enrolment should be imposed on a person; then if the person is an applicant for registration or enrolment the council may grant <b>limited registration or enrolment</b> to the person.</li> </ul> <p>The council must determine the extent to which the person's registration or enrolment is to be limited; &amp; impose such conditions on the practice of nursing by the person as will ensure, in the council's opinion, that the person is capable of carrying out in a professional way such functions as the limited</p>	<p>Limited registration or enrolment: If a person who applies for registration or enrolment under this Act does not have, in the opinion of the Board: the necessary qualifications or experience required for unrestricted registration or enrolment; or the physical or mental capacity required for unrestricted registration or enrolment, the Board may register or enrol the person in order to enable the person: to do whatever is necessary to become eligible for full registration</p>	<p>Conditional registration or enrolment: If the Board is satisfied that an applicant is entitled to be registered or enrolled it must register or enrol the applicant &amp; it may do so unconditionally or subject to conditions.</p> <p>If subject to conditions, the Board must give notice to the applicant of the conditions that the registration or enrolment is subject to &amp; the applicant's rights of appeal &amp; review in respect of those conditions – ss</p>	<p>The Board may, upon the grant of registration, impose any conditions, limitation or restrictions on the registration or endorsement of registration of a nurse that it considers appropriate eg in relation to professional indemnity insurance – s 9</p> <p>See Specific Registration – 3.32.</p> <p>Please note- s 6(3) can be applied to General Registration, s 9 (3) for Provisional Registration, s 10(3) for Interim Registration.</p>	<p>Provisional or temporary registration may be made subject to such conditions &amp; restrictions as the Board in any particular case specifies – s 28(2) – see 3.32.</p> <p>The Board may impose such conditions on registration as the Board reasonably requires ensuring the competent &amp; safe practice of nursing or midwifery – Cl 29.</p>

<sup>4</sup> The Regulation enables the Board to 'consider any other relevant matter' (para 115(2)).

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				<p>review in respect of those conditions – s 27(1) &amp; (2).</p>	<p>registration or limited enrolment allows the person to carry out.</p> <p>The conditions that the council may impose include conditions relating to 1 or more of the following:</p> <ul style="list-style-type: none"> <li>the times &amp; places at which the person may provide nursing care;</li> <li>the fields of nursing in which the person may provide nursing care;</li> <li>the supervision of the person by an appropriately qualified RN, or an otherwise appropriately qualified person, when providing nursing care.</li> </ul> <p>Limited registration or enrolment may be granted or renewed for such period (not longer than 2 years) as the council determines.</p> <p>The council may cancel limited registration or enrolment &amp; if the council cancels the limited registration or enrolment of a person, the council must immediately:</p> <ul style="list-style-type: none"> <li>advise the person of the cancellation; &amp;</li> <li>give the person written reasons for the cancellation.</li> </ul> <p>At intervals of not more than 2 years, the council, or the tribunal acting under section 116, as the case may be, must review each</p>	<p>or enrolment under this Act, or to teach or to undertake research or study in SA, or to practise in a specific or specialist area of nursing in which the person is appropriately qualified or experienced, or to practise nursing under supervision; or to act in the public interest.</p> <p>In granting an application in pursuance of this section the Board may:</p> <ul style="list-style-type: none"> <li>restrict the places &amp; times at which the applicant may provide nursing care;</li> <li>limit the areas of nursing in which the applicant may practise;</li> <li>limit the period during which the registration or enrolment will have effect; or</li> <li>impose a condition requiring that the applicant be supervised when providing nursing care by a particular person</li> </ul>	27(2) & (3)(b).		

Map 3 – Original or Initial Entry to Practice Requirements as a Registered Nurse, Registered Midwife or Enrolled Nurse <sup>2</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>limited registration or enrolment &amp; determine whether it should continue.</p> <p>A person with limited registration or enrolment is, subject to the conditions of the registration or enrolment, taken to be registered as a RN or EN – s 65.</p>	<p>or by a person of a particular class; or impose other conditions as the Board thinks fit – s 27.</p>			
3.35	Fees	<p>\$80.00<sup>5</sup></p> <p>+ \$20.00 if short term registration required</p>	\$60.00	<p>Total - \$75</p> <ul style="list-style-type: none"> <li>non-refundable application fee - \$20</li> <li>refundable registration fee of \$55 in Australian dollars [3].</li> </ul>	<p>Total – \$129.00</p> <p>Application fee - \$44.00</p> <p>Licence fee - \$85.00 [17].</p>	<p>Total – \$175.00</p> <p>Certificate of Registration or Enrolment Fee - \$105.00</p> <p>Initial Registration or Enrolment Fee - \$70.00</p> <p>NOTE: a sliding scale of fees is available depending upon the time of year that the registration or enrolment is applied for [18].</p>	<p>Total – \$200.00</p> <p>Application fee - \$80.00</p> <p>Annual practising certificate fee - \$120.00</p> <p>No pro-rata fees available [12].</p>	\$120.00	\$120.00

## References

1. Nurses Board of South Australia, *Education and Requirements for Registration and Enrolment*. undated: Adelaide. p. Board website.

<sup>5</sup> Act provides power for Board to determine fees, but does not determine the quantum. However when the Board does make a determination about fees, the Legislative Assembly must be formally notified (s132).



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16. Nurses Board of South Australia, *Application for Registration/Enrolment as a Nurse*. 2001: Adelaide.
17. Queensland Nursing Council. *Queensland Graduates*. [Website] 2006 [cited].
18. Nurses Board of South Australia. *Registrations - Fee Structure*. 2001 [cited; Board website]. Available from: [http://www.nursesboard.sa.gov.au/reg\\_fees.html](http://www.nursesboard.sa.gov.au/reg_fees.html).

# Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction

## KEY:

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ Feed back has been received from jurisdiction

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* Health Professionals Act 2004</b></p> <p>Health Professionals Regulation 2004</p> <p>Health Act 1993</p>	<p><b>* Nurses and Midwives Act 1991</b></p> <p>Health Care Complaints Act 1993</p> <p>Nurses and Midwives Regulation 2003</p> <p>Nurses and Midwives Amendment (Performance Assessment) Act 2004</p>	<p><b>* Health Practitioners Act 2004</b></p>	<p><b>* Nursing Act 1992</b></p> <p>Health Practitioner Registration Boards (Administration) Act 1999</p> <p>Health Practitioners (Professional Standards) Regulation 2000</p> <p>Nursing Regulation 2005</p>	<p><b>* Nurses Act 1999</b></p> <p>Nurses Regulations 1999</p> <p>Nurses (Electoral) Regulations 1999</p>	<p><b>* Nursing Act 1995</b></p> <p>Nursing (Fees) Regulations 1998</p>	<p><b>* Nurses Act 1993</b></p> <p>Nurses Regulations 2004</p> <p>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</p>	<p><b>* Nurses Act 1992</b></p> <p>Nurses Rules 1993</p> <p>Nurses Code of Practice 2000</p> <p>Nurse Practitioners Code of Practice 2004</p> <p>Nurses &amp; Midwives Bill 2005</p>

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
5.1	Registration or enrolment in jurisdiction required to practice	Yes Both title & practice are protected in the ACT	Yes Title only is protected in NSW	Yes Titles & practice protected	Yes Titles protected	Yes Titles & practice protected	Yes Titles & practice protected	Yes Titles (& ? practice) protected  Yes Titles (& ? practice) protected	Yes Titles & practice protected  Yes Titles & practice protected
5.2	Before Application will be considered	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2	See Map 3 – 3.2
5.3	Application for restoration to the register or re-registration if previously registered or enrolled in that jurisdiction	Restoration dealt with as re-registration  <i>Application for Re-Registration / Registration as a Nurse, Midwife or Nurse Practitioner form [1].</i>	The term 'restoration' refers to reinstatement of registration or enrolment previously held by a nurse or midwife in NSW & cancelled only because of non-payment of the annual practising fee. An application for restoration must be: made in writing, & accompanied by the prescribed fee. If the application for restoration is approved, the person's name is restored to the Register of Nurses and/or Register of Midwives or Roll of Nurses – s33.  Application for restoration is dealt with discretely – specific application form – <i>Application for Restoration</i> requiring, as well as those noted below: Details to assist identification eg previous address, qualifications etc Registration number if	Restoration dealt with as registration or enrolment as a nurse or midwife: Qualification gained in Australia or New Zealand Qualification gained outside Australia.  Application forms for registration or enrolment as a nurse or midwife: <i>Qualification gained in Australia or New Zealand [3, 4].</i> <i>Qualification gained outside Australia [5, 6].</i>  Requires information concerning previous registration or enrolment in NT & registration or enrolment number [3-6].  In NT restoration to the roll can only occur during the month of October. That is if the nurse or midwife failed to renew their registration/enrolment by the 30 September they have one calendar month to restore.	A person whose registration or enrolment is cancelled or authority to practise is revoked for non-payment of the annual licence certificate fee may apply to the council for re-registration, re-enrolment or re-authorisation in the form approved by the council.  The application must be accompanied by the annual licence certificate fee & the restoration fee prescribed under a regulation.  The council must reregister, re-enrol or reauthorise the applicant & issue an annual licence certificate to the applicant if it is satisfied: the applicant has practised nursing or midwifery during the 5 years before the application; & the applicant is qualified to be registered, enrolled or authorised.	A person whose name has been removed from the register or roll at their request or on account of a failure to renew the registration or enrolment or to pay the practice fee may apply to the Board at any time for the reinstatement of the person's name on the register or roll.  An application for reinstatement must be made to the Board in the manner & form approved by the Board & be accompanied by the fee fixed by regulation.  The Board may require an applicant under this section: to provide them with any information for the purposes of determining the application; to submit a medical report or other evidence accepMap to the Board to ensure that the applicant can practise effectively as a nurse;	A person whose name has been removed from the register or roll at their request or on account of a failure to renew the registration or enrolment or to pay the practice fee may apply to the Board & pay the fee for the reinstatement of the person's name on the register or roll – s 53(1).  The Board may refuse to restore the person's name if it is not satisfied that the person: has sufficient physical capacity, mental capacity & competence, & is of good character, & – ss 53(3) & 22(1)(b) & (c).  <i>Application for Registration/Enrolment as a Nurse under the Nursing Act 1995 form - if seeking renewal &amp; have actively practised &lt; 5 years [9].</i>  <i>Re-Entry to Practice Program Application 1995 form - if seeking</i>	If a person whose name has been removed from the register for non-renewal of registration applies to the Board within 2 years from the date of that removal to have their name restored to the register & the renewal of the registration & pays the fee fixed by the Board for those purposes within that period the Board may restore that person's name to the register & renew the registration until 31 December next following that renewal – s 13A.  Application is made on <i>Application – Restoration/Re-registration to the Register form</i>  Details of previous registration in Victoria: change of name Victorian ID/reference number Date first registered in Victoria	A person whose name has been removed from the register, having removed their name from the register voluntarily may at any time make application in the prescribed form to the Board for the restoration of their name to the register if the applicant pays the prescribed fee to the Board & satisfies the Board of the relevant matters, the name of the applicant shall be restored to the register – s 42 & Cl 16 Nurse Rules..  Application is made on <i>Application – Restoration of name to the Register form</i> .  Details of which provision is sought under the Act: s 32(3) - Registration has lapsed due to non-payment of renewal fees by the due date. s 41- Out of Practice and will need to undertake a

<sup>6</sup> Where the original removal of the person from the register or roll was for non-payment of fees or by request of the applicant.

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			known Date of previous registration or enrolment Last expiry date [2].	The term re-registration is not used in the NT. After the October restoration period a person must make a new application.	However, if the council is not satisfied the applicant has practised nursing or midwifery during the 5 years before the application, the council may reregister, re-enrol or reauthorise the applicant subject to the conditions of practice it considers appropriate – ss 74(3) – (7).  Application form is in the <i>Application Package QNC 1</i> .  Requires date of last licence in Queensland & nurse ID number [7].	to obtain additional qualifications or experience specified by the Board before they determine the application.  The Board should, subject to the person meeting the above requirements, reinstate the name of a person who applies under this section if satisfied that the person: has sufficient competence & capacity to practise in the field of nursing to the standards required by the Board for the purposes of this Act; & is a fit and proper person to be registered or enrolled under this Act – s 26.  Application for restoration is dealt with discretely – specific application form – <i>Application for Reinstatement of Name on the Register or Roll</i> [8].	renewal & have not actively practised < 5 years  Original registration/enrolment date in Tasmania Date last practising certificate expired [10, 11].	Date last registered in Victoria [12].  The sections quoted below relate only to renewal of registration not to restoration or re-entry. Restoration & re-entry are not dealt with under the new Act.  If a person does not apply for renewal of registration before the end of the existing registration period, the board may renew that person's registration if application is made within 3 months after the end of the registration period & if the applicant pays an additional renewal fee determined by the responsible board which must not be more than 50% of the original fee.  For a period of 3 months after a person's registration has expired without being renewed, that person is to be deemed to be registered & if, at the end of that period, that person has not renewed their registration, the board must remove that person's name from the register.  The responsible board may refuse to renew the registration of an applicant on any ground	renewal of registration program. s 42(2) - Voluntary removal of name from the register. s 43 - Restoration of name to the register after being struck off for a disciplinary matter (not applicable to discussion in this Map)  Details of when last registered in WA [13].  A person whose name is removed from the register for non-payment of renewal of registration fee may at any time pay to the Board all fees that are in arrears, & all fees that would be in arrears if the person had continued to be registered, together with any additional amount prescribed by the regulations for the purposes of this subsection, & is then to be entitled, subject to this Act, to have their registration as an enrolled nurse, midwife, nurse practitioner or registered nurse renewed and the name restored to the register – Cl 36.  Application for restoration after voluntary removal would therefore be treated as registration in the first instance.

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								on which the responsible board might refuse to grant the registration ss 18(6) – (8).	
5.4	Registered or enrolled in other jurisdiction(s)	Details of employment over last 5 years is only question [1].	Details if registered or enrolled in other jurisdiction(s) since last practising in NSW Details of employment & employer in most recent/present employment in other jurisdiction(s) Employed there currently or date employment ceased Other details relating to the practice of nursing and/or midwifery to support application [2].	Details of the States, Territories & countries that person has held registration. A certificate of good standing from a Nurse Registration Board that the person most recently held registration with, must be requested to be sent directly to the Board [3-6].	Verification not required for restoration.	No information required	No information required	Details of recent registration held in another jurisdiction Verification sought from most recent registering authority to be sent directly to the Board [12].	No information required
5.5	Qualifications & education	Qualification/ Award name Educational institution Length of study Year completed [1].  See Map 3 – 3.4, 3.5 & 3.6	Qualifications & education requirements only sought on application form to assist in identifying previous registration or enrolment on the register or rolls [2].  See Map 3 – 3.4, 3.5 & 3.6	Qualification Institution Completed year  'Certified true copies' or originals of nursing or midwifery qualifications.  For nurses & midwives educated overseas – evidence that the program completed has been assessed as the equivalent of an Australian qualification [3-6].  See Map 3 – 3.4, 3.5 & 3.6	Qualifications Institutions States/ country(s) Dates commenced Dates completed  Documentary evidence is not required with application if previously registered or enrolled [7].  See Map 3 – 3.4, 3.5 & 3.6	No information required  See Map 3 – 3.4, 3.5 & 3.6	No information required	Details of: qualification that led to initial registration EP Country, State or Territory Date of commencement Date of completion Post graduate qualifications [12].  See Map 3 – 3.4, 3.5 & 3.6	No information required  See Map 3 – 3.4, 3.5 & 3.6
5.6	Recency of practice requirements	Self declaration - practised as a nurse or midwife < 5 years & no minimum period years [1].  < 5 years- Scheds 3 & 4	Application form states that the Board pays particular attention to the recency of practice of the nurse or midwife ie within the last 5 years [2].	Self declaration - practised as a nurse or midwife < 5 years [3-6].  An applicant is entitled to be registered or enrolled in the category of	See 5.3 above.  If a person has not: been employed as a nurse but consider that their employment < 5 years has maintained	Self declaration - practised or completed a course leading to registration or enrolment < 5 years as a RN, EN, midwife or mental health nurse.	See 5.3 above.  The Board must not issue a new practising certificate to a nurse who has not actively practised < 5 years unless they	Self declaration - employed as a nurse in area of registration being sought < 5 years [12].  See 5.3 above.	A natural person who applies to the Board and satisfies it that they comply with the requirements & on payment of the fee prescribed, be registered

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>– paras 3.8 &amp; 4.6</p> <p>Differentiates need for: refresher course: return to practice after 5-10 years; re-entry course – return to practice &gt; 10 – Schedules 3 &amp; 4 paras 3.1 &amp; 4.1</p>	<p>Since August 2004, the Board has been able to refuse applications for restoration to Registers and Roll. Refusal usually occurs where the person has not practised either in NSW or elsewhere for more than 5 years. Section 33(6) provides that, in refusing an application for restoration, the Board may treat it as an application for registration. This is done and enables the provisions of s29A to apply and registration or enrolment is granted with conditions requiring a report from a nurse manager or midwife manager, within 3 months of the nurse or midwife commencing practice, regarding the nurse or midwife's competence.</p>	<p>registration or enrolment to which the application relates if the Board is satisfied that the applicant is competent to practise in the category – the Board may take into account evidence of an applicant's recent practice or continued competence in the category of health care practice in addition to anything else the Board thinks fit – ss 22(1)(b) &amp; (2)</p> <p>Everyone assessed on merits. However a 'rule of thumb' response may be if re-entry/restoration is sought: &lt; 5 years – a person may be allocated an advisor 5 – 8 years – required to undertake a re-entry program &gt; 8 years – requirement to enrol in a Bachelor of Nursing, Bachelor or Grad Cert in Midwifery, Cert IV in enrolled nursing.</p>	<p>their nursing knowledge &amp; skills, their application, should be sent with a submission for individual assessment &amp; be supported by documentary evidence such as a position description or statement from an employer. A current licence must have been held during this period of employment. not practised nursing &lt; 5 years, or cannot declare their competence, they will be required to demonstrate nursing competence.</p> <p>RNs have 2 options: Meet the requirements of the Competence Assessment Service by undertaking 2 part Challenge Test (theoretical and clinical) if they believe they do not require any further education in order to demonstrate competence successful they will be eligible for restoration to the register. If not successful, the Test acts as a diagnostic tool to indicate which of 4 educational modules need to be completed.</p> <p>The other option is to undertake the accredited re-entry program offered by Griffith University.</p> <p>ENs must meet the</p>	<p>Individuals who are not currently on the register or roll &amp; have not practised nursing &lt; 5 years are required to complete a RN re-entry program approved by the Board or an EN re-entry training program.</p> <p>Refresher programs are not re-entry programs. They are courses designed to allow the individual to refresh their knowledge &amp; skills where they have practised &lt; 5 years. As such, refresher programs not required to be approved by the Board of South Australia as they do not lead to reinstatement on to the register.</p> <p>The Board has endorsed a Competency Assessment Service (CAS) to assess the competency of nurses. CAS provides a valid, reliable &amp; integrated approach for the reinstatement to the register or roll of nurses and midwives returning to practice after &gt; 5 years absence.</p> <p>Applicants complete a self-directed learning package, written assessment. Applicants may also undertake a 'challenge test' to assess the competence against</p>	<p>meet the above requirements – s 50(6).</p> <p>RNs Applicants who have not practised as a registered nurse for a period &gt; 5 years but &lt; 10 years are required to undertake a Re-Entry to Practise Program that includes theoretical, pharmacological &amp; clinical components.</p> <p>Applicants who have not practised as a registered nurse for a period &gt; 10 years &amp; &lt; less than 15 years &amp;/or who had limited experience before their absence from practice are required to complete the TSoN Post Registration Bachelor of Nursing (Re-Entry) Program.</p> <p>Applicants who have not practised as a registered nurse for &gt; 16 years are not eligible to undertake a Re-Entry to Practise Program. These applicants are to be referred to the TSoN for an individual assessment to determine which units of the pre-registration Bachelor of Nursing Program they would be granted credit for &amp; which units they would be required to complete.</p> <p>The Board &amp; the relevant EPs will need to</p>	<p>The Board may refuse to renew the registration of an applicant if they are satisfied that the applicant has not had sufficient nursing experience in the preceding 5 years to be able to practise as a nurse having the particular registration which the applicant is seeking to have renewed, or on other ground upon which the Board might refuse to grant registration – s 14(1).</p> <p>Persons previously registered in Victoria in a division(s) for which restoration/re-registration is sought: are eligible for restoration if their name has been removed from the register for no more than 2 years are eligible for re-registration if their registration has expired for more than 2 years [12].</p> <p>An applicant for renewal of registration as a health practitioner: who has not provided regulated health services in the health profession regulated by the board for a period exceeding 2 years before the application for renewal; or who intends to change</p>	<p>under this section as a nurse; &amp; the Board shall cause the name of that person to be entered in the register – s 22(1).</p> <p>The requirements are that the person has practised as a nurse or completed a refresher course in nursing, approved by the Board, within the 5 years preceding their application – s 22(2)(c).</p> <p>The Board may remove the name of a nurse from the register who has not practised, or trained &lt; 5 years, or an NP after 3 years if they have not practised or trained as an NP &lt; 3 years – ss 41(1) &amp; (2).</p> <p>Where a nurse has not practised nursing for a period exceeding 5 years in a division of the register for which registration is sought, the nurse is required to successfully complete a Renewal of Registration course [13].</p> <p>CI 27(2)(e) &amp; (4) in the Nurses &amp; Midwives Bill appear to be the relevant provisions that support the potential for the Board's recency of Practice Policy – (see 5.6 below).</p> <p>Removal of name &amp;</p>

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					requirements of the Competence Assessment Service detailed above [14].	professional standards [15].	<p>determine the criteria for assessment of applicants' relevant qualifications &amp; experience. The clinical component of the Re-Entry to Practice program must be provided by a Board approved provider.</p> <p>ENs Applicants who have not practised for &gt; 5 years but &lt; 15 years be required to undertake the Re-Entry to Practise Program provided by NGT Tasmania.</p> <p>Applicants who have not practised as an enrolled nurse for &gt; 16 years &amp;/or who had limited experience before their absence from practise are not eligible to undertake a Re-Entry to Practise Program. These applicants are to be referred to NGT Tasmania or TAFE Tasmania for an individual assessment to determine which units of the Certificate IV in Health (Nursing) Program they would be granted credit for &amp; which units they would be required to complete.</p> <p>The Board &amp; the relevant EPs will need to determine the criteria for assessment of applicants' relevant</p>	<p>the type of regulated health services he or she provides during the period of registration must provide details of the person's training or proposed training to ensure the person is competent to provide those regulated health services during the period of registration s 18(4).</p> <p>Note – this means that the recency of practice requirement is now at 2 years.</p>	cancellation of registration of a person can occur if nurse or midwife has not practised nursing of the type they were registered for, or midwifery < 5 years, and has not maintained current knowledge & skills in nursing at an approved level – s 41(1)



Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							qualifications & experience - [10].  Midwives – 5 years. Competence to Practice Policy applies [16].		
5.7	Suitability to Practise & Competency <sup>7</sup> requirements – in areas of practise	Self declaration on application [1].  A person is suiMap to practice as a nurse or midwife if the person is generally competent – Clauses 114 & 115.	No specific requirements requested on application about current competence to practise.  Legislation requires a person to have sufficient: physical capacity mental capacity knowledge & skill communication skills, including an adequate command of the English language to be competent to practice nursing or midwifery s4B  Board report that they made strong representations to Minister to have competency requirements for nurse seeking renewal of registration such as audit included in the most recent review of the Act in 2004. However the Board is able to refuse registration or enrolment or impose conditions as considered necessary – s 29A.	Self declaration on application  See 5.5 above  Also self declaration that the applicant: has reviewed their practise & regard themselves as a competent practitioner practises in accordance with the ANMC Competency Standards for the RN, EN or Midwife [3-6].	Self declaration on application  See 5.5 above  Also self declaration that the applicant: Their practice in the last 5 years is relevant to this application. Held a licence to practise in the appropriate jurisdiction when practising as a nurse/midwife. Is competent to practise as a nurse/midwife.  Council conducts an audit of applications for restoration. If a person's application is selected for audit they are required to provide certified documentary evidence to support the declaration of competence they make on their application form. No licence will be issued until the audit requirements have been met [14].	Self declaration on application [8].  See 5.5 above	Self declaration  See 5.3 & 5.5 above  No specific question, however, there is the following statement on the application form which implies a requirement for disclosure:  <i>You must satisfy the Board that you are competent &amp; fit to practise nursing or midwifery. You are required to disclose as part of your application, any matter that may reasonably bear upon an assessment of your competence &amp; fitness. Such matters are not limited to nursing matters &amp; may include, eg, action taken against you by another professional body [17].</i>	No specific requirements requested on application about current competence to practise.	No specific requirements requested on application about current competence to practise.  The Board is to register an applicant as an EN, midwife or RN if satisfied that the applicant has complied with the following requirements: sufficient skill to practise nursing or midwifery, has acquired such knowledge & has such practical experience in nursing or midwifery, as in the opinion of the Board is sufficient to enable that person to perform efficiently the duties of an EN, midwife or RN – Cl 27(2)(d) & (e).
5.8	Requirements for a nurse or midwife undertaking a re-entry or refresher	Board may register a person as a refresher RN if they are satisfied the	The Board is not aware of evidence to demonstrate that a re-	The term 'refresher' is not used in NT.	?  As practice is not	Limited registration or enrolment: If a person who applies for	As practise is protected in Tasmania a nurse or midwife must be	?	Where a natural person has applied for registration, the Board

<sup>7</sup> **Competence** - "the combination of skills, knowledge, values and abilities that underpin effective &/or superior performance in a profession/occupational area. Continuing professional competence is the ability of nurses (& midwives) to demonstrate that they have maintained their competence in their current area of practice"-The Australian Nursing and Midwifery Council (ANMC).



Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	course or requiring assessment of competence prior to full registration or enrolment	person will attend a Board approved (or other nursing or midwifery regulatory authority approved) refresher course or undergo a period of practice under supervision suiMap to satisfy requirements for registration – Scheds 3 & 4, paras3.13 & 4.11.	entry or refresher course is necessary for all persons restoring to the Registers or Roll. Current policy is that, where a person has not practised for more than 5 years, conditions are imposed requiring a report from a nurse manager or midwife manager, within three months of the nurse or midwife re-commencing practice, regarding the nurse or midwife's competence. This enables the person to return to practice while protecting the public. Subsequent action depends on the report received: conditions may be lifted or more rigorous conditions may be imposed if the manager's report indicates such action is necessary to protect the public. Some nurses & midwives undertake refresher courses, but such courses are not required by the Board.	As practise is protected in NT a nurse or midwife must be conditionally registered to be able to fulfil any supervised clinical practise requirements or re-entry program clinical experience only apparent means available under Act is by imposing conditions on the person's practise.  If the relevant Board is satisfied that the applicant is entitled to be registered or enrolled, it must register or enrol the applicant & it may do so subject to conditions – s 27(1) & (2).	protected in Queensland – as long as nurse or midwife works under the supervision of a registered nurse or midwife then there is no requirement for any form of conditional or short term registration.  ?? However, temporary registration may also be available should it be required.	reinstatement of registration or enrolment, under this Act does not have, in the opinion of the Board the necessary qualifications or experience required for unrestricted registration or enrolment the Board may register or enrol the person in order to enable the person: to do whatever is necessary to become eligible for full registration or enrolment under this Act; or in order to enable the person to practise nursing under supervision.  In granting an application in pursuance of this section the Board may: restrict the places and times at which the applicant may provide nursing care; limit the areas of nursing in which the applicant may practise; limit the period during which the registration or enrolment will have effect; or impose a condition requiring that the applicant be supervised when providing nursing care by a particular person or by a person of a particular class; or impose other conditions as the Board thinks fit s 27.	registered to be able to fulfil any supervised clinical practise requirements or re-entry program clinical experience only apparent means available under Act is by imposing conditions on the person's practise.		shall, on payment of the prescribed fee, grant provisional registration and issue to the person a certificate of provisional registration in the prescribed form, if it is satisfied that: the Board would be satisfied as to the matters set out in that subsection if the applicant successfully completed a period of nursing practice or course of study; or the applicant should be granted provisional registration to enable the applicant to undertake a period of nursing practice or course of study – ss 26(1)(b) & (c).
5.9	Ever refused registration	Self declaration on	Self declaration on	Self declaration on	No	No	Self declaration on	Self declaration on	Self declaration on

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	or enrolment in any jurisdiction	application - full details to be provided if yes [1].	application - full details to be provided if yes [2].	application - full details to be provided if yes [3-6].			application - full details to be provided if yes [11, 17].	application - full details to be provided if yes [12].	application - full details to be provided if yes [13].
5.10	Ever had registration or enrolment suspended or cancelled in any jurisdiction	Self declaration on application - full details to be provided if yes [1].	Self declaration on application - full details to be provided if yes [2].	Self declaration on application - full details to be provided if yes [3-6].	Self declaration on application - full details to be provided if yes [7].	Self declaration on application - full details to be provided if yes [8].	Self declaration on application - full details to be provided if yes [11, 17].	Self declaration on application - full details to be provided if yes [12].	Self declaration on application - full details to be provided if yes [13].
5.11	Any conditions or restrictions placed upon practice in any jurisdiction	Self declaration on application [1].	Self declaration on application [2].	Self declaration on application - full details to be provided is yes [3-6].	Self declaration on application - full details to be provided is yes [7].	No	Self declaration on application - full details to be provided is yes  Any proceedings pending in any jurisdiction by RA [11, 17].	No  Any proceedings pending in any jurisdiction by RA - [12].	No
5.12	Adequate professional development	Power under legislation to require at least 30 hours in 3 year period - Scheds 3 & 4, paras 3.8 & 4.6  but currently not required to be established	No	The applicant is required to declare that the practice in accordance with the ANMC Competency Standards. The domain of critical thinking & analysis required the nurse to participate in ongoing professional development of self & others.	Self declaration on application  <i>I continue to improve my knowledge, skills and judgement to ensure my practice is safe &amp; competent eg Within the last 5 years, undertaking nursing activities to enhance your nursing practice Identifying your knowledge, skills, judgement, application and attitude gaps, and taking appropriate action to improve and enhance the quality of your practice Assessing your learning needs, implementing learning plans and evaluating the impact on your practice Promoting a positive image of nursing in your practice Recent work performance appraisals confirming your fitness and competence for</i>	No	No	No	No

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					nursing practice [7].				
5.13	Mental & physical health requirements	Self declaration on application - full details to be provided if yes [1].  See Map 3 – 3.15.	Self declaration on application - full details to be provided if yes [2].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [3-6].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [7].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [8].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [11, 17].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [12].  See Map 3 – 3.15	Self declaration on application - full details to be provided if yes [13].  See Map 3 – 3.15
5.14	Addiction to alcohol, other drug or substance that may affect ability to practice	Self declaration on application - full details to be provided is yes [1].  See Map 3 – 3.16.	No specific information requested on application  See Map 3 – 3.16.	Self declaration on application - full details to be provided is yes [3-6].  See Map 3 – 3.16	No specific information requested on application  See Map 3 – 3.16	No specific information requested on application  See Map 3 – 3.16	Self declaration  See Map 3 – 3.16	Self declaration on application - full details to be provided is yes [12]  See Map 3 – 3.16	Self declaration on application - full details to be provided is yes [13].  See Map 3 – 3.16
5.15	Communication skills requirement	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.	Not required to be established on application  See Map 3 – 3.17.
5.16	Adequate written & spoken English to practice nursing	Not required to be established on application  See Map 3 – 3.18	Not required to be established on application  See Map 3 – 3.18	Unlikely to be an issue if previously registered or enrolled in NT.  See Map 3 – 3.18	Unlikely to be an issue if previously registered or enrolled in Queensland.  See Map 3 – 3.18	Not required to be established on application  See Map 3 – 3.18	Not required to be established on application  See Map 3 – 3.18	Not required to be established on application  See Map 3 – 3.18	Not required to be established on application  See Map 3 – 3.17.
5.17	Criminal charges, convictions or record	Self declaration on application - full details to be provided if yes [1].  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [2].  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [3-6].  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [7].  Also consent is required for Council to obtain a National Criminal History Check [7].  See Map 3 – 3.19 & 3.28	Self declaration on application - full details to be provided if yes [8].  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [11, 17].  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [12]  See Map 3 – 3.19	Self declaration on application - full details to be provided if yes [13].  See Map 3 – 3.19
5.18	Professional indemnity requirements	Self declaration - if self employed will disclose professional indemnity status to clients [1].	No	Self declaration that the applicant will have professional indemnity arrangements in place if I practise in NT [3-6].  See Map 3 – 3.29	No	No	Not required to be established on application  See Map 3 – 3.29	Not required to be established on application  See Map 3 – 3.29	Not required to be established on application  See Map 3 – 3.29
5.19	Proof of identity	100 points ID check certified photo evidence of name changes [1].	Evidence of name change only requirement [2].	Two certified copies of Proof of Identity eg: Drivers Licence Passport Birth Certificate Stat Dec attesting to the applicants identity or Other official form of	Birth Certificate, or Deed Poll, or Passport, or Certificate of Citizenship, or Evidence of use of a name for the past five years &	If reinstatement is sought under a different name from that which appeared on last SA certificate of registration or enrolment, evidence of change of name (eg marriage certificate or	Certified evidence of name change eg marriage certificate [17].	Evidence of name change only requirement [12].	Evidence of name change only requirement [13].

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				identification).  Evidence of Name Change eg: Marriage Certificate Divorce Decree or Deed Poll (if applicable)  A recent passport type photograph with applicant's signature on back [3-6].	Marriage Certificate if relevant [18].  Only required if change of name has occurred since last registered or enrolled.	deed poll) is required [19].			
5.20	Commitment to follow codes of conduct & ethics	Self declaration - ANMC Codes &/or ACMI Codes <sup>2</sup> [1].	No requirement to establish on application	Self declaration that the applicant adheres to the ANMC Codes of Ethics for Nurses in Australia & Professional Conduct [3-6].	Self declaration that the applicant adheres to the ANMC Code of Ethics for Nurses in Australia & Code of Practice if a midwife [7].	Self declaration that the applicant will follow the accepted code of professional conduct & ethics in their practice [8].	No requirement to establish on application	No requirement to establish on application	No requirement to establish on application
5.21	Details of previous employment	Self declaration on application [1].	Details of past employment in another jurisdiction [2].	Summary of experience since qualifying [3-6].	Most recent practise: When – dates from & to Licenses as RN, EN Midwife Employer Employer's address [7].	Asks if applicant has worked as a nurse or midwife in SA since the expiry of their annual certificate of registration or enrolment – if yes, full details required ie Employers name & contact details [8].  This is an offence under the Act & may give Board grounds to refuse the application.	Last nursing &/or midwifery position Statement of service from establishment where last employed as a nurse [17].  Detailed employment History including year last worked as a nurse, employer & position held if > 5years since last practiced. Details of any non-traditional position worked < 5 years – describe & provide any supporting evidence for Board Assessment for recognition of continuing work experience if > 5years since last practiced [11].	Details of most recent work experience in area of registration & if applicable re-endorsement of re-recognition are sought: Name of institution, hospital or centre Address Period from Period to Employed as [12].	Recency of practice: Position/ Specialty Date shift last worked Employer [13].
5.22	References	Original or certified copy of professional reference <5 years old from a nurse or midwife manager or immediate supervisor with:	Not requested	A written reference from your last placement of employment, dated within the last 6 months A written character reference, dated within	Not requested  Other than verification by any other relevant RA – see 5.4 above [7].	Not requested	Not requested	Not requested	Not requested  Other than verification by most recent registering RA – see 5.4 above

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Dates of employment Areas of experience A statement of professional competence as a nurse &/or a midwife Name, signature & position of professional referee [1].		the last 6 months [3-6].					
5.23	Consent for RA to approach & request information from relevant persons, institutions & organisations appropriate to determine eligibility for registration or enrolment in a jurisdiction	Yes See Map 3 – 3.28	Not requested	Yes See Map 3 – 3.28	Yes See Map 3 – 3.28	Not requested	Not requested	Not requested	Not requested
5.24	Any self-declarations are made according to the jurisdiction's oath instrument	Statutory Declaration <i>Statutory Declarations Act 1959 (ACT)</i>	No	Declaration	Statutory Declaration <i>Oaths Act</i>	No oath instrument required for self declaration.	Statutory Declaration <i>Oaths Act 2001 (Tas)</i> [17].  Declaration jurisdictional instrument not specified [11]	Declaration jurisdictional instrument not specified	Declaration jurisdictional instrument not specified  In a manner & form determined by the Board – s 29(1).
5.25	Refusal of restoration or re-registration	See Map 3 – 3.33.  Note CI119 – refusal for lack of information Section 46- Applications can be made to health professional's tribunal for refusal to register/ renew.	If Board refuses an application for restoration the Board may treat it as a new application for registration or enrolment, as appropriate - s 33(6)  If Board is not satisfied the applicant meets the requirements to practice nursing or midwifery in NSW it must refuse the application – ss 21(1), s29A(1) & Sched 1B.  However, Board must afford the applicant an opportunity to be heard before it can refuse an application– ss 21(2) & 28C(2).  In most instances where	See Map 3 – 3.33.	See Map 3 – 3.33.	It is inherent that if a nurse does not meet the requirements of registration they are refused registration. However, this is not reflected in the Act.	See Map 3 – 3.33.	See Map 3 – 3.33.	No specific mention of refusal if applications do not satisfy the Board's requirements.

Map 5 – Application for Restoration to Register or Roll – not currently registered or enrolled in any other jurisdiction <sup>6</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			restoration is refused, the application is treated as an application for registration or enrolment. Then registration or enrolment is granted with conditions under s29A, requiring a report from a nurse manager or midwife manager, within three months of the nurse or midwife re-commencing practice, regarding the nurse or midwife's competence.						
5.26	Fees	\$80.00 <sup>3</sup>  + \$20 if short term registration required	\$60.00	Total \$75.00  Restoration fee - \$25.00 Registration fee - \$50.00	Total \$ 129.00  Application fee - \$44.00 Licence fee of \$85.00	Total -\$175.00  Reinstatement fee – \$70.00 Certificate of Registration/Enrolment fee - \$105.00	Total - \$200.00  Restoration fee- \$80.00 Issue of annual practising certificate - \$120.00  No pro-rated fees available	\$120.00	Restoration: Out of practice or Voluntary Removal of Name - \$120.00 Lapsed - \$90.00 Renewal restore - \$117.00 (\$90.00 + \$27.00 late fee)

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6. Health Professions Licensing Authority - Northern Territory, Application for Registration/Enrolment as a Nurse Nursing Qualification Gained Outside Australia. Undated.
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9. Nursing Board of Tasmania, *Application for Registration/Enrolment as a Nurse under the Nursing Act 1995 (Tasmanian Graduates Only)*. Undated.
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[http://www.nursesboard.sa.gov.au/reg\\_ri.html](http://www.nursesboard.sa.gov.au/reg_ri.html).

## Map 6 - Application for Registration or Enrolment under Mutual Recognition

**KEY:**

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented to but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ Feed back has been received from jurisdiction

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* <i>Health Professionals Act 2004</i></b></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><b>* <i>Nurses and Midwives Act 1991</i></b></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><b>* <i>Health Practitioners Act 2004</i></b></p>	<p><b>* <i>Nursing Act 1992</i></b></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><b>* <i>Nurses Act 1999</i></b></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><b>* <i>Nursing Act 1995</i></b></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><b>* <i>Nurses Act 1993</i></b></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><b>* <i>Nurses Act 1992</i></b></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>



Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
6.1	Registration or enrolment in jurisdiction required to practice	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6.2	Legislation in jurisdiction <sup>9</sup>	<i>Mutual Recognition (Australian Capital Territory) Act 1992 &amp; Trans-Tasman Mutual Recognition Act 1997 (ACT)</i>	<i>Mutual Recognition (New South Wales) Act 1992 &amp; Trans-Tasman Mutual Recognition (New South Wales) Act 1997</i>	<i>Mutual Recognition (Northern Territory) Act 1992 &amp; Trans-Tasman Mutual Recognition Act 1998 (NT)</i>	<i>Mutual Recognition (Queensland) Act 1992 &amp; Trans-Tasman Mutual Recognition (Queensland) Act 2003</i>	<i>Mutual Recognition (South Australia) Act 1993 &amp; Trans-Tasman Mutual Recognition (South Australia) Act 1999</i>	<i>Mutual Recognition (Tasmania) Act 1993 &amp; Trans-Tasman Mutual Recognition (Tasmania) Act 2003</i>	<i>Mutual Recognition (Victoria) Act 1998 &amp; Trans-Tasman Mutual Recognition (Victoria) Act 1998</i>	<i>Mutual Recognition (Western Australia) Act 2001</i>
6.3	Mutual recognition - within Australia & between Australian & NZ	<p>A person is also suiMap to practice in nursing &amp;/or midwifery if they are unconditionally registered in another jurisdiction &amp; are entitled to be registered in the ACT under the <i>Mutual Recognition Act 1992</i> or the <i>Trans-Tasman Mutual Recognition Act 1997</i> – CI 114</p> <p>There needs to be more adherence to MR across the jurisdictions as it appears there is not consistent application across Australia.</p>	<p>A person who has a current authority to practise as a nurse or midwife in another State or Territory is eligible to be registered and to carry on that equivalent occupation in NSW.</p> <p>The <i>Trans Tasman Mutual Recognition Act 1997</i> enables nurses or midwives who are registered or enrolled in New Zealand to have the choice of applying for registration or enrolment in NSW under the mutual recognition provisions or under the <i>Nurses and Midwives Act 1991</i> [1].</p>	Health Professionals Act silent. Only available information is on the 2 application for registration forms [2, 3].	<p>Applicants who possess a current practising certificate as a registered or enrolled nurse, or authorisation to practise as a midwife, with another registering authority within Australia or NZ will be granted substantive registration under the provisions of the <i>Mutual Recognition Act 1992</i> or the <i>Trans-Tasman Mutual Recognition Act 2003</i>.</p> <p>All applicants will be checked against Council's Disciplinary Action List.</p> <p>Upon approval, applicants will be issued with an Annual Licence Certificate. The Act does not make provision for the issuing of a Certificate of Registration or Enrolment or a badge.</p> <p>Note: Persons seeking endorsement to practise as a mental health nurse must make application under the <i>Nursing Act 1992</i>.</p>	<p>Nurses who successfully apply under the <i>Mutual Recognition (SA) Act 1993</i> are granted deemed registration or enrolment which enables the nurse to commence employment while details of current registration or enrolment are verified interstate [5].</p> <p>Nurses currently registered or enrolled in New Zealand may apply for registration or enrolment under the <i>Trans-Tasman Mutual Recognition (SA) Act 1999</i>. The requirements are the same as those under the <i>Mutual Recognition (SA) Act 1993</i> [6].</p>	<p>Under the provisions of the <i>Mutual Recognition Act, 1992</i> a person who has a current authority to practise in one State/Territory in an occupation recognised as equivalent to an occupation in another State/Territory, is eligible to be registered and to carry on that equivalent occupation in that second State or Territory.</p> <p>Applicants will receive a certificate of 'deemed registration' indicating the duration of and any conditions that apply to their practice.</p> <p>Deemed registration continues until substantive registration is granted or, until it is cancelled or refused by the relevant Board.</p> <p>Deemed registration</p>	<p>The <i>Mutual Recognition</i> principle is that a person who is registered in a participating jurisdiction (the "first State") for an occupation is entitled to registration in the second State for the equivalent occupation. Therefore, a nurse registered elsewhere in Australia or NZ may be registered to practise in Victoria [8].</p> <p>NOTE: there are no provisions for mutual recognition of nurses or midwives from NZ.</p> <p>The WA Government has not enacted a <i>Trans Tasman Mutual</i></p>	<p>The <i>Mutual Recognition Act 2001</i> provides for the <i>Mutual Recognition</i> of regulatory standards related to goods &amp; occupations such as nursing within each State &amp; Territory of Australia. A person who is registered as a nurse in one State/Territory is eligible to register &amp; carry on the equivalent occupation in a second State/Territory. This entitlement is subject to certain conditions, including lodgement of a written notice/application [Statutory Declaration] &amp; the nurse having a current authority to practise in another State/Territory [9].</p>

<sup>8</sup> Either under the *Mutual Recognition Act 1992* (Cwth) or the *Trans-Tasman Mutual Recognition Act 1997* (Cwth).

<sup>9</sup> Registration is granted under the *Mutual Recognition Act 1992* (Commonwealth) & *Trans Tasman Mutual Recognition Act 1997* (Commonwealth). The state legislation enables the Commonwealth legislation to have effect, but it is the Commonwealth legislation under which registration is granted.

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					[4].		automatically leads to substantive registration within one month of the grant of deemed registration if a written notice to the contrary has not been issued within this month by the local registration authority [7].		<i>Recognition Act</i> , therefore nurses & midwives applying from NZ are required to apply under the <i>Nurses Act 1992</i> . This causes frustration for those applicants.
6.4	Requirements for registration under the <i>Mutual Recognition Act 1992</i> (Cwth) – s19 & the <i>Trans-Tasman Mutual Recognition Act 1997</i> (Cwth) – s18								
6.4.1	Lodgement of a written notice (application) with the Board seeking registration or enrolment as a nurse &/or a midwife in accordance with the mutual recognition principle	Specific application form for registration under <i>Mutual Recognition Act 1992</i> or <i>Trans Tasman Mutual Recognition Act 1997</i> [10, 11]  <i>Ss18(1) Trans- Tasman Mutual Recognition Act 1997 &amp; 19(1) Mutual Recognition Act 1992</i>	Specific application form for registration under <i>Mutual Recognition Act 1992</i> or <i>Trans Tasman Mutual Recognition Act 1997</i> [12].  <i>The legislation states that an application must comply with the requirements of s 19 of the Mutual Recognition Act or s 18 of the Trans Tasman Mutual Recognition Act. A form cannot be required. The Board provides a form to assist applicants to comply with the relevant legislation but the form is not required.</i>	Specific application forms for: registration/ enrolment under <i>Mutual Recognition Act 1992</i> or <i>Trans Tasman Mutual Recognition Act 1997</i> [3] registration as a direct entry midwife under <i>Mutual Recognition Act 1992</i> or <i>Trans Tasman Mutual Recognition Act 1997</i> [2].	Specific application forms for: registration/ enrolment or authority to practise as a midwife under <i>Mutual Recognition Act 1992</i> or <i>Trans Tasman Mutual Recognition Act 2003</i> [13] NP Endorsement <i>Mutual Recognition Act 1992</i> [14].	Specific application for registration under <i>Mutual Recognition Act 1993</i> or <i>Trans Tasman Mutual Recognition Act 1999</i> [15].  NPs must complete both the specific application under MR as well as the NP application [16].	In Tasmania the written notice (application form) must be in accordance with Section 19(2) of the <i>Mutual Recognition Act 1992</i> . Application forms for registration in Tasmania are available from appropriate registration authorities [7].	Specific application form for registration under <i>Mutual Recognition Act 1998</i> or <i>Trans Tasman Mutual Recognition Act 1998</i> [17].	Specific application form for registration under <i>Mutual Recognition(WA) Act 2001</i> [18]
6.4.2	State the specific area of nursing &/or midwifery that the person is registered or enrolled for in: the first State & specify that State; or NZ	Yes [10, 11]  <i>Ss18(2)(a) Trans- Tasman Mutual Recognition Act 1997 &amp; 19(2)(a) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.3	State the area of nursing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Information not specifically

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	&/or midwifery that for which registration is sought	[10, 11] <i>Ss18(2)b Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(b) Mutual Recognition Act 1992</i>	[12]	[2, 3]	[13, 14]	[15]	[19]	[17]	requested
6.4.4	Specify all the participating jurisdictions in which the person has substantive registration for equivalent occupations	Yes [10, 11] <i>Ss18(2)c Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(c) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.5	State that the person is not the subject of disciplinary proceedings in any participating jurisdiction (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to nursing &/or midwifery	Information not specifically requested <i>Ss18(2)(d) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(d) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]  Not asked of NP applicants.  NOTE: Applications for endorsement must be made under the Nursing Act (except if a midwife or NP) [13].	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.6	State that the person's registration in any participating jurisdiction is not cancelled or currently suspended as a result of disciplinary action	Yes [10, 11] <i>Ss18(2)(e) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(e) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes – has <del>never</del> been cancelled, restricted, limited, suspended or made subject to conditions, or given an undertaking to a RA [13, 14]  Not asked of NP applicants.	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.7	State that the person is not otherwise personally prohibited from carrying on nursing & or midwifery in any participating jurisdiction, & is not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any State	Yes [10, 11] <i>Ss18(2)(f) Trans-Tasman Mutual Recognition Act 1997 And 19(2)(f) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]	Only asks if any special conditions have been placed upon the person carrying out the occupation for which registration/ enrolment is sought [15].	Yes [19]	Yes [17]	Yes [18]

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6.4.8	Specify any special conditions to which the person is subject in carrying on any such occupation in any participating jurisdiction	Information not specifically requested  <i>Ss18(2)(g) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(g) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.9	Give consent to the making of inquiries of, & the exchange of information with, the authorities of any participating jurisdiction regarding the person's activities in nursing &/or midwifery or occupations or otherwise regarding matters relevant to the notice.	Yes [10, 11]  <i>Ss18(2)(h) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(2)(h) Mutual Recognition Act 1992</i>	Yes [12]	Yes [2, 3]	Yes [13, 14]	Yes [15]	Yes [19]	Yes [17]	Yes [18]
6.4.10	The notice must be accompanied by a document that is either the original or a copy of the instrument evidencing the person's existing registration (or, if there is no such instrument, by sufficient information to identify the person and the person's registration).	Certified copy of registration as a nurse, midwife or nurse practitioner [10, 11]  <i>Ss18(3) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(3) Mutual Recognition Act 1992</i>	Original or certified copy of current practising certificate evidencing registration or enrolment [12].	Original or certified copy of current Annual Practising Certificate/ Entitlement to Practice [2] or evidence of current registration or enrolment in Australia or NZ [3].	Copy of current annual practising certificate issued by the RA in another Australian state, territory or NZ [13].  Certified copy not requested for application forms for registration/ enrolment or authority to practise as a midwife.  Certified copy of current practising certificate that shows current authorisation as a NP- not required under MR [14].	The original or a complete & accurate copy of current Annual Practising Certificate from the State, territory or NZ [20].	Original or certified copy of current authority to practise as an RN and/or midwife [19].	Original or certified copy of current authority to practise as an RN &/or midwife [17].	Original or certified copy of current Licence to Practice from an Australian RA [18].
6.4.11	The instrument evidencing the person's existing registration, the person must certify in the notice that the accompanying document is the original or a complete and accurate copy of the original.	Statutory Declaration made under the <i>Statutory Declarations Act 1959</i> (ACT) [10, 11]  <i>Ss18(4) Trans-Tasman Mutual Recognition Act 1997 &amp; 19(4) Mutual Recognition Act 1992</i>	Statutory Declaration made under the relevant legislation of the jurisdiction in which the declaration is made [12].	Commonwealth of Australia Statutory Declaration made under the <i>Statutory Declarations Act 1959</i> (Cwth) [2, 3].	Statutory Declaration made under the <i>Oaths Act 1867</i> (Qld) [13, 14].	Statutory Declaration made under the <i>Oaths Act 1936</i> (SA) [15].	Statutory Declaration made under the <i>Oaths Act 2001</i> (Cwth) [19].	Statutory Declaration [17] – jurisdictional instrument not specified, therefore it can be made under the relevant legislation of the jurisdiction in which the declaration is made.  The Act does not specify the jurisdictional	Statutory Declaration [18] – jurisdictional instrument not specified, therefore it can be made under the relevant legislation of the jurisdiction in which the declaration is made.

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								instrument; however Statutory Declaration is made in accordance with Evidence Act (Vic) 1958.	
6.5	Effect of mutual recognition	<p>Registration must be granted within one month after the notice is lodged with the local registration authority. When granted, registration takes effect as from the date the notice was lodged – s 21 MRA.</p> <p>The MR Act and TTMR Act requires that registration must be granted within one month after the notice is lodged with the Board. Lodgement means the date on which the application, relevant documentation and the determined fees are received in the office of the Board. Registration commences from the date of lodgement. This is called 'deemed registration' and entitles the person to commence practise from that date - [21, 22].</p>	<p>An applicant is deemed to be registered or enrolled when the relevant notice (in the form of a stat dec accompanied by copy of current practising certificate) is lodged with the Board. [12].</p> <p>The Board issues a certificate of "deemed registration" when the application is initially lodged; the person is then able to practise as a RN, RM or EN, including any conditions that are applied to the applicant's practice [1, 23]</p> <p>"Deemed registration" continues until substantive registration is granted or cancelled or refused [23].</p> <p>A certificate of "substantive registration" is issued when the Board has completed its enquiries, within one month [1], unless the Board has issued a written notice to the contrary within that month [23]</p>	<p>Registration must be granted within one month after the notice is lodged with the local registration authority. When granted, registration takes effect as from the date the notice was lodged – s 21 MRA.</p> <p>No information available re Board Policy.</p>	<p>Section 25 of the <i>Mutual Recognition Act 1992</i> provides for an applicant to be granted 'deemed' registration. Applicants under this Act will be granted 'deemed' registration from the date of receipt of the notification until a decision is made to either grant, refuse or postpone substantive registration.</p> <p>Such decision will be made within one month from receipt of the notification.</p> <p>A person who holds 'deemed' registration may practise in the relevant capacity during the period of deemed registration unless a condition has been imposed to the contrary [4].</p>	<p>Nurses who successfully apply under the <i>Mutual Recognition (SA) Act 1993</i> are granted deemed registration or enrolment which enables the nurse to commence employment while details of current registration or enrolment are verified interstate. Deemed registration or enrolment continues until substantive registration or enrolment is granted, or until it is cancelled or refused by the Board. Applicants will be notified of such decisions within one calendar month.</p> <p>Substantive registrants will be issued with an initial registration or enrolment certificate &amp; a certificate of registration or enrolment which provides evidence of registration or enrolment &amp; a licence to practice [5].</p>	<p>A person who lodges a mutual recognition application is, pending the grant or refusal of registration, deemed to be registered from the date of lodgement of the completed application. Deemed registration entitles a person to practice in accordance with the laws of Tasmania as if full (substantive) registration has been granted.</p>	<p>A person who lodges a mutual recognition application is, pending the grant or refusal of registration, deemed to be registered from the date of lodgement of the completed application. Deemed registration entitles a person to practice in accordance with the laws of Victoria as if full (substantive) registration has been granted.</p> <p>A person may only practice within the limits conferred by the person's substantive registration in the first State, &amp; within the limits conferred by the deemed registration in Victoria &amp; subject to any conditions applicable to deemed registration.</p> <p>Deemed registration continues until it is cancelled, or full (substantive) registration is granted or refused by the Board. Deemed registrants must be notified of such decisions within one month from the date of lodgement of the completed application form.</p>	<p>A person who is registered as a nurse in one State/Territory is eligible to register &amp; carry on the equivalent occupation in a second State/Territory. This entitlement is subject to certain conditions, including lodgement of a written notice/application [Statutory Declaration] &amp; the nurse having a current authority to practise in another State/Territory.</p> <p>Deemed Registration will be granted for a period not exceeding 28 days. Any requests for additional documentation/information supporting an application will need to be provided within this period. Failure to do so will result in the application being cancelled [18].</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								Deemed registration ceases if the applicant ceases to be substantively registered in every other participating jurisdiction mentioned in the application or the applicant requests cancellation [8].	
6.6	Registration Authority's capacity to inquire further into a person's suitability to practice nursing or midwifery prior to granting full, unconditional registration or enrolment	<p>The consent required in the application form enables the Board to make enquiries of &amp; the exchange of information with the authorities of any State/ Territory/ Country regarding activities in practising as a nurse &amp;/or midwife or otherwise relevant to the application [10, 11].</p> <p>The Board has less than a month in which to make these inquiries before being obliged to register the applicant within a month, unless there is cause – s 21 MRA.</p>	<p>Board may make enquiries with other registration authorities to verify the information provided by the applicant within the month.</p> <p>Substantive registration may be postponed or refused in cases where eg the applicant has provided false or misleading information [1].</p>	<p>The consent required in the application form enables the Board to make enquiries of &amp; the exchange of information with the authorities of any State/ Territory/ Country regarding activities as a health practitioner [2, 3].</p> <p>The Board has less than a month in which to make these inquiries before being obliged to register the applicant within a month, unless there is cause – s 21 MRA.</p>	<p>The consent required in the application form enables the Council to make enquiries of &amp; the exchange of information with the authorities of any State/ Territory/ Country regarding practice as a nurse &amp;/or midwife &amp;/or NP, or any other matters relevant to the application [13, 14]</p> <p>The Council has less than a month in which to make these inquiries before being obliged to register the applicant within a month, unless there is cause – s 21 MRA.</p>	<p>A local RA in one State (sic) must, when requested provide information to another State's RA in regard to an application for registration/ enrolment. The local RA as the recipient of this information is subject to any law relating to confidentiality that applies under the law of the State under which the RA is constituted or exercises its functions [20].</p> <p>The consent required in the application form enables the Board to make enquiries of &amp; the exchange of information with the authorities of any Australian State or Territory or NZ regarding activity in the relevant occupation or otherwise relevant to the application [15].</p>	<p>Within the 1 month period from date of lodgement, the Board will request information from other participating jurisdictions in regard to the application for registration. The Board, as the recipient of this information, is subject to any law relating to secrecy or confidentiality that applies under Tasmanian law. The consent required in the application form enables the Board to exchange in participating jurisdictions regarding practice as a nurse or midwife and any other matters relevant to the application.</p>	<p>Within the 1 month period from date of lodgement, the Board will request information from other participating jurisdictions in regard to the application for registration. The Board, as the recipient of this information, is subject to any law relating to secrecy or confidentiality that applies under Victorian law [8].</p> <p>The consent required in the application form enables the Board to exchange in participating jurisdictions regarding practice as a nurse or midwife &amp; any other matters relevant to the application [17]</p>	<p>The consent required in the application form enables the Board to make enquiries of &amp; the exchange of information with the authorities of any State or Territory regarding activities in nursing practice or otherwise regarding matters relevant to this application.</p> <p>The consent required in the application form enables the Board to exchange in participating jurisdictions regarding practice as a nurse or midwife &amp; any other matters relevant to the application [18].</p>
6.7	Evidence of qualifications	Evidence of nursing (including medication administration for enrolled nurses), midwifery &/or nurse practitioner qualifications, if	The application form requests: a list of qualifications on which original registration or enrolment was granted; the country or state that they were obtained; the	The application form requests: a list of qualifications; the educational institution; & the year they were completed [2, 3].	The application form requests: a list of qualifications for registration or enrolment.	The application form requests: a list of qualifications; the educational institution; & the year they were completed – sworn as part of the Stat	The application form requests: a list of qualifications; pre-registration & postgraduate; the educational institution; country, state or	The application form requests: a list of qualifications; pre-registration & postgraduate; the educational institution; country, state	The application form requests: a list of qualifications; the educational institution location in which they were obtained; the duration of the course &



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		<p>registration is required in these areas &amp; the current practising card does not specify that the applicant is authorised to practise in these areas.</p> <p>Original or certified copies of degree, diploma are sought [10, 11].</p> <p>Schedule 3.10 &amp; 4.8 of <i>Health Practitioner Regulations</i></p>	<p>educational institution; &amp; the year they were obtained [12]</p> <p>In regard to application form requesting qualifications: this is not required by the legislation. It is requested from applicants for data collection purposes but an application cannot be refused if this information is not provided.</p>	<p>No other information or verification is required. This does not form part of the Stat Dec.</p>	<p>only</p> <p>Endorsement/authorisation as a midwife</p> <p>Endorsement as an NP</p> <p>The application form requests details on qualifications; the educational institution; &amp; the year they were commenced &amp; completed [13, 14].</p>	<p>Dec [15].</p>	<p>territory in which they were obtained; and the years commenced and completed.</p> <p>Information covered under the oath sworn in the State Dec.</p>	<p>or territory in which they were obtained; &amp; the years commenced &amp; completed.</p> <p>Information covered under the oath sworn in the Stat Dec [17]</p>	<p>the year completed.</p> <p>Information covered under the oath sworn in the Stat Dec [18].</p>
6.8	Evidence of successful completion of education programs	<p>If possible, a transcript indicating successful completion of all components of the course is sought [10, 11].</p>	<p>Not requested on application</p> <p>The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on the achievement of education qualifications. Ss 19 &amp; 20 of the <i>MR Act</i> seem quite clear in this regard.</p>	<p>Not requested on application</p>	<p>Not requested on application</p>	<p>Not requested on application</p>	<p>Not requested on application</p>	<p>Not a requirement under the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian &amp; NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.</p>	<p>Not requested on application</p>
6.9	Approval of education programs by Authority required	<p>Not required for MR</p>	<p>The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on the achievement of education qualifications.</p>	<p>Unlikely given the limited information requested &amp; the timeframe for inquiry under the MRA.</p>	<p>Unlikely given the limited information requested &amp; the timeframe for inquiry under the MRA.</p>	<p>Not requested on application</p>	<p>Unlikely given the limited information requested &amp; the timeframe for inquiry under the MRA.</p>	<p>Not a requirement under the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian &amp; NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.</p>	<p>Not required for MR</p>
6.10	Recency of practice	<p>&lt; 5 years</p>	<p>No information requested</p>	<p>No information</p>	<p>&lt; 5 years</p>	<p>Evidence of nursing</p>	<p>Competence to Practice</p>	<p>Not a requirement under</p>	<p>Under mutual recognition,</p>

Map 6 - Application for Registration or Enrolment under Mutual Recognition<sup>8</sup>

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		self declaration & no minimum period [10, 11].  Schedule 3, 3.8(3) & Schedule 4, 4.6(3)	on application  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating experience in any form.	requested on application	self declaration Been employed as RN, EN or midwife, or Been required to use nursing &/or midwifery competence, or Completed an accredited or approved pre-registration, pre-enrolment, midwifery, mental health nursing or re-entry program & Practice in past 5 years is relevant to application [13].  The competence declaration of the application form is only required to be completed during the renewal period of 1 April – 30 June.	practice in past 5 years ie Statement of Service or official reference on employer letterhead, signed by the appropriate senior officer, & must include: Name Position held Dates of employment.  If applicant s have not been employed as nurse in past 5 years they are required to demonstrate competence as a nurse. This may require an individual to undertake an approved re-entry program [15].	Policy [24].  The MR Act overrides Nursing Act if they have current APC in another State.	the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	if the applicant is registered in another state or territory, then the Board is required to register them in WA regardless of the recency of practice as is the case with applicants currently registered with NSW who had no five year limit. [18].
6.11	Competency <sup>10</sup> requirements – in areas in which they practice	Self declaration [10, 11].  Schedule 3, 3.8 & Schedule 4, 4.6	No information requested on application  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on the demonstration of competence.	No information requested on application	Self declaration  Also required to declare if applicant is continuing to improve their knowledge, skills & judgement to ensure their practice is safe & competent [13].	No information requested on application for registration or enrolment  NPs: Applicant identifies the band & area of practice & any other conditions such as prescribing and clinical privileges.  The applicant will provide evidence of equivalence of authorisation & area of practice/band from first state/territory to second state/territory [16].	?	Not a requirement under the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	Declaration that the applicant has continued to maintain their knowledge & skills to demonstrate continuing professional competence in their nursing/midwifery practice [18].
6.12	Adequate written & spoken English to practice nursing	No information requested on application  Section 37(1)(b)	No information requested on application  The legislation provides	No information requested on application	No information requested on application	No	No information requested on application.	Not a requirement under the MR legislation. The purpose of the legislation is to facilitate	No information requested on application

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**Competence** - “the combination of skills, knowledge, values and abilities that underpin effective &/or superior performance in a profession/occupational area. Continuing professional competence is the ability of nurses (& midwives) to demonstrate that they have maintained their competence in their current area of practice”-The Australian Nursing and Midwifery Council (ANMC).



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on the demonstration of language skills.					the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	
6.13	Mental & physical health requirements	Self declaration [10, 11]. s23(b) & Schedule 3, 3.6 & Schedule 4, 4.5	No information requested on application Information may be available if a condition has been applied by the Health Committee, a PSC or the Tribunal.  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any health requirements.	Self declaration [2, 3].	Self declaration [13]	No information requested on application  Form currently under review	Self declaration [19]	Not a requirement under the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	Self declaration [18].
6.14	Addiction to alcohol, other drug or substance that may affect ability to practice	Self declaration [10, 11].  Clause 142	No information requested on application Information may be available if a condition has been applied by the Health Committee, a PSC or the Tribunal.  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any health requirements.	No information specifically requested on application	No information specifically requested on application	No information requested on application	Self declaration [19]	Not a requirement under the MR legislation. The purpose of the legislation is to facilitate the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	Self declaration [18].
6.15	Communication skills requirement	No information requested on application	No information requested on application	No information requested on application	No information requested on application	No information requested on application	No information requested on	Not a requirement under the MR legislation. The	No information requested on application

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any communication skills.				application	purpose of the legislation is to facilitate the freedom of goods and services within Australian & NZ. Therefore it relies on each State having ensured that the nurses it registers has the appropriate qualifications and competencies for initial registration.	
6.16	Proof of identity	100 points ID check certified photo evidence of name changes [10, 11].  Schedule 3, 3.10(2), 3.10(1)(c) & Schedule 4, 4.8(1)(b) & 4.8(2)	Basic details on application form, covered by the stat dec [12].  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any documentation of identity other than practicing certificate in previous jurisdiction.	Proof of Identity (eg Drivers Licence, Passport, Birth Certificate, Statutory Declaration attesting to the applicants identity or other form of official identification) Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll (if applicable)) [2, 3].	Basic details on application form, covered by the stat dec [13]	Documentation evidencing identity eg passport, driver's license, birth certificate. Evidence of name change [15].	Proof of identity (eg Drivers Licence, Passport, Birth Certificate, Statutory Declaration attesting to the applicant's identity or other form of official identification) Evidence of Name Change (eg Marriage Certificate, Divorce Decree or Deed Poll (if applicable)) [19].	Evidence of identity – original or certified copy of full birth certificate or current passport. Evidence of name change [17].	Original or certified copy of birth certificate of passport Evidence of name change [18].
6.17	Commitment to follow codes of conduct & ethics	Self declaration – ANMC Codes &/or ACMI Codes [10, 11]	No information requested on application  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any other requirements.	No information requested on application	Self declaration – ANMC Codes &/or ACMI Codes [13]	No information requested on application	No information requested on application	Guidelines & relevant information re the practicing of nursing in Victoria are provided with issue of certificates.	No information requested on application
6.18	Details of previous employment	Yes Over last 5 years [10, 11].	No information requested on application  The legislation provides that eligibility for registration is based on	Yes Last practising position Ever been registered /enrolled in NT previously [2, 3].	No information requested on application	Yes See 6.10  NPs: must provide a letter from their employer indicating the status of	Yes Last practising position Dates [19].	Not a requirement under the legislation.	Yes Details of last or most recent employment as a nurse; specialty; state/territory or country; & dates [18].

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			entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any other requirements.			employment [16].			
6.19	References	Not required	Not required  The legislation provides that eligibility for registration is based on entitlement to practise in another participating jurisdiction and is not in any way dependent on demonstrating any other requirements.	Not required	Not required	May provide evidence of recency of practice – see 6.10	Not required	Not a requirement under the legislation.	Not required
6.20	Professional indemnity requirements	Self declaration – if self employed will disclose professional indemnity status to clients [10, 11].  Although no specific requirements for nurses or midwives under Schedules 3 & 4.	No information requested on application  Not required	No information requested on application	No information requested on application	No information requested on application for registration or enrolment  NPs: evidence of professional indemnity is required.	No information requested on application for registration or enrolment.	Not a requirement under the legislation.	No information requested on application  The new draft <i>Nurses &amp; Midwives Bill 2005</i> provides for a discretionary power where the Board 'may' require applicants to hold professional indemnity insurance.
6.21	Other requirements		Nil			JP only may witness Stat Dec.  NPs: The above evidence will be provided through interview & submission of any supporting evidence such as correlation of standards/criteria that supports the requested area of practice/band on the appropriate evidence form.  Advisory panel to comprise – Convenor from Education and			

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
						Accreditation Committee, Clinician, Registration Assessment Officer, Policy and Education Coordinator [16].			
6.22	Fee waiver	No ability within legislation to waive fees	The Board has adopted the ANMC policy on waiving fees for cross-border practice. In addition, some other applications are granted even though they are outside the ANMC policy, particularly where the person is registered and primarily practices in another jurisdiction and the majority of practice is undertaken in the other jurisdiction.	The Board has the power to waive fees. Applicants must apply in writing & the request must meet the requirements in the policy.		In a country as large as Australia, nurses may at times be required to travel across State and Territory borders to provide a nursing service. In the interests of reducing the financial burden on those nurses who are required to register in more than one state or territory, all RAs now have the ability in certain circumstances, to consider waiving the fees, or exempt an individual, from the requirement to pay a fee. The criteria for waiver of fees for registration or enrolment are: holding current registration or enrolment as a nurse/ midwife/ mental health nurse/ NP in another Australian state or territory; & employment as a nurse/midwife/mental health nurse/nurse practitioner in another Australian State or Territory; & required as a condition of employment to cross a State or Territory border to practise nursing in this state for short periods at irregular intervals during a period of time which extends over one month [25].	Nurses who are registered and employed in an adjacent State & as part of their employment are required to practice as a nurse in Victoria must be registered in this State. However, consideration will be given to waiving payment of the initial registration fee, endorsement fee if applicable, & renewal of registration fee subject to meeting the criteria: The nurse must be currently registered and maintain current registration in the adjacent State The nurse is currently employed in the adjacent State The conditions of employment require the nurse to cross the border to Tasmania to provide nursing care The frequency and duration of the service provided in Tasmania does not exceed that undertaken in the adjacent State  The employer must make application to the Board for waiving of fees.	Nurses who are registered and employed in an adjacent State & as part of their employment are required to practice as a nurse in Victoria must be registered in this State. However, consideration will be given to waiving payment of the initial registration fee, endorsement fee if applicable, & renewal of registration fee subject to meeting the criteria: The nurse must be currently registered and maintain current registration in the adjacent State The nurse is currently employed in the adjacent State The conditions of employment require the nurse to cross the border to Victoria to provide nursing care The frequency and duration of the service provided in Victoria does not exceed that undertaken in the adjacent State The nurse must make application to the Board for waiving of fees [26].	That the following criteria for the waiver of fees in cross border practice include but not be limited to: The nurse must be currently registered in an adjacent state or territory where they are employed by a health facility; The terms of employment & geographical location require the nurse to physically cross into a second (or third) state or territory to provide a nursing service for a period of time The frequency & duration of the provision of the nursing service in the second state.  Nurses who are registered & employed in an adjacent State & as part of their employment are required to practice as a nurse in WA must be registered in this State. However, consideration will be given to waiving payment for the initial registration fee & the renewal of registration fee subject to the nurse meeting the following criteria: The nurse is currently registered & maintains current registration in the adjacent state. The nurse is currently

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									employed in the adjacent State. The conditions of employment require the nurse to cross the border into WA to provide nursing care. The frequency & duration of the service provided in Western Australia does not exceed the frequency & duration of service undertaken in the adjacent State. The nurse will make annual application to the Board for the waiver of fees [18].
6.23	Fees	\$80	\$60 - RN, RM and EN, \$150 - NP same fees as if application is made under <i>Nurses &amp; Midwives Act</i>	\$75	\$44– application fee \$85 – licence fee	\$70 – initial registration fee \$105 - \$55 – Practising fee – sliding scale related to time within the year that the application is received [20].	\$80 initially \$120 APC \$48 Additional Qualification	\$120 – Division 1 or 2 \$40 - each post graduate qualification [17].	\$120 – initial registration under the <i>Mutual Recognition Act 2001</i> .
6.24	Issues in relation to the application of mutual recognition policy								
6.24.1	General	Clear it is very important that ANMC needs to reach its full potential to improve the consistency of standards & approaches so that moving across jurisdictions is straightforward.  Concerns about NSW having not recency of practice requirements. ACT has had people applying under MR who have a current practising certificate but have not practised for many years.	NSW sends fax to <u>every</u> RA in Australia & NZ when they receive an application under MR as part of making inquiries.  Other jurisdictions report that this is burdensome & will not answer unless there is some issue or the person is registered or enrolled in that jurisdiction.  There has been at least one situation where an applicant had not declared that they were registered in a	The failure of NSW to require ongoing currency of practice, even after long periods away from practice poses significant concerns for Ras who are obliged to register/ enrol/ endorse applicants under mutual recognition.  Places the full burden upon the employer to test the appropriateness & currency of skills, knowledge & experience of an applicant for a position.	MR applications are granted deemed registration on receipt of their application and a decision is made within 30 days as required by the legislation.  Though, employers report difficulty in recruiting nurses & midwives from across the borders in Australia – can take 3-4 months for registration to be processed.  Lack of standardization across of Australia of educational preparation requirements as well as registration requirements.	Work well with MRA applications – usually an over-the-counter procedure.  Sometimes has a logistical problem when a large number of requests for information come in eg from NSW who requests information from all jurisdictions.		Board accepts the spirit of the MR principle & does not get involved in skirmishes regarding the inconsistency of educational preparation.  Concerns that competency is not tested through the MR process.  There has not been adequate collaboration between industry & academe to date around the quality & consistency of curricula – ½ doz models of	Fees & application processes are burdensome for RAs.

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>Board Regulation Committee would wish to interview individual with a view to obtaining a voluntary undertaking from them that they would undertake a refresher course (&gt;5 years &amp; &lt; 10 years since practised, or a re-entry course (if &gt; 10 years) since they had practised, or agreement to undertake a period of supervised practice.</p>	<p>jurisdiction, therefore making a false claim enabling registration to be denied.</p> <p>Registration/enrolment/ authorisation will be denied under MR if there are any professional conduct issues concerning the applicant, but can apply under the <i>N&amp;M Act</i>.</p> <p>This has been problem where another jurisdiction has no obligation to inform other RAs when they impose conditions, suspensions, de-registration or undertakings eg QLD. This relates to s 33 of the <i>MR Act</i> which permits disciplinary conditions or suspensions to be replicated by other participating jurisdictions - applies only if arises from criminal /civil proceedings or disciplinary matters; does not extend to non-disciplinary health matters.</p> <p>Status of 'undertakings' is seen as problematic.</p> <p>Note the obligation upon employers to establish an applicant's fitness for a position.</p> <p>NSW tries to honour the letter of the law because MR does not enable any</p>					<p>university education..</p> <p>There is significant difference in clinical placement requirements – percentages of course &amp; requirement of hours vary widely.</p> <p>Difference is good but outcomes do need to be consistent.</p> <p>Local parochialism influences the 'nursing conversations'.</p>	

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			review of standards of qualifications.						
6.24.2	RNs				<p>Comment made of the current practice of international nurses &amp; midwives seeking registration in other jurisdictions &amp; then using the MRA provisions to move to Qld.</p> <p>Many had applied initially &amp; been assessed by the Council as having the equivalence of an EN.</p>				
6.24.3	ENs	Concerns about the variation in educational preparation of Ens for the administration of medications across Australia.	<p>The Board tries to ensure that, in the spirit of MR arrangements, applicants are given entitlement to practise in NSW which is equivalent to their entitlement in jurisdiction of origin. It may refer to medication endorsement for ENs &amp; , again, the Board tries to provide equivalent entitlement &amp; sometimes that may require imposition of conditions. In the past, most of the conditions related to precluding administration of medications by intravenous route, where applicable.</p>	<p>In NT there is no provision in the legislation to authorise or endorse Ens for eg higher level competence in medication administration.</p> <p>There is great unevenness across the: Educational preparation of Ens in Australia, most obvious in the area of medication administration. Delegations to Ens – some jurisdictions have very restrictive policy around the role of the EN while others have broadened the scope of practice for Ens &amp; have a very liberal view of the role.</p> <p>This makes the question of 'equivalence' very challenging.</p>	<p>Quality of the education regarding medications is of concern.</p> <p>Queensland has adopted a standardised 18 month Diploma course in the TAFE system with the medication components embedded within the pre-enrolment course.</p>	<p>Inconsistency in educational preparation in relation to ENs administering medications – particularly Victoria.</p> <p>SA does not place conditions or limitations on the practice of Ens who are not at the required level of competence.</p>	<p>Inconsistency in educational preparation in relation to ENs administering medications – Board is supportive of movement of ENs to a Diploma instead of Certificate 4 preparation.</p> <p>Department will sponsor ENs who need to do a medication program.</p>	<p>There is recognition of the issues around the inconsistency of practice around medication administration by Division 2 nurses.</p>	<p>Inconsistency across the country in the educational preparation for ENs relating to medication administration is a problem for employers in WA.</p> <p>ENs in WA have medication administration included in their initial education so are competent in this area prior to registration.</p> <p>ENs coming to WA from other states/territories under MR will be registered but the onus will be on the EN &amp; the employer to ascertain level of competence in medication administration.</p> <p><i>The Scope of Nursing Practice Decision Making Framework</i> is used as a tool to assist in determining competence or not.</p>
6.24.4	Midwives		In NSW if a person also has a nursing qualification that entitles		No DEM Bachelor of Midwifery authorised by Council – registered on		Board currently <b>not</b> accepting applications from direct entry	Under the current legislation the Board was having to register	Direct entry midwives have no access to the registers under the current

Map 6 - Application for Registration or Enrolment under Mutual Recognition <sup>8</sup>									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			them to be an RN then they are required to be registered on both registers. If an applicant under MR applies only to be registered as a midwife then the MRAct prevails over the requirements of the <i>Nurses &amp; Midwives Act</i> .		Register as a 'non-nurse – midwife only'.		midwives – they are difficult to place.  The capacity for re-deployment across all areas of nursing & midwifery is a presumption in Tasmania.	applicants in Division 1 with a restriction placed upon their practice to practice midwifery only.  New Act allows for DEM midwives to be given 'specific' registration as they are not qualified for general registration – s 7.	<i>Nurses Act</i> .  If registered in another jurisdiction, can be registered with restriction to practice only midwifery under 'silver card' under MR only.  New Bill enables separate registration of midwives.
6.24.5	Mental health nurses	No longer a specialist category in the ACT. A direct entry mental health nurse with at current practising certificate is registered on the RN register		Direct entry mental health nurses registered as general nurses are granted full registration under MR – no regulatory mechanism to limit practice to the area of mental health.  Also there are some concerns about nurses prepared through comprehensive undergraduate program, generally with no post graduate qualifications & 'a bit of experience' put themselves up as specialised mental health nurses.	Direct entry mental health nurses registered as general nurses are granted full registration under MR – currently no practice restrictions but do not get endorsement as a Mental Health Nurse on the Register – this is only available to nurses who undertake post graduate qualifications in mental health nursing.  Cannot apply under MRA to practice as a Mental Health Nurse.	Perception that Board is preventing nurses practising in the area of mental health – however it is the employers who are limiting access to jobs if applicants do not have the required level of supervision.	Primary problem area currently.  Requirement to have qualifications acknowledge is at the level of a Graduate Diploma – this causes consternation for holders of Graduate Certificates.		Direct entry mental health nurses have no access to the registers under the current <i>Nurses Act</i> .  If registered in another jurisdiction, can be registered with restriction to practice only in mental health under 'silver card' under MR only..  Separate authorisation of mental health nurses is not supported.
6.24.6	NPs/MPs	Equivalence is a big question.  Concerns about the variation in educational preparation of NPs across Australia eg if application received from a NP where there is no requirement for Masters level educational preparation.  NP authorisation requirements are seen	NPs can gain recognition in NSW under MR law. The legislation provides that it must be permitted.  As NP practice and regulation are still emerging, the only difficulty might be in ascertaining what is the applicant's practising entitlement in jurisdiction of origin so that we can grant equivalent entitlement. However,	Currently no legislative or policy infrastructure for the recognition of NPs in the NT other than the Board's endorsement of the ANMC standards, but Board can accept application from registered/ authorised/ endorse NP under MR.		Authorisation of NPs coming from some jurisdictions is proving theoretically problematic (has not been tested yet) eg from NPs ACT with a Masters of Nurse Practitioner come without the SA requirements such as the experience in advanced practice.  Equivalence is therefore considered an issue.		Some challenges were seen concerning the clinical masters equivalence policy & the categories of NPs.	



Map 6 - Application for Registration or Enrolment under Mutual Recognition<sup>8</sup>

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>as quite restrictive. Can be endorsed under MR Act but may not meet the requirements under Cl 3.7 of the <i>Health Professionals Regulations</i>.</p> <p>Board is working on liberalising NP transfers across jurisdictions.</p> <p>At time of writing only 1 NP application had been received.</p>	<p>this should be clarified as applications are received and inquiries made and will not be an impediment. (Note : in NSW entitlement to prescribe medication is granted by the Director-General of NSW Health Department and is separate to authorisation to practise as a nurse practitioner. While NMB can grant authorisation to practise as an NP, the person would then need to make separate application to the Director-General to have guidelines approved permitting prescribing of medication.)</p> <p>There is some evidence that a NP who is endorsed in another jurisdiction in Australia would gain recognition in NSW under MR &lt; 1 month?</p>						
6.24.7	Others								

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**Action that can be taken by a registration authority if they are not satisfied of a person's suitability to practice nursing or midwifery in that jurisdiction**

The registration authority may postpone the grant of registration or enrolment, if:

- any of the statements or information in the application are materially false or misleading; or
- any document or information as required providing evidence of person's existing registration has not been provided or is materially false or misleading; or

- the circumstances of the person lodging the application have materially changed since the date of the application or the date it was lodged; or
- the authority decides that the occupation in which registration is sought is not an equivalent occupation – MRA s22(1).

If the grant of registration has been postponed, the registration authority may in due course grant or refuse the registration – MRA s22(2).

The registration authority may not postpone the grant of registration for longer than a period of 6 months, and the person is entitled to registration immediately, at the end of that period, unless registration was refused at or before the end of that period – MRA s22(3).

**Grounds on which an application registration under the *Mutual Recognition Act 1992 (Cwth)* – s19 & the *Trans-Tasman Mutual Recognition Act 1997 (Cwth)* can be refused**

A local registration authority may refuse the grant of registration, if:

- any of the statements or information in the notice as required by section 19 are materially false or misleading; or
- any document or information as required by section 19 (3) has not been provided or is materially false or misleading; or
- the authority decides that the occupation in which registration is sought is not an equivalent occupation and equivalence cannot be achieved by the imposition of conditions – MRA s23(1).

**Appeals or review of decisions of a registration authority's decision**

Applications may be made to the Administrative Appeals Tribunal in accordance with the *Administrative Appeals Tribunal Act 1975* – MRA s34 & TTMRA s33.

**Map 7 – Renewal of Registration or Enrolment****KEY:**

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ **Feed back has been received from jurisdiction**

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* <i>Health Professionals Act 2004</i></b></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><b>* <i>Nurses and Midwives Act 1991</i></b></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><b>* <i>Health Practitioners Act 2004</i></b></p>	<p><b>* <i>Nursing Act 1992</i></b></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><b>* <i>Nurses Act 1999</i></b></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><b>* <i>Nursing Act 1995</i></b></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><b>* <i>Nurses Act 1993</i></b></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><b>* <i>Nurses Act 1992</i></b></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
7.1	Registration or enrolment in jurisdiction required to practice	Yes Titles & practice protected  Offence if not registered – ss 71 & 72.	Yes Titles protected	Yes Titles & practice protected	Yes Titles protected	Yes Titles & practice protected	Yes Titles & practice protected	Yes Titles (& ? practice) protected  Yes Titles (& ? practice) protected	Yes Titles & practice protected  Yes Titles & practice protected
7.2	Period of registration or enrolment	No longer than 1 year – CI 120	Practice period is the period of 12 months commencing on the first day of the month next following the 1 <sup>st</sup> anniversary of the day of the nurse's or midwife's registration or enrolment – s 33(8).	1 year – s 49	1 year - s 74	1 year [1].	1 year – s 50	1 year – s 12  1 year – s 17	1 year or 3 years – CI 12 Nurses Rules (except NPs – Registration only available for 1 year)  Duration of registration to be prescribed by regulations – CI 35.
7.3	Renewal date(s)	Annual renewal – 31 March [2].	At anniversary of original registration or enrolment in NSW.	Annual renewal - by 30 September.	Annual renewal – 1 April – 30 June [3].	Annual renewal - by 31 August [1].	Annual renewal - by 31 August – s 50(1)(a).	Annual renewal - by 31 December – s 12(1).  Act says end financial year or other period fixed by Board – s 17.	A certificate of registration has effect until 31 December of the year in which the certificate was issued – CI 11 Nurses Rules  Licence to Practice: Where a person's registration as a nurse is renewed, the Registrar is to issue the person with a certificate in a form approved by the Board. A certificate has effect for the period stated in the certificate – CI 15(2) Nurses Rules.  By the end of their birth month – either annually or every 3 years [4]
7.4	Recognition of renewal	Practising Certificate issued – Clauses 120 & 121.	Annual practising certificate on payment of the annual practising fee issued.	Practising certificate issued – s 40	Annual licence certificate issued – s 74.	Certificate of registration or enrolment issued – CI 4 Reg.	Annual practising certificate issued – s 50(4).	Certificate of registration issued – s 18.  - CI 31.	Licence to Practice CI 15(2) Nurses Rules.  - CI 40.
7.5	Failure to renew & grace	Name removed	Name removed if	Name removed	If a nurse, or midwife	Name removed if annual practising fee	Name removed 30	If a person does not	If the person fails pay fee

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	period prior to removal for non-payment of fees	<p>after 2 weeks is fee not paid - no reminder – CI 124</p> <p>Late fee 1-14 April</p> <p>Removal 15 April [2].</p> <p>Board has a discretion to renew the registration after the end of the grace period – CI 128</p> <p>CI126 deals with reminder notices – even if reminder notice not received, not effect requirement to renew.</p> <p>Late fee may be determined</p> <p>CI127 - two weeks after renewal due, registration cease if not renewed.</p>	<p>annual practising fee not paid before the commencement of the practice period – s33(3)</p> <p>If cancelled in this way the Board may restore the person's registration or enrolment on: application in writing payment of the fee- s33(4)–usually the same as initial registration or enrolment fee-</p> <p>Board can refuse to grant an application for restoration &amp; treat the application as an application for registration or enrolment – s33(6)</p>	<p>(after 30 September) then have 30 days (until 30 October) to seek restoration – s 52(3)</p> <p>Restoration can occur if person: pays the restoration fee requests their name to be restored provides Board with information it requires on the approved form – s 53</p> <p>Board can refuse to grant an application for restoration – s 52(4).</p> <p>&gt;30 October – full new application required.</p> <p>Section 50 (2)(g) empowers the Board to remove a person's name if they fail to pay the practicing certificate fee.</p>	<p>who is not a nurse, fails to pay the annual licence certificate fee within the period prescribed, the council must immediately cancel the nurse's registration or enrolment or revoke the midwife's authority to practise.</p> <p>A person whose registration or enrolment is cancelled or authority to practise is revoked as above may apply to the council for re-registration, re-enrolment or re-authorisation in the form approved by the council.</p> <p>The application must be accompanied by the annual licence certificate fee and the restoration fee prescribed</p> <p>The council must reregister, re-enrol or re-authorise the applicant &amp; issue an annual licence certificate to the applicant if it is satisfied:</p> <p>The applicant is competent &amp; fit to practice.</p> <p>the applicant has practised nursing or midwifery &lt; 5 years the applicant is</p>	<p>not paid by due date.</p> <p>May apply to the Board at any time for the reinstatement.</p> <p>Application for reinstatement form</p> <p>Reinstatement fee [5]</p> <p>The Board may require an applicant to: provide the Board with any information required by the Board for the purposes of determining the application; submit a medical report or other evidence accepMap to the Board to ensure that the applicant can practise effectively as a nurse; to obtain additional qualifications or experience specified by the Board before the Board determines the application.</p> <p>The Board should, subject to being satisfied of the information provided above reinstate the name of a person who applies under this section if satisfied that the person: has sufficient competence and capacity to practise in the field of nursing to the standards required by the Board is a fit and proper person to be registered or enrolled under this Act – s 26.</p>	<p>days after the due date if practising certificate fee not paid, plus a late fee if paid in 30 days after due date – s 50(7).</p> <p>Obligation to give person a reasonable opportunity to be heard – s 51(2).</p> <p>Notice of removal must be given – s 51(3).</p> <p>On payment of practising certificate fee &amp; restoration fee the Board must restore the person's name to the register or roll unless it is not satisfied the person meets the requirements for registration or enrolment – ss22(1) &amp; 53(3).</p>	<p>apply for renewal of registration before the end of the existing registration period, the Board may renew that person's registration if application is made within 3 months after the end of the registration period &amp; the applicant pays an additional renewal fee of not more than 50% of the original fee.</p> <p>For a period of 3 months after a person's registration has expired without being renewed that person is deemed to be registered, at the end of that period, if that person has not renewed her or his registration, the Board must remove that person's name from the register. Ss 13(2) &amp; (3).</p> <p>Board may refuse to renew the registration of an applicant on any ground that they might refuse registration, or place conditions upon their practise ie</p> <p>Not of good character</p> <p>Is unfit – alcoholic or drug dependent</p> <p>Has a physical or mental impairment</p> <p>Has been found guilty of an offence</p> <p>Been involve in proceedings under health professional Act</p> <p>Competency in English</p>	<p>they cease to be registered &amp; their name is removed from the register.</p> <p>A person whose name is removed from the register (in this way) may at any time pay to the Board all fees that are in arrear, &amp; all fees that would be in arrear if the person had continued to be registered, together with the late fee, &amp; shall then be entitled, subject to this Act, to have their name restored to the register – ss 32(2) &amp; (3).</p> <p>If an applicant has not practised nursing &lt; 5 years, the Board may require the applicant to complete a course or program that the Board considers to be appropriate, &amp; by way of considering the application, take into account the course or program coordinator's statement as to whether or not the applicant has satisfactorily completed the course or program – CI 13((2) Nurses Rules.</p> <p>Name removed 5 working days after due date [7].</p> <p>Similar provisions in Clauses 36((1) &amp; (2)</p> <p>Also – a person who pays fees in arrears &amp; late fee &amp; has their name restored is deemed to have remained registered during the period that their name was removed – CI 36(3).</p>

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>qualified to be registered, enrolled or authorised.</p> <p>If the council is not satisfied the applicant has practised nursing or midwifery &lt; 5 years before the application, the council may reregister, re-enrol or re-authorise the applicant subject to the conditions of practice it considers appropriate – ss 74(3)– (7).</p>			<p>is inadequate Has had registration suspended or cancelled Inadequate professional indemnity arrangements – ss 7(2) Have not had sufficient experience &lt; 5 years – s 14(1).</p> <p>Similar provisions under new Act – ss 6, 18(6), (7) &amp; (8).</p> <p>If registration is not renewed by 31 March the person's name and details are removed from the Register &amp; placed on the inactive file. This facilitates quick access to the details should the person wish to re-register in the future. Those on the inactive file will be able to subscribe to the Board's news bulletin should they wish to be kept up to date with the Board's activities [6].</p>	
7.6	Before renewal will be considered	<p>Completion of renewal notice in writing – Cl 126 Payment of the prescribed fee Annual declaration to be completed [2].</p>	<p>Payment of the prescribed fee – s33 Application for renewal required in writing – s42A</p>	<p>Payment of practising fee Provide Board with information it requires – s 49(2).</p>	<p>Application for renewal on required form Payment of annual licence certificate fee Proof that applicant has practised in the relevant area of nursing or midwifery &lt; 5 years Other information that the Board requires – s 75(2) – self declaration.</p>	<p>Application for renewal of a registration on required form Payment of Practising Fee – s 28.</p>	<p>Pay prescribed practising fee Give the Board any information it requires – s 50(2).</p>	<p>Application must be accompanied by: the required information Fee determined by Board - s 13(1).</p>	<p>Application for renewal of a registration on required form Cl 13(1) Nurse Rules Payment of Fee – Cl 14(1) &amp; Item 3 Sched 2 Nurses Rules Information as to whether person has practised nursing &lt; 5 years – Cl 13(2) Nurses Rules.</p>
7.7	Workforce data collected	Labour Force Census – non-	Nursing & Midwifery Labour Force	The AIHW data collection goes out	No	The AIHW data collection goes out with registration renewal.	Nursing & Midwifery Labour	Becomes a requirement under new legislation.	The Department of Health pays for the

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		mandatory & explanation given about its uses & the privacy constraints around its use [2].	Census– non-mandatory & explanation given about its uses & the privacy constraints around its use [8].	with registration renewal.			Force Census- non-mandatory & explanation given about its uses & the privacy constraints around its use.		Board to distribute the AHS workforce data form. This is not sent out with renewal of registration forms but either with our OnBoard publication or as a separate mail out.
7.8	Obligations on nurses & midwives to ensure their competence <sup>11</sup> & ongoing suitability to practice nursing &/or midwifery	A registered health professional must ensure that he or she remains suiMap to practice the profession in which he or she is registered – Cl 129	There is no particular requirement at the time of renewal.	A person must: be competent to practise in the category have sufficient physical & mental capacity to practise in the category; have an adequate command of English language have adequate professional indemnity arrangements in place is of good character – s 22(1). Have practised < 5 years unless they can satisfy the Board that they are competent to practise – s 49(1)(d).	A person must: Have practised nursing or midwifery < 5 years Be fit & competent to practice Have a state of health to enable them to carry out the duties as an RN or EN safely have an adequate command of English language - ss 54(1) – (3).	A person must: Have practised nursing or midwifery < 5 years Meet the requirements determined by the Board to be necessary for the purposes of registration under this Act be a fit and proper person to be a registered nurse s 23(1).	A person must: be eligible for registration or enrolment have sufficient physical & mental capacity have sufficient competence to practise be of good character have an adequate command of the English language – ss22(1).	A person must: be fit to practice – not be an alcoholic or drug dependent person not have a criminal record not have been involved in proceedings concerning their registration have sufficient physical & mental capacity be competent in the English language no had their registration cancelled or suspended have adequate professional indemnity arrangements – s 7(2). Had sufficient experience < 5 years – s 14(1). Similar provisions under new Act – s6.	The Act is silent on ongoing competence and ongoing suitability to practice with regard to renewal of registration.  Definition of 'registration' includes 'renewal' – Cl 3, therefore person must: be a fit & proper person to be registered Not committed an offence that renders a person unfit to practise nursing Have a sound knowledge of the English language has sufficient physical & mental capacity has sufficient skill has acquired such knowledge & has such practical experience in nursing or midwifery to enable the person to perform efficiently the duties of a nurse or midwife – Cl 27(2)
7.9	RA's obligations in relation to ensuring the ongoing competence & suitability to practice nursing &/or midwifery	Register is defined as including enrolment & renewal – s3.  A health profession board must, in	There is no power to act at the time of registration renewal. The Board is able to take action in regard to competence &	The Board must satisfy itself of the above (see 7.8) – ss 22(1) & 49(1)(d).  For the purposes	If the council is not satisfied that the applicant has practised in the relevant area of nursing or midwifery within the previous 5	The Board must satisfy itself of the above (see 7.8) – s 28.  A registered or enrolled nurse who has not practised nursing for a period of 5 years or more must not practise nursing	The Board must satisfy itself the nurse: complies with the above requirements (see 7.8)	The Board must satisfy itself the nurse complies with the above requirements (see 7.8)	No obligations.

<sup>11</sup> **Competence** - "the combination of skills, knowledge, values and abilities that underpin effective &/or superior performance in a profession/occupational area. Continuing professional competence is the ability of nurses (& midwives) to demonstrate that they have maintained their competence in their current area of practice"-The Australian Nursing and Midwifery Council (ANMC).



Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		writing, establish or facilitate the establishment of, programs to support, promote & assess health professionals' general & professional competence - CI 130  Functions of the Board – s 26(2).	fitness to practise either (1) at the time of initial application or (2) through professional discipline or impairment processes.	Board may take into account evidence of an applicant's recent practice or continued competence in the category of health care practice in addition to anything else the Board thinks fit – s 22(2).	years, the council may: refuse to grant the renewal; or grant the renewal subject to such conditions as the council considers appropriate, including conditions about education, training & experience to be undertaken or gained – s 74(7).	without first obtaining the approval of the Board – s 29(1).	has adequate professional indemnification arrangements has actively practised < 5 years – ss 50(5) & (6).		
7.10	Policy &/or guidelines issued by RA in relation to competence, conduct & ethics	Maintaining Competence & Continuing Professional Development Framework for Nurses & Midwives in the ACT (undated) [9]  Registered Midwife Competency Assessment & Learning Plan (2006) [10]  Registered Nurse Competency Assessment & Learning Plan (2006) [11]  Enrolled Nurse Competency Assessment & Learning Plan (2005) [12]  Professional Portfolio for Nurses & Midwives – Tools for Reflective Practice & Lifelong Learning (2005)	Competencies of the Midwife (2004) [14].  Annual Authority to Practice (1997-2005) [15].  Performance Assessment & Performance Review – (2005) [16].	Competence to Practice Audit Policy (2005)[17].  Competence to Practice Audit Policy (2005)[18].	Scope of Practice for Nurse & Midwives (2005) [19].  Competence – Information Sheet No 8 (2003) [20].  Code of Practice for Midwives Incorporating Guidelines for Midwifery Practice [21].	Professional Practice Standards [22].  A Scope of Practice Decision Making Tool (2006) [23].  Professional Standards Statement for Nurse Practitioner Practice (2002) [24].	Competence to Practice Policy (2004) [25].  Standards for the Scope of Nursing Practice (2001) [26].  The Code of Practice for Midwives in Tasmania (2003) [27].  Scope of Nursing Practice Decision Making Framework (2006) [28].	Guidelines: Delegation & Supervision for registered nurses & extended scope of practice for the division 2 registered nurse (2003) (under review) [29].  Guidelines: Determining Scope of Nursing & Midwifery Practice – discussion paper (2005) [30].	Scope of Nursing Practice Decision-Making Framework (2004) [31]  Nurses Code of Practice 2000 [32].  Nurse Practitioners Code of Practice 2004 [33].  Scope of Enrolled Nursing Practice Policy (2005)  Professional Portfolio (2004) [34]  Guidelines for Demonstration of Continuing Professional Competence (2004) [35].

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		[13].							
7.11	National standards endorsed by RA in relation to competence, conduct & ethics	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13	See Map 1 – 1.13
7.12	Recency of practice requirement at renewal	Self declaration - < 5 years & no minimum period [2].  Sched 3, 3.8(3) & Sched 4, 4.6(3).	No requirements	Self declaration – practised as a nurse or midwife < 5 years [36-38].	Self declaration: practised as a nurse or midwife < 5 years employment < 5 years has maintained nursing competence, using nursing knowledge & skill, & equipped the person to fill a position requiring registration or enrolment as a nurse have completed an accredited courses or approved equivalent Practice < 5 years is relevant to application	Self declaration: practised < 5 years [40, 41].	Self declaration: currently practising nursing or as a midwife, or not currently practising as a nurse or midwife & date that the person last practised [42].	Self declaration: currently employed or self employed in a role which nursing registration is required has practised in a role that required nursing registration for 5 years previously to the current year has completed a pre-registration or re-entry nursing course since Jan 2001 [43].  Becomes a 2 year	Self declaration - employment details Dates of last practice Employer name & contact details Specialty areas [7].

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					[39]			period under new legislation.	
7.13	Competency & performance requirements	<p>Self declaration of competency in the area that they work at renewal [2].</p> <p>Sched 3, 3.8(2) &amp; Sched 4, 4.6(2).</p> <p>A person is suiMap to practice as a nurse or midwife if the person is generally competent – CI 114.</p> <p>General competence to practice – CI 115.</p> <p>Breach of standards if health professional demonstrates lack of competence, knowledge, skill or standard of care – CI 137.</p> <p>Board may use information it receives about a registered nurse or midwife's continuing competence or professional development to take action to protect public safety or in the public interest – CI 132.</p> <p>The Board may</p>	<p>No requirement to give any information at renewal – only applicable in the breach ie</p> <p>A person is competent to practice nursing or midwifery only if they have:</p> <p>sufficient physical capacity, mental capacity, knowledge and skill to practice sufficient communication skills, including an adequate command of the English language – s 4B.</p> <p>Board report that they made strong representations to the DOH to have competency requirements included in the most recent review of the Act in 2004.</p>	<p>Self declaration of competency in the area that they practise at renewal [36-38].</p> <p>A person is entitled to be registered or enrolled if the Board is satisfied the person:</p> <p>is competent to practice in the category</p> <p>has an adequate command of the English language – ss 22 (1)(a) &amp; (b).</p>	See 7.12	<p>Self declaration of competency in the area that they practise at renewal [40, 41].</p>	<p>Self declaration of maintenance of competency in the area that they practise in accordance with ANMC Competency Standards at renewal [42].</p> <p>Applicant is entitled to be registered or enrolled if they satisfy the Board that they:</p> <p>have sufficient that competence to practise (among other requirements) have adequate command of the English language– ss 22(1)(b) &amp; (d).</p>	<p>Self declaration of : Sufficient experience as registered nurse in past 5 years to maintain competence continual assessment of knowledge, skills &amp; professional judgement, taking action to improve the quality of practice reflecting on recent workplace performance appraisals to confirm competence to practise Promoting a positive image of nursing by quality practice [43].</p> <p>A person unable to meet the competency requirements will not be able to renew therefore will be required to undertake supervised practice or re-entry education to re-register.</p>	<p>Self declaration of continuing to maintain knowledge &amp; skills to demonstrate continuing professional competence in my nursing/midwifery practice [7].</p> <p>From a Board Discussion Paper on the Assessment of Competence:</p> <p><i>As current legislation does not authorise the Board to assess the continuing competence of registrants beyond criteria previously outlined, changes to the Act would be required prior to implementation of an assessment framework in WA [44].</i></p>

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		review a nurse or midwife's professional practice: With the person's consent If review is required by the Tribunal or professional standards panel – s38(1).							
7.14	If competency & recency of practice requirements are not met	<p>Differentiates need for: refresher course - return to practice after 5-10 years; re-entry course – return to practice &gt; 10 years - Scheds 3 &amp; 4, paras 3.1 &amp; 4.1.</p> <p>Not clear if this is just upon initial application – s 37(5)(b) &amp; Sched 3, 3.13 &amp; Sched 4, 4.11.</p> <p>Board can deal with health professional according to s 26(2)(h) if not competent or if they do not meet the suitability to practice requirements.</p>	NA	<p>Everyone assessed on merits. However a 'rule of thumb' response may be if re-entry/restoration is sought: &lt; 5 years – a person may be allocated an advisor 5 – 8 years – required to undertake a re-entry program &gt; 8 years – requirement to enrol in a Bachelor of Nursing, Bachelor or Grad Cert in Midwifery, Cert IV in enrolled nursing.</p> <p>This applies to persons who been out of practice for 5 years or more.</p> <p>In theory it could be possible to receive a renewal where the nurse or midwife makes a declaration that they are not competent, even though they have practiced in the preceding 5 years.</p>	<p>See 7.9</p> <p>An applicant who has been unsuccessful in a competence assessment program may be required to undertake an accredited pre-registration or pre-enrolment course in order to be eligible for registration or enrolment.</p> <p>An applicant for registration may be considered for enrolment [3].</p>	<p>The Board may: require the nurse to undertake a specified course of instruction &amp; training make its approval subject of conditions eg: restricting the places or times at which the nurse may provide nursing care; limiting the field of nursing in which the nurse may practise; nurse be supervised when providing nursing care by a particular person or by a person of a particular class; other conditions as the Board thinks fit – s 29(2).</p> <p>The Board will refer a person who has not practised for &gt;5 years to the Competency Assessment Service to have their competence assessed against the relevant standards [45].</p>	<p>Applicants who do not meet the Board's Competence to Practise Policy ie practice &lt; 5 years are required to contact the Board for an individual assessment</p> <p>Applicants unable to meet the competence to practise requirements will be required to undertake and approved re-entry program prior to being granted an annual practising certificate.</p> <p>If unable to demonstrate competence to practise within an approved re-entry program may be required by the Board to undertake a full education program for registration, enrolment or</p>	<p>If person cannot demonstrate recency of practice &lt;5 years when applying for renewal, restoration or re-registration, they may be required to complete an approved period of supervised practice or a re-entry program [46].</p>	<p>Recency of Practice is clear under CI 13(2) Nurses Rules but silent on continuing competence.</p> <p>The Board is to cancel the registration of &amp; direct the registrar to remove from the register the name of a nurse or midwife in relation to that type of registration if the Board is satisfied that the nurse: has not practised nursing of that type or midwifery in the preceding period of 5 years; &amp; has not maintained current knowledge and skills in nursing or midwifery at an approved level - CI 42.</p>

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				The nurse would be offered the opportunity to demonstrate competence through a competence assessment.			authorisation to practise as a midwife.  In special circumstances, the Board may allow an individual to undertake a period of supervised practice where there is no immediate availability to a re-entry program or where a re-entry program is not considered necessary [25].		
7.15	Recognition of competencies for nurses & midwives working in non-traditional nursing & midwifery roles	Registrants are required to remain competent in the areas in which they are working. This includes clinical, education, management and research. You do not have to be employed as a nurse or midwife to maintain registration.	NA	?	At Audit: Pathology employment: If only employment in the last five years has been in a pathology service, an individual submission that includes a certified copy of duty statement or position description & a medical certificate from a doctor.  Ambulance officers: Nurses employed as ambulance officers should provide documents according to options 2 below [47].	Competencies are the same for all nurses & midwives.	Competence to Practice Policy [25].	The Board recognises, for purposes of renewal of registration, nursing experience gained in the areas of nursing management, nursing education, nursing research and clinical nursing over the last five years.  Those registrants who are working in other occupations, experience in these positions can not be recognised as experience in nursing.  For registrants working in nursing related positions the Board requires further information from the employer. The correspondence must indicate that the person is employed in a nursing position and that it is a	Board recognises currency of practice for any position where the Job description requires a person to be a nurse or midwife.

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								requirement that the person be registered for that position [6].	
7.16	Audit of currency of practice & competency	Yes	No  Board report that they made strong representations to the DOH to have audit included in the most recent review of the Act in 2004.	Yes	Yes	No	Yes	A person may be asked to demonstrate recency of practice - [43].  Currently no routine audit process though ad hoc auditing is conducted.  Currently there is a CPD program beign developed (Feb 2006).	Yes
7.16.1	Audit Process	Random audit of 5% of registrants each year [9].	NA	7.5% of eligible nurses & midwives each year (approx 250) semi random 1 – 30 November each year [17, 18].  Aim to audit every nurse & midwife once every 5 years.  Semi random in that nurses who have been audited in the preceding 5 years or those who have a current conduct matter before the Board are excluded from the sample.	Random audit of annual licence renewals [48]. 20 % audited	NA	Random audit of applications for renewal of annual practising certificate Aim is to select 5% of nurses & midwives each year 25% audited over 5 years	NA	Random audit of 5% of registrants each year [35]. A month to submit evidence Consequences of no response still being developed.  No response is being flagged on Board's system & when the nurse comes to renew they are asked to submit their evidence. But if a nurse challenges us, we would have to renew their registration regardless.
7.16.2	Mandatory or voluntary	Mandatory	NA	?	Mandatory	NA	Mandatory	NA	See 7.16.1
7.16.3	Options to demonstrate maintaining competence & ongoing professional development	Professional Development & Evaluation Plan signed off by employer, or Recent workplace competency assessment program signed off by employer, or	NA	Option 1: A statement from current employer as to the nurse or midwife's competence in their current practice context  Option 2:	Option 1 Return the Audit response form - Confirmation of fitness and competence to practice eg director of nursing, clinical nurse consultant, peer. All items on the form must be completed.	Board has a competency assessment service which it has contracted out.	If currently practising: A satisfactory workplace performance appraisal undertaken within the preceding twelve months, confirming the	NA	Evidence to support continuing professional competence may include any or all of the following: Evidence of completion of professional development activities A recent satisfactory performance appraisal with a statement of competence

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Assessment against ANMC Competencies, or Professional Portfolio [9].		(If not working or have no direct supervisor) A portfolio of evidence that demonstrates the person's ongoing competence in their area of practise.	<p>Also, if practice took place outside Queensland, evidence is required of a current licence in that place during practice eg a certified copy of annual licence certificate, issued by the appropriate authority for the relevant period.</p> <p>Option 2 Provide an individual submission &amp; a medical certificate - An individual submission is a set of written statements that shows how current nursing or midwifery practice demonstrates the ANMC's competency standards - should provide examples of how each ANMC competence standard applies in practice eg: A comprehensive case study of current nursing practice cross-referenced to the relevant competency standards. A professional portfolio that includes professional development activities.</p> <p>Option 3 Provide evidence of successful completion of an accredited nursing or midwifery program &amp; a medical certificate. A certified copy of</p>		<p>applicant's ability to meet the ANC ACMI Competencies; or A declaration, made by the applicant's employer or immediate supervisor, attesting to the applicants demonstration of the ANC Competencies in their practice; or A personal professional portfolio, which may include evidence of peer review processes or other documentary evidence related to activities undertaken within the preceding 12 months, which the applicant believes, demonstrates their maintenance of competence.</p> <p>If not currently practising: A satisfactory workplace performance appraisal from the nurses immediate past employer, confirming the applicant's ability to meet the ANC Competencies; or A statement, made by the applicant's immediate past</p>		<p>from the nursing employer(if employed) Evidence of peer review Any other evidence of continuing professional competence in current position. A professional portfolio is designed to enable a nurse to keep a record of their professional development, professional experiences and qualifications throughout their professional career.</p> <p>Sections of the portfolio concern the following: Section 1- Qualifications &amp; Experience Section 2- Professional Development Section 3- Individual Performance &amp; Development Review Section 4- Reflective Practice [35].</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					successful completion of an accredited pre-registration, pre-enrolment, midwifery, mental health nursing or re-entry nursing course < 5 years is sufficient. The medical certificate, issued by a doctor, should confirm that the person's state of health enables them to practice nursing without endangering patients [47].		employer or immediate past supervisor, attesting to the applicants demonstration of the ANC ACMI Competencies in their practice; or Evidence of completion of an accredited pre-registration, pre-enrolment, post-graduate clinical award, or re-entry program within the preceding 5 years; or A personal professional portfolio, which may include evidence of peer review processes or other documentary evidence related to activities undertaken within the preceding 12 months, which the applicant believes, demonstrates their maintenance of competence [25].		
7.16.4	Exemptions from audit	Graduated in ACT < 2 years Completed re-entry or refresher course in ACT < 2 years Audited < 5 years Under investigation by Health & Community Services Complaints Commission	NA	Those who have participated in a previous audit conducted by the Board in the preceding 5 years. Nurses & midwives who have conditional registration as a result of a conduct matter.	No	NA	Those who have participated in a previous audit conducted by the Board in the preceding 5 years. Nurses & midwives who are the subject of a current undertaking to the Board. Nurses & midwives	NA	Request for exemption needs to be made in writing to CEO.



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		(HCSCC) or Board Professional Standards Committee [9].		Nurses & midwives who have conditional registration as a result of an impairment. Nurses & midwives who are currently under investigation [18].			who are currently under investigation Those who have completed a pre-registration, pre-enrolment or re-entry to practise program in the year immediately preceding selection for audit [49].		
7.16.5	Audit process evaluated	Begins June 06 Trial in 05	NA	Formal evaluation after the first Audit cycle. Now the process reviewed on annual basis as a quality improvement mechanism.	No	NA	Yes [49, 50]	NA	An evaluation report is developed at the conclusion of each audit.
7.17	Ongoing professional development requirements	Power under legislation to require at least 30 hours in 3 year period - Schedules 3 & 4, paras 3.8 & 4.6 But currently not required to be established.  In 2006, the Board will be conducting a random audit of 5% registrants. Each registrant selected for audit will need to provide written evidence that they have completed 30 hours of continuing professional development over the previous three years.	NA	Applicant is required to declare that they practice in accordance with the ANMC Competency Standards. The domain of critical thinking & analysis requires the nurse or midwife to participate in ongoing professional development of self & others.	Self declaration on application - continues to improve knowledge, skills and judgement to ensure that practice is safe & competent [39].	No	No	Self declaration on application – undertaking professional development activities in last 12 months that were aimed at enhancing nursing practice [43].	No specific requirements at renewal
7.18	Adequate written & spoken English to practice nursing	No requirements at renewal	No requirements at renewal	Self declaration on application - if no – Board to be	No requirements at renewal	No requirements at renewal  See Map 3 – 3.18	No requirements at renewal	No requirements at renewal  See Map 3 – 3.18	No requirements at renewal

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		See Map 3 – 3.18 General requirement re English – s 37(1)(b).	See Map 3 – 3.18	contacted [36-38]. See Map 3 – 3.18	See Map 3 – 3.18	Only required for overseas applicants for registration.	See Map 3 – 3.18		See Map 3 – 3.18
7.19	Commitment to follow codes of conduct & ethics & adhere to competency standards	Self declaration at renewal [2].	No requirements at renewal	Self declaration on application – if no – Board to be contacted [36-38].	Self declaration on application – Code of Ethics for Nurses in Australia [39].	Self declaration on application – Code of Ethics & Code of Conduct [40, 41].	Self declaration on application – Code of Ethics & Code of Conduct [42].	ANMC & ACMI Codes are provided as guides for assessment of competency for renewal [43].	No requirements at renewal
7.20	Refused registration or enrolment in another jurisdiction	Self declaration on application - full details to be provided if yes [2].	Self declaration on application - full details to be provided if yes [8].	No	No	No	No  Not asked at renewal Advised contemporaneously through Notice to Employers & NRA.	No	No
7.21	Any conditions or restrictions placed upon practice in any other jurisdiction	Self declaration on renewal [2].	Self declaration on renewal [8].	No	No	No	No  Not asked at renewal Advised contemporaneously through Notice to Employers & NRA.	No	Self declaration on application re any finding of unethical conduct as a nurse or midwife, or been subject to any disciplinary process for nurses or midwives - if yes – <i>Fitness to Practice Certificate</i> to be completed [7].  See Map 3 – 3.15
7.22	Information re registration or enrolment in any other jurisdiction at time of renewal requested	No	Registered/enrolled under a health professional Act in any jurisdiction (other than as a nurse in NSW) [8].	Self declaration - no knowledge of any outstanding matter relating to registration in any state, territory or country [36-38].	No	No	No	No	No
7.23	Mental & physical health requirements	Self declaration on application - full details to be provided if yes [2].  See Map 3 – 3.15.  CI 115(1)(a)	Self declaration on application - full details to be provided if yes [8].  See Map 3 – 3.15	Self declaration on application - if yes – Board to be contacted [36-38].  See Map 3 – 3.15	Self declaration on application [39].  See Map 3 – 3.15	Self declaration on application [40, 41].  See Map 3 – 3.15	Self declaration on application  See Map 3 – 3.15	No  See Map 3 – 3.15	Self declaration on application - if yes – <i>Fitness to Practice Certificate</i> to be completed [7].  See Map 3 – 3.15
7.24	Addiction to alcohol, other drug or substance	Self declaration on renewal [2].	No specific information requested on renewal –	No specific information	No specific information requested on application	No specific information requested on application	No specific information	No	Self declaration on application - if yes –

Map 7 – Renewal of Registration or Enrolment

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	that may affect ability to practice	See Map 3 – 3.16.  CI 115(1)(b) & CI 142.	See Map 3 – 3.16.	requested on application  See Map 3 – 3.16.	See Map 3 – 3.16	See Map 3 – 3.16	requested on application.  Covered by 7.23  See Map 3 – 3.16	See Map 3 – 3.16	<i>Fitness to Practice Certificate</i> to be completed [7].  See Map 3 – 3.15
7.25	Criminal convictions &/or record	Self declaration on application - full details to be provided if yes [2].  See Map 3 – 3.19  Requirement to tell Board of proceedings at any time – CI 140.	Self declaration on application - full details to be provided if yes [8].  See Map 3 – 3.19	Self declaration on application - if yes – Board to be contacted [36-38].  See Map 3 – 3.19	Elf declaration on form  See Map 3 – 3.19	Self declaration on application [40, 41].  See Map 3 – 3.19	Self declaration on application [42].  See Map 3 – 3.19	Self declaration on application [43].  See Map 3 – 3.19	Self declaration on application - if yes – <i>Fitness to Practice Certificate</i> to be completed [7].  See Map 3 – 3.15
7.26	Professional indemnity requirements	Self declaration - if self employed will disclose professional indemnity status to clients [2].  Section 37(1)(d).	No	Self declaration that the applicant will have professional indemnity arrangements in place if I practise in NT [51-54].  See Map 3 – 3.29	No	No	Required to be established on application  See Map 3 – 3.29	Not required to be established on application  See Map 3 – 3.29	Not required to be established on application  See Map 3 – 3.29
7.27	Any self-declarations are made according to the jurisdiction's oath instrument	No	No	No	No	No	No	No	No
7.28	Annual (or other period) renewal fees	\$80.00	\$50.00	\$50.00	\$85.00  Application fee if late - \$45.00	\$115.00  Reinstatement fee - \$70.00	\$120.00  Late fee - \$55.00	\$80.00  Late fee - \$120.00	\$90.00 – 1 year \$245.00 – 3 years  Late fee \$27.00

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## Map 8 – Safe practice in specialised &amp; specific practice areas of nursing &amp; midwifery

**KEY:**

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by Board
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the regulatory authority has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ Feed back has been received from jurisdiction

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* <i>Health Professionals Act 2004</i></b></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><b>* <i>Nurses and Midwives Act 1991</i></b></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><b>* <i>Health Practitioners Act 2004</i></b></p>	<p><b>* <i>Nursing Act 1992</i></b></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><b>* <i>Nurses Act 1999</i></b></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><b>* <i>Nursing Act 1995</i></b></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><b>* <i>Nurses Act 1993</i></b></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><b>* <i>Nurses Act 1992</i></b></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
8.1	Specific or specialised areas of nursing &/or midwifery	Midwives Nurse practitioners Enrolled nurse (medications)	Midwives Nurse practitioners Midwife practitioners Enrolled Nurse (Mothercraft) Enrolled Nurse – medications	Midwives Midwives (DEM) Nurse practitioners – role currently being developed in NT	Nurse practitioners Mental health nurses Midwives Enrolled nurses – medications Authorisation of nursing practice under the <i>Health (Drugs &amp; Poisons) Regulation 1996</i>	Mental health nurses Midwives Nurse practitioners Enrolled Nurse authorised to practise without the supervision of an RN	Midwives Nurse Practitioners – role currently under development Psychiatric Nurses Enrolled Nurses – medications	Midwives Nurse practitioners Mothercraft nurse Mental health nurse Enrolled nurse (medications)  Midwives Nurse practitioners Enrolled nurse (medications)	Midwives Nurse practitioners Mothercraft nurse* Children's nurse* Mental health disability nurse* Dental nurse* Tuberculosis nurse <sup>12</sup>  Midwives Nurse practitioners
8.2	Means of recognition								
8.2.1	Midwives	Registration on the register of midwives	Registration as a midwife  Given the changes to legislation in NSW, it is no longer correct to refer to midwifery as a "specialty". Nursing & midwifery are increasingly considered to be separate disciplines and registration as a midwife is about basic competence in that discipline, not specialisation.	Registered in the category of health care practice of midwifery as a registered nurse authorised to practise midwifery – s 19(1)(e)(ii)  DEMs – Registered in the category of health care practice of midwifery as a midwife – s 19(1)(e)(i)	Authorisation to practise midwifery – s 77(1).	Registration as a midwife – s 22(3)(b)	Authorisation as a midwife – s 21.	Registration Division 1 of the Register – 17(2)(a).  General Registration in Division 1 of the Register – s 6 & endorsed as a midwife – s 21.  DEMs – Registration Division 1 of the Register – s 17(2)(a) with a restriction only to practice midwifery – s 8 – effectively acts as a limitation to practice only midwifery within a broader nursing ambit.  Specific Registration as a midwife – s 7(2).	Registration in Division 1 of the Register – s 34(a).  Registration on Register of Nurses & Midwives as a registered nurse & a midwife – Cl 27.  DEMs – No provision under current Act but policy to grant registration in Division 1 of the Register – s 34(a).  DEMs applying under MR are registered with restrictions only to practice midwifery.  Registration on Register of Nurses & Midwives as a midwife – Cl 27.
8.2.2	Mental Health Nurses	NA	NA	NA	Authorisation to practise mental health nursing – s 77(2).	Registration as a mental health nurse – s 22(3)©.	Authorised to practise in the restricted practice area of psychiatric nursing – s 31(b).	Direct entry mental health nurses – Registration Division 1 of the Register unless registered < the implementation of the Act in 1994 – then registered in Division 3..	Mental Health Nurses – registered in Division 1 Mental Health.  Mental health disability nurses will only be registered under MR if there is employment

<sup>12</sup> These categories of nurses will not be further dealt with in this Map as they are unlikely to appear in the new legislation.



Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								Specific Registration as a mental health nurse – s 7(1) – effectively acts as a limitation to practice only midwifery within a broader nursing ambit. Division now closed – not accepting any new entries though may re-enter. <sup>13</sup>	available. Disability services are provided by Social Trainers in WA.*
8.2.3	Nurse Practitioners & Midwife Practitioners	Registration as a NP on the Register of Nurses	Authorisation as a NP or MP to use the title & practise as a NP or MP – ss 19A & 20.	NPs – Authorisation in a restricted practice area: A Board may, in respect of the category of health care practice for which it is established, declare an area of health care practice to be a restricted practice area – s 31(1).  Board does not recognise MPs.	Authorisation to practise in another area of nursing – s 77(3); Endorsement of NPs	Registration in other parts (or 'registers') for other areas of nursing recognised by the Board as special practice areas – s 22(3)(d).	Authorisation to practise as a NP in that restricted practice area – s 31©.	Registration Division 1, 3 or 4 of the Register – ss 17(2)(a), (c) or (d) & endorsed as NP in a specific category or categories for which the NP is qualified to use the title– s 8B.  General Registration in Division 1, 3 or 4 of the Register – s 6 & endorsed as NP in a specific category or categories for which the NP is qualified to use the title– s 21.	Registration in Division 1 of the Register as a NP– s 22A.  Registration on Register of Nurses & Midwives as a registered nurse & a NP– Cl 28.
8.2.4	ENs – Medications	Enrolment with medication endorsement on the Register of Nurses	ENs – medication endorsement [1].	NA	Authorisation to practise in another area of nursing – s 77(3); Enrolled Nurse Medication endorsement	NA	Enrolled Nurses – medications – authorised to administer medications.	Registration Division 2 of the Register – s 17(2)(b) & endorsed for medication administration – s 8C.  General Registration in Division 2 of the Register – s 6 & endorsed for medications – s 22.	NA
8.2.5	Other	NA	Enrolled on List B of Roll of Nurses as EN(mothercraft)  Enrolment as enrolled	NA	Authorisation to practise in another area of nursing – s 77(3); Endorsement authorising practice under the Health	Authorisation for an EN to practise without the supervision of a RN – s 24(3).	NA	Mental Retardation Nurses – Registered Division 4 of General register – s 6(4).	Maternal & child health nurses: Registration Division 2 of the Register – 34(b) with recognition of specialist

<sup>13</sup> These categories of nurses will not be further dealt with in this Map as they are likely to have little impact under the new legislation.



Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>nurse (mothercraft) is a basic qualification not a specialisation. The courses have not been conducted for approx 15 years but there are still persons on this section of the Roll. It is thought that no new names have been added to List B of the Roll in that time, except a small number of persons applying under mutual recognition from other states.</p> <p>Some nurses undertake post registration or post enrolment specialisation courses in parentcraft nursing but these do not lead to inclusion in List B of the Roll.</p>		(Drugs & Poisons) Regulation 1996			<p>Specific Registration as a mental retardation nurse – s 7(1) – Division now closed – not accepting any new entries though may re-enter.<sup>14</sup></p> <p>Mothercraft nurses – Registered Division 5 of General register – s 6(5).</p> <p>S 14 allows for the Board to recognise additional qualifications:</p> <p>maternal and child nurse</p> <p>Notation for Acupuncture – s 8A.</p> <p>Registration as a student – s 8.<sup>15</sup></p> <p>Non practicing registration – s 11.</p>	<p>qualifications in a children's nurse– CI 20(a) Nurses Rules – It is anticipated that the Rules under the new Act will still identify mothercraft nurses as a specialty.</p> <p>Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a dental nurse – CI 20(c) Nurses Rules. Dental nurses will not be registered under the new legislation. No longer recognized as a nursing role, therefore no requirement for them to be registered.*</p> <p>Registration Division 2 of the Register – 34(b) with recognition of specialist qualifications in a tuberculosis nurse – CI 20(d) Nurses Rules – No recognition under the Bill.*</p>
8.2.6	Protection of title & or practice	Titles & practice protected	<p>Titles protected</p> <p>There are restrictions on undertaking certain practices &amp; some professions are exempted from some restrictions. The restrictions regarding medications are in the <i>Poisons &amp; Therapeutic Goods Act 1966</i> while other restrictions e.g.</p>	Titles & practice protected	<p>Board process is endorsement [2].</p> <p>Titles protected &amp; to some extent practice is protected for midwives &amp; NPs eg childbirth–s77B, access to some diagnostic &amp; therapeutic modalities are specific to NPs.</p>	Titles & practice protected	Protection of title & practice	<p>Titles protected (Although it can be argued that to some extent, practice is also protected – access to some diagnostic &amp; therapeutic modalities are specific to NPs eg prescribing)</p>	Protection of title & practice

<sup>14</sup> These categories of nurses will not be further dealt with in this Map as they are likely to have little impact under the new legislation.

<sup>15</sup> As registration as a Student is not a specialty of nursing or midwifery this category will not be dealt with further in this Map.

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			restricted birthing practices, restrictions on providing foot care; restrictions on spinal manipulation etc are in the Public Health Act.		There is no legislative requirement for a nurse with current registration to hold a mental health endorsement in order to practise in a mental health setting in Queensland [3].				
8.3	Conditions precedent for registration, enrolment, authorisation /endorsement etc				Registration or enrolment as a nurse – s 77, except in the case of s 77(4) where a person who is not a nurse may be authorised – ??? when would this provision apply?				
8.3.1	Midwives	Direct entry midwifery is available	Direct entry midwifery is available	DEM available	Registration as a nurse – s 77(1).	Direct entry midwifery is available	Registered as RNs. See Map 2.1.4 – little support for DEMs in Tasmania & there is no BM authorised by the Board.	Direct entry midwifery is available	Registered as RN. Midwifery is currently recognised as a specialty of nursing. DEM will be recognised under the new legislation.
8.3.2	Mental Health Nurses	NA	Specialisation in mental health nursing is undertaken by individual registered nurses and enrolled nurses but, like other specialisations, there is no particular recognition in legislation.	NA	Registration as a nurse – s 77(2).	Registered as RNs.	Registered as RNs.	NA	Registration in Division 1. WA applicants need to have completed an approved mental health postgraduate program. Overseas applicants if undertaken a three year program would be registered in Division 1 Mental Health.
8.3.3	Nurse Practitioners & Midwife Practitioners	NP – Registration as an RN – Sched 3 para 3.7	NP – registered or entitled to be registered as an RN – s19A(1) MP – registered or entitled to be registered as an RM – s20(1).	NP – registered or entitled to be registered as an RN – s 32(1)	NP – Registration as a nurse – s 77(3).	NP – registered or entitled to be registered as an RN [4].	NP – Registered as RNs.	NP – Registered in Division 1, 3 or 4 as RNs.  MPs not recognised in Victoria.	Registration in Division 1 of the Register as an RN– s 22A.  Registration on Register of Nurses & Midwives as a RN– CI 28.
8.3.4	ENs – Medications	EN(meds) – Enrolment as an EN – Sched 3 para 3.7(4)	EN – medication endorsement – enrolment as an EN [1].	NA	Enrolment as a nurse – s 77(3).	NA	Enrolment as a nurse.	Registration Division 2 of the Register – s 17(2)(b)  General Registration in Division 2 of the Register – s 6.	NA
8.3.5	Other	NA	NA	NA	DPTs – Registration as a nurse.	EN to practise without the supervision of a RN	NA	NA	NA

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
						enrolment as a nurse – s 24(3).			
8.4	Legislated requirements for specialty recognition								
8.4.1	Midwives	See Map 3	See Map 3	See Map 3	See Map 3	A person is eligible for registration as a nurse on an appropriate part of the register if the person: has approved or recognised qualifications has met the requirements determined by the Board is a fit & proper person to be registered – s 23(1).	See Map 3  A registered nurse may apply to the Board for an authorisation to practise in a restricted practice area if in the case of midwifery – the nurse has successfully completed an accredited midwifery course or has qualifications, training & experience in midwifery that the Board considers to be at least substantially equivalent to an accredited midwifery course – s 32(a).	See Map 3	See Map 3
8.4.2	Mental Health Nurses	NA	NA	NA	An individual may be authorised by the council to practise mental health nursing if the person has successfully completed a mental health nursing course accredited by the council or a comparable course outside Queensland that is based on similar competencies – s 77(2).  Has completed both a pre-registration general and post registration mental health course or pre-registration mental health and post registration general course to be eligible.	A person is eligible for registration as a nurse on an appropriate part of the register if the person: has approved or recognised qualifications has met the requirements determined by the Board is a fit & proper person to be registered – s 23(1).	A registered nurse may apply to the Board for an authorisation to practise in a restricted practice area if in the case of psychiatric nursing – the nurse has successfully completed an accredited psychiatric nursing course or has qualifications, training & experience in psychiatric nursing that the Board considers to be at least substantially equivalent to an accredited psychiatric nursing course – s 32(b).	NA	Identified in the Nurses Rules as a specialty of nursing.
8.4.3	Nurse Practitioners & Midwife Practitioners	RN must have graduated from an approved Master	Board must be satisfied that the person has	A registered health practitioner may apply for	An individual may be authorised to practise	A person is eligible for registration as a nurse	A registered nurse may apply to the Board for an	If the Board is satisfied that a nurse registered	Any person who applies to the Board & satisfies it

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		of Practitioner course - Sched 3 para 3.7.	<p>sufficient qualifications &amp; experience to be entitled to be authorised as a NP or MP – ss 19A(2) &amp; 20(2).</p> <p>Board does not recognise MPs.</p>	an authorisation to practise in a restricted practice area if the health practitioner has the qualifications, training & experience determined by the relevant Board in respect of the area of practice; or has qualifications, training & experience that the relevant Board considers to be at least substantially equivalent to those above – s 32.	<p>nursing in another area of nursing if the person is the holder of a qualification recognised by the council – s 77(3).</p> <p>Board does not recognise MPs.</p>	on an appropriate part of the register if the person: has approved or recognised qualifications has met the requirements determined by the Board is a fit & proper person to be registered – s 23(1).	<p>authorisation to practise in a restricted practice area if in the case of a prescribed area of nursing practice – the nurse has the qualifications, training &amp; experience prescribed in respect of that area of nursing practice or has qualifications, training &amp; experience that the Board considers to be at least substantially equivalent to the prescribed qualifications, training &amp; experience – s 32(c) &amp; Cl 4, <i>Nursing Regulation</i> 2005</p> <p>Board does not recognise MPs.</p>	<p>under Division 1, 3 or 4 of the Register has satisfactorily completed a course of study &amp; undertaken clinical experience that, in the opinion of the Board, qualifies the nurse to use the title NP, the Board may endorse the registration of the nurse &amp; specify in the endorsement the category or categories of NP recognised by the Board with respect to which the NP is qualified to use the title – s 8B(1).</p> <p>If the Board is satisfied that a RN referred has satisfactorily completed a course of study which, in the opinion of the Board, qualifies the nurse to obtain &amp; have in their possession &amp; to use, sell or supply the Schedule 2, 3, 4 &amp; 8 poisons within the meaning of the <i>Drugs, Poisons &amp; Controlled Substances Act 1981</i> that are prescribed under that Act with respect to a category of NP, the Board may endorse the registration of the nurse with that category of NP – s 8B(2).</p> <p>Similar provision under ss 21(1) &amp; (2).</p>	<p>that he or she complies with the requirements shall, subject to this Act &amp; on payment of the fee prescribed under section 31, be registered under this section as a NP in division 1 of the register.</p> <p>The requirements are that the person: is registered, or entitled to be registered, as a nurse in division 1 of the register; &amp; holds an approved educational qualification – ss 22A(1) &amp; (2).</p> <p>Similar provision under Clause 28.</p>
8.4.4	ENs - Medications	EN must have successfully completed an approved medication practice – Sched 3 para	Policy	NA	NA	NA	Policy	The Board may endorse the registration of a nurse registered under division 2 of the register	NA

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		3.7(3)						<p>if the Board is satisfied that the nurse: has satisfactorily completed a course of study in medication administration approved by the Board; or has satisfactorily completed a course of study or has a qualification which, in the opinion of the Board, is substantially equivalent or is based on similar competencies to a course referred to above – s 8C(1).</p> <p>If the Nurses Board of Victoria is satisfied that a nurse registered under Division 2 of the register maintained by the Board is qualified in medication administration, the Board may endorse the registration of the nurse to that effect – s 22(1).</p>	
8.4.5	Other	NA	Enrolled on List B of Roll of Nurses as EN(mothercraft) – see Map 3.	NA	Policy: Enrolled Nurse Medication endorsement Endorsement authorising practice under the <i>Health (Drugs &amp; Poisons) Regulation 1996</i>	Authorisation for an EN to practise without the supervision of a RN - The Board may, on conditions determined by the Board, authorise an EN to practise in a field or fields of nursing without the supervision of an appropriately qualified RN (or without the supervision of a RN at all – s 24(3).	NA	NA	NA
8.5	RA pathways available leading to specialty recognition								
8.5.1	Midwives	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5	See Map 3 – 3.5

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6	Mutual Recognition – see Map 6
8.5.2	Nurse Practitioners	<p>3 Pathways available: Pathway 1: For RNs &amp; ENs who have completed the specific educational program approved by the Board as a course leading to authorisation to practice as a NP or EN(meds).</p> <p>Pathway 2: for RNs &amp; ENs who have completed an educational program that is equivalent to one approved by the Board as a course leading to authorisation to practice as a NP or EN(meds) [5-8].</p> <p>Pathway 3: Mutual recognition under the <i>Mutual Recognition Act</i> or <i>Trans-Tasman Mutual Recognition Act</i> – if equivalence of occupation can be established – see Map 6.</p>	<p>3 Pathways available: Pathway 1: For RNs &amp; RMs who have completed a Masters program approved by the Board as a course leading to authorisation to practice as a NP or MP.</p> <p>Pathway 2: For RNs &amp; RMs who are working at an advanced practice level but who have NOT completed a Masters program approved by the Board (P41).</p> <p>Pathway 3: Mutual recognition under the <i>Mutual Recognition Act</i> or <i>Trans-Tasman Mutual Recognition Act</i> – if equivalence of occupation can be established – although application form does not indicate that NPs or MPs may apply – See Map 6.</p> <p>Lack of mention on usual application form is an oversight. The <i>Mutual Recognition Act</i> specifies requirements for an application and it does not provide that a special form is required to lodge an application - must just satisfy section 19 of the MR Act. There should be no doubt that mutual recognition is available to applicants who are recognised as nurse</p>	<p>3 Pathways available: Pathway 1 is for a RN who has completed a clinically focussed masters program accredited by the Board or accredited by another Australian or NZ RA.</p> <p>Pathway 2 is for a RN that is working at an advance practicing level &amp; wished to become authorised as a nurse practitioner. They have not completed a clinically focussed masters program that has been accredited by the Board or accredited by another Australian or NZ RA. Was to only be offered until the end of April 2006. Applications will not be accepted via this pathway, after that date as all nurse practitioner applicants will be required to hold a clinically focussed masters [9].</p> <p>Pathway two timeframe will be extended. The timeframe originally provided was following discussion with the NT DH&amp;Cs who had a project officer employed to develop the framework to support the introduction of the role in the NT.</p> <p>Pathway 3: Mutual</p>	<p>Applicants will have experience in a leadership role in an area of advanced specialist nursing practice &amp; their competence for practice will be assessed against the NP competency standards. This will be determined by one of the following methods.</p> <p>Master of Clinical Nursing degree for NPs The applicant has: Demonstrated experience in advanced nursing practice in a clinical leadership role, &amp; Successfully completed a Master of Clinical Nursing degree accredited by the Council, in which graduate outcomes are linked to the NP competency standards.</p> <p>Master of Nursing degree or equivalent master's degree in a related discipline &amp; individual assessment (Transitional arrangements.) For a period of 3 years from a date to be proclaimed by Council Council approved the policy for the regulation of nurse practitioners in Queensland in December 2004. The expert panel was</p>	<p>Applicant must satisfy the Board through the production of an evidence portfolio &amp; mandatory interview that they meet the Professional Standards for Nurse Practitioner Practice</p> <p>Applicants are required to provide evidence against the Professional Standards Statement for Nurse Practitioner Practice.</p> <p>There are 10 Standard Statements &amp; each Standard Statement has several Areas of Responsibility. Each Area of Responsibility has corresponding Criteria of Evidence that the applicant must address in their application.</p> <p>Applicants are required to provide evidence relevant to the criteria of evidence for each Area of Responsibility. There are 29 Areas of Responsibility in total.</p> <p>If applicant is not submitting evidence against a specific Area of Responsibility, they are required to clarify this in the application (eg not submitting evidence against 6.2 Approved</p>	<p>Information not yet available.</p>	<p>The Nurse Practitioner endorsement process is currently under review &amp; minimal information is available through the website on current policy [13].</p>	<p>POSTGRADUATE QUALIFICATION – RNs who have completed a postgraduate qualification approved by the Board as a course leading to registration as a NP.</p> <p>MUTUAL RECOGNITION OF INTERSTATE REGISTERED /ENDORSED NPs – NPs registered or endorsed in other Australian states/territories to gain registration as a NP in WA,</p> <p>Board is required to make an assessment of the program which led to registration as a NP in an overseas country to determine its equivalence to the standard approved in WA.</p> <p>NB. Only a nurse/midwife currently registered or entitled to be registered in Division 1 of the Register of the Board can submit an application for registration as a NP [14].</p>

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			practitioners in other Australian jurisdictions or NZ.	recognition under the <i>Mutual Recognition Act</i> or <i>Trans-Tasman Mutual Recognition Act</i> – if equivalence of occupation can be established – see Map 6.	appointed in June 2005. RNs with a current licence to practise in Queensland & a master's degree in nursing or a related discipline from a university in Queensland or elsewhere may apply for endorsement as a NP. Eligibility will be determined by Council based on an assessment of the following: Transcript of the applicant's results &, if required, detailed information of the master's degree program. Portfolio of the applicant's advanced nursing practice & clinical leadership linked to the NP competency standards. Oral assessment, by an Expert Panel, to determine whether the applicant demonstrates the attributes stated in the NP competency standards [10].  Mutual Recognition – Map 6	Medication Prescribing Formulary as not seeking authorisation to prescribe medications)  Applicants should submit the best examples of evidence for each area of responsibility. This evidence should be the most relevant information that appropriately meets the criteria for evidence. This may be a combination of formal documents & a statement of the rationale or relevance of this document as evidence of their practice [4, 11].  Mutual Recognition – Map 6 [12].			
8.5.3	Mental Health Nurses	NA	NA	NA	Endorsement authorising practice as a mental health nurse may be issued to: persons who have completed a recognised pre-registration comprehensive or general nursing course & a recognised post registration mental health nursing course;	No	Graduate Diploma – Board accredited program or substantial equivalence.	NA	See 8.3.2

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>OR persons who have completed a recognised pre-registration mental health nursing course &amp; EITHER: a recognised comprehensive or general nursing course which entitled the person to registration in the place where the course was undertaken, OR a recognised post-registration mental health nursing course [15].</p> <p>MR – not applicable.</p>				
8.5.4.	Enrolled nurses – medication administration	<p>See 8.5.2</p> <p>Mutual Recognition – Map 6</p>	<p>Only ENs who have completed a course approved by Board may administer medications including schedule 4 medications (but not including drugs of addiction in accordance with the Poisons &amp; Therapeutic Goods Act) [1].</p> <p>This is policy. There is no restriction in the Act. Restrictions are based on scope of practice for which the EN has been educated together with restrictions in the <i>Poisons and Therapeutic Goods Act</i>.</p> <p>Mutual Recognition – Map 6</p>	NA	<p>To be eligible for this endorsement the applicant must be an EN who has completed an accredited course in Queensland or a course in another place which is accepted to the Council [16].</p> <p>MR – not applicable.</p>	NA	Board accreditation or equivalence.	<p>Division 2 registered nurses on successful completion of the accredited course in medication administration are eligible to make application to the Board for endorsement. Endorsement will take place following recommendation from the Course Coordinator of the Board approved Registered Training Organisation conducting the course.</p> <p>Evidence of endorsement will be placed on the registration certificate issued to each endorsed division 2 registered nurse &amp; also on the Public Register at the Board website [17].</p>	NA
8.5.5	Other	NA	Enrolled on List B of Roll of Nurses as	?	Endorsements Authorising Practice	EN to practise without the supervision of a RN	NA	NA	NA



Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			EN(mothercraft) – see Map 3.		under the <i>Health (Drugs &amp; Poisons) Regulation 1996</i> : Immunisation Program Rural & Isolated Practice Sexual & Reproductive Health Program To be eligible for one of these endorsements the applicant must be a RN who has completed an accredited Immunisation Program, Rural & Isolated Practice or Sexual & Reproductive Health Program course in Queensland.  Applications under mutual recognition legislation are not accepted for these endorsements [18].	This section was included in the <i>Nurses Act 1999</i> as it was acknowledged that there were ENs working competently within the community who were in breach of the previous Act as they had minimal or no supervision from a RN [19].			
8.6	Adoption of national practice standards	Yes  ANMC National competency standards for RNs, ENs & NPs – see Map 1 – 1.13.	Yes – see Map 1 – 1.13.  <b>NOTE: The Board has now adopted all ANMC competency standards including NPs but excluding the introductory pages of each ANMC publication.</b>	Yes  ANMC National competency standards for RNs, midwives & NPs – see Map 1 – 1.13.	Yes  ANMC National competency standards for RNs, ENs & NPs – see Map 1 – 1.13.	ANMC National competency standards for RNs, Midwives & ENs – have been adopted – see Map 1 – 1.13.  <b>ANMC competency standards for NPs currently under discussion by Board</b>	Yes  ANMC National competency standards for RNs, ENs & NPs – see Map 1 – 1.13.	Yes  ANMC National competency standards for RNs, ENs & NPs – see Map 1 – 1.13.	Yes  ANMC National competency standards for RNs, Midwives, ENs & NPs – see Map 1 – 1.13.
8.7	Adoption of national educational standards	ANMC Report on NPs educational standards for NPs & ENs endorsed by Board	No	?	?	No	?	?	<b>ANMC has currently a project underway to identify national educational standards, with the view to all RAs agreeing to them. This will mean for example, (when agreement is reached) that a program approved by NSW will also be approved by WA.</b>
8.8	Approval of education programs for entry into practice required	Yes  The Board will accept an	If the RN chooses the pathway to becoming an MP or NP that requires a	Yes  Can be accredited by the	Yes  Can be accredited by the	Yes  Qualifications can be	Yes  A registered nurse may	Yes  If the Board is satisfied	Yes  Can be a course

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>applicant under the MR Act on the basis that another Board has originally approved the program that the person has graduated from - Sched 3 – 3.7</p> <p>? Not required for applications under MR.</p>	<p>Masters level degree then this course must be approved by the Board [20].</p> <p>Many applicants under pathway 2 also hold masters degrees. Where the Masters degree has not been submitted to, and approved by, the NMB, the application is considered under pathway 2.</p> <p>The Mutual Recognition Act provides that recognition is based on entitlement to practise in the jurisdiction of origin. The Act specifically precludes consideration of education. Sect 23 provides the grounds on which an application can be refused and education is not one of the grounds available to a registering authority. Sect 17 refers to entitlement to practise and specifically excludes holding of some qualification as a basis for declining entitlement to practise.</p>	Board or accredited by another Australian or NZ RA [9].	Board or accredited by another [2, 15, 16, 18, 21-23]	approved or recognised by Board – s23(1)(a).	apply to the Board for an authorisation to practise in a restricted practice area if the nurse has successfully completed an accredited course or has qualifications, training & experience in midwifery that the Board considers to be at least substantially equivalent to an accredited midwifery course – s 32.	that a nurse registered under Division 1, 3 or 4 of the Register has satisfactorily completed a course of study & undertaken clinical experience that, in the opinion of the Board, qualifies the nurse to use the title nurse practitioner & completed a course of study to obtain & have in her or his possession & to use, sell or supply the Schedule 2, 3, 4 & 8 poisons within the meaning of the Drugs, Poisons & Controlled Substances Act 1981 that are prescribed under that Act with respect to a category of nurse practitioner – ss 8B(1)&(2).	<p>approved by the Board or the equivalent of that course [14].</p> <p>All applicants for registration need to have completed an approved (or equivalent) educational program.</p>
8.9	Educational requirements for registration, authorisation or endorsement	See also Map 9	See also Map 9	See also Map 9	See also Map 9	See also Map 9	See also Map 9	See also Map 9	See also Map 9
8.91	Midwives	See Map 9 – 9.15 & 9.16	See Map 9 – 9.15 & 9.16	See Map 9 – 9.15 & 9.16	See 8.5.1 & Map 9, 9.15 & 9.16	See 8.5.1 & Map 9, 9.15 & 9.16	See 8.5.1 & Map 9, 9.15 & 9.16	See 8.5.1 & Map 9, 9.15 & 9.16	See 8.5.1 & Map 9, 9.15 & 9.16
8.9.2	Mental Health Nurses	NA	NA	NA	See 8.5.3	NA	See 8.5.3	NA	NA
8.9.3	Nurse Practitioners & Midwife Practitioners	See also Map 9 – 9.17	See also Map 9 – 9.17	Pathway 1: Clinically focussed	See 8.5.2 & Map 9, 9.17.	See 8.5.2 & 9.17.	3 pathways will be available – Pathway 3	See also Map 9 – 9.17	See 8.5.2 & Map 9 - 9.17.

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		Has graduated from a master of nurse practitioner program approved by the Board or another nursing & midwifery regulatory authority – Sched 3 para 3.7(1), or Is a graduate of a program in place other than the ACT or a local jurisdiction that is substantially equivalent to the above masters program & is authorised to practice as a NP in that place (or substantially equivalent position) – Sched 3 para 3.7(2).	Pathway 1 only – Completion of a Masters degree approved by the Board leading to authorisation as a NP or MP [20].  Pathway 1 also requires evidence of substantial experience at advanced practice level. (Sect 19A of Nurses and Midwives Act refers to "qualifications and experience")	masters program accredited by the Board or accredited by another Australian or NZ RA [9].	Educational qualifications: The educational qualifications of applicants who apply for individual assessment under the transitional arrangements will be assessed against the following criteria: Relevance to development of competence for practice: at an advanced level of nursing practice, & as a NP. Potential to assist the applicant to demonstrate the observable characteristics expected of a NP. The extent to which the master's degree meets the standards required for accreditation of a NP master's degree [10].  Board does not recognise midwife practitioners.	NP ensures adequate formal theoretical & clinical preparation for the advanced & extended nursing practice role. Such preparation will include knowledge of all legal obligations, as well as an understanding of the authority to prescribe & supply medications in accordance with the appropriate formulary & initiate diagnostic investigations & referrals[4, 11].	(MR) only one available until 2009.	The Nurse Practitioner endorsement process is currently under review & minimal information is available through the website on current policy [13].	NPs are required to exercise higher levels of judgement, discretion & decision-making in the clinical setting. Therefore appropriate preparation, education & demonstrated competence to practice & formal recognition of such competence is integral to the success of the role of the nurse practitioner in the designated area of practice. The nurse will need to complete postgraduate studies, which have been approved by the Board in order to register as a NP & practice in a designated area.  Postgraduate studies need to include areas of advanced nursing practice, pharmacology, pharmacotherapeutics, diagnostics, research, leadership & foundations of advanced nursing practice. The legislation requires that the initial registration be at least at a postgraduate level. It should be noted that this is the minimum level & further progression towards Masters & Doctoral preparation is encouraged.  It is also important that NPs maintain their clinical competencies, & seek mentor & peer

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									support. NPs need to maintain professional portfolios & employers should support their ongoing development [24].
8.9.4	ENs -Medications	Has successfully completed a medication practice program approved by the Board or another nursing & midwifery regulatory authority – Sched 3 para 3.7(3), or Is a graduate of a program in a place other than the ACT or a local jurisdiction that is substantially equivalent to a medication practice program outlined above, & is entitled to practise nursing as an enrolled nurse (or in a substantially equivalent position) in that place, & Can administer medications as required in the ACT (Board may require the person to undergo further training, or an examination, to be satisfied that the person can administer medications as required in the ACT – the Board has not considered exercising this option to date) - Sched 3 para 3.7(4).	See 8.5.4. & Map 9, 9.18.6	NA	See 8.5.4 & 9.18.6.	NA	See Map 9, 9.18.6.	See Map 9, 9.18.6.	See 8.3.2
8.9.5	Other	NA	Enrolled on List B of Roll of Nurses as EN(mothercraft) – see Map 3.	NA	Endorsements Authorising Practice under the <i>Health (Drugs &amp; Poisons) Regulation 1996</i> : Immunisation Program	ENs practising without supervision Standard 3: Qualifications, Experience & Competency of the	NA	NA	NA

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					Rural & Isolated Practice Sexual & Reproductive Health Program – see 8.5.5	Applicant - Criteria: There is evidence the applicant has the necessary qualifications, skills & competence to practise without supervision  There is evidence that: The applicant has undertaken appropriate educational preparation for the role [19].			
8.10	Evidence of successful completion of education program required	Transcript required indicating all components of course were successfully completed [25]	Evidence of successful completion of a course is required wherever that course forms evidence substantiating a claim. Eg it may form part of the package of evidence for nurse practitioner applicants under pathway 2 of that process or evidence of course completion may substantiate an application by an enrolled nurse for medication endorsement.  Certified copies of all documents [26, 27].	Transcripts of educational qualifications [9].	Certified copies of educational qualifications [2, 15, 16, 18, 21-23].	Certified copies of all documentation [11, 28].	Transcripts of educational qualifications & certificates, diplomas or degrees [29, 30].	Transcripts of educational qualifications & certificates, diplomas or degrees [31, 32]	Transcripts of educational qualifications & certificates, diplomas or degrees
8.11	Experiential requirements for registration, authorisation or endorsement	See Map 9	See Map 9	See Map 9	See Map 9	See Map 9	See Map 9	See Map 9	See Map 9
8.11.1	Midwives	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16	See Map 9, 9.16
8.11.2	Mental Health Nurses	NA	NA	NA	?	?	?	NA	NA
8.11.3	Nurse Practitioners & Midwife Practitioners	See Map 9, 9.17  Demonstrate a capacity to meet the ANMC National Competency Standards for the Nurse Practitioner: Dynamic practice that	See Map 9, 9.17  Evidence of 5000 hours of advanced practice appropriate for the relevant broad area of practice as being sought to work as a NP or MP	See Map 9, 9.17  Pathway 1: No specific requirements.  Pathway 2: Have practised for at least 3 years as an advanced	See Map 9, 9.17  Must meet the ANMC Nurse practitioner competency standards in the Domains of:  <i>Dynamic practice</i>	See Map 9, 9.17  Demonstrates excellence by integrating high level knowledge & skills with excellent clinical problem solving in order to treat their specific client	Pilot program to commence mid 2006.	See Map 9, 9.17  Must meet the ANMC Nurse practitioner competency standards in the Domains of:  <i>Dynamic practice</i>	See Map 9, 9.17  Must meet the ANMC Nurse practitioner competency standards in the Domains of:  <i>Dynamic practice</i>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>incorporates application of high-level knowledge &amp; skills in extended practice across sMap, unpredicMap &amp; complex situations</p> <p>Professional efficacy whereby practice is structured in a nursing model &amp; enhanced by autonomy &amp; accountability</p> <p>Clinical leadership that influences &amp; progresses clinical care, policy &amp; collaboration through all levels of health service (P34)</p> <p>In 2006, the Board will be conducting a random audit of 5% of registrants. If selected for audit the nurse and / or midwife must then demonstrate how they meet the relevant ANMC competency standards.</p> <p>University of Canberra Course Information for Master of Nurse Practitioner: course designed to build upon extensive clinical experience in a specialty area of nursing to enable the student to develop the skills, knowledge &amp; abilities to function with confidence &amp; autonomy in an extended scope of nursing practice. Study in the course will include development of clinical skills that extend the scope of nursing practice</p>	<p>[20].</p> <p>This requires: A Statement of Employment – to be completed by a senior nurse manager of employing institution ‘Verification of Advanced Practice Proforma’ prepared by a senior peer or colleague (nurse or medical practitioner) who has observed the applicant’s practice over at least 1 year &amp; requires an assessment (with examples to demonstrate) of an advanced level of: health assessment skills therapeutic management skills differential diagnostic skills &amp; knowledge pharmacology knowledge triage/prioritization skills ability to evaluate practice, &amp; that the responsibilities have involves a higher % of direct client care than management responsibilities [34].</p>	<p>practice nurse. This practise must have occurred &lt; 5 years &amp; be in the area of practise that the applicant is applying for as a NP [9].</p>	<p>Clinical knowledge &amp; skills Practice in complex environments Currency of clinical knowledge</p> <p><i>Professional efficacy</i> A nursing model of expanded practice Partnerships &amp; cultural awareness Autonomous &amp; accounMap practice</p> <p><i>Clinical leadership</i> Critique &amp; influence at systems level of health care Collaborative practice</p> <p>Observable characteristics These applicants will, as a minimum, be expected to demonstrate the following observable characteristics in their portfolio &amp; during the oral assessment: Creative. Confident in own skills &amp; abilities. Persistent, determined &amp; focused on outcomes mutually agreed with client(s). Willing to make individual judgment based on careful &amp; critical review of contemporary evidence. Enthusiastic &amp; motivated towards improving health care access &amp; outcomes for specific populations. A high level of</p>	<p>group. ensures clinical decision making at the highest level through leading &amp; developing nursing practice &amp; documenting advanced knowledge &amp; skills in application to clinical care while assuming full accountability &amp; responsibility for her/his practice. ensures the highest level of quality of care, within the context of clinical practice, through providing mastery in aspects of care relating to their specific specialty, in developing &amp; implementing protocols/standards, initiating research, teaching &amp; supporting professional colleagues. seeks to develop a collaborative model of care with consumers, medical practitioners &amp; other health professionals. This includes the commitment to establish &amp; lead forums/groups that review aspects of the provision of professional practice. ensures compliance with the Board standards, &amp; the required practice &amp; evaluation standards of other professions when exercising the rights &amp; privileges of prescribing &amp; supply of medications, initiating diagnostic</p>		<p>Clinical knowledge &amp; skills Practice in complex environments Currency of clinical knowledge</p> <p><i>Professional efficacy</i> A nursing model of expanded practice Partnerships &amp; cultural awareness Autonomous &amp; accounMap practice</p> <p><i>Clinical leadership</i> Critique &amp; influence at systems level of health care Collaborative practice</p> <p>Observable characteristics These applicants will, as a minimum, be expected to demonstrate the following observable characteristics in their portfolio &amp; during the oral assessment: Creative. Confident in own skills &amp; abilities. Persistent, determined &amp; focused on outcomes mutually agreed with client(s). Willing to make individual judgment based on careful &amp; critical review of contemporary evidence. Enthusiastic &amp; motivated towards improving health care access &amp; outcomes for specific populations. A high level of</p>	<p>Clinical knowledge &amp; skills Practice in complex environments Currency of clinical knowledge</p> <p><i>Professional efficacy</i> A nursing model of expanded practice Partnerships &amp; cultural awareness Autonomous &amp; accounMap practice</p> <p><i>Clinical leadership</i> Critique &amp; influence at systems level of health care Collaborative practice</p> <p>Observable characteristics These applicants will, as a minimum, be expected to demonstrate the following observable characteristics in their portfolio &amp; during the oral assessment: Creative. Confident in own skills &amp; abilities. Persistent, determined &amp; focused on outcomes mutually agreed with client(s). Willing to make individual judgment based on careful &amp; critical review of contemporary evidence. Enthusiastic &amp; motivated towards improving health care access &amp; outcomes for specific populations. A high level of</p>

Map 8 – Safe practice in specialised &amp; specific practice areas of nursing &amp; midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>&amp; the scientific, professional, legal &amp; ethical learning necessary to support this practice within a nursing model of care. Students are required to work in an advanced practice nursing role whilst undertaking the course. Acceptance into the course is subject to the students' access to a clinical support team in their specialty area of practice. Graduates will be eligible to apply to the ACT Nurses Board for <del>authorisation</del> <b>registration in the specialist area</b> to practise as a NP. The learning outcomes include: the knowledge &amp; skills for extended practice in a specialty field of health care; the ability to negotiate &amp; promote the nurse practitioner role with nurses &amp; other health professionals &amp; development of a professional portfolio, clinical protocols &amp; medication formulary to define their scope of practice. Applicants must be registered or eligible for registration, as a nurse &amp; hold a graduate diploma or equivalent in the relevant clinical field. Applicants must have a minimum of three years FTE clinical practice experience in the</p>			<p>knowledge &amp; skills consistent with the NP competency standards &amp; relevant to their advanced specialty practice. Establishes &amp; contributes to health care teams. Is effective in accommodating uncertainty &amp; managing risk in complex client-care situations [10].</p>	<p>investigations &amp; referrals. utilises available guidelines/protocols such as the Department of Health 'Guidelines for the Granting of Clinical Privileges &amp; Admitting Privileges for Nurses &amp; Midwives in Public Hospitals in South Australia' in order to gain Clinical &amp;/or Admitting Privileges. establishes &amp; maintains performance evaluation in order to demonstrate quality improvement in her/his practice &amp; utilisation of evidence based practice. commits to continuing competence &amp; professional development relevant to the context in which she/he practises. will ensure the protection of the public through the provision of indemnity insurance [4, 11].</p>		<p>knowledge &amp; skills consistent with the NP competency standards &amp; relevant to their advanced specialty practice. Establishes &amp; contributes to health care teams. Is effective in accommodating uncertainty &amp; managing risk in complex client-care situations [35].</p>	<p>knowledge &amp; skills consistent with the NP competency standards &amp; relevant to their advanced specialty practice. Establishes &amp; contributes to health care teams. Is effective in accommodating uncertainty &amp; managing risk in complex client-care situations [36]</p>

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		nominated specialty & hold current membership of the (relevant) specialty/ professional body [33].							
8.11.4	ENs -Medications	See Map 9, 9.18	See Map 9, 9.18	NA	See Map 9, 9.18.6.	NA	See Map 9, 9.18.6.	See Map 9, 9.18.6.	NA
8.11.5	Other	NA	NA	NA	?  Endorsements Authorising Practice under the <i>Health (Drugs &amp; Poisons) Regulation 1996</i> : Immunisation Program Rural & Isolated Practice Sexual & Reproductive Health Program	ENs practising without supervision The applicant has contemporary knowledge, skills & experience in the specific area of practice. The applicant is able to provide verification of continuing education in the specific area of practice. Practice incorporates evidence based research & evaluation of nursing care [19].	NA	NA	NA
8.12	Other requirements for registration, authorisation or endorsement								
8.12.1	NPs & MPs	No	Pathway 2 only: (no relevant Masters degree approved by the Board) – a <i>package of evidence</i> & attendance at a <i>peer review interview</i> is required [37].	Pathway 1: Provide a written submission addressing the ANMC NP Competency Standards 2004; Provide an evidence portfolio of supporting documentation which will demonstrate that you are competent to practise as a NP; Provide a detailed CV which includes ongoing professional education relevant to practice, evidence of involvement in professional activities such as membership of working parties, boards, or national committees.	Assessment by Expert Panel – strategies The strategies used by the Expert Panel to evaluate an applicant may include, but not be limited to, the following: Presentation of complex case study(ies) by the applicant from actual event(s) in their specialty area of practice. Assessor observation of the applicant in the context of NP practice. This may involve a 'typical' NP episode of care. Use of a compiled portfolio that demonstrates	The applicant is required to attend a mandatory interview as part of the assessment process. It is suggested that applicants may make a formal presentation (of no more than 20 minutes) to the assessment panel to highlight the applicants intended role & scope of practice as a NP [11].	Information not yet available.	?	?



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				evidence of clinical & professional leadership & any publications/research/reports. All claims must be substantiated, documented & verified. Be prepared to attend an interview with the Board's NP Assessment Committee where the applicant will be required to demonstrate knowledge & skills against the ANMC NP Competency Standards in the area of practise that the applicant is applying for as a NP [9].  Pathway 2: Similar to above with the interview with Board Committee being mandatory [9].	competencies & capability in practice. Oral assessment related to the applicant's portfolio, advanced clinical nursing practice & the attributes necessary to demonstrate the NP competency standards. Assessment of the applicant's current practice, including collaborative practice in complex situations, & the similarity of the nurse's practice to that expected of a NP [10].				
8.12.2	Other	No	No	Specific recency requirements are for Pathway 2 only – see 8.11 [9].  However recency requirements for RNs apply also – see Map 7 – 7.12.	No	ENs practising without supervision The applicant is required to attend a mandatory interview as part of the assessment process. It is suggested that applicants may make a formal presentation (of no more than 20 minutes) to the assessment panel to highlight the applicants intended role & scope of practice as an EN practising without the supervision of an RN [19].	No	No	No
8.13	Recency of education &/or practice	NP – Has graduated from the program, or practised nursing in the area of nurse practitioner	NPs & MPs - Pathways 1 & 2: Evidence of 5000 hours advanced practice in the	Recency of practice required to be established for any of the registration &	Recency of practice required to be established for any of the authorisation processes	Recency of practice required to be established for registration in any area	Recency of practice required to be established for registration or enrolment	Recency of practice required to be established for registration in any area	NPs: Where a person is registered as a NP but a period of 3 years has elapsed during which the

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		<p>&lt; 5 years from the date of application – Sched 3 para 3.7(3)(c).</p> <p>EN(med) – successfully completed the program, or has administered medication &lt; 5 years from the date of application – Sched 3 para 3.7(4)</p> <p>Continued Competence - NPs &amp; Ens in the ACT must be able to demonstrate that they meet the Australian Nursing &amp; Midwifery Council Competency Standards for NPs &amp; ENs [5-8, 38, 39].</p>	<p>relevant area of practice within the last six years is required [34].</p>	<p>authorisation processes [40-46]</p>	<p>[21, 22].</p>	<p>of practice [47].</p>	<p>in any area of practice – Competence to Practice Policy [48].</p>	<p>of practice.</p> <p>The Board may refuse to renew the registration of an applicant if they are satisfied that the applicant has not had sufficient nursing experience in the preceding 5 years to be able to practise as a nurse having the particular registration which the applicant is seeking to have renewed, or on other ground upon which the Board might refuse to grant registration – s 14(1).</p>	<p>person has not: practised as a nurse practitioner; or completed a qualification or a refresher course for NPs approved by the Board, the person shall notify the Board of that fact.</p> <p>The Board shall remove from the register the name of any person registered as a NP who has given notice to the Board, or in respect of whom it is satisfied that the subsection applies but who has not given such notice – ss 41(1a) &amp; (3).</p> <p>The requirements are that the person has practised as a nurse or completed a refresher course in nursing, approved by the Board, within the 5 years preceding their application – s 22(2)(c).</p> <p>Where a nurse has not practiced nursing for a period exceeding 5 years in a division of the register for which registration is sought, the nurse is required to successfully complete a Renewal of Registration course [49].</p> <p>CI 27(2)(e) &amp; (4) in the <i>Nurses &amp; Midwives Bill</i> appear to be the relevant provisions that support</p>

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									the potential for the Board's recency of Practice Policy.
8.14	Summary of application for registration, authorisation or endorsement requirements	<p>Application requirements are the same as for registration or enrolment – see Map 3</p> <p>Application required in writing</p> <p>Payment of the prescribed fee [25]</p> <p>Application under mutual recognition legislation – see Map 6.</p> <p>EN Medication Authorisation: Successful applicants will be issued with a certificate &amp; annual practicing card with the words “authorised to administer medications excluding Schedule 8 medications &amp; intravenous therapy.” Upon approval applicants who were previously enrolled in the ACT will be asked to return their previous Annual Practicing Card.</p> <p>Unsuccessful applicants will be advised in writing of the Board's decision outlining the reason(s) for their decision</p>	<p>Pathway 1: NP – complete application form for authorisation as a NP &amp; identify the approved broad area &amp; specialty area of practice in which assessment is sought [26]; &amp; MP – complete the application form for authorisation as a midwife practitioner [27].</p> <p>Evidence of current registration as a nurse &amp;/or midwife in NSW. A detailed curriculum vitae.</p> <p>Evidence of 5000 hours advanced practice in the relevant area of practice within the last six years[34].</p> <p>Evidence of completion of a Masters program approved by the Board as a course leading to authorisation as a nurse practitioner or midwife practitioner – original letter from the university should be submitted with application.</p> <p>Application fee.</p> <p>Pathway 2: NP – complete application form for authorisation as a NP &amp; identify the approved broad area &amp; specialty area of practice in which assessment is sought [26]; &amp; MP – complete the application form for</p>	<p>Pathway 1</p> <p>This pathway can be used if the applicant: Holds current registration as a nurse in the NT; Has successfully completed a clinically focussed masters program2 that has been accredited by the Board or another nursing &amp; RA in Australia or NZ, as leading to authorisation as a nurse practitioner; Provides a written submission addressing the ANMC Competency Standards 2004; Provides an evidence portfolio of supporting documentation which will demonstrate they are competent to practise as a nurse practitioner; Provides a detailed CV which includes ongoing professional education relevant to practice, evidence of involvement in professional activities such as membership of working parties, boards, or national committees, evidence of clinical &amp; professional leadership &amp; any publications/research/reports. All claims must be substantiated, documented &amp; verified. Is prepared to attend an interview with the Board's NP Assessment Committee where the</p>	<p>NPs: Application on specific application form for NP endorsement [22].</p> <p>All other nursing &amp; midwifery endorsements: Application requirements are the same as for registration or enrolment – see Map 3.</p> <p>Application required in writing</p> <p>Payment of the prescribed fee [25]</p> <p>Application under mutual recognition legislation – see Map 6.</p>	<p>NPs: Application on specific application form for NP registration in <i>Application Pack for Authorisation as a NP</i> [11].</p> <p>ENs practising without supervision</p> <p>Application on specific application form for in <i>Application Pack for Authorisation to practise without the supervision of an RN</i> [19].</p> <p>All other nursing &amp; midwifery registrations: Application requirements are the same as for registration or enrolment – see Map 3.</p> <p>Application required in writing</p> <p>Payment of the prescribed fee</p> <p>Application under mutual recognition legislation – see Map 6.</p>	<p><b>Application Package completed May 2006.</b></p> <p>Application requirements are the same as for registration or enrolment – see Map 3.</p> <p>Application required in writing</p> <p>Payment of the prescribed fee</p> <p>Application under mutual recognition legislation – see Map 6.</p>	<p>The Nurse Practitioner endorsement process is currently under review &amp; minimal information is available through the website on current policy [13].</p>	<p>Application requirements are the same as for registration or enrolment – see Map 3.</p> <p>Application required in writing</p> <p>Payment of the prescribed fee</p> <p>Application under mutual recognition legislation – see Map 6.</p>

Map 8 – Safe practice in specialised &amp; specific practice areas of nursing &amp; midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>authorisation as a midwife practitioner [27]. Evidence of current registration as a nurse &amp;/or midwife in NSW. Evidence of 5000 hours advanced practice in the relevant area of practice within the last six years (P44). A package of certified evidence that includes a detailed curriculum vita &amp; case study [37, 50]. A detailed curriculum vitae. Application fee Attend a peer review interview at which applicant will be required to demonstrate knowledge &amp; skills as per the assessment criteria relevant to identified area of practice[37].</p> <p>Application under mutual recognition legislation – see Map 6.</p> <p>Medication endorsement for ENs requires application form &amp; evidence of completion of approved course or evidence of content and completion of another course that meets the Board's requirements (no fee required).</p>	<p>applicant will be required to demonstrate knowledge &amp; skills against the ANMC Competency Standards in the area of practise that the applicant is applying for as a NP.</p> <p>Pathway 2 not included – will only be available for 12 months after receiving the first applications.</p>					
8.15	Period of registration, authorisation or endorsement in specialty area	Annual renewal – see requirements – see Map 7 – 7.2.	NPs & MPs - Period specified in certificate of authorisation – not exceeding 5 years – ss19A(3) & 20(3)	Annual renewal – see requirements – see Map 7 – 7.2 [9].	Annual renewal – see requirements – see Map 7 – 7.2.	Annual renewal – see requirements – see Map 7 – 7.2.	Annual renewal – see requirements – see Map 7 – 7.2.	Annual renewal – see requirements – see Map 7 – 7.2.	Annual or 3 year renewal – see requirements – see Map 7 – 7.2,  Initially there was a requirement for NPs to renew annually. They now have the opportunity

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									to renew for 3 years also.
8.16	Scope of practice defined for specialty area of practice								
8.16.1	Midwifery	<p>The practice of midwifery involves the autonomous &amp; collaborative care of women during pregnancy, labour, birth &amp; the period after birth &amp; the care of newborns &amp; infants in all settings (including specialist areas).</p> <p>The practice of midwifery includes the following: the supervision &amp; care of women during pregnancy, labour &amp; the period after birth; attending deliveries; caring for the newborn baby, &amp; the infant, (the baby); educating women &amp; the community generally in relation to birth &amp; early childhood, for example, by taking antenatal classes or classes that prepare people for parenthood or educating about reproductive or women's health matters; research to facilitate the implementation of evidence-based health care; participation in shaping health policy &amp; health systems management; education of midwives by midwives .</p> <p>Care, of a woman or baby, includes:</p>	<p>COMPETENCIES OF THE MIDWIFE ANMC Standards have now been adopted.</p> <p>ASSESSMENT The Midwife should be able to assess &amp; monitor in the context of the family unit according to age, wellbeing, socio-cultural background &amp; environment, the physiological, psychological, sociological &amp; spiritual needs of: a woman during pregnancy, labour &amp; the puerperium; &amp; her foetus / baby during pregnancy, labour &amp; the neonatal period.</p> <p>PLANNING &amp; INTERVENTION The Midwife should be able to plan &amp; provide appropriate woman centred midwifery care during pregnancy, labour &amp; puerperium.</p> <p>SAFETY The midwife should be able to provide for &amp; advise on security &amp; safety for the woman, her foetus / baby &amp; family during pregnancy, labour &amp; puerperium.</p> <p>HEALTH PROMOTION</p>	<p>ACMI Definition of a Midwife has been adopted by the Board &amp; ANMC Competency Standards for Midwives.</p>	<p>Midwifery care is woman centred, &amp; occurs in an open &amp; interactive environment in which the woman &amp; the midwife negotiate a partnership to achieve the best possible health outcomes.</p> <p>Midwifery practice enhances &amp; promotes the normal process of childbirth while being flexible &amp; responsive to change.</p> <p>The midwife must recognise &amp; respect the uniqueness &amp; dignity of each woman, &amp; respond to her need for care, irrespective of the woman's childbearing beliefs, values &amp; expectations, life experiences, ethnic origin, religious beliefs, the nature of her health problem or any other factor.</p> <p>The scope of midwifery practice is that which a midwife is educated, authorised &amp; competent to perform. The actual scope of practice of individual midwives is influenced by the settings in which they practise, the care needs of the woman &amp; infant,</p>	<p>A midwife is a professional who, in partnership with the woman, provides care, education &amp; support during the childbearing cycle.</p> <p>Midwives work with women, partners &amp; families during prenatal, pregnancy, birth, postnatal &amp; early parenting. Midwives believe that childbirth is an essentially normal significant life event for women &amp; their families.</p> <p>The midwife forms a partnership with the woman as she experiences the life process of childbearing. This begins with preparation &amp; decision-making for childbirth &amp; includes the care of the woman's pre-pregnancy &amp; during all phases of childbearing &amp; early parenting.</p> <p>The focus of midwifery care is the woman herself. Midwifery care incorporates the inclusion of the family &amp; where possible those considered significant to the woman [54].</p>	<p>Midwifery is the care of women by a midwife during pregnancy, birth &amp; after the birth of a child. It also encompasses care of the newborn baby &amp; other areas of women's health &amp; family care. The midwife practices collaboratively with other healthcare professionals as necessary.</p> <p>Childbirth is viewed as a normal life event, which in most instances remains within the realm of 'health' &amp; therefore midwives practise within a primary health care model. Following completion of an accredited midwifery program, a midwife must be competent to: Provide childbirth &amp; health care education for a woman &amp; her significant others; Undertake all aspects of antenatal care for a woman with a normal pregnancy, &amp; consult &amp; refer to other healthcare professionals as required; Provide continuity of care &amp; support to a woman during normal labour. Such care includes assessment of the wellbeing of the woman</p>	<p>On entry to practice, a midwife is a person who: ... having been regularly admitted to a midwifery educational program, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery &amp; has acquired the requisite qualifications to be registered &amp;/or legally licensed to practise midwifery (ICM, 2005). The midwife will be able to demonstrate competence in the provision of midwifery care as specified in the ANMC's National Competency Standards for the Midwife [56, 57].</p>	<p>On entry to practice, a midwife is a person who: ... having been regularly admitted to a midwifery educational program, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery &amp; has acquired the requisite qualifications to be registered &amp;/or legally licensed to practise midwifery (ICM, 2005). The midwife will be able to demonstrate competence in the provision of midwifery care as specified in the ANMC's National Competency Standards for the Midwife [56, 58].</p>

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		taking the preventative measures necessary or desirable for the health & wellbeing of the woman or baby; & detecting any abnormal condition in the woman or baby; & obtaining any other necessary or desirable medical assistance for the woman or baby; & taking emergency measures if other medical assistance is necessary for the woman or baby but not available - Sched 4, Cl 4.2.	<p>The midwife should be able to assume a health promoting role regarding pregnancy, labour, the post natal period &amp; the neonatal period for the woman, her family &amp; community.</p> <p><b>OPTIMISING HEALTH OUTCOMES</b> The midwife should be able to participate with the woman, her family &amp; other health care providers in the planning, implementation &amp; evaluation of strategies for the achievement of optimal health outcomes.</p> <p><b>COMMUNICATION &amp; INTERPERSONAL SKILLS</b> The midwife should be able to effectively utilise interpersonal communication skills in meeting the needs &amp; concerns of the childbearing woman, her family &amp; others.</p> <p><b>MANAGEMENT OF PROFESSIONAL PRACTICE</b> The midwife should be able to demonstrate commitment to personal &amp; professional development [51].</p>		<p>the level of competence of the midwife &amp; the policy requirements of the service provider. The midwife may practise in the home, hospital, birth centre, community or other care settings.</p> <p>The midwife has the educational preparation &amp; competence to: give necessary advice, care &amp; support to the woman preconceptually, &amp; during pregnancy, labour, birth &amp; the postpartum period; assist the birthing woman, conduct deliveries &amp; care for the infant; recognise the signs of deviations from normal in the woman or infant which necessitate referral, &amp; to initiate the necessary emergency measures; care for the woman &amp; infant &amp; provide support &amp; guidance in the postnatal period; provide health education &amp; counselling for the woman, her family &amp; the community; participate in health promotion &amp; education which could include childbirth &amp; parenthood classes; provide comprehensive family planning information &amp; advice; participate in data collection &amp;</p>		<p>&amp; her baby; the progress of labour; assisting birth; &amp; the care of the woman, the newborn &amp; significant others following birth; Provide continuity of care to a woman, her newborn &amp; significant others during the postnatal period. Such care includes education &amp; support in the establishment of breast feeding (or artificial feeding methods where necessary), early parenting &amp; health education, which includes family planning advice; Practise in collaboration with all relevant health care professionals caring for a woman with a complicated pregnancy, providing optimum care within a multidisciplinary team; Provide continuity of care to a woman &amp; significant others during complicated labour &amp;/or birth, in collaboration with the medical practitioner &amp; other healthcare professionals; Provide care to a woman &amp; any significant others identified as having special needs; Provide appropriate action in emergency situations; &amp; Provide care that reflects contemporary standards &amp; evidence-based practice [55].</p>		

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					documentation of care, & maintenance of records; & undertake & participate in research for the development of midwifery practice [52, 53].				
8.16.2	Nurse Practitioners	NPs defined as: the manner in which the NP who occupies the position may practise as a NP, including, for example, the aspects of practice that the NP may perform as a NP eg prescribing particular medication, referring patients to other health care professional, ordering particular diagnostic investigations – s37B(2), <i>Health Act 1993</i> .	NPs defined as: that which NPs & MPs are educated, authorised & competent to perform. The actual scope of practice of individuals is influenced by the settings in which they practise, the health needs of people, the level of competence & experience of the NP or MP & the policy requirements of the service provider. The scope of nursing practice encompasses clinical, educational, administrative & scholarly dimensions of nursing practice & for a NP or MP should incorporate specialist practice of the registered nurse & be at an advanced level.  Advanced practice is characterised by greater & increasing complexity & exists beyond beginning practice on the continuum of nursing practice. Education, experience & competence development mark advancing practice. As practice becomes more	NPs defined as: A NP is a registered nurse educated to function autonomously & collaboratively in an advanced & extended clinical role. The NP role includes assessment & management of clients using nursing knowledge & skills & may include but is not limited to the direct referral of patients to other health care professionals. Prescribing medications, & ordering diagnostic investigation. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories & practice & provides innovative & flexible health care delivery that complements other health care providers. The scope of practise of the NP is determined by the context in which the NP is authorised to practise [9].	NPs defined as: A NP is a RN educated to function autonomously & collaboratively in an advanced & expanded clinical role. The NP role includes assessment & management of clients using nursing knowledge & skills & may include but is not limited to: the direct referral of clients to other health care professionals prescribing medications ordering diagnostic investigations.  The NP role is grounded in the nursing profession's values, knowledge, theories & practice & provides innovative & flexible health care delivery that complements other health care providers.  The scope of practice of the NP is determined by the context in which the nurse practitioner is educated, competent & authorised to practise.  The core role of nurse practitioners is characterised by complexity, breadth &	NPs defined as: A NP is a RN educated to function in an advanced clinical role. The scope of practice of the NP will be determined by the context in which the NP is authorised to practise.  The defining features of a NP, as described in the SA Nurse Practitioner Project 1999, includes combined roles of educator, mentor, provider, manager & researcher within the context of need, setting, education & autonomy [4].	Pilot Program to begin mid 2006	A NP is a RN educated & authorised to function autonomously & collaboratively in an advanced & extended clinical role. The NP role includes assessment & management of clients using nursing knowledge & skills & may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications & ordering diagnostic investigations. The NP role is grounded in the nursing profession's values, knowledge, theories & practise & provides innovative & flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practise [13, 35].	A NP is a RN educated & authorised to function autonomously & collaboratively in an advanced & extended clinical role. The NP role includes assessment & management of clients using nursing knowledge & skills & may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications & ordering diagnostic investigations. The NP role is grounded in the nursing profession's values, knowledge, theories & practise & provides innovative & flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practise [58, 60].

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			<p>advanced nurses demonstrate more effective integration of theory, practice &amp; experiences along with increasing degrees of autonomy in judgements &amp; interventions.</p> <p>NP &amp; MP's scope of practice should also include the context in which practice is delivered. The context of practice is usually indicated by defining the following:            Age range of patients/clients            Presenting symptoms or complaints            Actual disease state or diagnosis            Severity of the symptoms            Geographical location of the patient or clients            A scope of practice is required for each NP &amp; MP [59].</p> <p>The statement that "a scope of practice is required for each NP &amp; MP" might be an employer requirement for employees of DOH. Not aware that it is otherwise required.</p>		depth of practice in the three domains of practice (ANMC) [10].				
8.16.3	Mental health nurses	NA	NA	NA	?	No	?	NA	See 8.3.2
8.16.4	Enrolled nurses – medication administration	ENs who have been authorised to administer medications in the ACT are required to follow the Board guidelines on medication administration for ENs.	Only ENs who have completed a course approved by the Board may administer medications including schedule 4 medications (but not including drugs of addiction in	NA	<p>An EN is a nurse who is licensed under the Nursing Act 1992 to practise as an EN.</p> <p>An EN has an authority under the <i>Health (Drugs &amp; Poisons) Regulation</i></p>	NA	Administration of Medications by Authorised ENs In accordance with Regulation 59 of the <i>Poisons Regulations 2002</i> ENs, whose qualifications have been	The parameters of medication administration as they apply to the division 2 registered nurse are as follows: Successful completion of the Board accredited	NA



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		<p>An EN in the ACT may not give or perform a nursing service unless the service is under the supervision of a RN.</p> <p>The Board Scope of Nursing Practice indicates that supervision may be direct or indirect according to the nature of the care delegated to the EN.</p> <p>Administration of medications by EN must be in line with workplace policies &amp; procedures as well as all relevant legislations [61].</p>	<p>accordance with the Poisons &amp; Therapeutic Goods Act).</p> <p>In administering medications, ENs must comply with the Poisons &amp; Therapeutic Goods Act &amp; refer to a valid order. A valid order is one which satisfies the requirements of the Poisons &amp; Therapeutic Goods Act &amp; relevant NSW Health Department policies. Usually this will be an order written &amp; signed by a medical practitioner, nurse practitioner, or dentist. Other forms of prescription may be valid, for example a telephone order may be valid if the circumstances satisfy requirements identified in relevant NSW Health Department policies. A label or other document prepared by a pharmacist is not a valid order.</p> <p>ENs practise under the direction &amp; supervision of RNs or RMs. The extent &amp; closeness of supervision is decided by the RN or RM who is responsible for directing &amp; supervising an EN. In considering the level of supervision required, the RN or RM will consider factors such as the needs of the patient/client, the</p>		<p>1996 to administer S2 &amp; S3 medications when this activity is delegated by a registered nurse (RN) &amp; supervised by an RN or doctor.</p> <p>An EN (Med) has an endorsement on their licence to practise that allows them to administer S2, S3 &amp; S4 (restricted) medications under the authorities specified in the <i>Health (Drugs &amp; Poisons) Regulation 1996</i>. This nursing activity may then be delegated by an RN &amp; supervised by an RN or doctor [62].</p>		<p>determined as appropriate for the purpose of administration of medications &amp; whose practising certificate has been endorsed by the Board, may administer medications listed in Schedule 2, 3, &amp;/or 4 of the Poisons List in accordance with the following:</p> <p>The medication has been authorised in writing by a registered medical practitioner or dental practitioner.</p> <p>The medication is administered under the supervision of a RN. Administration of medications contained within Schedule 2, 3, &amp;/or 4 of the Poisons List by a route other than injection, under the indirect supervision of a RN. Administration of medications contained within Schedule 2, 3, &amp;/or 4 of the Poisons List by subcutaneous or intramuscular injection, may be undertaken under indirect supervision of a RN, medical practitioner or dental practitioner, provided that the following conditions are met:</p> <p>The medication is being administered to the patient in close proximity</p>	<p>course in medication administration delivered by a Board approved Registered Training Organisation. Endorsement of registration - medication administration by division 2 nurses under Section 8 C of the Nurses Act Supervision of a division 2 registered nurse by a division 1, 3 or 4 registered nurse. Administration of medication only on the written instruction of a medical practitioner, dentist, nurse practitioner, or optometrist. Administration of medication via an approved enteral or topical route only [17].</p>	

Map 8 – Safe practice in specialised &amp; specific practice areas of nursing &amp; midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			knowledge, skills & experience of the EN, the particular clinical activities being undertaken, & the environment in which the EN is working [1].				<p>to the RN or medical practitioner; The RN/medical practitioner has undertaken an assessment of the patient prior to administration of the medication; There is a written order for the medication; &amp; The RN/medical practitioner has checked the medication &amp; dose.</p> <p>An authorised EN, under the indirect supervision of a RN, may give medications that are dependent on a nursing assessment, such as P.R.N. or variable dose medications in the following circumstances: Following consultation with the RN or registered medical practitioner; &amp;/or Where the registered medical practitioner has clearly documented the frequency with which the medication may be administered &amp; the indications for the administration of the medication are clearly detailed by the medical practitioner or RN in writing in the care plan.</p> <p>Preparation or administration of intravenous medication or therapy is not within an ENs scope of practice or educational preparation.</p>		

Map 8 – Safe practice in specialised &amp; specific practice areas of nursing &amp; midwifery

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							Despite the fact that certain actions/interventions associated with this activity may be lawfully delegated, the RN retains accountability. ENs are responsible for activities delegated to them [63].		
8.16.5	Other	NA	Enrolled on List B of Roll of Nurses as EN(mothercraft) – see Map 3.	NA	?	<p>ENs practising without supervision Authorisation is not meant to be used to replace RNs with ENs, that is, it does not enable an expanded scope of practice for the EN.</p> <p>Authorisation is not dependent or based on the availability of a RN to provide direct or indirect supervision for an EN.</p> <p>Authorisation is context specific &amp; therefore limited to the specific role &amp; employment position held by the applicant at the time the authorisation is granted.</p> <p>Authorisation to practise without the supervision of a RN means that the EN is accountable &amp; responsible for all nursing activities assigned within their scope of practice. It should be noted that in supporting &amp; recommending the EN to work without the supervision of a RN the</p>	NA	NA	NA

Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
						employer retains accountability for the recommendation (delegation) & should provide a process of ongoing monitoring, review & continuing education [19].			
8.17	Specific practice requirements eg content & approval of clinical practice guidelines for NPs & MPs	Clinical practice guidelines for each NP position within the ACT are required to provide the framework to guide the NP's clinical practice & are a critical component of the definition of the scope of the NP's practice. NPs are required to work under clinical practice guidelines which describe their functions as well as make provision for: possession, use, supply or prescription of any medications that are biological substance or restricted substances under Section 16 of the <i>Poisons Act 1933</i> – the medications a NP may prescribe must be listed in a formulary & agreed to as part of the approval of the clinical practice guidelines by the ACT standing committee & the local stakeholders. referral of health consumers to other health care professionals ordering diagnostic investigations.  Formal approval & signed agreement by the	Clinical practice guidelines for each NP & MP position within the NSW public health system are approved by the DG of the NSW DOH to provide the framework to guide their clinical practice – s78A.  Guidelines are not necessary, however if guidelines are approved by the DG (or delegate) then failure to adhere to the guidelines may be unsatisfactory professional conduct. The one limitation is that the Director General may grant authority to prescribe medications to NPs only through the approval of guidelines which include provision for provision for the possession, use, supply or prescription of medications including drugs of addiction.  The approval of these guidelines has been delegated by the DG to the CEOs of each AHS.  To ensure consistency across NSW a guidelines & formulary approval	ANMC Competency Standards for NPs [9].	ANMC Competency Standards for NPs [10].  Board does not recognise midwife practitioners.	<i>Professional Standards Statement for Nurse Practitioner Practice:</i> The NP utilises available guidelines/protocols such as the Department of Human Services 'Guidelines for the Granting of Clinical Privileges & Admitting Privileges for Nurses & Midwives in Public Hospitals in SA' in order to gain Clinical &/or Admitting Privileges [4].	Pilot Program commencing mid 2006.	ANMC Competency Standards for NPs [13, 35].	ANMC Competency Standards for NPs [58, 60].

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		CEO/general manager for the health service where the NP position is located (D4).	<p>proforma have been developed.</p> <p>In order to have their guidelines approved, the NP or MP will be required to identify their: scope of practice ie context &amp; level of practice diagnostic tests that will be used &amp; a list of medications (formulary) that will be prescribed including the related clinical condition existing clinical practice guidelines that are relevant to their practice.</p> <p>The AHS must ensure that each NP or MP has defined their guideline/scope of practice &amp; that this is evidence based &amp; in accordance with the AHS policy requirements (eg Codes of Conduct &amp; Ethics, etc).</p> <p>Prior to final CEO signoff, the Area Director of Clinical Operations &amp; the Area Director of Nursing &amp; Midwifery Services are to review &amp; approve these guidelines only if they are considered appropriate for the range &amp; functions the Nurse/midwife Practitioner will be undertaking (D2)</p>						
8.18	NP areas of practise	NPs: High Dependency – may include but not limited to nursing in the areas of	Maternal & Child Health Nursing Includes: maternal & child nursing, family	The Board has recognised the following 7 practice areas for NPs. Applicant must nominate	No limit or condition noted on licence in relation to scope of practise.	Rural & Remote - may include but is not limited to: remote & rural nursing	Pilot Program commencing mid 2006.	The Nurse Practitioner endorsement process is currently under review & minimal information is	Once registered, "a nurse can practice as a NP & use the title NP in connection with that

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		high dependency, critical care, neurology/neuroscience, cardiothoracic, cardiovascular, coronary care/cardiology, peri-operative/operating room/anaesthetic, accident & emergency, neonatal intensive care, nephrology/renal. Women's & Children's Health - includes but not limited to nursing in the areas of maternal & child health, family planning, women's health, gynaecological, paediatric including at risk babies, child & family health, Mental Health - includes but not limited to mental health nursing in the areas of inpatient psychiatric care, emergency departments, consultation liaison, community mental health care, forensic mental health care, child & adolescent mental health care, the mental health care of older persons, dual disability, dual diagnosis & mental health nurse practitioners working with general practitioners. Community Health - includes but not limited to nursing in the areas of community, drug & alcohol, occupational health & safety, criminal justice, HIV/AIDS, sexual health nursing.	planning, women's health, gynaecological nursing, paediatric nursing, child & family health, neonatology. High Dependency Nursing Includes: high dependency nursing, critical care nursing, neurology/neuroscience nursing, cardiothoracic nursing, cardiovascular nursing, coronary care/cardiology nursing, peri operative/operating room/anaesthetic nursing, accident & emergency nursing, intensive care nursing, recovery room nursing, & nephrology/renal/renal dialysis nursing. Mental Health Nursing Includes: Mental health nursing, psychiatric nursing, community mental health nursing, mental health-forensic nursing, family therapy, child & adolescent psychiatric nursing, psychogeriatric nursing. Rehabilitation & Habilitation Nursing Includes: Rehabilitation nursing, geriatric nursing, developmental disability nursing, spinal injury nursing, brain injured nursing, continence management, palliative care nursing & hospice nursing. Medical/Surgical Nursing Includes: medical	in which practise area they seek to be authorised in the following areas:  Rehabilitation & Habitation Nursing Includes but not limited to rehabilitation, aged care, developmental disability, spinal injury, brain injured, continence management, palliative care, wound management, occupational health & safety.  Mental Health Nursing Includes but not limited to nursing in the areas of inpatient psychiatric, community mental health, mental health forensic, family therapy, child & adolescent psychiatric nursing.  High dependency Nursing Includes but not limited to nursing in the areas of high dependency, critical care, neurology/neuroscience, cardiothoracic, cardiovascular, coronary care/cardiology, peri-operative/operating room/anaesthetic, accident & emergency, neonatal intensive care, nephrology/renal, aviation nursing.  Community Health Nursing/Primary Health		&/or any area of community care or acute care in a remote setting, applicants working in isolation (ie in a sole practitioner role) or in a multidisciplinary setting. any area of practice identified in another Band but that the applicant requests that rural & remote factors be taken into consideration as part of the assessment process. applicants working in rural & remote areas are not required to apply under this Band but may identify a Band that more accurately identifies their area & scope or practice (eg community palliative care).  Acute Care - may include but is not limited to: High dependency areas such as: intensive/critical care, cardiothoracic, cardiovascular, coronary care/cardiology, hyperbaric, neurology, perioperative/operating room, anaesthetics, recovery, accident & emergency/trauma, intensive care, high dependency, nephrology/renal dialysis, wound management, neonatology, day surgery, ophthalmology Medical/surgical nursing such as: thoracic, respiratory, endocrine ,		available through the website on current policy [13].	practice, but only while she/he is carrying out duties as a NP in a designated area." - s 30A Nurses Act 1992. Therefore a person registered as a NP cannot use the title "Nurse Practitioner" in connection with her/his practice at any place other than a designated area.  DESIGNATED AREA These areas will be designated by the Director General Department of Health upon receipt of written advice from the officer of the department whom is principally responsible for providing advice on matters related to nursing & may include, but not be limited to, such areas that demonstrate the need for a NP, (i.e. remote areas or isolated communities, aged care facilities, emergency departments & nursing specialty areas) [14].

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>Primary Health Care - includes but not limited to school nursing, health education, public health &amp; communicable disease control, &amp; family health. Surgical/Medical Care - includes but not limited to nursing in the areas of surgical, medical, thoracic/respiratory, endocrine, ear/nose/throat, dermatology, orthopaedic, cancer, ophthalmic, stomal therapy, plastic/burns, infection control. Rehabilitation/Habilitation - includes but not limited to rehabilitation, aged care, developmental disability, spinal injury, brain injured, continence management, palliative care</p> <p>Board can exercise a discretion to broaden the range (D3).</p>	<p>nursing, surgical nursing, thoracic/respiratory nursing, endocrine nursing, ear/nose/throat nursing, dermatology, orthopaedic nursing, oncology nursing, ophthalmic nursing, stomal therapy, plastic/burns nursing, &amp; infection control. Community Health Nursing/ Primary Health Care Nursing Includes: community health nursing, primary health care nursing, rural health nursing, remote practice nursing, visiting/school nursing, health education, drug &amp; alcohol, criminal justice nursing, occupational health &amp; safety nursing, HIV/AIDS nursing, sexual health nursing, &amp; infection control - it is possible for applicants to name the alternative which best describes their practice. Midwifery Applicants must submit a case study relevant to their nominated area of practice.</p> <p><b>Additional Area of Practice recently approved :</b> <b>Paediatric Nursing</b></p> <p><b>Areas of practice are used only for assessment of applications for authorisation or</b></p>	<p>Care Nursing Includes but not limited to community nursing primary health care nursing, visiting/school nursing, health education, drug &amp; alcohol, HIV/AIDS nursing &amp; infection control.</p> <p>Women's &amp; Children's health Includes but not limited to nursing in the areas of maternal &amp; child health, family planning, women's health, gynaecology, paediatric including at risk babies, child &amp; family health.</p> <p>Medical/Surgical Nursing Includes but not limited to medical nursing, surgical nursing, thoracic/respiratory nursing, endocrine nursing, ear/nose/throat nursing, dermatology, orthopaedic nursing, oncology nursing, ophthalmic nursing, stomal therapy, plastic/burns nursing &amp; infection control.</p> <p>Rural health nursing/remote practice nursing Includes but not limited to remote &amp; rural nursing practice &amp; may consist of primary health care management of acute &amp; chronic conditions, health promotion &amp;</p>		<p>ear/nose/throat, dermatology, orthopaedic, gynaecology, oncology, stomal therapy, burns/plastics, infection control, nephrology, renal, gastroenterological, surgical, medical, apheresis, wound management, palliative care.</p> <p>Rehabilitation / Habilitation may include but is not limited to: aged care/geriatric, institutional care, community care, rehabilitation, developmental disability, disability, spinal, respiratory, brain injury, continence management, palliative care &amp; hospice, wound management, occupational health &amp; safety.</p> <p>Community Health - may include but is not limited to: community health, health education/promotion, public health, primary health nursing, drug &amp; alcohol, occupational health &amp; safety, HIV/AIDS nursing, infection control, child &amp; adolescent health, family &amp; child health, paediatric &amp; child health, women's health, men's health, indigenous health, sexual health.</p>			

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>assessment of courses for approval.</p> <p>In NSW there are no legislated restrictions on the areas in which NPs may practice.</p> <p>Applicants may move the specialty area of practice to a different broad area of practice if more relevant to their context.</p> <p>Board can exercise a discretion to broaden the range [20].</p> <p>It has been suggested that these areas of practise may create some challenges when trying to establish equivalence of occupations for the purposes of applications under the mutual recognition legislation.</p> <p>The comment re challenges in implementing mutual recognition is not because of areas of practice but because NSW does not limit practice to any particular area.</p>	<p>education, coordination of community care &amp; management of remote emergency care &amp; retrieval situations [9].</p>		<p>infertility/reproductive health, general practice, asthma management, diabetes management, respiratory management, corrections/prisons, forensic, military, aviation.</p> <p>Mental Health - may include but is not limited to: mental health/psychiatric, community mental health/psychiatric, family therapy, forensic, child &amp; adolescent mental health, crisis intervention [4]</p>			
8.19	Professional indemnity requirements	See Map 3 – 3.29.	<p>Where a nurse practitioner or midwife practitioner is an employee: under the legal principle of "vicarious liability" the law accepts that an employer will be liable for the acts of an employee</p>	See Map 3 – 3.29.	<p>NPs: For the protection of the public it is essential that a NP, currently practising in this role, has professional indemnity cover appropriate to their area of practice.</p>	<p>NPs: Statement 10 of Standards: The NP will ensure the protection of the public through the provision of indemnity insurance [4].</p>	See Map 3 – 3.29.	See Map 3 – 3.29.	See Map 3 – 3.29.



**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>done in the course of their employment. As such, the employer will be required to indemnify an employee for such acts.</p> <p><i>Where a nurse practitioner or midwife practitioner is self-employed:</i> the practitioner will be personally liable for any alleged negligent action where injury or loss occurs to a patient. The same principles apply where a practitioner operates as a contractor, rather than an employee. The Board has been advised that NPs &amp; MPs working as contractors in the public sector will be required to carry a separate personal professional indemnity policy. The DOH has further recommended that NPs &amp; MPs working as contractors in the private sector should also have personal professional indemnity coverage [20].</p>		<p>In some instances this may be through the nurse practitioner's employer. However, NPs in private practice, or who contract their services to one or more clients or organisations, must ensure that they have adequate personal professional indemnity insurance.</p> <p>NPs will be required to complete a declaration at the time of annual licence renewal confirming that they have professional indemnity appropriate to their practice context. If required through the audit process, the nurse practitioner must provide documentary evidence of professional indemnity cover for any period in which they are practising as a NP [10].</p>				
8.20	Temporary &/or restricted permits for entry to practice applicants	<p>Short-term registration for NPs or ENs(meds) - Sched 3 para 3.11 .</p> <p>Conditional registration as a refresher NP – Sched 3 para 3.13(2).</p>	Provisional registration or enrolment – ss23 & 28A.	<p>Interim registration, enrolment &amp; authorisation – s 36.</p> <p>Can be granted by the Registrar.</p>	Limited registration or enrolment – ss 65(1)(d) & 77(6).	Limited registration or enrolment – ss 27(1)(a) & (2).	<p>Conditional registration or enrolment – s 27(2).</p> <p>Interim authorisation for Trial.</p>	<p>Restricted Registration – s 8.</p> <p>Imposition of conditions, limitations or restrictions upon registration – s 9.</p> <p>Specific registration – s 7(2),</p> <p>Provisional registration – s 9(1).</p>	

**Map 8 – Safe practice in specialised & specific practice areas of nursing & midwifery**

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
8.21	Renewal requirements	Requirements same as for renewal of registration – see Map 7.	<p>Authorisation as an NP or MP is for 5 years. To make a further application for authorisation to practise as a NP or MP applicants will be required to satisfy the Board that they continue to have the qualifications &amp; experience to practise as a NP or MP.</p> <p>Applicants are invited to submit evidence that they have sufficient qualifications &amp; experience to be authorised for a further period.</p> <p>Applicants will be required to demonstrate their continued clinical competence through the evidence they provide. Examples of evidence may include peer reviews &amp; assessments [20].</p>	Requirements same as for renewal of registration – see Map 7 [9].	???Requirements same as for renewal of registration – see Map 7.	Requirements same as for renewal of registration – see Map 7.	Requirements same as for renewal of registration – Annual Renewal – see Map 7.	???Requirements same as for renewal of registration – see Map 7.	Requirements same as for renewal of registration – see Map 7 & NPs are required to renew their registration annually.
8.24	Fees for original application & renewal	<p>\$80 – for initial application for registration fee</p> <p>\$10 to add a qualification</p> <p>\$20 if short term registration required prior to the next Board meeting</p> <p>\$80 for renewal of registration for each registrant (irrespective of if on one or two registers)</p>	<p>\$150.00 – application</p> <p>Renewal – standards annual practising fee for RN, RM &amp;/or EN.</p>	<p>Fee initial RN/RM/EN \$75</p> <p>Fee initial RN authorised as mid \$100</p> <p>Fee initial RN authorised as NP \$100</p> <p>Renewal fee for all \$50</p>	<p>\$44.00 – application</p> <p>\$85.00 – License &amp; Renewal</p>	<p>Initial registration for Midwives &amp; Mental Health Nurses - \$70.00</p> <p>NP Assessment - \$100.</p> <p>EN without RN supervision assessment - \$100.00</p> <p>Additional qualifications added - \$35.00</p> <p>Renewal - \$115.00</p>	<p>Total – \$200.00</p> <p>Application fee - \$80.00</p> <p>Annual practising certificate fee - \$120.00</p> <p>No pro-rata fees available [30].</p>	<p>Endorsement as an NP - \$180.00</p> <p>Renewal as an NP - \$80.00</p> <p>Initial registration - \$120.00</p> <p>Renewal - \$80.00</p>	<p>Initial registration as a NP - \$140 00</p> <p>Mutual Recognition Act 2001 - \$120-00</p> <p>Renewal of Registration (including NPs)</p> <p>1 Year - \$ 90.00</p> <p>3 Years - \$245.00</p> <p>Nurse Practitioner - \$ 90.00</p> <p>(note NPs are required to renew their registration annually).</p>

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- 63. Nursing Board of Tasmania, *Medication Management Standards*. 2004.

## Map 9 - Setting &amp; Reviewing Educational Standards

## KEY:

- Entries in black in the Maps are general commentary & contain questions & statements that require checking as to their veracity or information to be provided by RA
- Entries in blue are where there is specific reference to the issues in the statute or subordinate legislation
- Entries in violet are where there is legislation that has been assented but has not commenced at the time of writing
- Entries in green indicate where the statute & other regulatory instruments may be silent but the RA has a policy regarding the issue
- Entries in red indicate information provided during interview with the various nursing & midwifery regulatory authorities, nursing & midwifery leaders & chief nursing officers in each state & territory.
- ✓ Feed back has been received from jurisdiction

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	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
<b>Health Professional Regulatory Regime Specific to Nursing &amp; Midwifery</b>	<p><b>* <i>Health Professionals Act 2004</i></b></p> <p><i>Health Professionals Regulation 2004</i></p> <p><i>Health Act 1993</i></p>	<p><b>* <i>Nurses and Midwives Act 1991</i></b></p> <p><i>Health Care Complaints Act 1993</i></p> <p><i>Nurses and Midwives Regulation 2003</i></p> <p><i>Nurses and Midwives Amendment (Performance Assessment) Act 2004</i></p>	<p><b>* <i>Health Practitioners Act 2004</i></b></p>	<p><b>* <i>Nursing Act 1992</i></b></p> <p><i>Health Practitioner Registration Boards (Administration) Act 1999</i></p> <p><i>Health Practitioners (Professional Standards) Regulation 2000</i></p> <p><i>Nursing Regulation 2005</i></p>	<p><b>* <i>Nurses Act 1999</i></b></p> <p><i>Nurses Regulations 1999</i></p> <p><i>Nurses (Electoral) Regulations 1999</i></p>	<p><b>* <i>Nursing Act 1995</i></b></p> <p><i>Nursing (Fees) Regulations 1998</i></p>	<p><b>* <i>Nurses Act 1993</i></b></p> <p><i>Nurses Regulations 2004</i></p> <p><i>Health Professions Registration Act 2005 (HPRAct) (uncommenced)</i></p>	<p><b>* <i>Nurses Act 1992</i></b></p> <p><i>Nurses Rules 1993</i></p> <p><i>Nurses Code of Practice 2000</i></p> <p><i>Nurse Practitioners Code of Practice 2004</i></p> <p><i>Nurses &amp; Midwives Bill 2005</i></p>

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.1	RA's <u>legislated role</u> in setting & reviewing standards of education	Functions & powers of the ACT Nursing & Midwifery Board:	Functions & powers of the Nurses & Midwives Board (NSW):	Functions & powers of the Nursing & Midwifery Board Of the Northern Territory:	Functions & powers of the Queensland Nursing Council:	Functions & powers of the Nurses Board of South Australia:	Functions & powers of the Nursing Board of Tasmania:	Functions & powers of the Nurses Board of Victoria:  Functions & powers of the Nurses Board of Victoria <i>Health Professions Registration Act 2005</i> . : enacted but not commenced.	Functions & powers of the Nurses Board of Western Australia:  Functions & powers of the Nurses & Midwives Board of Western Australia under current Bill:
9.1.1	Assessing & approving educational & training courses/ curricula related to entry to practice as a nurse or midwife	Yes s26(2)(f) & Scheds 3 & 3, paras 3.4 & 4.3.	Yes - s 10(1)(g) & Reg 35	Yes - s 10(1)(g)	Yes - s 7(d)	Yes - s 16(1)(c)	Yes - s 7(h)  Also to determine the standards for the accreditation of courses – s 7(g) & monitor standards of nursing education – s 7(f).	Yes Section 66(1)(c) -> Accrediting & approving courses leading to registration to practise as a nurse/midwife & endorsement for practice or recognition of qualification ss 90 (1) (a), (b) & (c)  Yes s 118(1)(b)  Though the approval of courses function is not as clearly articulated in the new legislation.	Yes - s 23(1)(a)  Also to monitor standards of nursing education – s 8(1)(d)  The approval of courses function is not as clearly articulated in the Nurses & Midwives Bill 2005, although the monitoring of education in nursing & midwifery is specifically listed as a function – CI 10(d),  NOTE: s 27(2)(f) refers to applicants holding a qualification approved by the Board or a qualification that, in the opinion of the Board is equivalent to such a qualification.
9.1.2	Assessing & approving educational courses/ curricula for refresher & re-entry programs	No specific function  But Board approves these courses as policy based upon recency of practice requirements [1].	Power is potentially available under - s 10(1) (g) & Reg 35  But Board does not review & approve these courses.	No specific function  But Board approves these courses as policy based upon recency of practice requirements [2]	Power is available under broad provision - s 7(d).  Competence Assessment Service.	Power is available under broad provision - s 16(1)(c)  Not refresher courses - approval as an EP relates only to education courses leading to registration or enrolment.	Power is available under broad provision - s 7(h)	Power is available under broad provision - s 66(1)(e)  Power is available under broad provision - s 118(1)(b)	Power is available under broad provision - s 23(1)(a) - Board may approve these courses based upon recency of practice requirements  The Nurses & Midwives Bill 2005



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
						It is not the role of the Board to approve organisations as continuing education providers [3].			makes no reference re-entry programs.  Nurses or midwives who are removed because they have not practised for 5 years & not maintained their knowledge & skills would be required to apply under CI 27 to come back on to the register & the Board would take particular note of
9.1.3	Approving other educational courses/ programs related to other professional qualifications in nursing & midwifery	Yes Power available under broad provision – s26(2)(f)	No Board is of the view that the power available under s 10(1) covers courses leading to registration, enrolment & authorisation & does not appear to extend to other courses.	? Power is very specific to 'entry'  However, the policy on undertakings to the Board suggests that the Board may approve other courses for nurses & midwives [4].	Power is available under broad provision - ss 7(d) & 77(3)	Power is available under broad provision - s 16(1)(c)	Power is available under broad provision - s 7(h)	Power is available under broad provision - s 66(1)(e) & more specific provisions ss66(1)(eb) & (ec)  Approval of courses not programs.  Power is available under broad provision - s 118(1)(b)	To be registered as a NP a person must hold an approved educational qualification – s 22A.  To be registered as a NP a person must hold a qualification prescribed by the rules as a qualification for registration as a NP or a qualification that in the opinion of the Board is equivalent to such a qualification – CI 28(2)(b).
9.1.4	Holding or determining examinations determining the character, subjects & conduct of those examinations & appointing examiners	No specific function	Yes s 10(1) Power exists but most examinations are now conducted through the educational institution with the curricula being approved by the Board.  Board sees that the power relates only to courses which have not been granted recognition under s 10(1).	No specific function	Yes ss 7(h) & 8(3)(e)  Power broader in enabling controls over assessment processes at pre-registration, entry & renewal.	No specific function	Yes s8(1)(d)	Yes Section 66(1)(d) -> s 90(4)  Yes s 118(1)(j)	No specific function under current Act.  Yes CI 101(2)(a) & (b)



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			Examinations could be established for persons who have not completed recognised courses.  Consideration be given to provision of central exam in relation to employment of overseas nurses.						
9.1.5	Promoting the education of nurses & midwives & educational programs relating to nursing & midwifery	See s26 (g)(k) & (l) - promoting competency & standards of practice – broad enough to include education.  Board Strategic Plan deals with the provision of grants, scholarships, developing, implementing & evaluating processes for the development of competence	Yes - s 10(1)	Yes - s 11(2)(b) – broad provision To publish & distribute information concerning Act to the public, health practitioners & other interested persons	No specific function	No specific function	No specific function	No specific function under current Act  Yes - s 118(1)(k)	Yes - s 8(1)(c)  Yes - Cls 10(c) & (e)
9.1.6	Recognise, approve or accredit educational & other institutions & health services & aged care services offering courses for the education of nurses & midwives	No specific function	Yes - s 10(1)	Yes - s 10(1)(h) & Reg 35.	Yes – broad powers The council has power to: do all things necessary or convenient to be done for, or in connection with, the performance of its functions – s 8(1). enter into, & carry out, agreements or arrangements with any university, college, other educational institution, hospital or other person or body for furthering the council's functions – s 8(3)(i).	No specific function – approval of courses is the limit on the function under - s 16(1)(c)	Yes - s 7(h)  Also to determine the standards for the accreditation of nursing schools - s 7(g)	Yes Section 66(1)(c) -> s 90  Yes - s 118(1)(c)	Yes - s 23(1)(a)  This function is not as clearly articulated in the Nurses & Midwives Bill 2005
9.1.7	Developing &/or endorsing standards about ongoing professional development	Yes Sections 26(j) & (l) & Cl 131	No specific function	No specific function	Broad function in s 7(h) could be construed as giving Council this capacity – see 9.1.4	No specific function but can be implied in - Achieving & maintaining the highest professional standards both of competence & conduct in	No specific function	No specific function under current Act	No specific function in current Act  Promote & encourage the continuing education of nurses &

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
						nursing – s 16(2)(b).		Yes - s 118(1)(g)	midwives in the practice of their professions, & increased levels of skill, knowledge & competence in the practice of nursing & midwifery – Cl10(e)
9.1.8	Support education & research in health care practice	No specific function	Section 10(1)(a) & (b) specify functions relating to maintaining standards & education. Although the word "research" does not appear in the legislated functions in s 10, s 76 specifically provides for the Board to expend funds for education & research.	Yes s 11(2)(c)	Yes ss 7(b),(k), 8(3)(f),(g) (i) & 9(a)	No specific function	Yes S8(1)(c)	No specific function under current Act  Yes - s 118(1)(k)	Yes - s 8(1)(c)  Yes - Cl10(c)
9.1.9	Collaborate &/or cooperate with university, hospital or other institution or body to provide education & evaluation of nurses & midwives	No specific function	No specific function	Yes s 11(2)(e)	Yes ss 8(3)(e),(g) (h) & (i)	No specific function	Yes S8(1)(e)	No specific function under current Act  Yes - s 118(1)(k)	s 8(1)(d)  - Cl10(d) Could be interpreted to mean this function
9.1.10	Participate in programs(local & national) relating to the education or practice of nurses & midwives	No specific function	No specific function	Yes - s 11(2)(f)	Yes ss 7(m), 8(3)(f),(g) & 9(a)	No specific function	Yes S8(1)(g)	No specific function under current Act  Yes - s 118(1)(k)	No specific function in current Act  - Cl10(e) Could be interpreted to mean this function
9.1.11	Participate in the formation or, & be a member of, any body or program concerned with nurses & midwives	No specific function	No specific function	Yes - s 11(2)(g)	Yes ss 7(m), 8(3)(f),(g) & 9(a)	No specific function	Yes S8(1)(h)	No specific function under current Act  Yes - s 118(1)(k)	No specific function in current Act  - Cl10(e) Could be interpreted to mean this function
9.2	Educational representation on RA	No specific legislative requirements to have educational representation on the Board.  Although there is no policy, advice is given to ensure that there is	Yes	No specific legislative requirements to have educational representation on the Board.	No specific legislative requirements to have educational representation on the Council.  ? is there a policy re providing the Minister with advice as to the	No specific legislative requirements to have educational representation on the Board.	No specific legislative requirements to have educational representation on the Board.	Yes Section 67(2)(viii)	Yes ss 6(1)(g) & (h)  Yes Cl 6(1)(b)

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		diverse representation.			constituency of their appointed members eg ensuring there is an educator on the Board.				
9.2.1	Nurses &/or midwives involved in tertiary or pre-enrolment education	Not specified  However, the Head of the Discipline of Nursing in the School of Health Sciences at Canberra University, an RN, is a current member of the Board.	2 x nurses or midwives engaged in the tertiary or pre-enrolment education of nurses & midwives in NSW (at least 1 an RN) – nominated by the Minister – s9(2)(d).	Not specified	Not specified	Not specified	Standards for Conduct, Accreditation & Monitoring of Nursing Programs [5].	Of the persons appointed to the Board, 9 must be nurses, 1 of whom must, at the time of nomination, be employed as or have experience as a nursing academic or educator - s 67(2)(a)(viii)  Not specified under new Act	1 x nominated by ED of TAFE as a person who has knowledge of & experience in teaching nursing to persons who are studying to be registered within Div 2 of the register 2 x nominees, 1 each from Curtin University & Edith Cowan University who teach nursing at those organisations – ss 6(1)(f), (g) & (h).  1 x who is an RN who teaches nursing in a higher education institution – CI 6(1)(c)
9.2.2	Other educators	No	No	No	No	No	No	No	No
9.3	Educational advisory committees or panels established by RA & functions	General power for Board to delegate functions to a committee of the Board - CI 22(c).	Specific Committees established - s 12A  Other committees may also be established under s 12 if considered necessary but would not replace the s 12A committees.  The Board uses s 12 to hold occasional committee meetings of Deans & Heads of School to liaise on educational matters.	General power for Board to appoint committees to assist it exercising any of its powers or performing any of its functions or advising it - s 15(1)	General power for Council to appoint committees to assist it to perform its functions - s 8(3)(c)  Education Committee Responsible for the identification of issues relevant to nursing & midwifery education, development & review of policy, review of applications by EPs for accreditation & the submission of recommendations to Council in relation to providers & from each of the Peer Review Panels in relation to the accreditation of courses	General power for Board to appoint committees to advise it or carry out functions on its behalf - s 13(1)  Education & Accreditation Committee identifies issues relevant to nurse education & submits recommendations inclusive of course approvals & practice authorisations, & recommends & manages education policy development [3]	General power for Council to appoint committees to assist it to perform its functions in the exercise of any of its powers – s 12(1).	General power for Board to appoint committees to advise it – s 79(1)  Board must establish a nurse practitioner advisory committee to advise the Board about....the curriculum, content & standard of courses for each category of NP for which registration may be endorsed – ss 79(3)(a) – (f) & (4).  General power for Board to appoint committees to advise it – s 134.  Board must establish an advisory committee to advise the Board	General power for Board to appoint committees & determine their functions – s 19.  General power for Board to appoint committees & determine their functions – CI 15.  Regulation Reference Group: The Regulation Reference Group provides advice & information to the Board on all matters relating to the regulation of nursing in WA & shall among

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					[6].			about....the curriculum, content & standard of courses of study & clinical experience that provide competence for endorsement of registration under Division 2 in relation to medications – ss 135(1)(b) & (c).	other roles: Develop & periodically review criteria for evaluating providers of nurse education courses at education providers in WA. Determine criteria for accrediting nurse education courses which prepare nurses for eligibility for registration with the Board. Evaluate accreditation processes to ensure the most appropriate methods of assessment are employed for evaluation purposes. Submit recommendations for accreditation of nurse education courses & providers of nurse education courses to the Board for consideration.  NOTE: The Board supports sending a course out of the State to be accredited when necessary & understands that it may be required to consider the accreditation of education providers & courses from interstate [7].
9.3.1	Nursing – for all courses leading to registration, enrolment, authorisation or endorsement & other courses approved by the RA	Professional Programs Committee makes recommendations on the accreditation status of course to the Board [1].	Nurses Practice Committee provides advice to Board in relation to the accreditation of courses of education & training,	Accreditation Team makes recommendations on the accreditation status of a course to the Board [8]	Pre-Registration Peer Review Panel  Pre-Enrolment Peer Review Panel	Assessment Panel s Review applications for approval as an EP & for approval of courses & make recommendations to the Education &	Accreditation Review Panel reviews submission against Board Standards & makes recommendations to	Recent change in processes. Accreditation Advisory Committee dissolved.  Bank of >50 experts &	Pre-Registration Nursing Degree Peer Review Panel  Pre-Registration Enrolled Nursing Peer

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			& matters of education generally, in connection with the registration or enrolment of nurses – s12A(1)(a).		Mental Health Peer Review Panel  Special Endorsements Peer Review Panel Responsible for the assessment of nursing courses leading to registration, enrolment, endorsement or authorisation to practise, & the submission of recommendations to Council through the Education Committee [6].	Accreditation Committee [3].	Board [5].	relevant reviewers established.  When submission for accreditation of an EP or course is received a Review Panel is constituted.	Review Panel  Mental Health Peer Review Panel [7].
9.3.2	Midwifery – for all courses leading to registration, authorisation or endorsement & other courses approved by the RA	See 9.3.1	Midwives Practice Committee provides advice to Board in relation to the accreditation of courses of education & training, & matters of education generally, in connection with the registration of midwives – s12A(1)(b).	See 9.3.1	Midwifery Peer Review Panel – functions as in 9.3.1 for midwifery courses [6].	See 9.3.1	See 9.3.1	See 9.3.1	Midwifery Peer Review Panel - See 9.3.1 for functions in relation to midwifery [7].
9.3.3	NPs & MPs - for all courses leading to registration, authorisation or endorsement & other courses approved by the RA	See 9.3.1	NP/MP accreditation Committees are established as required to assess applications from RNs & RMs seeking authorisation as NPs & MPs [9].  As authorisation is not registration the Board is not constrained by the provisions of s12A of the Act requiring this to be conducted by the NPC or MPC established under the Act.  Committees assess courses. Different committees assess	See 9.3.1	Nurse Practitioner Peer Review Panel – functions as in 9.3.1 for NP courses [6].  Board does not recognise MPs.	Board currently does not approve courses leading to endorsement of the registration of nurses &/or midwives to practice as an NP.	Board accredits programs for NPs or determines as per s 32(a), (b) or (c).	See 9.3.1	Nurse Practitioner Peer Review Panel - See 9.3.1 for functions in relation to nurse practitioners [7].

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			individual applicants for authorisation although the assessment criteria are the same.						
9.4	Membership of educational advisory committees or panels established by RA				Education Committee (based upon current constitution)	Education & Accreditation Committee Membership consists of Board members, Board staff & external members drawn from the nursing & midwifery professions in SA. [3].	Determined by Board	Review Panel : [10]	Regulation Reference Group
9.4.1	RA members	Currently a nurse engaged in the education of nurses & midwives in tertiary educational institution is a member of the Board [11].	Yes – 2 – s 12A(4)(a)	Yes - 2	Yes – 2-3	Currently a nurse & a midwife engaged in the education of nurses & midwives in tertiary educational institutions are members of the Board [12].	Panel determined by Board – panel members appointed relevant to candidate.	May be if a relevant expert  Case Manager is an RA Staff Member	Not specified
9.4.2	Nurses or midwives engaged in the tertiary education of nurses &/or midwives	Yes	Yes – ss 12A(4)(b) & (5)(b)	Not specified	Yes	Not specified other than in 9.4.7	See 9.41	If a tertiary course	Terms of Reference recently revised to specifically include 1 x nurse & 1 x midwife educator.
9.4.3	Nurses engaged in the pre-enrolment education of nurses	Yes	Yes – s 12A(4)(c)	Not specified	Yes	Not specified other than in 9.4.7	See 9.41	If a Division 2 course	No Not specifically but could be one of the 2 in 9.4.2
9.4.4	Nurses, midwives, NPs or MPs in clinical practice	Yes	Yes – ss 12A(4)(d) & (e) & (5)(c)	Not specified	Yes	Not specified other than in 9.4.7	See 9.41	Relevant experts	Yes - 3
9.4.5	Other nurses or midwives including administrators	No	Yes – ss 12A(4)(f) & (5)(d)	Not specified	Yes	Not specified other than in 9.4.7	See 9.41	Relevant experts	2 – nurse executives representing public & private sectors 1 – Senior RN
9.4.6	Other educators	No	None specified	Not specified	Not specified	Not specified other than in 9.4.7	Not addressed in Act	Relevant experts	No
9.4.7	Others	No	Others as determined by Board – ss 12A(4)(g) & (5)(e).	Board Policy & Research Officer External members co-opted as required [8]	Council Director Nursing Program Council Coordinator Nurse Education External expert members co-opted.  Peer Review Panels – constituted by:	Not specified External members are appointed to the Committee on the basis of their expertise in education & policy & act as convenors or members of assessment panel [3].	No	Review Panel : Board Staff Member as Case Manager Relevant independent external reviewers If possible – a mental health external reviewer.	Consumer Manager – Registration & Education – ex-officio.  Peer Review Panels: Director of Nursing or equivalent role. Relevant

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					nurse/midwifery academics from relevant education sectors nurse administrator clinician student or professional organisation representative Council staff Nurse Advisor Other relevant experts [13-19]				RN/Midwife/NP or EN from the clinical practice setting. Two nurse academics/educators from the University or TAFE sector or hospital/healthcare facility (one curriculum expert and one from the relevant discipline being assessed). Manager - Registration & Education of the Board. Student representative from the appropriate course. Consumer [7].
9.5	Conduct & ethical requirements of educational advisory committees including disclosure of & management of conflicts of interest	Board Code of Conduct [20].  Requirement to exercise functions diligently – s 27.	Direct or indirect pecuniary interest in a matter being considered or about to be considered by the NPC or MPC – Sched 1A, Cl 7.  Board Code of Conduct [21].	Terms of Reference established for Board Committees – address conflict of interest & ethical issues.	The Education Committee & Peer Review Panels are subject to the Council's Conflict of Interest Policy & Code of Conduct which guide them in performing their official duties in the public interest [22, 23].	A Code of Practice applies to all personnel involved in implementation of the Board's Standard for EPs & education courses [3]	Adherence to relevant legislation & covered in Standards for Conduct, Accreditation & Monitoring of Board Programs – a Board Policy [5].	All external reviewers sign conflict of interest/ confidentiality forms prior to receiving course curricula to review.	All committee members are required to sign the Board Code of Conduct which includes the management of conflicts of interest.
9.6	Approval of specified courses								
9.6.1	Accreditation/ approval of entry to practice programs	Certificate IV Nursing Bachelor of Nursing Bachelor of Midwifery[1].	Certificate IV Nursing (EN) Bachelor of Nursing Bachelor of Midwifery [24-27]  Master of Nursing - Uni of Sydney has graduate entry MN leading to entry to practice as a nurse for persons who have prior qualifications in other disciplines  Depending on definition of "entry to practice",	In the NT the Board has accredited the following programs: CDU Bachelor of Nursing Batchelor Institute of Indigenous Tertiary Education Bachelor of Nursing CDU Cert IV Community Services (Enrolled Nurse) CDU Graduate Diploma of Midwifery CDU Bridging Program	Bachelor of Nursing Diploma of Nursing – EN [28, 29].	Bachelor of Nursing Combined Degree Bachelor Health Sciences/Bachelor Nursing (Mental Health Stream) [30] Bachelor of Midwifery [31] Graduate Diploma in Mental Health Nursing Graduate Diploma in Psychiatric & Mental Health Nursing Combined Degree Bachelor Health	Bachelor of Nursing (Pre-registration) Certificate IV in Health (Nursing) [34].	Bachelor of Nursing Bachelor of Nursing Science Bachelor of Nursing Division 2 Conversion Bachelor of Nursing Division 3 Conversion Bachelor of Nursing (Graduate Entry) Bachelor of Nursing Science (accelerated) Bachelor Midwifery  Combined Degree: Bachelor of Nursing/	Bachelor of Nursing Bachelor of Science (Nursing) [38]. Diploma of Enrolled Nursing. Master of Nursing [Nurse Practitioner] Master of Nursing Science [Nurse Practitioner] [38].

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			midwifery is now a separate register and several Grad Dips in Midwifery and one Master of Midwifery provide entry to midwifery practice (although person may previously have practised as a nurse).	for Indonesian Nurses DH&CS Re-entry program for RNs.		Sciences/Bachelor Nursing (Mental Health Stream) [32] Diploma of Nursing (pre-Enrolment) [33]		Bachelor of Arts Bachelor of Nursing/ Bachelor of Commerce Bachelor of Nursing/ Bachelor of Applied Science (Psychology) Bachelor of Nursing/ Bachelor of Applied Science (Health Promotion) Bachelor of Nursing/ Bachelor of Mental Health Bachelor of Nursing/ Bachelor of Rural Health Practice Bachelor of Nursing/ Bachelor of Public Health Bachelor of Nursing/ Bachelor of Midwifery Graduate Diploma in Midwifery Certificate IV Health (Nursing) [35-37]	
9.6.2	Accreditation/ approval of re-entry to practice educational programs	Yes  Board approves these courses as policy based upon recency of practice requirements [1]	No	Yes  Board approves these courses as policy based upon recency of practice requirements. [8].	?	Yes  Board approves these courses as policy based upon recency of practice requirements [3, 39-42]	Yes  Available to RNs & ENs who have previously completed an accredited nursing <sup>16</sup> course & gained registration or enrolment.  RNs: If have not practised as a RN for > 5 years but <10 years - required to undertake a Re-Entry to Practise Program including theoretical, pharmacological & clinical components.  If have not practised as	Yes  Board accredits these courses as policy based upon recency of practice requirements.  Board approves: Re-entry programs [10] & Programs for supervised practice [44] Division 1 Re-Entry Program Pre-Registration Course for Overseas Qualified Nurses Bachelor of Nursing (Post Registration) Advanced Diploma in Nursing Midwifery Re-Entry	Yes  Registration Bridging Course - Registered Nurses [General] for renewal of registration or overseas nurse initial registration  Registration Bridging Course - Registered Nurses [Mental Health] for renewal of registration or overseas nurse initial registration  Registration Bridging Course - Registered Nurses [Mental Health]) for renewal of registration

<sup>16</sup> Any reference to nursing in the Nursing Board of Tasmania context also refers to midwifery.



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							<p>a RN for &gt; 10 years &amp; &lt;15 years &amp;/or who had limited experience before their absence from practise - required to complete the TSoN Post Registration BN (Re-Entry) Program.</p> <p>If have not practised as a RN for &gt; 16 years are not eligible to undertake a Re-Entry to Practise Program. They are referred to the TSoN for an individual assessment to determine which units of the pre-registration BN Program they would be granted credit for &amp; which units they would be required to complete.</p> <p>ENs: If have not practised &gt; 5 years but &lt; 15 years be required to undertake the Re-Entry to Practise Program provided by NGT Tasmania.</p> <p>If have not practised as an EN for &gt; 16 years &amp;/or who had limited experience before their absence from practise are not eligible to undertake a Re-Entry to Practise Program. Are to be referred to NGT Tasmania or TAFE Tasmania for an individual assessment to determine which</p>	<p>Program Re-entry Program to Maternal &amp; Child Health Practice Re-entry Program for Division 2 Nurses [45, 46].</p>	<p>Registration Bridging Course – [Midwifery] for renewal of registration or overseas midwife, initial registration</p> <p>Registration Bridging Course – Enrolled Nurses [General] for renewal of registration or overseas nurse initial registration [38].</p>

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
							units of the Certificate IV in Health (Nursing) Program they would be granted credit for & which units they would be required to complete [43].		
9.6.3	Accreditation/ approval of other educational programs	<p>Graduate Diploma of Midwifery Masters of Nurse Practitioner [1]</p> <p>As noted above, Grad Dips in Midwifery may belong above.</p> <p>In courses for EN medication administration, there is also a Statement of Attainment in Medication Administration for ENs who already hold a Certificate IV or equivalent qualification in nursing but have not undertaken education in medication administration.</p>	<p>Graduate Diploma of Midwifery Master of Nursing (Nurse Practitioner) Master of Nursing (Mental Health – Nurse Practitioner [24-27] Certificate IV EN Conversion (Medication Administration) EN: Medication Management Course [47].</p>	?	<p>RN endorsement courses including: Midwifery courses Mental Health Nursing courses Nurse Practitioner courses Immunisation Program courses Isolated Practice Areas &amp; Rural Hospitals courses Sexual &amp; Reproductive Health Program courses</p> <p>EN medication endorsement course [48, 49]</p>	Education Programs for Overseas Applicants: Australian Registered Nurse Training Program Bachelor of Nursing (Post-Registration) [50]	Accredited Postgraduate Courses leading to Authorisation on Registration Graduate Diploma of Health Nursing Graduate Diploma of Advanced Nursing (Mental Health) [34]	Accredited: Graduate Diploma of Mental Health Nursing Postgraduate Diploma of Nursing Science in Mental Health Nursing Postgraduate Diploma in Clinical Nursing (Psychiatric Nursing) Postgraduate Diploma in Nursing Science (Child, Family & Community) Graduate Diploma in Child & Family Health (Maternal & Child Health) [36, 51-53]. Course leading to Endorsement Division 2 (medications) [53]. Approved: Supervised Practice Programs [44].	Postgraduate Diploma – Midwifery Conversion Program for ENs Postgraduate Diploma in Clinical Specialisation [Nurse Practitioner] Bachelor of Nursing Conversion Program Postgraduate Diploma in Mental Health Bachelor of Science Nursing Conversion Program for overseas students [38].
9.7	Courses currently approved by RA	<p>Listed on Board Website:</p> <p><a href="http://www.nursesboard.act.gov.au/">http://www.nursesboard.act.gov.au/</a>.</p>	<p>Listed on Board Website:</p> <p><a href="http://www.nmb.nsw.gov.au/">http://www.nmb.nsw.gov.au/</a>.</p>	See 9.6.1	<p>Listed on Council Website:</p> <p><a href="http://www.qnc.qld.gov.au/">http://www.qnc.qld.gov.au/</a>.</p>	<p>Listed on Board Website:</p> <p><a href="http://www.nursesboard.sa.gov.au/edu">http://www.nursesboard.sa.gov.au/edu</a>.</p>	<p>Listed on Board Website:</p> <p><a href="http://www.nursingboardtas.org.au/nbtonline.nsf/\$LookupDocName/accreditation">http://www.nursingboardtas.org.au/nbtonline.nsf/\$LookupDocName/accreditation</a>.</p>	<p>Listed on Board Website:</p> <p><a href="http://www.nbv.org.au/nbv/nbtonline1.nsf/\$LookupDocName/student_information">http://www.nbv.org.au/nbv/nbtonline1.nsf/\$LookupDocName/student_information</a>.</p>	<p>Listed on Board Website:</p> <p><a href="http://www.nbwa.org.au/cpRoot/347/2/Accred%20EdInst%20and%20Programs3%20.pdf">http://www.nbwa.org.au/cpRoot/347/2/Accred%20EdInst%20and%20Programs3%20.pdf</a>.</p>

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.8	RA adoption of national competency standards in education for assessing eligibility to practice	[1]		[8]	[6, 54]	[55, 56]	No specific statements in Standard relating to the accreditation of courses, however, implicit : in various standards in the Nursing Code from list on website Copies are located within the Nursing Code [57]	[10, 58]	[7]  Where competencies have not yet been developed for particular specialty areas of clinical practice then standards of practice can be utilised to guide practice; for example the Board's Professional Standards for Nurse Practitioner Practice [7].
9.8.1	Code of Ethics for Nurses in Australia (ANMC 2002)	Yes	No  While the Board has previously established codes of professional conduct, as provided by legislation, the Board has not previously sought to establish a code of ethics. While it is appropriate for a regulatory authority to provide direction in regard to professional conduct, it would not be appropriate to impose a particular set of values as a prerequisite for registration or enrolment where a nurse or midwife could demonstrate competent practice based on alternate ethics.	Yes	Yes	Yes	Yes	Yes	Yes
9.8.2	Code of Professional Conduct for Nurses in Australia (ANMC 2003)	Yes	Not clear – statement on website is ambiguous  The Code of Professional Conduct for Nurses in Australia (the Code) is a set of expected national standards of nursing	Yes	Yes	Yes	Yes	Yes	Yes  But revised competencies in 2005

## Map 9 - Setting &amp; Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>conduct for Australian nurses.</p> <p>The Code is not intended to give detailed professional advice on specific issues &amp; areas of practice, rather, it identifies the minimum requirements for conduct in the profession. A breach of the Code may constitute professional misconduct or unprofessional conduct [59].</p> <p>Code of Professional Conduct established by Board as required by s 43.</p> <p>Statement on website currently under review.</p>						
9.8.3	National competency Standards for the Registered Nurse (ANMC 2000 & 2005)	Yes	<p>Yes - 2000</p> <p>Recently issued national standards for RN currently under consideration</p>	Yes	Yes	Yes	Yes	Yes	Yes
9.8.4	National competency Standards for the Enrolled Nurse (ANMC 2002)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9.8.5	National Competency Standards for the Midwife (ANMC 2006; ACMI 2002)	Yes	<p>No</p> <p>Recently issued national standards for RM currently under consideration</p> <p>Board has its own set of competency standards for Midwives [60].</p>	Yes - ANMC	Yes	Yes	Yes	Yes	Yes - ANMC

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.8.6	National Competency Standards for the Nurse Practitioner (ANMC 2005)	Yes	No Recently issued national standards for NP currently under consideration.	Yes	?	Under discussion	Yes	Yes	Yes
9.8.7	Code of Ethics (ACMI 2001)	Yes	No New ANMC Code of Ethics will be considered for adoption when developed.	Yes	Yes	No	Yes	No	No ANMC project underway
9.8.8	Others	Yes	No	No	?	Australian & New Zealand College of Mental Health Nurses (ANZCMHN) Standards of Practice for Mental Health Nursing Practice.	No	ACMI Code of Practice for Midwives (Adopted by Board 2006)	Nurses Code of Practice (2000) – s 9.
9.9	RA adoption of professional education standards	?	Board has established its own requirements, some of which are in form of standards (e.g. enrolled nurse education). Other bodies' standards not adopted.	AMCI & ANMC NP Report standards Inclusion of Indigenous health issues in undergraduate curricula [61].	Education Policy	ACMI Standards for the Accreditation of Three Year Bachelor of Midwifery Programs [55].	Standards for Conduct, Accreditation & Monitoring of Board Programs [5].	Standards for Course Accreditation [10].	?
9.10	Principles underpinning RA's review & approval of education courses & providers	Principles for the accreditation, approval of entry to practice nursing/ midwifery/ nurse practitioner courses [1].	No specific statement of principles but the following has been extracted from Board documents outlining the requirements for the various programs.	No specific statement of principles but the following have been extracted from Board policy outlining the requirements for the various programs [8].	Principles are extracted from the Statement of Philosophy & the Council policy on the accreditation of courses & programs [6].	Principles are extracted from Board policy on the accreditation of courses & programs [3].	Principles are extracted from Board policy on the accreditation of courses & programs [5].	Principles are extracted from Board policy on the accreditation of courses [10].	Principles are extracted from Board policy on the accreditation of courses [7].
9.10.1	Approves or accredits educational providers	No	Yes – s 10(1)(g) [62]	Yes [8]	Yes [6].	Yes [3]	Yes [5]	Yes – s 66(1)(c). [10]	Yes [7]
9.10.2	Approves or accredits educational courses	Yes [1]	Yes – s 10(1)(g) [62]	Yes [8]	Yes [6]	Yes [3]	Yes [5]	Yes – ss 66 & 90. [10]	Yes [7]
9.10.3	Programs & courses meet accepted, validated Australian competency standards which reflect professional scopes of practice	Yes [1]	RNs – Yes ENs – Yes  As noted above, standards for RM & NP and revised standards for RN currently under consideration.	Yes [8]	Yes [6]	Yes [3]	Standards for Conduct, Accreditation & Monitoring of Board Programs – a Board Policy [5]	Yes [10]	Yes [7]

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			It is a requirement of entry that students demonstrate Board approved competencies for entry to the practice						
9.10.4	Programs &/or educational providers are accredited for a defined period.	Yes [1]  3-5 years depending upon the type of program & the provider.	Yes [62]  No legislated period. Policy has been variable & has been influenced by advice from committees assessing courses.  Currently could be as brief as approval for a single cohort of students & unlikely to be for longer than 6 years for universities & 5 years for other institutions (5 is maximum granted by state education authorities & the Board would not want to approve for longer than the course's educational accreditation).	Yes Provisional accreditation – period is specified Full accreditation – up to 5 years [8].	Yes – s 83C, 83D & 83E Full accreditation – up to 5 years Conditional accreditation – period is specified For both the accreditation of EPs & courses [6].	?	Yes Provisional accreditation – period is specified Full accreditation – up to 5 years [5].	Yes [63]	Yes Provisional accreditation – period is specified with conditions to be met Full accreditation – for specified period  Usually given until the end of the first course, but is dependent on the type of course & the mode of delivery eg a renewal of registration course conducted by DE may be given provisional accreditation until the first 10 students have successfully completed the program, whereas a 3-year degree course may be given 3 years [7].
9.10.5	RA retains the right & has the authority to revoke or vary accreditation status at any stage should the required nursing education standards not be met.	Yes [1]	Yes Reg, Cl 35.	Implied [8]	Yes [6]	Yes [3]	Annual Evaluation Reports required. Any changes must be submitted to the Board for approval.	Yes Section 90(3).	Program approval is given for a defined period. When the period is up, a new assessment is undertaken of the program.
9.10.6	Educational institution must notify the RA of any changes occurring during the process of the course that (may) affect the outcome of the course.	Yes [1]	Yes Reg, Cl 35.	Yes [8]	Yes [6]	Yes [3]	Yes Annual return required [5]	Yes [10]  Formal Annual Return Survey to be completed [64].	Yes Annual return required [7].
9.10.7	Other		Section 10(1)(g) also	No	Only EPs that have	Registered training	Within the accreditation	Section 90	Only EPs that have

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			provides for Board to approve the qualification to be awarded eg "Bachelor of Nursing". In one instance, the Board indicated it would not approve a proposed enrolled nurse course that did not have "nursing" in the title.		current Council Accreditation may offer accredited nursing & midwifery education courses [6].	authorities accredited under the Australian Quality Training Framework (AQTF) & universities accredited through the Universities Quality Agency (AQUA) will usually be exempt from having to meet the Board requirements for approval as an EP, though may require further particulars before approving a course [3].	process the Board will: Continue to approve educational facilities as having sufficient appropriate resources, both human & physical, to facilitate students to meet the requirements for registration/enrolment/authorisation. [5].		current Board Accreditation may offer accredited nursing & midwifery education courses [7].
9.11	RAs processes for the review & approval of education courses	Principles for the accreditation, approval of entry to practice nursing/ midwifery/ nurse practitioner courses [1].	See web addresses for the complete set of the RN, RM, EN & NP programs requirements at in footnotes below [9, 24-27, 47, 65-70]	Process for the assessment of courses & EPs [8].	Process for the assessment of courses & EPs -  See Attachment 1 for flow charts of processes [6].	Approval process for courses & EPs:  See Attachment 2a for flow charts of processes [3].	Procedures for accreditation:  See Attachment 2b for flow charts of processes [5].	Process for the assessment of courses: [10]	Process for the assessment of courses & EPs.  See Attachment 3 for flow charts of processes [7].
9.11.1	Timing	New curriculum documents – submitted 6 months prior to the commencement of a course [1].  Revised curriculum – 3 months prior to commencement of the changes [1].  Timeframe can blow out significantly due to very slow response rate of independent universities – up to 6 months.	Legislation & policy silent  Policy was formerly within 3 months however this may not be achievable since introduction of Practice Committees. Course assessment is undertaken ASAP & may take anything from 2 to 6 months. Ample prior notice of anticipated submission can facilitate processes.	Documents – submitted 6 months prior to the commencement of a course.  Changes in accredited courses – no timeframe.  Re-accreditation – documents to be submitted 4-6 months before existing accreditation lapses [8].	For applicants for EP accreditation a minimum of 4 months is required to assess an application.  Course accreditation applications will only be processed after Council has granted EP accreditation.  The application for the accreditation of a new course, or renewal of accreditation of an existing course, must be submitted to Council at least 7 months prior to the proposed course commencement date [6].  Outlined more fully in Education Policy.	To ensure that a course receives approval prior to it being offered, it is a requirement of the Board that curriculum is submitted at least 6 months prior to the commencement of the course.  For re-accreditation, the requirement is at least 6 months prior to the expiry of the accreditation period [3].  Implicit in this is that if approval as an EP is also required then this must be submitted some time prior to that 6 month period.	Applications for the accreditation &/or modification of educational programs leading to registration/enrolment as a nurse, or authorisation to practice in a restricted area must be made at least 6 months prior to the anticipated commencement [5].	?	Only accredited education providers may submit courses for accreditation.  An education provider must give to the Board all the relevant documentation for accreditation of a course at least 6 months before the course is proposed to commence [7] – although this very rarely happens.  The Board has no power to stop anyone from commencing a nursing or midwifery program as long as it is not advertised as leading to registration as a nurse or midwife.
9.11.2	Preliminary discussions	Legislation & policy	Invitation to contact the	Any changes can be	Applicants should advise	During the processing of	Information in regards	?	Any education provider

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>silent</p> <p>Generally most course providers invite a representative of the Board to attend preliminary discussions regarding development of a program.</p> <p>A standardised process &amp; format would assist in ensuring the original application was submitted with all the necessary requirements.</p>	<p>Board's office for preliminary discussions with the Executive Director or a Nursing Officer prior to submission.</p> <p>The need for more preliminary discussions is becoming increasingly apparent &amp; may be more formalised in future to assist education providers demonstrate if they can satisfy requirements.</p>	<p>discussed during a monitoring visit to campus &amp;/or clinical venues [8].</p>	<p>Council of their intention to submit an application at least 3 weeks before the anticipated lodgement date, including the planned commencement date of the proposed nursing &amp;/or midwifery courses [6].</p>	<p>an application, the appropriate Board staff member (Policy &amp; Education Coordinator, in the first instance) will liaise with an applicant regarding the progress of an application. This may include providing feedback requests for further information based on findings by an assessment panel [3].</p>	<p>to the accreditation process can be obtained from the Nurse Adviser - Education &amp; Registration [5].</p>		<p>considering applying for accreditation as a provider submitting a course for accreditation should liaise with the Manager – Registration &amp; Education at the Board for advice &amp; guidance. [7].</p>
9.11.3	Documentation requirements	<p>None specified – it can be assumed that adequate documentation to support a claim against the standards &amp; specific criteria would be required.</p> <p>A standardised process &amp; format would assist in ensuring the original application was submitted with all the necessary requirements.</p>	<p>20 copies of course documentation are required with one sample of teaching/learning materials across a range of subjects – the specific requirements are detailed &amp; extensive &amp; have not all been included in the information below. They available on the websites listed below in footnotes.</p>	<p>A written application, &amp; A submission addressing the Standards for Course Accreditation &amp; the Standards for Accreditation on EPs, &amp; 3 x copies of the curricula [8].</p>	<p>An application cover sheet, &amp; A submission addressing all elements of the standards for accreditation for ENs &amp;, the Standards for Course accreditation &amp; 12 x copies of application – for EP accreditation 7 x copies of application – for Course accreditation 1 x copy of any application on CD Evidence of University or TERC approval [6].</p>	<p>A submission addressing the standards &amp; criteria for accreditation of ENs &amp; the standards for criteria for course accreditation.</p> <p>To minimise unnecessary duplication, applicants are encouraged to utilise as evidence documents produced for other accreditation processes, for example, the curriculum document. Where applicable, statements in an application submission should be cross referenced as much as possible to the curriculum document &amp; existing organisational policy documents[3].</p> <p>6 x copies of documents required.</p>	<p>8 x copies of the submission, addressing the prescribed standards &amp; including the entire course curriculum, are to be submitted [5].</p>	<p>See Standards for Course Accreditation [10].</p>	<p>Accreditation is based on course information submitted by the education provider to address the accreditation standards for courses and the ANMC Competencies for the relevant Division of the Register of the Board.</p> <p>The education provider will submit to the Board 8 copies of the submission for accreditation.</p> <p>A Map/schedule/matrix which maps theory and practice units to the ANMC competencies should be submitted as part of the course curriculum documentation [7].</p>
9.11.4	Committee &/or expert review	<p>On direction of the Professional Programs Committee, the Board</p>	<p>On receipt program documentation is forwarded to the relevant</p>	<p>Accreditation team assesses the submission against the Standards</p>	<p>Education Committee reviews applications for accreditation by EP.</p>	<p>Assessment panel assesses the submission against the</p>	<p>Accreditation Review Panel reviews the submission against</p>	<p>Review Panel assesses the submission against the standard using a</p>	<p>Pre-Registration Nursing Degree Peer Review Panel –</p>



Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>will circulate the curriculum to a minimum of two other states in order for the proposed Program to be assessed against the Board Accreditation Standards [1].</p> <p>The jurisdictions used depend upon the facilities which provide equivalent programs &amp; have academic staff available to assess the programs.</p>	<p>committee to consider the proposed curriculum.</p> <p>Committee members receive the submission document prior to the meeting to enable sufficient reading time.</p> <p>When the Committee is convened, participants are able to raise any issues or concerns which may need clarification.</p>	for Accreditation [8].	<p>Relevant Peer Review panel reviews applications for accreditation for Courses.</p> <p>See Flow Charts of review process at Attachment 1 [6].</p>	standards for approval [3].	Board Standards for accreditation [5].	<p>formal review tool [71].</p> <p>Review Panel may be required to follow up substantive issues provided in the formal response from the EP.</p> <p>Review Panel makes recommendations to the Board.</p>	<p>Make recommendations to the Regulation Reference Group and the Board with regard to the initial and ongoing accreditation of courses. Resolve matters according to current policies and procedures. Provide and receive reports and recommendations from the Regulation Reference Group. Maintain optimum channels of communication between the Regulation Reference Group, the Board &amp; Course Providers. Co-opt members of the profession as necessary for any panel, as approved by the CEO [7].</p>
9.11.5	Representatives from the education institution are invited to meet committee/ panel & provide additional information & address the issues raised.	<p>Legislation &amp; policy silent</p> <p>Course providers may be invited to meet with the Professional Program Committee in order to clarify any issues relating to the assessors feedback.</p>	Yes	Yes [8]	<p>Legislation &amp; policy silent</p> <p>? custom &amp; practice</p>	<p>Can be implied from: Each applicant must facilitate evidence collection, maintain &amp; make available all pertinent records &amp; provide access to relevant documents, facilities &amp; personnel on request [3].</p> <p>Convenor may invite applicant to address issues at panel meeting.</p>	<p>Yes</p> <p>The Board has undertaken to: Establish a consultative process with education providers in the development &amp; approval of programs leading to registration/ enrolment/ authorisation. Provide an advisory service to education providers in the course development stage if requested [5].</p>	<p>Ongoing interaction between the Review Panel &amp; the EP during process – both formal &amp; informal.</p> <p>EP given an opportunity to formally respond to Draft Report from Review Panel (28 days) including: commentary requests for further information Recommendations.</p>	<p>Yes</p> <p>The Peer Review Panel meets with the provider of the course to discuss the submission &amp; clarify any matters[7].</p>

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.11.6	Site visit to assess the standard of teaching resources, including the facilities.	May be required [1].  The Professional Programs Committee would visit a site if there was a new program offered or a significant change made to an existing program.  This would certainly increase the compliance rate & ensure a consistent approach to standards.	Inspections of clinical facilities are no longer undertaken after consideration of issues including legal advice.  Site inspections could be undertaken of education providers' campus, laboratories, libraries etc at time of course approval but generally only done for a new provider's initial application or if major changes are identified.	Yes  Campus &/or clinical venues [8].	Yes  A site visit may be undertaken to confirm the application details & ensure that the physical & human resources will be available for the commencement of the proposed course [6].	No  Each applicant must facilitate evidence collection, maintain & make available all pertinent records & provide access to relevant documents, facilities & personnel on request [3].	The Board may conduct site visits to an educational facility as a component of the accreditation &/or monitoring process. If such a visit were required, the educational facility would be advised [5].	The Review Panel has to satisfy itself about facilities & resources [10].	Members of the Peer Review Panel will conduct a site visit to validate the availability of facilities for the conduct of the course.
9.11.7	Recommendations to Board	The Professional Programs Committee makes recommendations on the accreditation status of the course to the Board [1].	At the conclusion of the meeting the committee is required to make recommendations to the Board in regard to the suitability of the course.	The Accreditation Team makes recommendations on the accreditation status of the course to the Board [8].	Education Committee provides a report & makes recommendations to Council re the accreditation status or the EP & courses [6].	Education & Accreditation Committee makes recommendations to the Board re the accreditation status or the EP & courses [3].	Accreditation Review Panel makes recommendations to the Board [5].	Review Panel makes recommendations to the Board.	Peer Review Panel make recommendations to the Regulation Reference Group who reviews & revises (if necessary) them & submit them to the Board [7].
9.11.8	Conditions of approval	The EP will provide the Board with a report about the course at the end of each academic year to provide affirmation that: the course/ EP or accredited course continues to meet the Standards under which approval or course accreditation was granted. continuous quality improvement principles are being applied [1].	The Board has received legal advice that it is not able to place conditions on approval of courses.  Notification of any changes to course is a requirement of the Regulation.	The Board will issue one of two types of accreditation – full or provisional.  Provisional accreditation will be granted for a specified period of time detailed in the Notice of Accreditation & may, or may not, be subject to conditions.  Full accreditation will be granted for a period not exceeding five years.  Full accreditation is subject to regular review as decided at the time of initial accreditation [8].	Two categories of accreditation - conditional or unconditional. Both authorise EPs to submit Courses for accreditation or to implement an accredited Course  Unconditional - indicates that the EP or Course application has satisfied all of the required standards & the Provider can make an application for Course[s] to be accredited.  Conditional – when the application has demonstrated an ability to meet all of the required standards, but	Legislation & policy silent  Approval is unconditional; however timeframe for approval process may vary.	The Board will issue one of two types of accreditation - full or provisional. Provisional accreditation will be granted for a specified period of time detailed in the Notice of Accreditation & may, or may not, be subject to conditions [5].	The Board may vary or revoke any approval or accreditation given & may impose conditions, limitations or restrictions on any such approval or accreditation – s 90(3).	Conditional accreditation for education providers or courses occurs when only some of the standards have been met. Conditional accreditation is granted if there is the potential for improvement in the identified areas. An agreed plan is developed to address matters identified by the Peer Review Panel.  Review of conditional accreditation will occur in accordance with the agreed plan & timeframe [7].

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>Council determines that: there is potential for necessary improvement in identified areas additional monitoring during implementation is needed improvement &amp;/or monitoring matters can be addressed within a specified timeframe.</p> <p>An agreed improvement &amp;/or monitoring plan are developed to address matters identified by the Education Committee, Peer Review Panel or Council.</p> <p>EPs with conditional accreditation may apply for Course Accreditation. In such cases, if the application for course accreditation is successful, only conditional accreditation can be granted until the EP accreditation status has been reconsidered &amp; amended to unconditional. Once the EP is granted unconditional accreditation, conditional Course accreditation may continue if Council determines the course requires ongoing monitoring [6].</p>				
9.11.9	Fee charged for review & approval process	No fee is currently charged for course providers to have their program accredited, however, the Board does pay external assessors	No	No – but under discussion.	Power to charge fee is available – s 79(2), however no fee is set in the Regulation.	No	Individually costed	No	No fee is charged currently but a project is underway to make some recommendations to the Board in this regard.

Map 9 - Setting & Reviewing Educational Standards

No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		from the Board's financial resources.							
9.12	Summary of formal standards or requirements set to review courses & comprehensive-ness of curricula	<p>Standards are for the accreditation/approval of all nursing &amp; midwifery courses</p> <p><u>Standard 1:</u> Educational process of preparing nurses/ midwives/ NPs for practice reflects the needs of major stakeholders &amp; the context in which health care is provided.</p> <p><u>Standard 2:</u> Curriculum is based on educational principles that provide the opportunity to develop competent beginning practitioners.</p> <p><u>Standard 3:</u> Management &amp; delivery of the nursing/ midwifery/ NP course is consistent with the curriculum design.</p> <p><u>Standard 4:</u> The educational institution is staffed to achieve the goals &amp; the effective implementation of nursing/ midwifery/ nurse practitioner courses.</p> <p><u>Standard 5:</u> Facilities &amp; equipment of the educational institution are relevant &amp; sufficient for the effective implementation of nursing/ midwifery/ NP</p>	<p>Discrete requirements exist for each area of educational preparation: RN [24] R M [25] EN [27] NP &amp; MP – [9]</p> <p>The focus of these is on providing guidance to organisations on the curricula &amp; course requirements rather than upon the assessment or approval of courses &amp; curricula. Categories include: Institution offering the course.</p> <p>Overall course requirements.</p> <p>Clinical component of the course.</p> <p>Clinical experience facilities</p> <p>Clinical &amp; theoretical teaching/ supervision.</p> <p>Assessment.</p> <p>Curriculum documentation.</p> <p>Combined qualifications.</p> <p>Bridging courses for Ens.</p> <p>Distance learning mode.</p> <p>Course accreditation.</p>	<p>EP accreditation standards: General standards have been developed for the accreditation/approval of all nursing &amp; midwifery EPs:</p> <p><u>Standard 1:</u> Organisation &amp; Administration</p> <p><u>Standard 2:</u> Students</p> <p><u>Standard 3:</u> Faculty &amp; Support Staff [8].</p> <p>Criteria sit under these &amp; are outlined below in the areas of curriculum requirements.</p> <p>Course accreditation standards: Discrete accreditation requirements also exist for courses in each area of practice &amp; educational preparation: Nursing courses Midwifery courses NP courses Re-entry courses [8].</p>	<p>EP accreditation standards:</p> <p><u>Standard 1:</u> Organisation philosophy &amp; quality infrastructure The EP demonstrates values, goals &amp; structures that are consistent with continuous quality improvement.</p> <p><u>Standard 2:</u> Administration The EP demonstrates effective internal mechanisms consistent with its values &amp; goals to ensure quality education.</p> <p><u>Standard 3:</u> Resources The EP demonstrates mechanisms to ensure that planned resources are adequate for the proposed course[s].</p> <p>Course accreditation standards:</p> <p><u>Standard 4:</u> Curriculum The curriculum demonstrates &amp; supports the development &amp; preparation of graduates for safe &amp; competent practice.</p> <p><u>Standard 5:</u> Course implementation The implementation plan of the course reflects the EP's quality mechanisms for the support of</p>	<p>Standards for approval of EPs:</p> <p><u>Standard 1:</u> The EP demonstrates effective mechanisms to ensure quality education.</p> <p><u>Standard 2:</u> The EP demonstrates mechanisms to ensure resources are adequate for course implementation</p> <p>Standards for approval of courses:</p> <p><u>Standard 1:</u> The design &amp; implementation of the course supports the development of graduates who can practice safely, competently &amp; ethically according to Board endorses professional standards leading to registration or enrolment.</p> <p><u>Standard 2:</u> Clinical education, placement &amp; assessment processes reflect collaboration between the EP &amp; organisations involved in the provision of teaching &amp; learning experiences.</p> <p><u>Standard 3:</u> Evaluation of the course design, delivery &amp; outcomes demonstrates CQI.</p>	<p>Standard for accreditation of EPs:</p> <p><u>Standard 1:</u> The primary focus of the program is nursing.</p> <p>Standards for approval of courses:</p> <p><u>Standard 2:</u> The program development, implementation &amp; evaluation occurs in collaboration with stakeholders.</p> <p><u>Standard 3:</u> The resources needed for students to achieve the purpose &amp; outcomes of the program are available.</p> <p><u>Standard 4:</u> The assessment processes facilitate the student achieving the program outcomes [5].</p>	<p>Standards for Course Accreditation:</p> <p>DOMAIN 1: The context of the course clearly identifies its purpose, possibilities &amp; limitations</p> <p><u>Standard 1.1:</u> The course has a clearly stated rationale</p> <p><u>Standard 1.2:</u> Course submission includes a statement of philosophy, aims &amp; objectives of the course &amp; expected course outcomes.</p> <p><u>Standard 1.3:</u> Significant &amp; appropriate resources are provided on each campus to ensure the delivery of the course as accredited.</p> <p><u>Standard 1.4:</u> Course Regulations &amp; Policies are congruent with scope &amp; level of course, mode of delivery &amp; expected student outcomes.</p> <p>DOMAIN 2: The curriculum design is consistent with the philosophy &amp; objectives or the course &amp; expected course outcomes</p> <p><u>Standard 2.1:</u> Curriculum design reflects the context of contemporary health care, the roles, functions</p>	<p>A comprehensive nursing education program must demonstrate three essential features, breadth, depth &amp; integration.</p> <p>Adequate breadth: a substantial content of physical, psychological, cultural, social, spiritual, professional &amp; medical science elements. focus on individuals, families, groups &amp; communities; with specific inclusion of indigenous health issues.</p> <p>balanced experience in a range of clinical settings.</p> <p>incorporation of the processes &amp; strategies of professional nursing practice: eg problem solving processes, research methods, theoretical foundations, comparative approaches to the implementation of nursing &amp; health care.</p> <p>development of abilities such as leadership, reflective ethical practice, critical thinking &amp; collaborative practice.</p> <p>Adequate depth: A depth of study in the behavioural, social, physical, biological &amp; nursing sciences which</p>

Map 9 - Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>courses.</p> <p><u>Standard 6:</u> Evaluation of all aspects of the nursing/ midwifery/ NP course is planned &amp; implemented [1].</p>	<p>Completion of course by a student.</p> <p>Monitoring of an approved course.</p> <p>Appeals.</p>		<p>courses.</p> <p><u>Standard 6:</u> Course evaluation Evaluation of the course design &amp; delivery demonstrates continuous quality improvement [6].</p>	<p><u>Standard 4:</u> The EP delivers the course approved by the Board [3].</p>		<p>&amp; responsibilities of the nurse/ midwife &amp; generic learning opportunities required by students.</p> <p><u>Standard 2.2:</u> Course content &amp; its theoretical &amp; clinical components are consistent with course philosophy, objectives &amp; expected course outcomes.</p> <p><u>Standard 2.3:</u> Curriculum design details content of all course units/ subjects, their length, sequence of the course &amp; relationship with other units/ subjects, approaches to teaching/ learning &amp; modes of assessment.</p> <p>DOMAIN 3: Systems are established for management &amp; monitoring of course delivery.</p> <p><u>Standard 3.1:</u> Processes are in place to manage &amp; monitor course design.</p> <p><u>Standard 3.2:</u> Process are established to monitor student progress.</p> <p><u>Standard 3.3:</u> Provision is made for student access to academic advice &amp; guidance.</p> <p><u>Standard 3.4:</u> Arrangements are in place to manage emergency replacement of clinical teachers.</p>	<p>provides the foundation for nursing studies &amp; nursing practice in any setting.</p> <p>Integration implies that all curriculum components are linked, producing a relatedness of content at all levels &amp; in all contexts. Teaching &amp; learning processes must reflect the view that the development of nursing knowledge is contingent on the integration of substantive components &amp; an understanding of the linkages between them. Based on these features the Board has identified the following characteristics as essential to a comprehensive nursing education program: the outcome is a graduate who is able to practice competently at a beginning level in any health care setting. clinical experience, with supernumerary status, in a variety of settings, that is sufficient to facilitate the integration &amp; application of knowledge into practice. assessment technology which facilitates the achievement, in all practice settings, of the nursing competencies required for registration in Division 1 - Comprehensive or Division 2 - Enrolled</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								<p>preceptors/mentors.</p> <p><u>Standard 3.5:</u> Arrangements are in place to monitor &amp; enhance teacher performance.</p> <p>DOMAIN 4: Course evaluation is carried out to determine attainment of desired course outcomes &amp;/or to provide a basis for course improvement &amp; re-development.</p> <p><u>Standard 4.1:</u> Policies &amp; procedures are established for formative &amp; summative evaluation of course.</p> <p><u>Standard 4.2:</u> Modifications to courses are based on information gathered through internal &amp; external evaluation [10].</p>	<p>Comprehensive.</p> <p>CURRICULUM STRUCTURE The education provider must be able to clearly demonstrate how the curriculum structure: is commensurate with the preparation of a beginning level comprehensive nurse is a holistic approach to the preparation of the comprehensive nurse is reflective of &amp; articulates with the ANC competencies for comprehensive nursing practice has a breadth, depth &amp; integration of theoretical &amp; clinical content throughout the entire program &amp; contains statements that provide direction to the program; integrates the principles of teaching &amp; learning clearly identifies the assessment processes; &amp; demonstrates effective evaluation strategies.</p> <p>CORE CURRICULUM COMPONENTS The core concepts of the curriculum will emphasise the principles upon which it is built &amp; will include but not be restricted to the following:</p> <p>Core theoretical components</p>

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									models of practice holism – physical, psychological, spiritual, social & cultural health problem solving critical thinking caring  Core clinical components will include practice in General medical & surgical settings Mental health settings Paediatric settings Maternal & child health settings Community settings Aged care settings [72].
9.13	RA's position on the cost of pre-registration courses	The educational institution is staffed to achieve the goals & the effective implementation of nursing/ midwifery/ NP courses & facilities & equipment of the educational institution are relevant & sufficient for the effective implementation of nursing/ midwifery/ NP courses [1].	The Board has no view on costs charged to students, however has required education providers to demonstrate ability to provide adequate resources including staff & physical resources (including library, laboratories, information technology, teaching spaces, offices etc.)	The school of nursing/midwifery is resourced appropriate to its need & commensurate with the financial resources of the parent organisation [8]	The EP demonstrates mechanisms to ensure that planned resources are adequate for the proposed course[s] [6].	Documentation indicates that there are sufficient resources (human & material) to support the design & implementation of the course/s.  There is evidence that course material & learning resources are current & sufficient for students enrolled in the program [3].	The resources needed for students to achieve the purpose & outcomes of the program are available [5].	Significant & appropriate resources are provided on each campus to ensure the delivery of the course as accredited [10].	The financial, physical and human resources provided by the education provider are adequate for the conduct of the course [7].

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.14	RN program requirements	See footnote <sup>17</sup>	See footnote <sup>18</sup>	See footnote <sup>19</sup>	See footnote <sup>20</sup>	See footnote <sup>21</sup>	See footnote <sup>22</sup>	See footnote <sup>23</sup>	See footnote <sup>24</sup>
9.14.1	RA pre-requisites for entry to RN programs	Bachelor of Nursing – university entry requirements [1].	University entry requirements – the qualification leading to registration as a nurse must be at least at the level of a Bachelor degree [24].	Bachelor of Nursing – Students enrolled in the course meet the normal requirements for university entrance [8].	Courses leading to registration are conducted at the level of a bachelor degree- therefore students have to meet university entrance requirements [28].	Bachelor of Nursing – Students enrolled in the course meet the normal requirements for university entrance [30].	Bachelor of Nursing – university entry requirements [5]	University entry requirements for a minimum of a bachelor level.  Procedures for course admission clearly identify criteria for general entry & special entry categories & their relationships to the normal requirements for university/ TAFE entrance & advanced standing & recognition of prior learning & the implications of exemptions/ credit on the course as approved [10].	University entry requirements for a minimum of a bachelor level [7, 38].
9.14.2	Evidence underpinning the standards & requirements for educational programs for nurses	Sources cited: Australian Nursing Council Inc (1997) <i>Guidelines for the Accreditation of Nursing Courses</i> , Australian Nursing Council Inc, Canberra, ACT. – not currently available through website. <i>Health Professionals Regulation 2004</i> (ACT) <sup>25</sup>	Sources cited: Australian Vice-Chancellor Committee Guidelines [24].	Sources cited: Nursing Board of Tasmania Nurses Board of Victoria [8].	Sources cited: <i>Nursing Act 1992 [Qld] Health [Drugs &amp; Poisons] Regulation 1996.</i> <i>Child Protection Act 1999.</i> ACMI [1998] <i>ACMI Competency Standards for Midwives.</i> ANMC <i>Code of Professional Conduct for Nurses in Australia.</i>	Sources cited: Legislation <i>Nurses Act 1999 Training &amp; Skills Development Act 2003</i>  ANMC Standards: <i>Code of Ethics for Nurses in Australia</i> June 2002 <i>Code of Professional</i>	Identified through Standards for Conduct, Accreditation & Monitoring of Board Programs [5]	Sources cited: ACMI Competency Standards for Midwives (2002) ANZCMHN Standards of Practice for Mental Health Nursing in Australia (1995) ANMC Code of Ethics for Nurses in Australia (2002)	Sources cited: Australian Nursing Council (2003) <i>Inclusion of Indigenous Health Issues in Nursing Undergraduate Programs- Position Statement.</i> Nurses Board of Western Australia (2002) <i>Report of the Scope of Nursing Practice Project.</i>

<sup>17</sup> Available at: [http://www.nursesboard.act.gov.au/documents/Accreditation\\_ApprovalofNursing\\_Midwifery\\_NursePractitionerCourses2005.pdf](http://www.nursesboard.act.gov.au/documents/Accreditation_ApprovalofNursing_Midwifery_NursePractitionerCourses2005.pdf)

<sup>18</sup> Available at: <http://www.nursesreg.nsw.gov.au/RNeducation.pdf>

<sup>19</sup> Available at: [http://www.nt.gov.au/health/org\\_supp/prof\\_boards/nurse\\_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P.pdf](http://www.nt.gov.au/health/org_supp/prof_boards/nurse_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P.pdf)

<sup>20</sup> Available at: [http://www.qnc.qld.gov.au/upload/pdfs/qnc\\_policies/Nursing\\_and\\_midwifery\\_education\\_policy\\_an\\_accreditation\\_framework\\_2005.pdf](http://www.qnc.qld.gov.au/upload/pdfs/qnc_policies/Nursing_and_midwifery_education_policy_an_accreditation_framework_2005.pdf)

<sup>21</sup> Available at: [http://www.nursesboard.sa.gov.au/pdf/Standard\\_for\\_Approval\\_of\\_Education\\_Providers\\_and\\_Education\\_Courses.pdf](http://www.nursesboard.sa.gov.au/pdf/Standard_for_Approval_of_Education_Providers_and_Education_Courses.pdf)

<sup>22</sup> Available at:

[http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/\\$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf](http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf)

<sup>23</sup> Available at: [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/\\$File/ACCStandardsforCourseAccreditation.pdf](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/$File/ACCStandardsforCourseAccreditation.pdf)

<sup>24</sup> Available at: <http://www.nbwa.org.au/cpRoot/339/2/Accreditation%20process%2Epdf>



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓			
		Queensland Nursing Council, <i>Policy for the Accreditation of Courses</i> <sup>26</sup> [1].			ANMC Position Paper. <i>Inclusion of indigenous health issues in undergraduate programs</i> ANMC, ANF & RCNA <i>Code of Ethics for Nurses in Australia</i> . ANMC. <i>National Competency Standards for the Registered Nurse</i> ANMC. <i>National Competency Standards for the Enrolled Nurse</i> ANZCHMN [1995]. <i>Standards of Practice for Mental Health Nurses</i> . Australian Universities Teaching Committee (2002) <i>Learning outcomes &amp; curriculum development in major disciplines: Nursing</i> . Final Report, pp 6-7. Commonwealth Department of Health & Aging [2002]. <i>Consumer Engagement in Health Care</i> . 19 August 2002. International Council of Nurses [2004]. <i>Regulation terminology</i> . NSW Nurses Registration Board & the University of Newcastle [1999]. <i>Guidelines for Registered Nurses &amp; Enrolled Nurses regarding the Boundaries of Professional Practice</i> . Nurses Board of WA. [2004] <i>Position paper – comprehensive nursing education</i> . pp2-3. June				<i>Conduct for Nurses in Australia</i> January 2003 <i>National Competency Standards for the Registered Nurse</i> October 2002/2005 <i>National Competency Standards for the Enrolled Nurse</i> October 2000 <i>National Competency Standards for the Midwife</i> 2006  Nurses Board of SA Standards: <i>Standard for Medication Management</i> September 2002 <i>Standard for the Use of Restraint</i> September 2002 <i>Standard for Therapeutic Relationships &amp; Professional Boundaries</i> September 2002 <i>Standard for Authorisation for an Enrolled Nurse to Practise Without the Supervision of a Registered Nurse</i> September 2002 <i>Standard for Delegation by a Registered Nurse or Midwife to an Unlicensed Healthcare Worker</i> May 2005  <i>ANZCMHN Standards of Practice for Mental Health Nurses</i> 1996		ANMC Code of Professional Conduct for Nurses in Australia (2003) ANMC National Competency Standards for the Registered Nurse (2000) ANMC National Competency Standards for the Enrolled Nurse (2002) National Practice Standards for the Mental Health Workforce (2000) NBV Code of Practice for Midwives (1996) NBV Policy for Course Accreditation (December 2004) NBV Report from the subcommittee for the establishment of standards for postgraduate courses for division 1 nurses that lead to endorsement as a psychiatric nurse (November 2004) NBV Report from the subcommittee on the guidelines for the aged care component of the undergraduate curriculum (December 2002) NBV Report from the subcommittee for the establishment of standards for the Indigenous health component of the undergraduate	Australian Nursing Council (2000) <i>National Competency Standards for Registered Nurses</i> 3rd ed. Alspach, J. (2000) "From staff nurse to preceptor: a preceptor development program", 2nd ed. Aliso Viejo, CA: American Association of Critical Care Nurses. Flynn, J.P. (Ed), (1997) "The role of the preceptor: a guide for nurse educators and clinicians." New York: Springer. ANMC Standards [38].

<sup>25</sup> Available at: <http://www.legislation.act.gov.au/sl/2004-41/default.asp>.

<sup>26</sup> Available at: [http://www.qnc.qld.gov.au/upload/pdfs/qnc\\_policies/Policy\\_for\\_the\\_Accreditation\\_of\\_Nurse\\_Education\\_Courses.pdf](http://www.qnc.qld.gov.au/upload/pdfs/qnc_policies/Policy_for_the_Accreditation_of_Nurse_Education_Courses.pdf).

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
					<p>2004. Qld Dept of Education &amp; the Arts [2004] <i>Guidelines for the accreditation of higher education courses offered by non-university providers</i>, Part 2 [19-20]. QNC [2000]. <i>Code of Practice for Midwives</i>. QNC [2002]. <i>Guidelines on Standards of Practice for Registered Nurses with Drug Therapy Protocol Endorsement</i>. QNC [2004]. <i>Policy on the Regulation of Nurse Practitioners in Queensland</i>. QNC [2005]. <i>Standards of Practice for Medication Administration by Enrolled Nurses</i>. QNC [2005]. <i>Scope of Practice Framework for Nurses &amp; Midwives</i>. QNC &amp; Health Practitioner Boards [2000]. <i>Statement on Sexual Relationships between Health Practitioners &amp; their Patients</i> [6].</p>	<p>ACMI: <i>Standards for the Accreditation of Three Year Bachelor of Midwifery Programs</i> 2003</p> <p>Australian National Training Authority <i>AQTF Standards for Registered Training Organisations</i> July 2005 <i>Evidence Guide for Registered Training Organisations &amp; Auditors</i> July 2005 <i>Standards for State &amp; Territory Registering/Course Accrediting Bodies</i> July 2005 <i>AQTF overview</i> July 2005 <i>AQTF Changes booklet</i> July 2005 <i>Guidelines for Course Developers</i> 2001 <i>Guide to Good Practice in AQTF Auditing</i> 2001 <i>AQF Implementation Guide</i> 2002</p> <p>Australian Qualifications Framework Advisory Board <i>Australian Qualifications Framework Implementation Handbook</i> 3<sup>rd</sup> edition, 2002 <i>National Principles &amp; Operational Guidelines for Recognition of Prior Learning</i> Commissioner for Public Employment Code of Conduct for SA Public Sector Employees March 2005 [3].</p>		<p>curriculum (Dec 2003) <i>Nurses Act</i> 1993 [10].</p>	

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.14.3	Temporal requirements on length of course eg hours, semesters, years	<p>3 year program (previously 3.5 years)</p> <p>The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies [1].</p>	<p>6 full-time semesters<sup>27</sup> at a minimum for Bachelor degree [24].</p> <p>Shorter courses accepted eg for BN (graduate entry) &amp; MN (graduate entry).</p>	<p>No specified time - ? range</p> <p>The amount of time devoted to the theoretical component of the course &amp; the amount of clinical experience included in the course is consistent with philosophy, course objectives &amp; content [8].</p>	<p>No specified time - ? range</p>	<p>Bachelor of Nursing - 3 year program (full-time) leading to registration as a general nurse</p> <p>Combined Degree Bachelor Health Sciences/Bachelor Nursing (Mental Health Stream) - 4 year program (full-time) leading to registration as a general nurse &amp; mental health nurse [30].</p> <p>Bachelor of Nursing/ Bachelor of Midwifery – 5 year degree.</p> <p>Diploma of Nursing – 3 years.</p>	<p>No specified time – reviewed through Accreditation Process [5].</p>	<p>Bachelor of Nursing - 3 year program (full-time) leading to registration in Division 1 of the Register.</p> <p>Combined Degrees - 4 year program (full-time) leading to registration in Division 1 of the Register [35].</p>	<p>No specified time – no range provided</p>
9.14.4	Specific substantive content hours, laboratory time, simulator time, excluding clinical	<p>None specified</p> <p>The entire course content is considered and the relevance of program content to contemporary practice requirements.</p> <p>A consistent approach based on achieving competency &amp; ensuring capability that is in line with best practice &amp; enlists the latest techniques - for Australia wide would be advantageous.</p>	<p>None specified</p> <p>Practice in NSW is to include this into clinical placement hours not separated out, NMB recognizes this aspect as an important part of clinical learning it is essential that clinical education is organized within health facilities in a way which enables students to best meet the Board's approved competencies of a RN.</p>	<p>None specified</p> <p>? custom &amp; practice</p>	<p>None specified</p> <p>? custom &amp; practice</p>	<p>None specified – Competence assessment &amp; achievement is the Board endorsed Standard.</p>	<p>No specified time – reviewed through Accreditation Process [5].</p>	<p>Aged care nursing – evident in each year of undergrad program &amp; is a specific subject accounting for at least 15% of the theory in the senior year of the curriculum</p> <p>Course includes a compulsory subject (min 39 hours) on indigenous culture, history &amp; health issues &amp; these are addressed throughout the course.</p> <p>Course content includes at least 15% of direct contact hours dedicated to mental health/ psychiatric nursing content &amp; is evident in each year of the course. [10].</p>	<p>No specified time – no range provided</p>

<sup>27</sup> In accordance with Australian Vice-Chancellor Committee guidelines or equivalent.

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.14.5	General curriculum content	<p>All nursing, midwifery &amp; NP programs: The practice of nursing underpins the primary focus for the course.</p> <p>The course reflects the multi-cultural reality of Australian society.</p> <p>The course takes cognisance that graduates work within a multi-disciplinary framework.</p> <p>The course makes provision for students to be aware of resource availability &amp; health care costs for service delivery.</p> <p>The course reflects a shared interest in the outcomes &amp; a shared responsibility for the provision of clinical teaching, by education &amp; health care providers.</p> <p>Objectives/goals/competencies for student achievement are clearly documented.</p> <p>The conceptual basis of the course is clearly explained.</p> <p>The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies.</p> <p>The selection,</p>	<p>RN Programs: The course must: have an evidence-based theoretical foundation upon which nursing practice can be based. ensure students demonstrate Board approved competencies for entry to the practice. prepare graduates to practise professional nursing skills &amp; the management of patient care in a variety of settings. include Aboriginal &amp; Torres Strait Islander health. enable students to develop awareness of the cultural diversity which exists in the Australian community address a positive workplace culture &amp; occupational health &amp; safety have policies in regard to Recognition of Prior Learning (RPL)/ Recognition of Current Capabilities or Competencies (RCC) demonstrate how students will develop Information Technology (IT) capabilities for current practice [24].</p>	<p>Nursing Courses: A major aim of the course is to provide comprehensive preparation of graduates, with grounding in the theory &amp; practice of nursing. It should include, but not be limited to: basic strands of medical/surgical, community-based &amp; mental health nursing for individuals across the lifespan in both institutional &amp; non institutional settings. knowledge of, &amp; where possible, clinical experience in rural areas &amp; current issues in nursing &amp; healthcare.</p> <p>The curriculum is based on the philosophy of the course &amp; takes account of the Board's endorsed competencies &amp; relevant Professional Codes. The ANMC National Competency Standards, Code of Ethics, Code of Professional Conduct for Nurses must be incorporated within the curriculum.</p> <p>Courses need to have a rationale that clearly: Identifies a need for the course &amp; Provides evidence of consultation with key stakeholders &amp; consumers.</p>	<p>All nursing, midwifery &amp; NP programs: The curriculum is comprehensive &amp;: enables the student to meet RA standards for registration, enrolment or endorsement &amp; practice standards facilitates achievement of expected graduate outcomes, including demonstration of relevant competency standards reflects contemporary practice across the spectrum of acute &amp; long term care in all aspects of the area of practice relevant to the curriculum reflects contemporary society &amp; the provision of health care in Australia develops understanding of the health status &amp; needs of Indigenous Australians, other cultural groups, rural &amp; remote communities &amp;, for nursing courses, the aging population [including clinical practice opportunities] in order to embed &amp; give context to these understandings assists students to work effectively with varied groups within the community has a broad base for the development of the graduate as an educated person with an understanding of societies &amp; the inevitable interplay of power, politics &amp; policy in</p>	<p>The primary focus of the course design leads to the required qualification for registration &amp; enrolment.</p> <p>The course content reflects contemporary national &amp; international health care &amp; nursing &amp; midwifery issues &amp; trends</p> <p>There is logical sequencing &amp; internal consistency within the course.</p> <p>There is evidence of involvement with relevant external organisations.</p> <p>There is evidence of the incorporation of the relevant professional standards.</p> <p>The course/program is administered by a RN, RM or RMHN currently registered in SA.</p> <p>The learning experiences &amp; teaching methodologies selected, eg flexible delivery mode, enable achievement of course objectives.</p> <p>Graduates of the course are able to gain entry into the profession &amp; reflect professional &amp; industry expectations for entry to practice.</p> <p>Formal agreements exist between course</p>	<p>The philosophy underpinning the content of the program curriculum is nursing focussed.</p> <p>The program content is nursing focussed with appropriate supporting studies.</p> <p>The program is based on contemporary nursing theory &amp; practice &amp; reflects the partnership the profession has with the community.</p> <p>The course delivery method is reflective of contemporary educational theory.</p> <p>Development of the program involved relevant stakeholders &amp; is responsive to contemporary health care issues &amp; professional standards.</p> <p>Adequate support services &amp; facilities are available; &amp;</p> <p>Physical resources are available to meet the purpose &amp; outcomes of the program [5].</p>	<p>Standard 1.1: The course provides comprehensive preparation of graduates with grounding in theory &amp; practice &amp; with the level of nursing competency required to provide safe &amp; effective nursing care as a division 1 nurse at a beginning level of practice in any nursing setting.</p> <p>Course Development The course: demonstrates knowledge &amp; experience of acute, long term, Indigenous health, aged care, mental health, community &amp; rehabilitative nursing across the life span &amp; will take account of current issues in nursing &amp; trends in population health &amp; the social, ethical, cultural &amp; legal aspects of health care includes, but not limited to the basic strands of acute/chronic, medical/surgical nursing, psychiatric/mental health nursing, aged care, community health nursing, Indigenous health care &amp; family nursing, in both institutional &amp; non-institutional settings.</p> <p>The student is required to demonstrate competence that reflects the ANMC Competency Standards for division 1 registered nurses under the direct</p>	<p>Standard for accreditation of EPs:  The Head of School of Nursing maintains responsibility for: Developing, planning, organising, directing, implementing &amp; evaluating the pre-registration nursing educational course/courses. Ensuring appropriate qualifications for all staff involved in the education of participants. Ensuring that all nurses involved in teaching the course are currently registered. Ensuring appropriate policies for all issues related to pre-registration participants. Liaising with the Board &amp; providing evidence to the Board of satisfactory achievement of the curriculum.</p> <p>The financial, physical and human resources provided by the education provider are adequate for the conduct of the course.</p> <p>The education provider has documentation that demonstrates a commitment to research in nurse education and practice.</p> <p>Standards for Course Accreditation:</p>

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		<p>organisation &amp; sequence of learning experiences, including the clinical component, facilitates student achievement of course objectives/goals/competencies.</p> <p>The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies</p> <p>Sufficient &amp; relevant simulated laboratory experience is available [1].</p>		<p>Curriculum addresses the: past, present &amp; emerging roles &amp; context of professional practice; need for students to develop reflective, critical thinking, problem solving &amp; decision making skills, to have opportunities for integrating learning experiences, to accept responsibility &amp; be accountable for professional practice, &amp; to develop their potential as members of the profession &amp; society; concept that nurses act in collaboration with the client &amp; are cognisant of the physical, psychological, social, spiritual, cultural needs &amp; expectations of the client; &amp; collaboration between nurses &amp; other health professionals the cultural &amp; health care needs of Aboriginal &amp; Torres Strait Islander peoples.</p> <p>Curriculum focuses on theory &amp; practice &amp; is adequately supported by relevant aspects of the biophysical, behavioural &amp; social sciences &amp; is cognisant of the cultural diversity of the health care system.</p> <p>Curriculum should include details of: objectives of subject,</p>	<p>relation to nursing or midwifery, health &amp; health care provision content demonstrates an appreciation of the: changed &amp; changing nature of nursing, midwifery &amp; health care delivery in hospital &amp; community settings 3 essential features of a comprehensive curriculum current &amp; anticipated developments in health &amp; nursing/midwifery care &amp; consequent renegotiations of nurse/midwife-patient interactions &amp; relationships. relevant competency standards are expressed within the curriculum, eg by linking subject objectives &amp; specific clinical objectives with relevant competency standards &amp; assessment strategies</p> <p>Strategies exist to maintain the quality of teaching/learning, student assessment &amp; student support where there are flexible modes of delivery of the course, for example where students undertake clinical placements in areas distant from the location of the EP.</p> <p>Teaching/learning strategies, assessment methods &amp; student</p>	<p>providers &amp; organisations involved in the provision of teaching &amp; learning experiences for the course submitted for approval [3].</p>		<p>supervision of a division 1 registered nurse.</p> <p>Aged Care: At least one elective incorporating theoretical &amp; clinical components Where other subjects address specific issues related to older people staff with aged care nursing expertise are involved in curriculum development &amp; delivery &amp; any "integrated" aged care nursing is clearly identified. Minimum content be included (listed in Standard) &amp; taught by aged care experts from a cultural &amp; Indigenous perspective. Processes are in place to ensure: development &amp; evaluation of aged care nursing subjects are undertaken by experts support the development of a supportive &amp; positive learning culture in aged care nursing.</p> <p>Indigenous Health Course includes it's own Indigenous cultural safety competencies &amp; demonstrates local Indigenous input into the process. Indigenous content should reflect local conditions. Processes are in place to ensure: teachers providing the</p>	<p>All undergraduate nursing education courses, which lead to registration as a nurse in WA must include a discrete unit on indigenous health &amp; culture including the following content: A broad overview of indigenous history, culture, social and economic circumstances needs to underpin the indigenous health curricula. Issues that need to be included are historical, sociocultural and economic determinants of current Indigenous health, cross cultural communication, Indigenous primary health care, rural and remote issues, Aboriginal Community Controlled Health Services and strategies for delivering effective indigenous health services.</p> <p>All nursing education courses, which lead to registration as a nurse in WA, must clearly demonstrate how the Scope of Nursing Practice Decision Making Framework is included in the curriculum.</p> <p>All new course submissions must provide information on how each healthcare agency/institution used for clinical practice</p>

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				<p>unites, modules etc, including clear indications as to how these objectives will be achieved; brief description of course content, by year, for individual areas/subjects within the course, including laboratory, clinical experience; &amp; details of elective units; envisaged student workload per year/semester of the course, subject/unit, lecture/seminar/tutorial hours per week, clinical experience hours/week, total student contact hours over the whole course; the relationship of theory &amp; practice; books, journals &amp; other materials for each subject (prescribed &amp; reference); &amp; evidence of how generic subjects (i.e. those shared across courses) will relate to the submitted course [8].</p>	<p>workload: encourage deep rather than surface learning provide opportunities for independent, critical &amp; reflective processes of learning use information &amp; other technology where appropriate promote achievement of relevant competency standards reflect an expectation of evidence-based practice &amp; research into practice for which there is insufficient evidence develop critical skills of balancing evidence, as one aspect of the exercise of clinical judgment.</p> <p>Nursing/midwifery &amp; their contemporary practice are the central focus of the teaching learning process.</p> <p>There is evidence of: planning for technology to be used critically &amp; appropriately as a tool of learning, practice, treatment &amp; patient care management health consumer/ consumer representative &amp; industry participation in course planning/ monitoring, delivery &amp; evaluation.</p> <p>There is clear definition of the rights, roles &amp; responsibilities of</p>			<p>Indigenous health component have appropriate access to education, professional development &amp; resources to take up the role. demonstration of Indigenous health input into the curriculum development &amp; review. establishment of formal partnerships with local Indigenous communities to ensure appropriate Indigenous input into the teaching program for the Indigenous health component. Evidence of articulation pathways from Aboriginal Health Worker into the nursing undergraduate course is provided.</p> <p>Mental Health At least one elective incorporating theoretical &amp; clinical components be offered in mental health/psychiatric nursing. Units in pharmacology include content on psychopharmacological substances in common use. Ethico-legal studies include foci on legislation &amp; policy applicable to mental health &amp; ethical issues relevant to care of the mentally ill Minimum content be included (listed in Standard) Reference be made to Mental State</p>	<p>placements, meets the clinical education requirements [7]. The major aim of the course is to prepare a nurse who is capable of practising as a beginning professional nurse &amp; who meets the requirements for registration in Division 1 of the Register of the Board.</p> <p>There is evidence that the school has policies relating to: Admission or entry requirements for participants. Articulation with other nursing &amp; non-nursing courses/qualifications. Pass/fail/termination or discontinuation of participants from course. The safety of participants, staff &amp; health care consumers eg communicable diseases.</p> <p>The length &amp; sequence of the course is sufficient to enable participants to achieve ANMC competencies required for registration.</p> <p>There is evidence: in the curriculum of an integration of concepts from the behavioural, health &amp; nursing sciences in the theoretical &amp; clinical competencies. participant learning is facilitated in the theoretical &amp; clinical</p>

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					<p>persons [eg students, clinical staff, clinical facilitators/supervisors, &amp; academic staff] a every level of the clinical learning partnerships.</p> <p>There is evidence of acquisition of resources for implementation &amp; support of the course &amp; the number of students enrolled, including but not limited to: library clinical laboratory &amp; equipment budget for staffing &amp; recruitment resources for academic &amp; administrative staff appropriate qualified academic/teaching staff academic/ teacher/ student ratios.</p> <p>Available resources are equal to, or exceed, the planned resources specified by the EP in the accreditation application. [6].</p>			<p>Examinations when determining competency unit 7 in the domain of problem solving in the ANMC competencies.</p> <p>Processes are in place to ensure: student support is available in the area of aged care, indigenous health &amp; mental health outside lecture hours. development &amp; evaluation of aged care, indigenous &amp; mental health nursing subjects are undertaken by experts</p> <p>Standard 1.2: A broad knowledge base will provide the foundations for advanced studies at higher levels of award in specialised fields of direct practice &amp; in functional areas of nursing.</p> <p>Evidence of generic nursing studies supported by sufficient foundation studies in the biophysical &amp; biological sciences, including pharmacology, the behavioural &amp; social sciences, &amp; law &amp; ethics [10].</p>	<p>components by sufficient numbers of staff with appropriate expertise in approved clinical settings. the range of clinical experience provided will enable the acquisition of competencies necessary to meet the role &amp; responsibilities of a RN. . of ongoing &amp; periodic course development &amp; curriculum review.</p> <p>Individual units &amp; their pre-requisite &amp;/or co-requisite units are clearly identified within the curriculum.</p> <p>On completion of the course the participant must have achieved a score of 100% for the calculation of medications section of the course</p> <p>The Head of School of Nursing maintains responsibility for: Developing, planning, organising, directing, implementing &amp; evaluating the pre-registration nursing educational course/courses. Ensuring appropriate policies for all issues related to pre-registration participants. Liaising with the Board &amp; providing evidence to the Board of satisfactory achievement of the curriculum.</p>



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									The education provider has documentation that demonstrates a commitment to research in nurse education and practice. [7].
9.14.6	Clinical experience - hours, ratios or percentage of whole course	<p>None specified</p> <p>The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies [1].</p> <p>The entire course content is considered and the relevance of program content to contemporary practice requirements.</p> <p>A consistent approach based on achieving competency &amp; ensuring capability that is in line with best practice &amp; enlists the latest techniques - for Australia wide would be advantageous.</p>	<p>None specified</p> <p>Rule of thumb that there should be 600 – 800 hours of clinical experience in an undergraduate nursing degree in NSW &amp; perhaps across Australia. No written standard.</p> <p>No specific numbers have been published for more than 20 years. A research project "Project to Review and Examine Expectations of Beginning Registered Nurses in the Workforce, 1997" undertaken for the Board by Uni of Newcastle in 1998 indicated 21-26 weeks over three years could be adequate if well utilised.</p> <p>'Correlated to theoretical studies' Guidelines for development of courses outlines some requirements. – recommended by NMB with no minimum hrs.</p> <p>Historically on transfer to tertiary education the Higher Education Board recommended 1500 hours of correlated clinical practical experience of which a</p>	<p>40-45% of total course time</p> <p>The Board expects a minimum of that % to be allocated to clinical experience in practice settings.</p> <p>The amount of clinical experience is consistent with the philosophy of the course.</p> <p>Theory &amp; practice are closely correlated throughout the course [8].</p> <p>? range</p>	<p>None specified</p> <p>? custom &amp; practice &amp; range</p>	<p>See 9.14.4</p>	<p>None specified - reviewed through Accreditation Process [5].</p>	<p>Practice experience comprises 40-45% of total course hours.</p> <p>At least 15% of the total hours of clinical experience in the undergraduate program be undertaken with older people.</p> <p>At least four weeks (20 days) of clinical experience be specified for mental health/psychiatric nursing [10].</p>	<p>None specified - Board has recently adopted a grid for clinical education which sets down a minimum standard [73].</p>



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			<p>'significant part' will be planned within hospitals and other healthcare agencies. It could include simulation and laboratory work.</p> <p>Anecdotally Board would like to designate hours (looking at EU model).</p>						
9.14.7	Clinical experience content & settings ie clinical setting, laboratory or simulation setting	<p>The selection, organisation &amp; sequence of learning experiences, including the clinical component, facilitates student achievement of course objectives/goals/competencies.</p> <p>Sufficient &amp; relevant clinical practice is available.</p> <p>There is evidence of the integration of the clinical &amp; theoretical components of the course.</p> <p>Learning experiences undertaken in other organisations or institutions are subject to written agreement with that other organisation or institution [1].</p>	<p>The course must have an approved clinical component that is correlated to theoretical studies &amp; prepares students to meet the competencies for an RN approved by the Board by: ensuring clinical education is organised within health facilities having appropriate simulation &amp; laboratory experiences specifying the minimum period of the clinical component to be completed, &amp; the mechanisms to be adopted in the event of any period of absence from that component of the course having clinical learning experiences that include: not less than three weeks full-time equivalent experience in the first year of the course &amp; a realistic &amp; intensive period of clinical experience in the final year, involving full shifts &amp; realistic patient loads.</p> <p>Clinical learning</p>	<p>The clinical experience provides appropriate opportunities for practice in the care of individuals &amp; groups &amp; encompasses the range of health care needs/issue occurring within the spectrum of health &amp; illness.</p> <p>This experience does not include laboratory preparation.</p> <p>Where possible, clinical experience is gained in rural areas [8].</p>	<p>Clinical experience is early &amp; appropriate ie first clinical placement occurs no later than the second semester of the first year of an undergraduate course &amp; is linked to theoretical content &amp; course objectives.</p> <p>Extended &amp; supported clinical practice occurs towards the end of the course to closely approximate the 'work' expectations of a new graduate. This should: confirm the student is able to consistently demonstrate the relevant competency standards develop students' understanding of the expectations of employers &amp; colleagues when they commence practice as a RN, EN, midwife or NP [6].</p>	<p>The range &amp; programming of field placements enable students to meet course outcomes &amp; requirements for registration in the relevant field of practice.</p>	<p>Clinical experience follows a planned pattern of allocation, is designed to enhance theoretical learning, &amp; includes placements in a variety of settings appropriate to the program outcomes.</p> <p>Clinical learning opportunities are selected on the basis of collaboration between consumers, industry &amp; the profession.</p> <p>Adequate &amp; appropriate clinical experience is available to meet the outcomes of the program [5].</p>	<p>Where possible clinical experiences in rural areas are to be included in the course.</p> <p>The first clinical placement of all students, where the emphasis is on developing a limited range of initial skills, be undertaken in a variety of practice settings. If the student's first placement is in an aged care facility, the placement must be preceded by educational preparation related to older people, provided by experts, supported by an aged care facility which is staffed appropriately &amp; incorporated within a program that includes the senior year subject &amp; exposure.</p> <p>Clinical experience in aged care nursing is offered in a variety of clinical settings, as well as nursing homes &amp; residential care settings.</p> <p>Students are facilitated to undertake part or all of their consolidation clinical</p>	<p>The provision of a safe environment conducive to teaching, learning &amp; fostering professional relationships must be evident. Inherent in these principles is the need to view each situation using a consultative &amp; flexible approach whilst aiming to minimise &amp; prevent risks to all stakeholders.</p> <p>Whilst simulation techniques &amp; laboratory experiences are recognised as an important part of clinical learning, it is essential that clinical education is organised within health facilities in a way which enables students to best meet the ANMC competencies.</p> <p>The documentation submitted to Board must include clear identification of simulation experiences in the clinical experience section of the course curriculum.</p> <p>Principles related to the Patient/Client The acuity level of the</p>

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			<p>placements must include medical/ surgical, mental health, aged care &amp; community nursing, &amp; may include other placements eg developmental disability, maternal &amp; family health &amp; paediatric nursing.</p> <p>Details of clinical experience plans for each student in each of the above areas must be provided, including information regarding the clinical environment in which the learning will take place &amp; the minimum number of hours in each placement. Where simulation experiences are utilised, these must be clearly identified.</p> <p>Appropriate learning outcomes must be provided for each clinical placement &amp; clinical facilities must be informed of the objectives of each student's placements</p> <p>While the minimum clinical component of the nursing &amp; midwifery course must be completed within the Australian context, curricula may provide for additional clinical elective experience in other countries</p> <p>Desirable:</p>					<p>placement in aged care nursing.</p> <p>Students have the opportunity for a clinical placement elective in the area of Indigenous health.</p> <p>All or part of the final clinical experience block be offered in the area of mental health/psychiatric nursing to facilitate consolidation of learning in this area [10].</p> <p>Laboratory simulation sessions are included in theoretical content, not clinical.</p>	<p>patient, collectively &amp; individually; &amp; The type of patient populations, for example intensive care, long-term medical unit.</p> <p>Principles related to the Clinical Area</p> <p>The geographical aspects of health care agency or specific area, for example the size of the campus, distances to travel; The health care facility's ability to provide a staff member [buddy or preceptor] who has the appropriate level of experience/expertise; &amp; The current or projected staff mix within the health care agency – including number &amp; experiential level of permanent staff versus casual or agency staff -see Guidelines for Preceptors &amp; Preceptorship in Western Australian Nursing &amp; Midwifery]</p> <p>Principles related to the Participant</p> <p>The level &amp; specific learning needs of the participant; The aim of the specific clinical placement, for example final semester participant; &amp; The number of participants in the specific clinical area.</p> <p>All new course submissions must</p>

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			students undertake placements with Indigenous & Culturally & Linguistically Diverse Communities [24].						provide information on how each healthcare agency/institution used for clinical practice placements, meets the clinical education requirements. [7].  Also see Comprehensive Nursing Grid – 9.14.7 [73].
9.14.8	Clinical experience is obtained in a supernumerary capacity	Yes - [1]	Yes - [24]	Not specified in available RA documents – assumption is that a Bachelor or Nursing degree would be supernumerary.	Not specified in available RA documents – assumption is that a Bachelor or Nursing degree would be supernumerary.	Yes - [30]	Yes - [74]	Yes - [10].	Yes [7].
9.14.9	Assessment & approval of theoretical & clinical educational settings	Board has a discretion - a site visit by the Professional Programs Committee of the Board may be required. The purpose of this visit is to assess the standard of teaching resources, including the facilities [1].  The Professional Programs Committee would visit a site if there was a new program offered or a significant change made to an existing program.	Power exists – s10(1)(g).  Power is to grant recognition to institutions conducting courses eg a university, but the Board does not directly approve clinical facilities.  Approval of facilities for enrolled nurse education is being phased out.  However consideration of clinical venues & arrangements for clinical education is an important aspect of course approval.	Yes Meeting with course designers, visits to the campus &/or clinical venues [8].	Yes Condition of accreditation of courses is the accreditation of EPs.  A site visit may be undertaken to confirm the application details & ensure that the physical & human resources will be available for the commencement of the proposed course [6].  Once accredited - s 83D makes it conditional to accreditation of the course for an inspector to access to EP's premises.  Not clear if approval & rights to inspection include health services & other areas for clinical placements.	Yes Condition of accreditation of courses is the accreditation of EPs [3].	Yes [5]	No formal pre-requisites for accreditation of EPs that are conducting accredited courses , however, as part of the examination of courses the Board exercises a very broad discretion to review the EP's capacity to provide the courses, as it reviews health care facilities applying for approval to conduct supervised practice programs.	Yes Condition of accreditation of courses is the accreditation of EPs [7]
9.14.10	Obligations of EP & health services providing clinical experience for RN	For client safety & the acquisition of skills by students, the organisation must	Required are: Appropriate clinical resources. A list of health facilities &	There are written agreements covering the use of clinical experience facilities provided by	There is evidence of: policies & strategies to ensure there is effective & timely communication	Documentation describing the roles of preceptors/ facilitators/clinical	See 9.14.7 [5]	There are written agreements covering the use of facilities provided by health agencies.	See 9.14.7 [7].

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	programs	<p>demonstrate evidence of an appropriate infrastructure for clinical supervision of students.</p> <p>An orientation program is provided for clinical facilitators &amp; assessors.</p> <p>There is evidence of formal links with participating service providers including community health agencies, hospitals, etc.</p> <p>There is evidence that provision is made for staff orientation to the clinical setting in which supervision is to take place [1].</p>	<p>services used for clinical placements with justification of the choice of clinical placements</p> <p>A nominated person involved in education at each health facility provided with a clinical experience outline for students.</p> <p>A range of settings &amp; facilities reflecting a variety of service levels [24, 25].</p>	<p>hospitals &amp; other health agencies.</p> <p>These agreements are jointly developed, adhered to &amp; periodically reviewed.</p> <p>They also clearly set out the individual &amp; shared responsibilities of clinical experience &amp; supervision/teaching of students [8].</p>	<p>between partners, eg students &amp; academics, CLE &amp; EP, appropriate to the specific course.</p> <p>planned processes to ensure theoretical &amp; clinical learning objectives: are accessible to students &amp; clinical facilitators; have clearly expressed goals, expected standards, processes &amp; desired outcomes; &amp; are directly linked to actual education of students &amp; assessment tasks.</p> <p>Effective partnerships in student education exist between the health service/CLE &amp; the EP to: promote high quality CLEs that enhance student learning &amp; link theory &amp; practice maximise opportunities presented by the specific theoretical &amp; clinical contexts provide learning experiences &amp; opportunities for students to progress toward the relevant competency standards support student education that reflects best practice in teaching &amp; learning, &amp; in the clinical practice of nursing &amp; / or midwifery support scholarly teaching by both partners [CLE &amp; EP] in the theoretical &amp; clinical learning environments</p>	<p>teaching appointments, outlining responsibilities &amp; expectations are evident &amp; copies provided to field placement venues.</p> <p>Clinical facilitation is provided by a RN, RM, RMHN or EN currently registered in SA &amp; has qualifications equal to or at a higher level than the student. (rationale to be provided if students are supervised by other than the stated clinical facilitators).</p> <p>Staff from the health care organisation are involved in formative &amp; summative evaluation of student clinical placements including theoretical &amp; clinical education components (inclusive of flexible delivery modes) [3].</p>		<p>Agreements are jointly developed &amp; adhered to, periodically reviewed &amp; roles &amp; responsibilities are articulated for each party.</p> <p>Clinical facilities &amp; resources available for student learning are adequate in number &amp; educational quality for the level of course &amp; number of students enrolled.</p> <p>Facilities &amp; resources selected offer variety &amp; the range of practice experiences implicit in course aim, objectives &amp; practice competencies for the course</p> <p>Processes are in place to ensure there are adequate staffing levels of registered nurses, appropriate to the clinical experience.</p> <p>A designated member of staff is assigned responsibility to manage replacement of clinical teachers, preceptors/mentors.</p> <p>Protocols are in place to ensure prompt notification of replacement need &amp; guide student responses in the event of absence of clinical teacher, preceptor/mentor [10].</p>	

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					<p>provide for joint planning of all clinical placements &amp; implementation of the theoretical &amp; clinical education program by appointed staff from the university/teaching institution &amp; the health service</p> <p>facilitate professional socialisation &amp; readiness for professional practice.</p> <p>There is clear definition of the rights, roles &amp; responsibilities of persons [eg students, clinical staff, clinical facilitators/ supervisors, &amp; academic staff] at every level of the clinical learning partnerships [6].</p>				
9.14.11	Clinical & theoretical teaching & supervision of students	<p>No ratios specified ? custom &amp; practice</p> <p>There is evidence that provision is made for staff orientation to the clinical setting in which supervision is to take place.</p> <p>There is evidence that staff development is available.</p> <p>The organisation must provide evidence that each member of the teaching staff &amp; any other person involved in the education program has qualifications appropriate to the relevant area of education.</p> <p>For client safety &amp; the</p>	<p>There has not been a specific number for some years.</p> <p>Ratios vary across courses &amp; across the years of the courses eg usually lower ratio in first year of courses.</p> <p>When a course is submitted for approval, the education provider must satisfy the relevant committee that the overall arrangements will be adequate.</p> <p>The disciplines &amp; practices of nursing &amp; midwifery must be developed &amp; taught by RNs &amp; RMs.</p> <p>Where the focus of the</p>	<p>1:8 ratio for CLE</p> <p>In the clinical practice areas, there is generally one faculty member to a maximum of eight students.</p> <p>Faculty members are sufficient in numbers to: teach the subjects in the curriculum, be academically &amp; professionally qualified in the areas in which they are teaching, provide adequate guidance, supervision &amp; support for students in clinical experience areas, &amp; collaborate with experience practitioners in the clinical area.</p>	<p>No ratios specified? custom &amp; practice</p> <p>There is evidence of acquisition of resources for implementation &amp; support of the course &amp; the number of students enrolled, including but not limited to: budget for staffing &amp; recruitment resources for academic &amp; administrative staff appropriate qualified academic/teaching staff academic/ teacher/ student ratios.</p> <p>There is clear definition of the rights, roles &amp; responsibilities of persons [eg students, clinical staff, clinical facilitators/ supervisors,</p>	<p>No ratios specified ? custom &amp; practice</p> <p>Appropriate support for development of staff inclusive of performance management, student &amp; peer review, professional development/ research activities eg cultural safety, relevant to the course being submitted for accreditation, are evident.</p> <p>Documentation indicates that there are sufficient resources (human &amp; material) to support the design &amp; implementation of the course/s.</p> <p>There are practices to ensure congruence between staff expertise &amp;</p>	<p>No ratios specified</p> <p>The teaching staff numbers &amp; profile is appropriate to the purpose &amp; outcomes of the program [5].</p>	<p>1:8 ratio for CLE</p> <p>Practice experience is provided under supervision where there is a ratio of one clinical teacher to a maximum of eight students.</p> <p>Where preceptorship arrangements are made with health care agency staff a ratio of one preceptor to one student will apply.\</p> <p>Persons responsible for teaching in practice settings: are sufficient in number to teach the planned clinical program to support &amp; guide student learning &amp; to assess student competency;</p>	<p>No ratios specified – Board used to mandate a ration of 1:8 but no longer does so, although some education providers continue to use this ratio.</p> <p>The Head of School of Nursing maintains responsibility for: Ensuring appropriate qualifications for all staff involved in the education of participants. Ensuring that all nurses involved in teaching the course are currently registered.</p> <p>Participant learning is facilitated in the theoretical &amp; clinical components by sufficient numbers of staff with appropriate expertise in</p>

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		<p>acquisition of skills by students, the organisation must demonstrate evidence of an appropriate infrastructure for clinical supervision of students.</p> <p>An orientation program is provided for clinical facilitators &amp; assessors [1].</p>	<p>clinical experience is nursing practice, students must be appropriately supervised by RNs &amp; RMs, all other clinical experiences must be supervised by an appropriately qualified person.</p> <p>Persons undertaking the theoretical &amp; clinical teaching components of the course must be adequately prepared for their role &amp; context of practice with the appropriate &amp;/or special qualifications &amp; expertise.</p> <p>Processes must be in place to ensure that clinical educators/facilitators have a current knowledge base &amp; are oriented to the particular curriculum.</p> <p>Processes for selecting, orienting &amp; evaluating clinical teachers must be documented</p> <p>The following information must be provided to the Board: teaching staff profiles (for nursing, midwifery &amp; allied subjects) the qualifications &amp; professional experience of persons who will develop &amp; mark/grade assessment content including assignments &amp; examinations</p>	<p>The course co-ordinator is a registered nurse in NT &amp; holds an appropriate qualification &amp; has a depth &amp; breadth of experience &amp; knowledge of contemporary issues &amp; practice.</p> <p>Faculty members responsible for teaching the subjects are appropriately academically &amp; professionally qualified &amp; have appropriate experience in the practice areas for which they are responsible &amp; additional education undertaken at the post graduate level; &amp; are experienced in teaching &amp;, preferably have a teaching qualification as well as other academic qualifications.</p> <p>The responsibilities /expectations of the faculty members of the school of nursing include participation in: curriculum development, implementation &amp; evaluation the provision of academic advice for, &amp; guidance of, students the preparation &amp; support of clinical teaching staff, including preceptors, to support &amp; guide student learning in the clinical setting &amp; to assess</p>	<p>&amp; academic staff] at every level of the clinical learning partnerships [6].</p>	<p>teaching responsibilities.</p> <p>There are practices to ensure that research &amp; development activity informs academic /teaching staff's contributions to education program(s) [3].</p>		<p>are adequately prepared for their teaching roles; are academically &amp; professionally qualified in nursing/ midwifery; have appropriate &amp; recent experience in those practice areas for which responsibility will be taken; are prepared for their educative roles &amp; preferably are experienced in teaching; have current competency &amp; recency of practice in nursing/midwifery for those clinical settings where designated as clinical teachers /preceptors.</p> <p>Procedures are in place for : selection &amp; appointment of sessional clinical teachers, including preceptors &amp; mentors where required; the conduct of education programs to prepare clinical teachers, preceptors /mentors for their particular roles &amp; responsibilities; induction of sessional clinical teachers to the course &amp; its objectives, assessment procedures, competency levels expected of students on completion of specific clinical programs, &amp; teacher &amp; student roles &amp; responsibilities; orientation to health agencies, when required;</p>	<p>approved clinical settings.</p> <p>The health care facility's ability to provide a staff member [buddy or preceptor] who has the appropriate level of experience/expertise; &amp;</p> <p>The current or projected staff mix within the health care agency – including number &amp; experiential level of permanent staff versus casual or agency staff -see Guidelines for Preceptors &amp; Preceptorship in Western Australian Nursing &amp; Midwifery] [7].</p>

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			<p>criteria for selecting clinical teachers documentation regarding their orientation &amp; evaluation [24, 25, 27].</p> <p>1 clinical supervisor to 8 students is a long time benchmark – a legacy of the original design of curricula when nursing transferred across to the tertiary education sector. May be varied by a clinical affiliation agreement between a university &amp; a facility or service where the facility 'buddies' students with appropriate employees of the health service, thereby enabling the university to increase the ration of up to eg 1:20.</p> <p>There are no standards for what is 'appropriate' supervision.</p> <p>1:8 ratio is controversial, in reality very few facilities can maintain this, smaller facilities impossible, cost is a major issue for clinical placements.</p> <p>As part of review of CP in NSW this area requires work in developing reasonable models of Cp then what supervision is required.</p> <p>In the AUTC Phase 2 Report p 57 – 65 outline benchmarks for learning</p>	<p>student competency activities directed toward maintenance &amp; development of professional knowledge &amp; practice skills, including participation in faculty development programs &amp;/or other programs of continuing education research &amp; other scholarly activities to advance nursing knowledge &amp; participation in academic activities of the total faculty of the EP &amp; professional &amp; community activities directed towards the improvement of health care delivery.</p> <p>It is recognised that alternative arrangements for clinical supervision such as Preceptorship may be appropriate in certain areas of practice.</p> <p>Evidence of how preceptors are prepared for their role is required [8].</p>				<p>support &amp; guidance of clinical teachers, preceptors/mentors.</p> <p>Educators have the appropriate skills &amp; knowledge of aged care, Indigenous health, &amp; mental health.</p> <p>Personnel teaching the course:</p> <ul style="list-style-type: none"> <li>are sufficient in number to ensure delivery of the accredited program &amp; to meet the learning needs of projected student populations;</li> <li>are academically &amp; professionally qualified in areas in which they are teaching;</li> <li>have access to continuing education/ professional development programs on a regular basis.</li> </ul> <p>Nurse/midwifery teachers with clinical teaching responsibilities will participate in an orientation program conducted by specific health agencies where clinical experience is offered.</p> <p>Opportunities are available for academic staff to undertake faculty practice in aged care, Indigenous health &amp; mental health.</p> <p>Clinical preceptors/ teachers in the area of</p>	

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			<p>and teaching partnerships in the clinical learning environment which is a good starting point.</p> <p>These issues are currently being reviewed by a working party in NSW.</p>					<p>aged care nursing have access to education programs &amp; support.</p> <p>Processes are in place to ensure the current competency &amp; recency of practice in aged care nursing for those designated as clinical teachers/ preceptors.</p> <p>Regular appraisal of performance of all persons teaching in the course using a range of performance indicators.</p> <p>Continuing education/ professional development programs are available to teachers to ensure currency of practice skills &amp; awareness of trends in health care delivery.</p> <p>Processes in place to ensure teachers have appropriate access to relevant education, professional development &amp; resources [10].</p>	
9.14.12	Assessment – requirements & standards	<p>Assessment strategies that measure the accepted validated Australian competencies are established.</p> <p>Assessment criteria are consistent with the learning objectives, eg., theoretical components of the program may be assessed by written examination, &amp; clinical</p>	<p>Appropriate methods of assessment to adequately measure &amp; evaluate performance of the student in theoretical &amp; clinical learning experiences are to be incorporated in the curriculum.</p> <p>Sample assessment materials used for clinical assessment, must be</p>	<p>Students' progress in the theoretical &amp; clinical components of the course is appropriately assessed by a variety of methods.</p> <p>Relevant theoretical instruction is to precede practice by the student; Direct supervision by the faculty member, preceptor or experienced clinician, is to continue</p>	<p>Planned assessment strategies are transparent, fair &amp; equiMap &amp; reliably assess student progress towards achievement of graduate outcomes &amp; desired competency standards.</p> <p>Processes exist to support the achievement of graduate / student</p>	<p>Assessment activities evaluate the student's achievement of course objectives.</p> <p>Evidence exists demonstrating a process of collaboration between clinical placement venues &amp; course providers in development of assessment processes.</p>	<p>Assessment processes are developed on the basis of collaboration between education providers, consumers, industry &amp; the professions.</p> <p>Written assessments demonstrate the concepts of validity &amp; reliability &amp; are related to the program outcomes.</p>	<p>There are procedures regarding pre-requisites &amp; conduct of assessments; &amp; policies in relation to supplementary &amp; repeat assessments [10].</p>	<p>The documentation submitted to Board must include processes for assessment of performance in clinical settings &amp; sample assessment materials .</p> <p>There is evidence of adequate competency based assessment by nurses with appropriate assessment expertise.</p>



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		<p>components are measured using practical application.</p> <p>The assessment criteria for summative evaluation identify pass levels commensurate with competent beginning practice.</p> <p>Actions in respect of students who do not meet assessment criteria are guided by explicit policies</p> <p>Ongoing appraisals of the student's academic &amp; clinical progress are undertaken &amp; discussed with the student.</p> <p>Formative &amp; summative evaluations are used appropriately throughout the course[1].</p>	<p>included in course documentation [24].</p>	<p>until the student has been assessed to safely carry out the activity or procedure/s.</p> <p>Details of clinical assessment tool is required [8].</p>	<p>/course outcomes: demonstration of relevant professional competency standards eg ANMC &amp; ACMI competency standards that reflect quality in teaching &amp; in the clinical practice of nursing &amp; / or midwifery</p> <p>Processes exist to support an equiMap education environment to maintain the rights of students, clinical staff &amp; facilitators, as well as academic &amp; teaching staff [6].</p>	<p>Assessment processes reflect demonstrable &amp; agreed standards – for both assessors &amp; assessment.</p> <p>Student clinical assessment forms are signed off by an approved clinical facilitator/preceptor with education in assessment processes [3].</p>	<p>Cumulative &amp; summative assessment methods are both included &amp; are adequate to support student demonstration of the program outcomes [5].</p>		[7].
9.14.13	Combined qualifications	<p>No combined nursing &amp; other qualifications listed on the University of Canberra course list [75].</p>	<p>Where it is proposed to offer a pre-registration nursing or midwifery course consisting of more than one qualification (eg Bachelor of Nursing /Bachelor of Arts or Bachelor of Nursing / Grad. Dip. Community Nursing), an overview describing the organisation of subjects leading to both qualifications must be provided showing the proposed sequencing of</p>	<p>The merit of the course in possible career pathways should identify.... articulation of other education courses [8].</p> <p>Charles Darwin University courses lists: Bachelor of Nursing/Bachelor of Science &amp; Bachelor of Nursing/ Bachelor of Behavioural Science [76].</p>	<p>No reference to combined degrees in policy materials, however at least one of the universities in Queensland advertise combined degree courses ie: Queensland University of Technology Bachelor of Nursing/Bachelor of Health Services Management Bachelor of Nursing/ Bachelor of Applied</p>	<p>Dependent upon the EP.</p>	<p>No reference to combined degrees in policy materials.</p>	<p>A number of combined degrees are accredited by the Board [35] &amp; see Board website.</p>	<p>Where it is proposed to offer a course which leads to registration as a nurse which consists of more than one qualification (eg Bachelor of Nursing/Bachelor of Arts or Bachelor of Nursing/Grad Dip. Community Nursing), an overview or summary, which describes the organisation of subjects leading to both qualifications, is required.</p>

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			<p>subjects &amp; timing of graduation for eligibility for registration as a nurse or midwife.</p> <p>Information regarding all subjects included in courses leading to multiple qualifications must be provided for the Board's committee to make recommendations to the Board regarding approval. In addition, information regarding the integration of theory, the sequencing of subjects, consequent changes to theory &amp; practice, correlation of theory &amp; practice, &amp; other changes which are planned as a result of integration is necessary [24].</p> <p>Board only reviews the information on the programs making up the combined degrees in order to ensure that the requirements of the combined programs will allow for the requirements such as the meeting of the ANMC Competency Standards in a timely way.<sup>28</sup> There is a clear understanding that the Board's authority is limited to the nursing &amp; midwifery programs.</p> <p>However, a 2<sup>nd</sup> view was that: if the Board is granting recognition to a course under s 10(1)(g), it is approving the</p>		Science (in Human Movement Studies) [77].					<p>This sequencing of subjects must also indicate when the student is eligible to register as a nurse [7].</p>

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			entirety of the course &, if it is a combined course, the Board is approving the entirety of the course. The Board would need to be concerned if the other non-nursing studies compromised the nursing components in some way. In combined courses, the Board (or its committees assessing courses) have had strong views on the sequencing of nursing subjects within the entirety of the combined course. It is probable that the Board would refuse to approve a course where the other content was antithetical to nursing eg a Science course incorporating excessive cruelty to animals when we are trying to teach compassion to nurses, or a health-related course such as some faith-based alternate therapies that might undermine evidence-based approaches to nursing practice.						
9.14.14	Recognition of prior learning	Considered on a case-by-case basis.  A consistent approach would be advantageous.	Yes  Programs must: have policies in regard to Recognition of Prior Learning (RPL) / Recognition of Current Capabilities (RCC) have explicit planned credit for particular groups of students [24, 25].	Yes  Policies are in place that clearly identifies the requirements for admission, advanced standing, special entry categories...[8].  The merit of the course in possible career pathways should identify recognition of prior	Yes  Policies support flexible entry requirements for cohorts of students currently under-represented in nursing or midwifery.  Resources are available to support quality education for students from culturally &	?	?	The course delivery method is reflective of contemporary educational theory [5].  Board has a Recognition for Prior Learning Policy.	Procedures for course admission clearly identify criteria for advanced standing & recognition of prior learning & the implications of exemptions/ credit on the course as approved [10].  Not seen as an issue for the Board but for the education provider.

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			Where an institution offers planned recognition of prior learning (eg guaranteed credit to persons who have completed EN courses), the arrangement must be approved by the Board. Education providers need to demonstrate that the automatic granting of credit will not compromise standards.	learning [8].	linguistically diverse groups, including but not limited to Indigenous Australians, students entering a course with advanced standing & other groups currently under-represented in nursing or midwifery [6].				
9.14.15	Modalities for delivery of programs	Internal program only.	Distance learning mode for nursing programs: Board must be satisfied each student's competence is assessed & they have demonstrated the competencies approved by the Board & assessed by accredited assessors. This may be achieved through the conduct of residential schools or alternate mechanisms to be identified  Extensive additional supporting evidence must be provided to the Board in relation to supporting such a program [24]	?	Resources are/will be available to support the planned mode[s] of delivery of courses, assessment strategies & geographic location of students.	Full time, part-time & external [30].	University & VET Provider Policy.  The course delivery method is reflective of contemporary educational theory [5].	?	Education providers submitting courses for approval based on distance learning must satisfy the Board that each student's competence is assessed and that they have demonstrated the successful achievement of the ANC competencies. This remains the responsibility of the education provider & may be achieved through the conduct of residential schools or alternate mechanisms to be identified in the curriculum documentation.  The Board will not approve a course leading to registration if conducted solely in distance learning mode unless the course includes residential schools or other arrangements, which enable the student's

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									competence to be assessed by suiMap assessors.  Very specific standards have been developed for distance & mixed mode education [7].  Board has also recently approved guidelines for transnational programs [78]
9.14.16	Evaluation requirements for educational programs	<p>Assessment of the course is possible through the availability of adequate documentation, eg student assessment examples; current placement examples; process for student assessment is clearly demonstrated [1].</p> <p>All courses should have an external evaluation which includes all aspects to ensure that the course does meet all indicators for all stakeholders.</p>	<p>Mid-term reports were required by the Board as a condition of approval of nurse education programs [79].</p> <p>Mid-term reports are no longer being required, based on legal advice these were required when approval was for up to 10 years. Recently, approvals have been for a maximum of 6 years.</p> <p>However evaluation of a course will often be incorporated into a subsequent course submission &amp; will inform changes when curricula are resubmitted.</p>	<p>Appropriate arrangements are made for ongoing &amp; periodic course review. Course evaluation processes are in place.</p> <p>Part of the monitoring of accredited courses is to gather information regarding students, academic &amp; clinical staff &amp; the currency of the courses provided by an EP. This information provides information to the Board, the Minister &amp; to the public &amp; the profession through the Board's Annual Report. [8].</p>	<p>Standard 6 – Course evaluation - design &amp; delivery demonstrates continuous quality improvement.</p> <p>Course review &amp; evaluation of outcomes There is evidence of planning for regular data collection to enable: monitoring of the overall curriculum, subjects/units &amp; agreed partnership elements that affect learning, teaching &amp; progress of students monitoring the effectiveness of clinical placement &amp; students' clinical experience evaluation of course outcomes including student &amp; staff attrition, graduate employment, graduate &amp; employer satisfaction.</p> <p>Planned theoretical &amp; clinical assessment strategies &amp; clinical assessment tools have the potential to determine</p>	<p>Ongoing review &amp; updating of documentation in response to professional, educational, health care, social, economic, &amp; cultural change within the organisation.</p> <p>A plan for documentation of responses/ actions to course review/ evaluation.</p> <p>Significant modifications to approved courses are communicated to the Board with supporting evidence prior to implementation with the approved course, which indicates the organisation is able to deliver the course consistent with theoretical, clinical &amp; assessment components.</p> <p>Customisations of the course are clearly identified with accompanying rationale &amp; documentation [3].</p>	<p>Both formative &amp; summative evaluation is undertaken of the program, is focussed on program outcomes, &amp; occurs in collaboration with consumers, industry &amp; the profession [5]</p>	<p>Policies &amp; procedures are established for formative &amp; summative evaluation of course.</p> <p>Policies &amp; procedures are in place to ensure: participation of stakeholders &amp; consumers of relevant health services; review of subject &amp; course design: theory &amp; practice components, their organisation, content, references, approaches to teaching/ learning &amp; assessment; validation of assessment instruments; review of criteria for selection of clinical venues &amp; criteria for selection of learning experiences at unit level; review of criteria for course entry, advanced standing &amp; course/ audit exemptions; monitoring of graduate exit rate [10]</p>	<p>A report containing an evaluation of the course and notification of any modifications &amp; changes is provided to the Board annually.</p> <p>Education providers will be required to demonstrate the implementation of the principles in relation to clinical education arrangements at the 2-yearly meeting with the Manager – Registration &amp; Education of the Board.</p> <p>Accreditation Review consists of two parts: Course Provider A formal visit to each nursing education campus will normally be conducted every two years to: • Review the education facilities provided for students; • Conduct focus groups to ascertain student satisfaction with the course &amp; facilities provided;</p>

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					<p>achievement of relevant competency standards/ graduate outcomes by students in the course.</p> <p>CQI: There is evidence of: regular monitoring of the overall curriculum, subjects/units &amp; agreed partnership elements that affect learning, teaching &amp; progress of students. technology being used critically &amp; appropriately as a tool of learning, practice, treatment &amp; patient care management. theoretical &amp; clinical assessment strategies &amp; clinical assessment tools reliably determine achievement of relevant competency standards/ graduate outcomes by students. individualised feedback to students on assessments that is timely, constructive &amp; linked to specific learning objectives &amp; relevant competency standards. implementation of planned quality improvement mechanisms.</p> <p>Mid-term reviews of course &amp; reviews of conditional accreditation of courses must address the key elements of Course Standards 4, 5 &amp; 6 &amp; identify what</p>				<p>• Meet with education staff to discuss any course conduct issues. Random audits may also be undertaken. Course Curriculum The accreditation of the course curriculum will be reviewed by the Board every 3 years, through a Peer Review Panel process using the ANMC competencies &amp; the Board guidelines specific to the division or speciality on the register.</p> <p>Education providers will be advised 6 months prior to expiration of the accreditation of the course curriculum.</p> <p>The education provider of each course, including those outside of the tertiary setting must submit to the Board an annual report on the statistical &amp; quality assurance outcomes &amp; a summary of any major changes to the course or education provider. [7].</p>

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					changes, if any, have been made since accreditation was granted & describe the rationale for the changes & their impact on the provision of nursing & midwifery courses [6].				
9.14.17	Bachelor of Nursing students clinical requirements for eligibility to apply for enrolment	See 9.14.6 – 9.14.11 [1].	Education institutions conducting approved Bachelor of Nursing courses may request approval of part of the program as a course leading to eligibility to apply for enrolment; in these circumstances, it is required that a minimum of 650 hours of clinical experience be undertaken in supernumerary student status. This must include: not less than 15 days of clinical practice in basic nursing care 2 clinical placements, in different locations, each of 2 consecutive weeks in acute care nursing & including care of a perioperative patient, during which the student follows patient care, for at least one patient, through from the pre-operative to post-operative stage 2 clinical placements, in different locations, each of 2 consecutive weeks in 2 different nursing specialties approved by the Board.  If part of the required clinical experience is	See 9.14.6 – 9.14.11 [8].	?	Students undertake Diploma (Nursing) & seek recognition for prior learning.	See Standards for Accreditation, Conduct & Monitoring of Nursing Programs [5].	Universities wishing to recommend current undergraduate Bachelor of Nursing students for registration in division 2 of the Register whilst undertaking their undergraduate degree must fulfil the following requirements. Ensure that each student seeking registration in division 2 of the Register has successfully: Completed subjects according to the Board predetermined point in the BN degree. Completed a module on the role & function of the division 2 registered nurse. Demonstrated clinical competence utilising a tool based on the ANMC Competency Standards for the EN.  On completion of individual student requirements, a specific Certificate of Completion form is to be sent directly from the university to the Board. This form requires a declaration signed by the Head of School/Department or other authorised person	?

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			undertaken during paid employment in a facility approved for the purpose, then that part of the experience requires completion of double the number of hours that would have been required if the student were supernumerary [27].					of the university that they are is not aware of any grounds on which the Board might refuse to register the student as a nurse under the Act [80].	
9.14.18	Specific requirements of the head of nursing or midwifery program in an EP	Yes  The Head of the School of Nursing & Midwifery in the academic setting is a person who is registered as a nurse or midwife in the ACT[1].	Course is developed & taught by RNs [24]	Yes  The school of nursing is administered by an appropriately qualified nurse who: is registered as a nurse in the Northern Territory; has experience as a registered nurse, in teaching, research, leadership positions, and administration of education courses; holds a higher degree preferably in nursing [8].	?	Yes  The course/program is administered by a Registered Nurse, Midwife or Mental Health Nurse with an appropriate educational qualification [3].	Yes  The program is administered by an appropriately qualified registered nurse who holds a current practising certificate in Tasmania, has relevant experience as a registered nurse, holds qualifications relevant to the teaching of the program [5].	Yes  The Head of School of Nursing & Midwifery is a person who is a registered nurse in Victoria in division 1 or 3 &/or recognised on the register as a midwife & will have: experience as a registered nurse/midwife, in teaching, leadership positions & administration of nursing/midwifery courses; breadth of knowledge of contemporary issues & practice a higher degree preferably in nursing/midwifery [10].	Yes  The Head of School of Nursing [however titled] is a currently registered nurse in Division 1 of the Register of the Board [7].
9.15	Midwifery programs accredited	Graduate Diploma of Midwifery	Bachelor of Midwifery-direct entry Master of Midwifery course leading to registration as a midwife (a post-nursing course). Graduate Diploma of Midwifery  "Direct entry" & "DEM" are impolitic terms.	Graduate Diploma in Midwifery.	Graduate Diploma of Midwifery Master of Midwifery  No direct entry midwifery programs accredited in Queensland.  Midwifery is treated as a post-nursing registration qualification & recognition is by endorsement on the Register of Nurses.	Bachelor of Midwifery DEM - 3 year program (full-time) for individuals without a qualification in nursing which leads to registration as a midwife. 1 year (full-time) professional entry program offered at two levels — for RNs or RMs - this category is inclusive of midwives who completed a hospital based midwifery	Graduate Diploma of Midwifery [34].  1 x direct entry midwifery program accredited in Tasmania.  Midwifery is treated as a post-nursing registration qualification & recognition is by endorsement on the Register of Nurses.	3 methods of obtaining a midwifery qualification in Victoria:  Bachelor of Midwifery –3 year degree course. Graduates from an accredited BM course are eligible for registration in division 1 with the restriction to practise as a midwife.  Bachelor of	Postgraduate Diploma of Midwifery [38].  No direct entry midwifery programs accredited in WA.  Midwifery is currently treated as a post Division 1 nursing registration qualification. The new Bill creates a separate Register for Midwives which will enable direct



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					If a DEM applying for registration in Queensland - to be eligible for endorsement as a midwife they must have completed a direct entry midwifery course & gained an authority to practise as a midwife in the place where the course was conducted [81].	education program & wish to upgrade their qualification to degree level [31].		Nursing/Bachelor of Midwifery - double degree - 4 year course. Graduates are eligible to be registered in division 1 & to be recognised on the Register as a midwife.  Graduate Diploma in Midwifery - Graduate Diploma in Midwifery is generally 1 year full-time & may be offered part-time. Registration in division 1 of the Register is a prerequisite for entry [82].	entry midwifery courses to be accredited.
9.16	Midwifery program requirements	See footnote <sup>29</sup>	See footnote <sup>30</sup>	See footnote <sup>31</sup>	See footnote <sup>32</sup>	See footnote <sup>33</sup>	See footnote <sup>34</sup>	See footnote <sup>35</sup>  - undergraduate & postgraduate courses have discrete requirements.	See footnote <sup>36</sup>
9.16.1	RA pre-requisites for entry – midwifery programs	University entry requirements for Bachelor of Midwifery or Graduate Diploma of Midwifery [1].	University entry requirements – the qualification leading to registration as a midwife must: for midwifery courses be at least at the level of a Bachelor degree, or graduate level [25].	Students enrolled in the course meet the normal requirements for university entrance [8].	University entry requirements for Graduate Diploma of Midwifery [83].	University entry requirements for Bachelor of Midwifery [31].	University entry requirements for Graduate Diploma of Midwifery [34].	See 9.4.1 [10]  Students enrolled in the course meet the normal requirements for university entrance [82].	University entry requirements for Graduate Diploma of Midwifery [38].
9.16.2	Evidence underpinning	Sources cited – see	Sources cited:	Sources cited – see	Sources cited – see	Sources cited – see	Required to meet	Sources cited – see	See 9.14.2 [7]

<sup>29</sup> Available at: [http://www.nursesboard.act.gov.au/documents/Accreditation\\_ApprovalofNursing\\_Midwifery\\_NursePractitionerCourses2005.pdf](http://www.nursesboard.act.gov.au/documents/Accreditation_ApprovalofNursing_Midwifery_NursePractitionerCourses2005.pdf)

<sup>30</sup> Available at: <http://www.nursesreg.nsw.gov.au/RMeducation.pdf>

<sup>31</sup> Available at: [http://www.nt.gov.au/health/org\\_supp/prof\\_boards/nurse\\_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf](http://www.nt.gov.au/health/org_supp/prof_boards/nurse_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf)

<sup>32</sup> Available at: [http://www.qnc.qld.gov.au/upload/pdfs/qnc\\_policies/Nursing\\_and\\_midwifery\\_education\\_policy\\_an\\_accreditation\\_framework\\_2005.pdf](http://www.qnc.qld.gov.au/upload/pdfs/qnc_policies/Nursing_and_midwifery_education_policy_an_accreditation_framework_2005.pdf)

<sup>33</sup> Available at: [http://www.nursesboard.sa.gov.au/pdf/Standard\\_for\\_Approval\\_of\\_Education\\_Providers\\_and\\_Education\\_Courses.pdf](http://www.nursesboard.sa.gov.au/pdf/Standard_for_Approval_of_Education_Providers_and_Education_Courses.pdf)

<sup>34</sup> Available at:

[http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/\\$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf](http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf)

<sup>35</sup> Available at: [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/\\$File/ACCStandardsforCourseAccreditation.pdf](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/$File/ACCStandardsforCourseAccreditation.pdf)

<sup>36</sup> Available at: <http://www.nbwa.org.au/cpRoot/339/2/Accreditation%20process%20pdf>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	the standards & requirements for educational programs for midwives	9.14.2 [1].	RM programs Australian Vice-Chancellor Committee Guidelines (P 39) Australian College of Midwives Incorporated (2002) <i>ACMI Competency Standards for Midwives</i> , Canberra. Australian College of Midwives Incorporated (2003) Standards for the Accreditation of Three Year Bachelor of Midwifery Programs, Canberra. Australian Nursing Council (2000) <i>National Competency Standards for the Registered Nurse</i> , 3 <sup>rd</sup> edition, May. The Nurses Registration Board of New South Wales, (2001) <i>Midwifery Circular 2001/1</i> . The Nurses Registration Board of New South Wales (2003) <i>Guidelines for the development of courses leading to registration as a nurse</i> [25].	9.14.2 [8].	9.14.2 [6]	9.14.2 [3].	Standards for Accreditation, Conduct & Monitoring of Nursing Programs [5].	9.14.2 [10] & McMurray (1999) <i>Community Health &amp; Wellness</i> . Sydney Mosby.	
9.16.3	Temporal requirements on length of course eg hours, semesters, years	Midwifery 12/12 program over 2 semesters, or equivalent part-time.  See 9.14.3 [1].	6 full-time semesters minimum <sup>37</sup> ;  At the level of a Bachelor degree consisting of a  For post Bachelor of Nursing courses be a minimum of not less than one calendar year [25].	No specified time  See 9.14.3 [1]	No specified time - ? range	DEM - 3 year program (full-time) for individuals without a qualification in nursing 1 year (full-time) professional entry program for RMs wishing to upgrade their qualification to degree level [31].	Required to meet Standards for Accreditation, Conduct & Monitoring of Nursing Programs [5].	UG – minimum of 2500 hours [10]  DEM - 3 year program (full-time) for individuals without a qualification in nursing  BN/BM combined degree - 4 year program (full-time) [82].	No specified time – Assessment made by Peer review Panel

<sup>37</sup> In accordance with Australian Vice-Chancellor Committee guidelines or equivalent.

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								PG - minimum of 900 hours [10]:  1 year (full-time or equivalent) professional entry program for RNs wishing to upgrade their qualification to degree level [82].	
9.16.4	Specific substantive connect hours, laboratory time simulator time, excluding clinical	None specified –  The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies [1].  The entire course content is considered and the relevance of program content to contemporary practice requirements.	None specified  At time of course submission, education provider will need to satisfy the Board's committee that adequate time is allocated.	None specified – ? custom & practice	None specified – ? custom & practice	See 9.14.4	Reviewed through the Accreditation process	UG – Theory hours should be a minimum of 1000  PG -Theory hours should be a minimum of 300 [10].	No specified time – Assessment made by Peer review Panel
9.16.5	General curriculum content	All nursing, midwifery & NP programs: - see 9.14.5 [1].	Midwifery Programs: The course must: prepare graduates who are able to provide a professional standard of midwifery care & support for the woman during pregnancy, birthing & early parenting. develop an evidence-based theoretical foundation upon which midwifery practice can be based & recognise also the wisdom of practice. include but not be limited to health assessment, care & management of the woman & her baby in both normal & complex situations including pathophysiology, pharmacology, medication	Midwifery Programs: The course must: be based on the philosophy of the course & takes account of the Board's endorsed competencies & relevant Professional Codes. ACMI Competency Standards & Code of Ethics must be incorporated within the curriculum. have a rationale that clearly identifies a need for the course; & provides evidence of consultation with key stakeholders & consumers. address the: past, present & emerging roles & context of professional practice	All nursing, midwifery & NP programs: - see 9.14.5 [6].	All nursing & midwifery programs: - see 9.14.5 [3].	All nursing & midwifery programs: - see 9.14.5 [5].  The philosophy underpinning the content of the program curriculum is nursing focussed.  The program content is nursing focussed with appropriate supporting studies.  The program is based on contemporary nursing theory & practice & reflects the partnership the profession has with the community.  The course delivery method is reflective of	UG &PG Graduates are theoretically & clinically prepared to undertake the full role & sphere of midwifery practice according to the Board's Code of Practice for Midwives & the ACMI competency standards as a minimum.  The course demonstrates evidence of generic midwifery knowledge & practice: emphasis is placed on the childbearing experience for women & their families to encompass care prior to conception, during pregnancy, birth & following birth;	The major aim of the course is to prepare a nurse to become a beginning level practitioner in midwifery & who meets the requirements for registration in Division 1 of the Register of the Board in the speciality of Midwifery.  A School of Nursing conducting a course leading to registration as a midwife will ensure that the participant is a nurse whose name is entered in Division 1 of the Register of the Board & who has completed a general or comprehensive nursing education course.

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			administration, pain management, family planning, perioperative care, wound management, haemodynamic management, infection control, care during medical & surgical emergencies & communication & counseling skills. demonstrate the competencies for entry to the practice of midwifery. include Indigenous health, including primary health care & community development. enable students to develop awareness of the cultural diversity which exists in the Australian community & an understanding of cultural safety in maternity care. acknowledge professional standards & codes of appropriate professional bodies. address a positive workplace culture & occupational health & safety. demonstrate how students will develop Information Technology (IT) capabilities for current practice, & other academic learning skills as appropriate [25].	need for students to develop reflective, critical thinking, problem solving & decision making skills, to have opportunities for integrating learning experiences, to accept responsibility & be accountable for professional practice, & to develop their potential as members of the profession & society concept that midwives act in collaboration with the client & are cognisant of the physical, psychological, social, spiritual, cultural needs & expectations of the client; & collaboration between nurses & other health professionals. focus on theory & practice & is adequately supported by relevant aspects of the biophysical, behavioural & social sciences & is cognisant of the cultural diversity of the health care system. address the cultural & health care needs of Aboriginal & Torres Strait Islander peoples. Curriculum focuses on..... – see 9.14.5 [8].			contemporary educational theory.  Development of the program involved relevant stakeholders & is responsive to contemporary health care issues & professional standards.  Adequate support services & facilities are available; &  Physical resources are available to meet the purpose & outcomes of the program [5].	the theoretical component of the course will take account of the context of midwifery practice including contemporary issues in midwifery & women's health & the various geographic, sociocultural, economic & demographic factors influencing the nature of health & the delivery of health services in Australia .  A broad knowledge base common to health practitioners will support midwifery theory & practice & will provide the foundation for further studies at higher levels of award in midwifery & in functional areas of midwifery.  Sufficient foundation studies in the biophysical & biological sciences including microbiology & pharmacology, the behavioural & social sciences, & law & ethics are provided to support midwifery theory & practice.  UG –see 9.14.5 with emphasis on midwifery practice [10].	The course is conducted at post registration level [7].
9.16.6	Clinical experience – hours, ratios or percentage of whole course	None specified  See 9.14.6[1].  The entire course content	At least 0.8 FTE clinical  For post graduate courses [25]	40-45% of total course time  The Board expects a minimum of that % to be	None specified  ? custom & practice & range	See 9.14.4	None specified  Reviewed through the Accreditation process	UG – minimum of 1500 hours - midwifery practice  PG - minimum of 600	None specified  ? custom & practice & range

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		is considered and the relevance of program content to contemporary practice requirements.		<p>allocated to clinical experience in practice settings.</p> <p>The amount of clinical experience is consistent with the philosophy of the course.</p> <p>Theory &amp; practice are closely correlated throughout the course [8].</p>				hours - midwifery practice [10].	The length & sequence of the course is sufficient to enable participants to achieve the relevant midwifery competencies required for registration [7].
9.16.7	Clinical experience content	See 9.14.7 [1].	<p>See 9.14.7</p> <p>Also, clinical experience should include:</p> <p>30 – assessments &amp; examinations of women during pregnancy with 15 follow-through</p> <p>25 – actively assisting women during labour &amp; birth with 20 spontaneous vaginal births</p> <p>15 – actively working with women who choose to breastfeed</p> <p>30 – assessments &amp; examinations of well women &amp; babies after birth [25].</p> <p>From the documents reviewed it seems that the Grad Dip &amp; BM have the same clinical requirements.</p>	See 9.14.7 [8].	See 9.14.7 [6].	See 9.14.7 [3].	<p>See 9.14.7 [34]</p> <p>Clinical experience follows a planned pattern of allocation, is designed to enhance theoretical learning, &amp; includes placements in a variety of settings appropriate to the program outcomes.</p> <p>Clinical learning opportunities are selected on the basis of collaboration between consumers, industry &amp; the profession.</p> <p>Adequate &amp; appropriate clinical experience is available to meet the outcomes of the program [5].</p>	<p>The student is required to meet ACMI competency requirements.</p> <p>Clinical placement of students for the purpose of midwifery experience requires selection of health care agencies with birth rates sufficient to meet the range &amp; quality of experiences necessary for achievement of specified learning objectives.</p> <p>Midwifery practice placements should be available in all areas of maternity care provision in the community &amp; hospitals.</p> <p>The University liaises with community agencies to ensure that a primary health care model of maternity care provision underpins midwifery education. 'Primary Health Care' is defined as the first level of contact with individuals, the family &amp; community</p>	<p>There is evidence that the range of clinical experience provided in approved clinical settings will enable the acquisition of competencies necessary to meet the role &amp; responsibilities of the nurse registered in Division 1 in the speciality of Midwifery</p> <p>And see 9.14.7 [7].</p>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								with the national health systems bringing health care as close as possible to where people live & work & constitutes the first element of a continuing care process [10].	
9.16.8	Clinical experience is obtained in a supernumerary capacity	Yes – [1]	<p>Bachelor of Midwifery Students are supernumerary.</p> <p>In post-nursing courses, students may be employee, student or a combination mode.</p> <p>Grad Mid students are usually employed by maternity services as 0.8 as part of their contract with the university. However some healthcare institutions that provide mat training have supernumerary time but this varies greatly &amp; ad hoc. Rural Gard dip students are more often supernumerary - anecdotal evidence only.</p> <p>There is also a Master of Midwifery course, as noted above.</p>	Not specified in available Board documents – assumption is that a Bachelor of Midwifery degree would be supernumerary.	Not specified in available Council documents.	Yes - [3]	Yes – [74].	Yes - [10]	Yes [7]
9.16.9	Assessment & approval of theoretical & clinical educational settings	See 9.14.9 [1].	<p>Power exists – s10(1)(g).</p> <p>See 9.14.9 [25].</p> <p>Power is to grant recognition to institutions conducting courses eg a university, but the Board does not directly approve clinical facilities. Approval of clinical facilities for midwifery education has</p>	Yes See 9.14.9 [8]	Yes See 9.14.9 [6].	Yes See 9.14.9 [3].	Yes See 9.14.9 [5].	Yes See 9.14.9 [10].	Yes See 9.14.9 [7]

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			ceased. However consideration of clinical venues & arrangements for clinical education is an important aspect of course approval.						
9.16.10	Obligations of health services providing clinical experience for midwifery programs	See 9.14.10 [1].	See 9.14.10 [24, 25].	See 9.14.10 [8]	See 9.14.10 [6].	See 9.14.10 [3]	See 9.14.10 [34]	See 9.14.10 [10].	See 9.14.10 [7]
9.16.11	Clinical & theoretical teaching & supervision of students	See 9.14.11 [1].	See 9.14.11 [24, 25, 27].	1:8 staff to students  The course co-ordinator is a registered nurse authorised to practise midwifery or a registered midwife in NT & holds an appropriate qualification & has a depth & breadth of experience & knowledge of contemporary issues & practice. See 9.14.11 [8]	No ratios specified - ? custom & practice  See 9.14.11 [6].	No ratios specified See 9.14.11 [3].	No ratios specified – The teaching staff numbers & profile is appropriate to the purpose & outcomes of the program.  See 9.14.11 [5].	1:8 staff to students  See 9.14.11 [10].	No ratios specified - Assessment made by Peer review Panel See 9.14.11 [7]
9.16.12	Assessment - requirements & standards	See 9.14.12 [1].	See 9.14.12 [25].	See 9.14.12 [8]	See 9.14.12 [6].	See 9.14.12 [3].	See 9.14.12 [5].  Assessment processes are developed on the basis of collaboration between education providers, consumers, industry & the professions.  Written assessments demonstrate the concepts of validity & reliability & are related to the program outcomes.  Formative & summative assessment methods are both included & are adequate to support student demonstration of the program outcomes [5].	See 9.14.12 [10]	Assessment made by Peer review Panel See 9.14.12 [7]

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.16.13	Combined qualifications	No combined midwifery & other qualifications listed on the University of Canberra course list [75].	See 9.14.13 [25].	The merit of the course in possible career pathways should identify.... articulation of other education courses [8].  Charles Darwin University course list lists combined nursing & other qualifications – no mention of combined midwifery & other qualifications [76].	No combined midwifery & other qualifications listed by the universities listed on the Council website [83].	No combined midwifery & other qualifications listed by the universities listed on the Board website [31].	No combined midwifery & other qualifications listed by the universities listed on the Board website [34]	See 9.14.13 [10]	Assessment made by Peer review Panel See 9.14.13 [7]
9.16.14	Recognition of prior learning	Considered on a case-by-case basis.	Yes See 9.14.14 [25].	Yes See 9.14.14 [8].	Yes See 9.14.14 [6].	In accordance with university policy.	University & VET policy.  The course delivery mode is reflective of contemporary educational theory.	Yes See 9.14.14 [10]	?
9.16.15	Modalities for delivery of programs	Internal program only	See 9.14.15 [25].	?	? see 9.14.15 [6].	Full time & Part-time [3]	The course delivery mode is reflective of contemporary educational theory.	This is specified for some courses – psychiatric nursing, medication administration for Division 2 nurses.	See 9.14.15 [7]
9.16.16	Evaluation requirements for educational programs	See 9.14.16 [1].	?	See 9.14.16 [8].	See 9.14.16 [6].	See 9.14.16 [3].	See 9.14.16 [5]	See 9.14.16 [10]	See 9.14.16 [7]
9.16.17	Specific requirements of the head of nursing or midwifery program in an EP	Yes See 9.14.18 [1]	The discipline & practice of midwifery must be developed & taught by registered midwives [25]	Yes  The school of midwifery is administered by an appropriately qualified midwife who: is registered as a midwife in the Northern Territory or authorised to practise as a midwife in the Northern Territory has experience as a midwife, in teaching, research, leadership positions, & administration of education courses; holds a higher degree preferably in midwifery	?	Yes See 9.14.18 [3]	Yes See 9.14.18 [5].	Yes See 9.14.18	Yes See 9.14.18 [7]



Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				[8].					
9.17	NP & MP program requirements	See footnote <sup>38</sup>	Program currently under review so access not available through Board website  NOTE: information below based on existing information available.	See footnote <sup>39</sup>	See footnote <sup>40</sup>	There are no specified program requirements as Board does not approve courses leading to authorisation in the special practice area of 'nurse practitioner'.	Trials currently underway in Tasmania for nurse practitioner roles. No information on any accredited courses is available from documentation accessed.	See footnote <sup>41</sup>	See footnote <sup>42</sup>  Not seen as an issue for the Board but for the education provider.
9.17.1	RA pre-requisites for entry NP & MP Programs	Masters of Nurse Practitioner University entry requirements: CU: Either registered or eligible for registration, as a nurse Hold a Grad Dip or equivalent in the relevant clinical field Have a minimum of 3 years FTE clinical experience in the nominated specialty Hold current membership of the relevant specialty/ professional body [84].	Masters of Nursing (Nurse Practitioner) or Masters of Nursing (Mental Health – Nurse Practitioner) University entry requirements: UWS & UN: be registered nurses with a Bachelor of Nursing degree or equivalent & have demonstrated experience at an advanced practice level within a recognised area of specialisation must also have a minimum of one year or equivalent of <b>advanced</b> clinical experience in a specialty area [85, 86].	University entry requirements for a clinically focussed master's degree course that has been accredited by the Board or another nursing & midwifery regulator in Australia or NZ, as leading to authorisation as a nurse practitioner [8, 87].  Admission criteria for entry of students into the nurse practitioner course will ensure that candidates have sufficient & appropriate background. The required evidence is: documents that specify requisite length & depth of experience in a specialty field of clinical practice documents that specify requisite education or equivalent in a specialty field as entry to the nurse practitioner program	University entry requirements for a Master of Clinical Nursing course that has been accredited by the Council, in which graduate outcomes are linked to the Nurse practitioner competency standards[88] - UQ: Bachelor of Nursing (or equivalent); & Be eligible for unrestricted license to practise as a Registered Nurse in Queensland; & Demonstrate recent & relevant nursing practice satisfactory to the executive dean & head of school [89].  QUT: be registered as a nurse with the Council have gained a degree in nursing (or equivalent) from a recognised institution & have gained	None	NP only	See 9.14.1 [10]  University entry requirements for a Masters program. NP programs accredited by the Board: Master of Nursing Practice + Therapeutic Medication Management Unit Master of Nursing (Nurse Practitioner) Master of Nursing Science (Nurse Practitioner)  + courses for medication management offered for upgrading other Masters of Nursing Programs: Pharmacology for Advanced Professional Practice Therapeutic Medication Management Unit Pharmacology for Specialist Practice Therapeutic Medication Management Education	University entry requirements postgraduate diploma level or above[7].

<sup>38</sup> Available at: [http://www.nursesboard.act.gov.au/documents/Accreditation\\_ApprovalofNursing\\_Midwifery\\_NursePractitionerCourses2005.pdf](http://www.nursesboard.act.gov.au/documents/Accreditation_ApprovalofNursing_Midwifery_NursePractitionerCourses2005.pdf)

<sup>39</sup> Available at: [http://www.nt.gov.au/health/org\\_supp/prof\\_boards/nurse\\_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf](http://www.nt.gov.au/health/org_supp/prof_boards/nurse_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf)

<sup>40</sup> Available at: [http://www.qnc.qld.gov.au/upload/pdfs/qnc\\_policies/Nursing\\_and\\_midwifery\\_education\\_policy\\_an\\_accreditation\\_framework\\_2005.pdf](http://www.qnc.qld.gov.au/upload/pdfs/qnc_policies/Nursing_and_midwifery_education_policy_an_accreditation_framework_2005.pdf)

<sup>41</sup> Available at: [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/\\$File/ACCStandardsforCourseAccreditation.pdf](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/$File/ACCStandardsforCourseAccreditation.pdf)

<sup>42</sup> Available at: <http://www.nbwa.org.au/cpRoot/339/2/Accreditation%20process.pdf>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				documentary evidence of required professional activity [8].	a Graduate Diploma in nursing (or equivalent) in the area of nominated specialty from a recognised institution, or the equivalent of four years study at a similar level have a minimum of three years full-time equivalent (FTE) clinical practice experience in the nominated specialty be employed in an advanced practice nursing role for the duration of the course have access to a clinical support team in their specialty field of practice..  Alternatively, applicants without the required qualifications may be admitted on the basis of relevant experience at the discretion of the Head of School of Nursing [90].			Program [52].	
9.17.2	Evidence underpinning the standards & requirements for educational programs for NPs & MPs	Sources cited: - see 9.14.2 [1].	None cited in previous policy.	Sources cited: - see 9.14.2 [8] &  <i>Gardner et al Report to Australian Nursing Council Nurse Practitioner Standards Project 2004 [87].</i>	Sources cited: - see 9.14.2 [6] &  <i>ANMC Nurse practitioner competency standards (2005) [88]</i>	Not applicable	See - Standards for Accreditation, Conduct & Monitoring of Nursing Programs [5].	Sources cited: - see 9.14.2 [10]	Sources cited: - see 9.14.2 [7].
9.17.3	Temporal requirements on length of course eg hours, semesters, years	Not specified  The planned learning time is sufficient for the achievement of the specified course objectives/goals/competencies [1].	None cited in previous policy.	Not specified  The amount of time devoted to the theoretical component of the course & the amount of clinical experience included in the course is consistent	None specified	Not applicable	Required to meet the Standards for Accreditation, Conduct & Monitoring of Nursing Programs [5].	None specified	None specified - Assessment made by Peer review Panel.

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
				with philosophy, course objectives & content [8].					
9.17.4	Specific substantive connect hours, laboratory time simulator time, excluding clinical	None specified  See 9.14.4 [1].	None cited in previous policy.	None specified  See 9.14.4 [8].	None specified	Not applicable	Reviewed through the Accreditation Process	None specified	None specified
9.17.5	General curriculum content	NP programs:  See 9.14.5 [1].	NP & MP programs: Courses submitted for approval must address the knowledge required of a nurse practitioner. It is necessary for each applicant to demonstrate an ability to apply knowledge & skills in the areas of health assessment, diagnosis, therapeutic management, evaluation & accountability. Courses must incorporate subjects which include the following relevant, specialist content: Health Assessment: anatomy & physiology, pathophysiology, pharmacology, health assessment skills, prioritisation/triage. Diagnosis: differential diagnostic skills, complex problem solving skills, judicious ordering, reading & interpretation of pathology & radiology tests. Therapeutic: therapeutic case management. Management: applied pharmacology, prioritisation/time management skills, stabilisation skills, judicious referral strategies, counselling	NP programs: A planning process that includes consultation with specialist colleges & associations for specialty elective/streams of the curriculum has occurred.  The curriculum design includes: Content that meets the extended skill & knowledge requirements in the competency standards for the NP Content that includes speciality skills & knowledge as indicators or performance in extended practice Learning & assessment processes that include capability approaches to learning; Flexible learning pathways & support for student determined learning goals & strategies  Curriculum demonstrates content that addresses the NP Competency Standards & the required evidence is: a detailed map of the curricula that indicted & located the curriculum content related to each of the competencies in the	NP programs:  See 9.14.5 [6].	Not applicable	The philosophy underpinning the content of the program curriculum is nursing focussed.  The program content is nursing focussed with appropriate supporting studies.  The program is based on contemporary nursing theory & practice & reflects the partnership the profession has with the community.  The course delivery method is reflective of contemporary educational theory.  Development of the program involved relevant stakeholders & is responsive to contemporary health care issues & professional standards.  Adequate support services & facilities are available; &  Physical resources are available to meet the purpose & outcomes of the program [5].	NP programs - see 9.14.5 [10]  Programs do have discrete requirements, however they are comparable to the generic requirements of the pre-registration nursing courses with an emphasis on the elements of advanced practice.	A course must address the Board's Professional Standards for Nurse Practitioner Practice & reflect: An advanced level of practice demonstrating integration of theory & research in practice, reflective practice, intuitive judgment, advanced problem-solving & decision-making skills. An extension of the scope of practice for the NP relevant to their clinical specialisation including: • The relevant statutes governing the NP role; • Initiation & interpretation of diagnostic test & procedures; • Pharmacological principles & pharmacotherapeutics; & • Referral processes & procedures. Core content must include areas relating to advanced health assessment & relevant pathophysiology; advanced technology; elements of the nurse practitioner role including management, leadership, interdisciplinary collaboration, ethical &

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>skills. Evaluation: outcome measurement &amp; interpretation skills. Accountability: advanced risk management skills, legal parameters of practice. Practice: teamwork, cultural awareness skills, communication skills, code of professional conduct, code of ethics [9].</p>	<p>NP Competency Framework; &amp; documentary evidence that relevant specialty organisations have been consulted in relation to the specialty/elective streams of the curriculum</p> <p>Curriculum demonstrates teaching &amp; learning processes that address the requirements for developing capability &amp; required evidence is: a curriculum structure that allow for flexible learning pathways &amp; processes of support for student-determined learning goals &amp; strategies; a curriculum structure that incorporates extensive learning requirements in the specialist clinical field &amp; mentored experiential processes as central to the educational experience; &amp; documentary evidence that curriculum learning &amp; assessment processes include capability approach to learning [8].</p>					<p>legal responsibilities; utilisation, implementation &amp; evaluation of research findings &amp; collaboration in original research; health promotion &amp; education &amp; be set in the Australian context of cultural diversity with particular emphasis on indigenous health.</p> <p>The pharmacology, pharmaco-therapeutics, diagnostics &amp; clinical practice experience are compulsory units.</p> <p>Courses will be expected to offer a range of options in the specific area of clinical specialisation or to have collaborative arrangements with other universities or education providers to ensure adequate coverage of the speciality [7].</p> <p>Board has recently adopted the ANMC National NP Competencies which replace the Professional Standards for NP (WA).</p>
9.17.6	Clinical experience - hours, ratios or percentage of whole course	<p>None specified</p> <p>See 9.14.6 [1].</p>	None cited in previous policy.	None specified	None specified	Not applicable	Reviewed through the Accreditation Process	None specified	<p>To register as a NP the applicant is required to have undertaken a minimum of 3,800 hours, which approximates to 2 years of full time in their area of speciality within the previous 3 years.</p> <p>The participant must commence clinical</p>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									practice experience within 3 months of having completed the theory component of the course [7].
9.17.7	Clinical experience content	See 9.14.7 [1].	None cited in previous policy.	The curriculum design includes structure that give primacy to the clinical field & mentored experiential processes as central to NP education [8].	See 9.14.7 [6] & meet the competency standards for nurse practitioners [88]	Not applicable	<p>Clinical experience follows a planned pattern of allocation, is designed to enhance theoretical learning, &amp; includes placements in a variety of settings appropriate to the program outcomes.</p> <p>Clinical learning opportunities are selected on the basis of collaboration between consumers, industry &amp; the profession.</p> <p>Adequate &amp; appropriate clinical experience is available to meet the outcomes of the program [5].</p>	See 9.14.7 [10]	<p>A course must include a clinical practicum specific to the designated area of clinical practice.</p> <p>Arrangements for supervision/preceptorship of the NP participant must be in place. Supervision/preceptorship may be provided by a variety of personnel, including faculty members, experienced clinicians in the clinical speciality, radiologists, radiographers, pharmacists &amp; medical practitioners as appropriate -see Guidelines for Preceptors &amp; Preceptorship in Western Australian Nursing &amp; Midwifery.</p> <p>Arrangements must be in place for the educational preparation of clinical supervisors/preceptors.</p> <p>Also see 9.14.7 [7].</p>
9.17.8	Clinical experience is obtained in a supernumerary capacity	Yes - [1]	Nurses & midwives undertaking Masters programs require evidence that they are able to put theory into practice which necessarily requires them to have appropriate employment as some stage through there course to prepare them	Not specified	Not specified	Not applicable	Yes - [74].	Not specified	Yes - [72]

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			for authorisation as NPs or MPs, although from the Board's perspective they are supernumerary.						
9.17.9	Requirements to assess & approve theoretical & clinical educational settings	Appears discretionary- See 9.14.9 [1].	Power exists – s10(1)(g).  There is no evidence in any of the documents relating to other programs that the Board or its officers routinely inspect educational settings for NP or MP programs.	Yes  See 9.14.9 [8].	Yes  See 9.14.9 [6].	Not applicable	Yes	See 9.14.9 [10]	Yes  see 9.14.9 [7]
9.17.10	Assessment - requirements & standards	See 9.14.12 [1].	None cited in previous policy.	The course curriculum will demonstrate student assessment processes that address the requirement of developing capability. The required evidence is: assessment documents will demonstrate a commitment to contextualised, scenario-based assessment strategies; & student assessment includes a comprehensive portfolio of learning & practice experience that is examined both internally & externally to meet NP authorisation requirements [8].	See 9.14.12 [6].	Not applicable	Assessment processes are developed on the basis of collaboration between education providers, consumers, industry & the professions.  Written assessments demonstrate the concepts of validity & reliability & are related to the program outcomes.  Formative & summative assessment methods are both included & are adequate to support student demonstration of the program outcomes [5].	See 9.14.12 [10]	Adequate processes for evaluation of performance in the clinical setting must be in place using tools based on the standards/ competencies for NPs in WA settings as these are developed.  Also see 9.14.12 [7]
9.17.11	Modalities for delivery of programs	Internal program only	?	?	From the information obtained from the UQ website the Master of Nursing is delivered as an external course [89].	Not applicable	Course delivery method is reflective of contemporary educational theory.	Mode of delivery is flexible.  Where a course is offered in the off-campus mode, information technology support programs [10]	Courses should demonstrate flexible processes sufficient to reflect the diversity of the NP role. As well, a course should allow for: Recognition of prior learning; Articulation pathways into and from a NP course; Distance or mixed mode

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
									delivery, where appropriate, of both the theoretical and clinical components [7].
9.17.12	Evaluation requirements for educational programs	See 9.14.16 [1].	See 9.14.16	See 9.14.16 [8]	See 9.14.16 [6].	Not applicable	Both formative & summative evaluation is undertaken of the program, is focussed on program outcomes, & occurs in collaboration with consumers, industry & the profession [5].	See 9.14.16 [10].	See 9.14.16 [7]
9.18	EN program requirements <sup>43</sup>	See footnote <sup>44</sup>	See footnotes <sup>45 46 47 48 49</sup>  The CSHISC project will inform future NMB decisions about EN education. CSHISC recommendations may or may not be integrated into NMB requirements for EN education. The CSHISC's role as an employer body is quite different from the regulatory authorities' roles in protecting public safety.	See footnote <sup>50</sup>	See footnote <sup>51</sup>	See footnote <sup>52</sup>	See footnote <sup>53</sup>	See footnote <sup>54</sup>	See footnote <sup>55</sup>

<sup>43</sup> Note: CSHISC work to incorporate EN competencies with impact here by standardising training – What will the impact be on the RA processes for accrediting or approving courses?

<sup>44</sup> Available at: [http://www.nursesboard.act.gov.au/documents/Accreditation Approval of Nursing Midwifery Nurse Practitioner Courses 2005.pdf](http://www.nursesboard.act.gov.au/documents/Accreditation%20Approval%20of%20Nursing%20Midwifery%20NursePractitionerCourses2005.pdf)

<sup>45</sup> Available at: [http://www.nursesreg.nsw.gov.au/en\\_1.pdf](http://www.nursesreg.nsw.gov.au/en_1.pdf)

<sup>46</sup> Available at: [http://www.nursesreg.nsw.gov.au/en\\_2.pdf](http://www.nursesreg.nsw.gov.au/en_2.pdf)

<sup>47</sup> Available at: [http://www.nursesreg.nsw.gov.au/en\\_3.pdf](http://www.nursesreg.nsw.gov.au/en_3.pdf)

<sup>48</sup> Available at: [http://www.nursesreg.nsw.gov.au/en\\_3.pdf](http://www.nursesreg.nsw.gov.au/en_3.pdf)

<sup>49</sup> Available at: [http://www.nursesreg.nsw.gov.au/circ98\\_2.pdf](http://www.nursesreg.nsw.gov.au/circ98_2.pdf)

<sup>50</sup> Available at: [http://www.nt.gov.au/health/org\\_supp/prof\\_boards/nurse\\_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf](http://www.nt.gov.au/health/org_supp/prof_boards/nurse_midwifery/Standards%20for%20the%20Accreditation%20of%20Courses%20and%20Education%20P..pdf)

<sup>51</sup> Available at: [http://www.qnc.qld.gov.au/upload/pdfs/qnc\\_policies/Nursing\\_and\\_midwifery\\_education\\_policy\\_an\\_accreditation\\_framework\\_2005.pdf](http://www.qnc.qld.gov.au/upload/pdfs/qnc_policies/Nursing_and_midwifery_education_policy_an_accreditation_framework_2005.pdf)

<sup>52</sup> Available at: [http://www.nursesboard.sa.gov.au/pdf/Standard for Approval of Education Providers and Education Courses.pdf](http://www.nursesboard.sa.gov.au/pdf/Standard%20for%20Approval%20of%20Education%20Providers%20and%20Education%20Courses.pdf)

<sup>53</sup> Available at:

[http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/\\$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf](http://www.nursingboardtas.org.au/nbtonline.nsf/attachment/AccredCondMonitorStandards/$File/Standards%20for%20Accreditation%20Conduct%20and%20Monitoring%20of%20Nursing%20Programs.pdf)

<sup>54</sup> Available at: [http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/\\$File/ACCStandardsforCourseAccreditation.pdf](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/ACCStandardsforCourseAccreditation/$File/ACCStandardsforCourseAccreditation.pdf)



Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
9.18.1	RA pre-requisites for entry - EN Programs	<p><b>Certificate IV Nursing [1].</b></p> <p>For entry - must have an ACT year 12 Certificate (or equivalent) with at least a Minor in areas such as biology, general science, psychology, sociology, community services, physical education, human movement or sports studies OR be Mature Age (turn at least 20 in the first year of study) with relevant work or other practical experience &amp; a demonstrated level of general education which provides a reasonable chance of successfully completing the program, &amp; provide evidence of current interest in, aptitude for &amp; commitment to nursing as a career through having at least six weeks paid or voluntary, referenced work experience in the community services or health industry OR previous study in community services or health related areas such as the <i>Certificate III in Disability Work</i>, <i>Certificate III in Aged Care Work</i> or <i>Certificate III in Home &amp; Community Care</i> [91]</p>	<p><b>Certificate IV in Nursing (EN) course requires satisfactory completion of theoretical &amp; clinical components for enrolment [27]:</b></p> <p><b>For entry:</b></p> <p><b>17 plus years of age</b></p> <p><b>Satisfactorily completed: Standard Mathematics – Yr 10 level; either Advanced English, Standard English or English as a 2<sup>nd</sup> language at HSC level or hold an AQF Certificate Level III qualification.</b></p> <p><b>Current VETAB accredited/ WorkCover approved Senior First Aid Certificate</b></p> <p><b>Literacy &amp; Numeracy Entrance Test for Cert IV in Nursing (EN)</b></p> <p><b>Have employment as a trainee enrolled nurse in a local health service recognised by Board for training ENs</b></p> <p><b>Sufficient physical &amp; mental capacity to practice as a nurse in a range of health care facilities</b></p> <p><b>Possibly occupational screening &amp; vaccination for some clinical placements [92].</b></p> <p><b>The requirements stated above are an example only. A different course provider may propose something quite different. When a course is</b></p>	<p>Certificate IV in Community Services &amp; Health (EN) course.</p> <p>For entry students need to have a current Senior First Aid Certificate.</p> <p>Direct entry can be obtained with successful completion of the Northern Territory Certificate of Education (or equivalent) or successful completion of the CDU Tertiary Enabling Program (TEP) or other recognised Foundation Program [93].</p>	<p>Diploma of Nursing (Pre-enrolment)</p> <p>Some variation in requirements eg:</p> <p>For entry:</p> <p>South Bank Institute - School Leavers must have completed Year 12 or equivalent with a Sound Achievement in English.</p> <p>or</p> <p>Non school-leavers are selected according to eligibility &amp; merit, vocational experience, previous study &amp; personal competencies [94].</p> <p>Central Qld Institute of TAFE:</p> <p>Entry to the program requires a minimum of Year 12 or mature aged student. Three years' industry experience is preferred but not essential, or a Certificate III in Aged Care or similar course would be advantageous [95].</p>	<p><b>Diploma of Nursing (Pre-Enrolment) [33].</b></p> <p>TAFE - any one of:</p> <p>Completion of SACE Stage 1 or Year 11 &amp; 1 year full-time equivalent verified work experience</p> <p>Completion of SACE or Year 12</p> <p>Any Certificate II (or above) in same area</p> <p>Any Certificate III (or above)</p> <p>Satisfactory achievement in the TAFE Entry Assessment (TEA)</p> <p>2 years full-time equivalent verified work experience</p> <p>Satisfactory performance in a skills test</p> <p>Satisfactory achievement in the Special Tertiary Admissions Test (STAT) [96].</p>	<p><b>Certificate IV in Health (Nursing)</b></p> <p>TAFE Tasmania:</p> <p>Essential: Literacy and numeracy skills and successfully completed a Medical Terminology course.</p> <p>As part of the course selection process students are requested to participate in a face-to-face information/selection process, where literacy and numeracy will be demonstrated [97].</p> <p>NGT Tasmania:</p> <p>Volunteer hours &amp;/or current employment within the health industry as a carer, or similar Employer/health facility support for workplace clinical practice</p> <p>Genuine interest in a career in Enrolled Nursing &amp; willingness to study towards that career</p> <p>Maths, English &amp; some form of science to the level of year 10 or equivalent</p> <p>Demonstrated capacity to work as a member of a team</p> <p>Demonstrated capacity for insight &amp; self correction</p> <p>Indication of some preparation towards planning for study</p> <p>Understanding of the</p>	<p>Course will be offered at a minimum level of Certificate IV in Health (Nursing)</p> <p>See 9.14.1 [10].</p>	<p><b>Diploma of Enrolled Nursing (Comprehensive)</b></p> <p>TAFE WA:</p> <p>Evidence of completion of Year 12 (E code) with minimum C grade in Senior English, Human Biology or Biology and Discrete Mathematics Or Certificate IV in Bridging for Entry into Nursing Education Program Or Mature Age Entry Or Special Tertiary Admissions Test Or Equivalent. Plus Medical certificate confirming fitness to complete the qualification Plus Senior First Aid Certificate (or equivalent) which will remain current for the duration of the course</p> <p>Plus Evidence of Tuberculosis clearance</p> <p>Plus Evidence of vaccination for Hepatitis B (or commencement of same) Plus MRSA clearance if candidate has worked or been an in-patient of a health care facility outside Western Australia in the previous 12 months Plus A current Health Department of Western Australia Criminal Record Screening Clearance [99].</p>



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			submitted, the Nurses Practice Committee will need to be satisfied that the entry criteria are appropriate for the course eg if there is no first aid in the course but recent completion of a first aid course is a pre-requisite for entry, then this may be approved. A different provider may take a different approach.  What is important is that a person who has the specified entry requirements & who completes the proposed course will be able to practise safely as an EN.				physical & emotional demands of the work of an enrolled nurse & a demonstrated capacity for self care Holds a current First Aid Certificate at Workplace II Level Holds or is working toward a Medical Terminology Certificate [98].		
9.18.2	Evidence underpinning the standards & requirements for educational programs for NPs & MPs	Sources cited: See 9.14.2 [1].	No citations	Sources cited: See 9.14.2 [8].	Sources cited: See 9.14.2 [6].	Sources cited: See 9.14.2 [3].	Addressed through Boards Standards for Accreditation Conduct & Monitoring of Nursing Programs [5].	Sources cited: See 9.14.2 [10]	Sources cited: See 9.14.2 [7]
9.18.3	Temporal requirements on length of course eg hours, semesters, years	12/12 - 2 semesters full-time OR part-time equivalent [91].	12 months duration  The Certificate IV in Nursing (EN) course requires satisfactory completion of theoretical & clinical components for enrolment. The theoretical component of the course is conducted by the TAFE & consists of 14 weeks theory, divided into two blocks. An integrated clinical component is undertaken in health facilities recognised by the Board [66].	1028 hours  Full time over 1 year – students must complete 27 units of competency successfully [93].	Duration – Equivalent to 3 semesters or 18 months of full time study  South Bank Institute – as above but quotes 1270 nominal hours [94].	18 months full time or equivalent [96].	1 year full time [97]  Or 2 years part time – 4 semesters of 6 months each [98]	Full time mode is a 1 year course  Part time mode is offered over a minimum of 15 months to 2 years  Traineeship mode is a 2 year course Traineeships provide an educational program that prepares trainees for registration as division 2 nurses in Victoria through both 'on-the-job' & 'off-the-job' experiences [10].	18 months full time or part-time equivalent for Diploma of Enrolled Nursing in WA.
9.18.4	Specific substantive connect hours, laboratory time	Approx. 26 hours per week (full time) – includes clinical) [91].	Minimum of 500 hours of theory	450 hours of theory [93].	Breakdown of theory & clinical hours is difficult to ascertain from the	See 9.14.4	Addressed through Boards Standards for Accreditation Conduct &	Traineeship: 850 hours [10]	No specific information available

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
	simulator time, excluding clinical		The theoretical component is to be integrated with the clinical practice component [27].		information provided on EP websites.		Monitoring of Nursing Programs [5].	A minimum 2 week introductory block is conducted for trainees prior to commencing 'on-the-job' component  Employment as a division 2 trainee must commence on the same date as the first day of the introductory study block.  Full-time & part-time courses have other requirements.	The length & sequence of the course is sufficient to enable participants to achieve the ANMC competencies for an EN [7].
9.18.5	General curriculum content	See 9.14.5 [1].	EN Programs: The theoretical course supports development of nursing skills at the level of the enrolled nurse, focusing on assisting individuals to perform activities of daily living, & therefore precedes the initial clinical placement. It would be expected that students will have laboratory experience or opportunities to develop skills prior to placement in clinical settings, in the interest of patient safety.  As the course develops, it must progressively assist students to develop the knowledge, skills & attitudes for practice as an enrolled nurse in both acute & chronic stages of illness &/or disability, within clinical fields of medical/surgical, mental health, aged care & community nursing.	See 9.14.5 [1, 8].	See 9.14.5 [6].	See 9.14.5 [3].	See 9.14.5 [5]	See 9.14.5  Traineeship The RTO must ensure that: a written agreement for the duration of the traineeship is signed by the health care facility or group training organisation & the trainee; trainees complete the theoretical & clinical components of the traineeship prior to recommendation for registration; trainees are assessed in the nursing laboratory setting prior to clinical placement in either 'on-the-job' component ('on-the-job' training occurs at the trainees' place of employment under the supervision of a division 1 registered nurse) or 'off-the-job' component ('off-the-job' training refers to the theoretical &	The major aim of the course is to prepare a nurse who is capable of practising under the professional direction of a nurse registered in Division 1 of the Register of the Board & who meets the requirements of registration as an enrolled nurse in Division 2 of the Register of the Board.  There is evidence that the School of Nursing has policies relating to: Admission or entry requirements for participants; Pass/fail/withdrawal or discontinuation of participants from course; The safety of participants, staff & health care consumers.  Individual units & their pre-requisite & co-requisite units are clearly identified within the

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			<p>Meeting the theoretical component in regard to medication administration.</p> <p>It is expected that the theoretical foundations will be provided to enable students to demonstrate the competencies adopted by the Board [27].</p>					<p>clinical component of the Certificate IV in Health (Nursing) course, delivered &amp; coordinated by a RTO); appropriate theory &amp; clinical laboratory practice is sequenced early in the course, so that application of knowledge may be applied in either the 'on-the-job' or 'off-the-job' components; the Health Care Facility provides adequate resources to meet course requirements where 'off-the-job' or 'on-the-job' clinical experience is conducted; trainees must be employed by a high care facility or Group Training Organisation with placement in one high care facility; theoretical component for trainees is offered at a maximum of one day per week over the two year course</p> <p>Traineeship Mode 'on-the-job' (during employment): an evaluated orientation/in-service program is provided prior to commencement of clinical practice; policies &amp; procedures are in place, which ensure that division 1 RNs providing supervision are sufficient in number to support the number of</p>	<p>curriculum.</p> <p>There is evidence: in the curriculum of an integration of concepts from the behavioural, health &amp; nursing sciences in the theoretical &amp; clinical components. On completion of the course the participant must have achieved a score of 100% for the calculation of medications section of the course</p> <p>See also 9.14.5 [7].</p>

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								<p>division 2 trainees, &amp; that their working responsibilities are commensurate with the educational soundness of such supervision; trainees must be employed for a minimum of 15 hours per week 'on-the-job' experience during the 2 years of employment. Trainees are expected to attend a minimum of 80% of "on-the-job" experience.</p> <p>Traineeship Mode 'off-the-job' training - RTO will ensure the course hours are in the form of: 510 theory hours (plus 100 hours introduction into clinical practice, in the form of: visits to the trainee at the workplace, revision, supplementary material, self-directed learning, assessments, appraisals &amp; workbooks) 160 clinical hours (plus the 'on-the-job' clinical practice employment) 10 additional hours of clinical practice should be utilised for orientation, assessments, health related visits, debriefing etc; Total = 780 hours</p> <p>Off-the-job' clinical experience of 170 hours is gained in practice settings which differ in type from that provided in the facility in which 'on-</p>	

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
								<p>the-job' experience is gained. 'Off-the-job' experiences will reflect the comprehensive nature of the curriculum &amp; will ensure that a minimum of 3 settings are included in the clinical education program of each trainee;</p> <p>If the trainee is employed in the aged care setting: Acute care – 80 hours, plus a total of 80 hours clinical from two of the following: Rehabilitation – 40 hours; Community – 40 hours; or Mental Health – 40 hours.</p> <p>If the trainee is employed in the acute setting: Aged care – 80 hours, plus a total of 80 hours clinical from two of the following: Rehabilitation – 40 hours; Community – 40 hours; or Mental health – 40 hours;</p> <p>Where the employer is a rehabilitation or community health facility this component of 'off-the-job' training will require modification in order to gain experience in a minimum of three clinical settings;</p> <p>Off-the-job' clinical placement will be preceded by theory &amp; will</p>	

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								focus on development of competencies [10].  Full-time & part-time courses have other requirements.	
9.18.6	Specific curricula requirements in EN programs for medication administration	<p>The administration of medications by enrolled nurses in the ACT is permitted after successful completion of an approved Medication Administration Education Program.</p> <p>An approved Medication Administration Education Program is one that is accredited by the Nurses Board of the ACT or approved by a RA of another Australian State or Territory.</p> <p>An approved Medication Administration Education Program is one that is accredited by the ACT Nursing and Midwifery Board or approved by a RA of another Australian State or Territory.</p> <p>This program is not part of the Cert IV Enrolled Nursing Program.</p> <p>There is no guidance to the specific requirements in the course for medication administration other than the outline of the scope of medication administration in the Policy document: <i>Medication</i></p>	<p>Curricula must include theory &amp; practice in the administration of medications. The curriculum must: ensure that the Competency Standards for the EN are able to be developed &amp; demonstrated in regard to the administration of medications prepare the EN to administer medications including schedule 4 medications (but not including drugs of addiction in accordance with the <i>Poisons &amp; Therapeutic Goods Act</i>) include sufficient scientific knowledge to enable students to understand the underlying condition of clients/patients' &amp; the likely impact of the medication being administered include sufficient theory &amp; practice to enable students to understand &amp; apply the principles of safe medication administration by all routes, including drug calculations, relevant anatomy &amp; physiology, legal aspects, &amp; pharmacology including pharmacodynamics</p>	<p>All ENs who administer medication must be competent in that activity.</p> <p>To be able to demonstrate competence in the area of medication administration the EN who is administering or assisting a client/patient to take a medication must:</p> <p>Know why the medication is ordered, Know the effect &amp; possible adverse effect of the medication &amp; any contra-indications, Be able to explain to the patient the reasons for, &amp; effect of, the medication, Be able to recognise &amp; report the therapeutic effect &amp; adverse effect of the medication, &amp; Carry out the necessary checks to ensure that the right patient is receiving the right dose of the right drug by the right route at the right time in the right form [102].</p>	<p>Council sets out 10 competency units required for ENs with 2 levels of indicators of competence specific to the administration of medications which provide the foundation for any course for ENs:</p> <p>For all ENs For ENs with medication endorsement.</p> <p>The Competency Units are:</p> <p>Functions in accordance with legislation, policies &amp; procedures affecting nursing practice. Conducts nursing practice in a way that can be ethically justified Conducts nursing practice in a way that respects the rights of individuals &amp; groups Accepts accountability &amp; responsibility for own actions within EN practice Demonstrates critical thinking in the conduct of EN practice Contributes to the formulation of care plans in collaboration with the RN, individuals &amp; groups Manages nursing care of individuals within the scope of EN practice Contributes to the safety,</p>	<p>Medication management is embedded in the pre-enrolment Diploma of Nursing Course &amp; does not have any specialist authorisation or endorsement.</p> <p>The Board has developed Standards for Medication Management that sets out the responsibilities of both RNs &amp; ENs in relation to managing medication which would form the foundation for any pre-enrolment course. These standards are:</p> <p>The safety &amp; wellbeing of the client is ensured through medication management practices that reflect current knowledge, applicable law, standards &amp; codes of nursing practice, &amp; organisational policies &amp; procedures. Nursing practice promotes the quality use of medicines &amp; ensures a safe &amp; therapeutic environment. Medication Management requires consultation &amp; collaboration to ensure therapeutic outcomes [104].</p>	<p>The Board has developed Medication Management Standards that set out the responsibilities of both RNs &amp; ENs in relation to managing medication which would form the foundation for any pre-enrolment course. These include the following:</p> <p>The responsibility of the RN &amp; EN in medication administration are detailed &amp; the Standards also include requirements for the Administration of Medications by Authorised ENs:</p> <p>ENs, whose qualifications have been determined as appropriate for the purpose of administration of medications may administer medications listed in Schedule 2, 3, &amp;/or 4 of the Poisons List in accordance with the following:</p> <p>The medication has been authorised in writing by a registered medical practitioner or dental practitioner. The medication is administered under the</p>	<p>The course will be offered at a minimum level of Course in Medication Administration for Division 2 Nurses in Victoria.</p> <p>Course design &amp; content will include but not be limited to acute care nursing, aged care nursing &amp; psychiatric/mental health nursing including: knowledge &amp; experiences of administration of medication by enteral &amp; topical routes across all Schedules; the course comprises a total of 190 hours including 76 hours of nursing practice experience in medication administration; supervised clinical experience is provided in a variety of health care settings to ensure appropriate opportunities are offered to students to gain experiences in the administration of medication to individuals across the domains of nursing practice; where supervised clinical experience is provided, there is a ratio of one</p>	<p>Medication management is embedded in the pre-registration Diploma of Enrolled Nursing Course &amp; has been for over 20 years.</p> <p>The Board has developed Guidelines for all nurses &amp; midwives [106].</p>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p><i>Administration by Enrolled Nurses</i> (2005):</p> <p>Routes of Administration Ens may only administer medications via the following routes oral * eye drops/oointments ear drops nasal drops &amp; sprays inhalations/ nebulisers sublingual intramuscular * subcutaneous * rectal vaginal enteral (ie through a nasogastric tube or enteral feeding tube dermal/transdermal see Vaccinations Ens are prohibited from administering medications or any other additives / substances by any other routes.</p> <p>Schedules Ens may only administer schedule 2, 3 &amp; 4 medications. In accordance with the <i>Drugs of Dependence Act 1989</i> Ens may check schedule 8 medications if they have completed a drug-checking course authorised by the Minister for Health. Ens may not administer schedule 8 medications.</p> <p>PRN Medications Ens may only administer PRN medications in collaboration with &amp;</p>	<p>prepare the EN to administer medications by complying with the <i>Poisons &amp; Therapeutic Goods Act</i> &amp; referring to a valid order [62, 101].</p> <p>From 1 May 2006, clinical practice and assessment in administering medications to a patient via intravenous route will not be required. It will remain optional. Students must still have theory and laboratory practice and assessment in IV administration.</p>		<p>security &amp; personal integrity of individuals &amp; groups within the scope of EN practice. Provides support &amp; care to individuals &amp; groups within the scope of EN practice Collaborates with members of the health care team to achieve effective health care [103].</p>		<p>supervision of a RN. Administration of medications contained within Schedule 2, 3, &amp;/or 4 of the Poisons List by a route other than injection, under the indirect supervision of a RN. Administration of medications contained within Schedule 2, 3, &amp;/or 4 of the Poisons List by subcutaneous or intramuscular injection, may be undertaken under indirect supervision of a RN, medical practitioner or dental practitioner, provided that the following conditions are met: The medication is being administered to the patient in close proximity to the registered nurse or medical practitioner; The RN/medical practitioner has undertaken an assessment of the patient prior to administration of the medication; There is a written order for the medication; &amp; The RN/medical practitioner has checked the medication &amp; dose.</p> <p>An authorised EN, under the indirect supervision of a RN, may give medications that are dependent on a nursing assessment, such as P.R.N. or variable dose</p>	<p>clinical nurse teacher to a maximum of eight students. Where alternative arrangements are made for clinical teaching, eg preceptorship, a ratio of one teacher to one student is required; the student is required to demonstrate competencies that meet the Australian Nursing Council (ANMC) Competency Standards for the division 2 nurse; personnel teaching the theoretical component of the course will have successfully completed the Certificate IV Workplace Trainer/Assessor; personnel teaching the theoretical component of the course who are registered in division 2 of the register/guest lecturers will be supervised by a division 1 registered nurse with appropriate preparation &amp; experience.</p> <p>The mode of course delivery is either full time or part time [10].</p> <p>Full-time &amp; part-time courses have other requirements.</p>	

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		<p>under the direct supervision of a RN.</p> <p>Accountability When administering medications, as when performing other nursing duties, Ens retain responsibility &amp; accountability for their own actions.</p> <p>Delegation Ens may not delegate the administration of medications to other Ens or to other health care workers</p> <p>Vaccinations Ens may only administer vaccinations after training in accordance with Standard 13 of the Australian Standards for childhood vaccination, Appendix 2, <i>Australian Immunisation Handbook 8<sup>th</sup> edition</i>, which states "Vaccines are administered by properly trained individuals who receive ongoing education &amp; training on current vaccination recommendations."</p> <p>Those ENs who are eligible to administer vaccinations by virtue of being trained in accordance with the Standards must also comply with the Immunisation Handbook guidelines &amp; procedures when administering</p>					<p>medications in the following circumstances: Following consultation with the RN or registered medical practitioner; &amp;/or Where the registered medical practitioner has clearly documented the frequency with which the medication may be administered &amp; the indications for the administration of the medication are clearly detailed by the medical practitioner or RN in writing in the care plan.</p> <p>Preparation or administration of intravenous medication or therapy is not within an ENs scope of practice or educational preparation. RN are accountable for the management of medication in accordance with relevant legislation, &amp; for the appropriate delegation of activities associated with this. Despite the fact that certain actions/interventions associated with this activity may be lawfully delegated, the RN retains accountability. ENs are responsible for activities delegated to them [105].</p>		



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		vaccinations.  Intravenous Therapy Ens are not authorised to administer any intravenous medications. Administration of intravenous therapy includes the titration of intravenous fluids [100].							
9.18.7	Clinical experience – hours, ratios or percentage of whole course	See 9.14.6 [1].  Some clinical placement during each semester as part of specific subjects [91].	A minimum of 1300 clinical hours  with the mandatory clinical placements, following appropriate theoretical instruction [27].  The 1300 hours was predicated on students being employed in the workforce during their education. Fewer hours may be accepted where students are not workers during their clinical experience (refer to different clinical requirements if a university wishes to embed an EN course within a BN). see 9.14.17 above.	578 hours clinical  With 498 hours practicum units & 80 clinical teaching block units [93].	Breakdown of theory & clinical hours is difficult to ascertain from the information provided on EP websites.	See 9.14.4	Minimum of 340 clinical hours  Comprising: Aged care - 80hrs (semester 2) Acute surgical placement - 80hrs (semester 3) & 40hrs community, 40hrs mental health (semester 4) [98]	See 9.18.5 & 9.18. 6 [10]  Full-time & part-time courses have other requirements.	Assessment made by Peer Review Panel.
9.18.8	Clinical experience content	See 9.14.7 [1].  Clinical experience will be provided in areas such as: Acute Care, Aged Care, Mental Health, Rehabilitation, Community Nursing, Palliative Care. Clinical placement must be undertaken in a minimum of four of the above	Clinical experience components must be integrated with theoretical components & are to be undertaken in health, aged care, disability or other appropriate facilities recognised by the Board.  The Board requires that students are supervised	See 9.14.7 [8].	See 9.14.7 [6].	See 9.14.7 [3]	See 9.14.7 [5]	Traineeship Mixed modes available See 9.18.5 & 9.18. 6 &  Where the theoretical component is completed prior to the two year 'on-the-job' the RTO must continue to monitor & oversee the clinical component of the 'on-	See 9.14.7 Comprehensive Nursing Grid [73].  There is evidence that: the range of clinical experience provided will enable the acquisition of competencies necessary to meet the role & responsibilities of an EN [7].

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		settings, with a minimum of two weeks clinical placement undertaken in both Aged Care & Acute Care [91].	<p>during all clinical experience by registered nurses or, where appropriate, registered midwives.</p> <p>The following mandatory clinical placements, following appropriate theoretical instruction, included:</p> <p>1<sup>st</sup> placement - a minimum of 3 consecutive weeks full-time clinical experience in basic nursing care which follows the initial theoretical component a minimum of two placements, in different clinical contexts, each of a minimum of 3 consecutive weeks in acute care nursing, including medical &amp;/or surgical nursing care &amp; must include observation of levels of consciousness, aseptic technique, &amp; complex wound management. experience in the care of a peri-operative patient, during which the student follows patient care, for at least one patient, through from the pre-operative to post-operative stage. a minimum of 3 consecutive weeks full-time experience in each of 2 other areas of nursing approved by the Board eg medical &amp; surgical sub-specialties, aged care nursing.</p>					<p>the-job' component;</p> <p>The Health Care Facility responsibilities are to ensure that:</p> <p>the number of trainees that a division 1 registered nurse can directly supervise on any particular shift will be commensurate with his/her work responsibilities &amp; will be no greater than two trainees per shift; employment may include afternoon shifts but it is expected that the predominant shifts will be morning, to ensure that trainees gain as much hands on experience with the appropriate level of direct supervision as possible; trainees must not be allocated night shifts or week ends on the roster [10].</p> <p>Full-time &amp; part-time courses have other requirements.</p>	

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>mental health nursing, community nursing, developmental disability nursing, rehabilitation nursing, palliative care nursing, operating room nursing, psychogeriatric nursing, maternal &amp; child health nursing &amp; paediatric nursing.</p> <p>Where an education program is developed with a significant proportion of the theoretical content being delivered on one day of each week &amp; complemented with four days of clinical experience each week, the above requirement for clinical experiences to be organised for 5 days each week for a minimum of 3 consecutive weeks may be replaced by 4 days each week for a minimum of 4 consecutive weeks for each of the required placements. Other variations will be considered by the Board [27].</p>						
9.18.9	Clinical experience is obtained in a supernumerary capacity	Yes	<p>Student ENs are expected to have employment as trainee ENs in institutions approved by the Board [27].</p> <p>Employment is a requirement of the currently approved TAFE course (supported by</p>	Not clear from documentation	It appears so from course documentation - ?	Yes	Yes	<p>Mixed modalities available – traineeships &amp; studentships [10].</p> <p>Full-time &amp; part-time courses have other requirements.</p>	Yes - [72]

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			NSW Health) & it was approved by the Board in the form it was proposed. A different provider may propose a different model and it would be assessed by the Nurses Practice Committee on the merits of the proposal in producing safe clinicians.						
9.18.10	Assessing & approving theoretical & clinical educational settings	See 9.14.9 [1].	<p>Power exists – s10(1)(g). Previously policy [27].</p> <p>Legal advice is that s 10(1)(g) applies only to the education provider (which could coincidentally be a health facility) but the power does not extend to clinical facilities. Consequently the Board no longer undertakes education inspections of clinical facilities participating in education. For the current approved courses, the Board will continue to assess &amp; approve clinical facilities based on documentation submitted by clinical facilities. This is just a transition period; as new courses are submitted, the education providers must provide information on how they select suiMap clinical facilities for student placement &amp; this information will form part of the course documentation which will require approval from the Board. An item was published in <i>nmb:update</i></p>	<p>Yes</p> <p>See 9.14.9 [8].</p>	<p>Yes</p> <p>See 9.14.9 [6].</p>	<p>Yes</p> <p>See 9.14.9 [3]</p>	<p>Yes</p> <p>See 9.14.9 [5]</p>	<p>See 9.14.9 [10]</p> <p>Full-time &amp; part-time courses have other requirements.</p>	<p>Yes</p> <p>See 9.14.9 [7].</p>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			newsletter.						
9.18.11	Clinical & theoretical teaching & supervision of students	<p>There is evidence that provision is made for staff orientation to the clinical setting in which supervision is to take place.</p> <p>There is evidence that staff development is available.</p> <p>The organisation must provide evidence that each member of the teaching staff &amp; any other person involved in the education program has qualifications appropriate to the relevant area of education.</p> <p>For client safety &amp; the acquisition of skills by students, the organisation must demonstrate evidence of an appropriate infrastructure for clinical supervision of students.</p> <p>An orientation program is provided for clinical facilitators &amp; assessors [1].</p>	<p>The disciplines &amp; practices of nursing must be developed &amp; taught by RNs.</p> <p>Where the focus of the clinical experience is nursing practice, students must be appropriately supervised by RNs, all other clinical experiences must be supervised by an appropriately qualified person.</p> <p>Persons undertaking the theoretical &amp; clinical teaching components of the course must be adequately prepared for their role &amp; context of practice with the appropriate &amp;/or special qualifications &amp; expertise.</p> <p>Processes must be in place to ensure that clinical educators facilitators have a current knowledge base &amp; are oriented to the particular curriculum.</p> <p>Processes for selecting, orienting &amp; evaluating clinical teachers must be documented</p> <p>The following information must be provided to the Board: teaching staff profiles (for nursing, midwifery &amp; allied subjects) the qualifications &amp;</p>	See 9.14.11 [8].	See 9.14.11 [6].	See 9.14.11 [3]	See 9.14.11 [5]	<p><b>Traineeship</b></p> <p>See 9.14.11 &amp; RTO must ensure: clinical supervision &amp; support for trainees is provided by an appropriately qualified division 1 registered nurse in the on-the-job component of the course - direct level of supervision by a division 1 registered nurse occurs on all shifts undertaken by trainees; the nominated division 1 clinical supervisor is registered &amp; qualified (minimal qualification of Certificate IV in Workplace Training &amp; Assessment); clinical supervisors are up to date &amp; understand the level of knowledge &amp; competency of each trainee they are supervising the facility is accredited &amp; has appropriately qualified registered nursing staff (minimum qualification for supervision Certificate IV in Workplace Training &amp; Assessment) [10].</p> <p><b>Full-time &amp; part-time courses have other requirements.</b></p>	<p>There is evidence that: participant learning is facilitated in the theoretical &amp; clinical components by sufficient numbers of staff with appropriate expertise in approved clinical settings.</p> <p>See also 9.14.11 [7].</p>

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>professional experience of persons who will develop &amp; mark/grade assessment content including assignments &amp; examinations</p> <p>criteria for selecting clinical teachers</p> <p>documentation regarding their orientation &amp; evaluation [24, 25, 27]</p> <p>No numbers specified. As students in current TAFE course are part of workforce, students are supervised by RNs in workplace. Ratio of RNs to other categories of staff is one of the factors taken into account in deciding whether a clinical placement is appropriate for student learning.</p> <p>If a course were submitted proposing students in student status, different arrangements might be warranted, similar to arrangements for supervising pre-registration students.</p> <p>Another opinion suggests: 1 clinical supervisor to 8 students is a long time benchmark - a legacy of the original design of curricula when nursing transferred across to the tertiary education sector. May be varied by a clinical</p>						

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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			<p>affiliation agreement between a university &amp; a facility or service where the facility 'buddies' students with appropriate employees of the health service, thereby enabling the university to increase the ration of up to eg 1:20.</p> <p>There are no standards for what is 'appropriate' supervision.</p>						
9.18.11	Assessment - requirements & standards	See 9.14.12 [1].	<p>It is required that students are assessed in both the theoretical &amp; clinical components of the course.</p> <p>Details must be provided of arrangements made for students to complete prescribed examinations as approved by the Board.</p> <p>Prescribed examinations must be conducted during, &amp; at the completion of, the theoretical component.</p> <p>It is required that, during the clinical components of the course, students develop &amp; demonstrate the competencies approved by the Board, &amp; are assessed by registered nurses [27].</p>	See 9.14.12 [8].	See 9.14.12 [6].	See 9.14.12 [3]	See 9.14.12 [5]	See 9.14.12 [10]	<p>There is evidence of adequate competency based assessment by nurses with appropriate assessment expertise.</p> <p>See also 9.14.12 [7]</p>
9.18.13	Bridging courses for ENs	Credit Transfer: Arrangements are currently under negotiation for credit into: <i>University of Canberra</i> - Bachelor of Nursing	The Board recognises that universities may choose to modify courses to make provision for the prior learning with which enrolled nurses enter a	Completion of Certificate IV in Community Services (Enrolled Nursing) will credit students with 80 points towards a Bachelor of	Articulation with pre-registration courses for nurses is outlined on a number of the websites for organisations offering pre-enrolment courses	Available through recognition of prior learning to Bachelor of Nursing. Students apply individually.	Medication endorsed ENS with current practicing certificate gain credit for Y1 of Bachelor of Nursing Program (pre-registration) – RPL	A number of the Bachelor in Nursing Programs accredited by the Board are specifically geared to Division 2 registered nurse entry :	There is evidence that the School of Nursing has policies relating to: Articulation with other nursing & non-nursing courses/qualifications.

Map 9 – Setting & Reviewing Educational Standards									
No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
		University of Wollongong - Bachelor of Nursing [91].	<p>pre-registration course. Alternatively special bridging courses may be developed for the purpose of permitting enrolled nurses to enter directly into an advanced stage (eg second year) of a pre-registration course.</p> <p>All proposed variations or streams of study must be submitted to the Board for consideration. To ensure that the structure &amp; integrity of the pre-registration course is maintained, variations proposed following approval of a course must also be submitted to the Board. The documentation to be submitted must include: criteria to be eligible for advanced standing the mode in which the course will be delivered ie distance learning, on-campus attendance or a combination curriculum for the bridging course including subject outlines &amp; assessment plans together with a rationale for the inclusion of these specific subjects for the cohort of students in the bridging course documentation to indicate the relationship of units/ subjects in the bridging course to the units /subjects for which credit /advanced standing will be granted</p>	Nursing (Pre-Registration) [93].	eg South Bank Institute lists articulation with Bachelor of Nursing (Pre-Registration) programs at Griffith University, QUT, Australian Catholic University, University of Southern Queensland & a Bachelor of Nursing Science at James Cook University [94].		process currently under review.	Charles Sturt La Trobe x 5 campuses Victoria University [35].	Several of the EPs have conversion courses for ENs to attain a Bachelor of Nursing or equivalent [38].



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No	Key Elements	ACT ✓	NSW ✓	NT ✓	QLD ✓	SA ✓	TAS ✓	VIC ✓	WA ✓
			an indication of the mechanism by which the student will meet the clinical requirements for which advanced standing will be granted a summary grid for the entire course indicating how the bridging course students meet the approved competencies of a registered nurse [24].						
9.18.14	Recognition of prior learning	Considered on a case-by-case only.	?	See 9.14.14 [8].	See 9.14.14 [6].	?	See 9.14.14 [5] & TAFE Tasmania & NGT Tasmania: recognition of previous VET in Schools, work or study experience is a policy [97]	See 9.14.14 [10]	Not seen as a Board issue, rather one for the education provider.
9.18.15	Modalities for delivery of programs	Internal course only	In the past, course has been workplace based & has been modeled on full-time attendance. However part-time may be approved for much (but not all) course. If a course is submitted with students not part of workforce, then much more flexibility in delivery may be possible – yet to develop.	?	A range of full time, part time & external modalities are offered by EPs for pre-enrolment programs.	A range of full time, part time & external modalities are offered by EPs for pre-enrolment programs.	A range of full time, part time & external modalities are offered by EPs for pre-enrolment programs.	A range of full time, part time & external modalities are offered by EPs for pre-registration as Division 1 nurses [35]	A range of full time, part time & external modalities are offered by EPs for pre-registration for ENs programs.
9.18.16	Evaluation requirements for educational programs	See 9.14.16 [1].	No specified requirement, however course evaluation usually informs curriculum revision and re-approval.	See 9.14.16 [8].	See 9.14.16 [6].	See 9.14.16 [3]	See 9.14.16 [5]	See 9.14.16 [10]	There is evidence of ongoing and periodic course development and curriculum review.  Also see 9.14.16 [38].
9.18.17	Specific requirements of the head of nursing or midwifery program in an EP	Yes  See 9.14.18 [1]	Yes  An RN with appropriate post-registrations qualification(s) directs the approved education program for ENs at all times [67].	Yes  See 9.14.18 [8]	?	Yes  See 9.14.18 [3]	Yes  See 9.14.18 [5].	Yes  See 9.14.18 [10]	Yes  see 9.14.18 [7]

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