

Fact sheet

Scope of practice and capabilities of nurses

Updated May 2024



Introduction

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

Under the National Law, nursing and midwifery are recognised as two separate professions and there are two divisions of nursing, registered nurse and enrolled nurse. In addition to registered nurses, enrolled nurses and midwives, there are also nurse practitioners. Each of these titles are protected under the National Law with each having different education, knowledge, skills and standards for practice and different responsibilities and activities.

This guidance on the scope of practice and capabilities of nurses provides a high-level collective synopsis of the NMBA's registration standards, standards for practice, codes and guidelines. It has been developed as guidance for stakeholders such as employers, private and public health services, and other health practitioners, on the varying roles and scope of practice of registered nurses, enrolled nurses and nurse practitioners. Employers can use the information as a starting point, when determining which practitioner best suits the needs and requirements of their health service. It can also provide clarity and guidance to the public when receiving care and treatment from a nurse.

The information in the following tables clarifies the educational outcomes, provides examples of core activities and fundamental differences between each NMBA health practitioner category. While the tables provide examples of some core activities that nurses carry out in practice, throughout their careers nurses continue to develop their knowledge and skills and expand their scope of practice.

For information about the education pathways and core activities of midwives and endorsed midwives, please refer to the NMBA's [Fact sheet: Scope of practice and capabilities of midwives](#).

[For information on Australian Qualifications Framework \(AQF\)](#) please refer to the AQF website.



Nursing education pathways and outcomes

Qualifications

Under the National Law there are specific titles which are referred to as 'protected titles'. Registered nurse (RN), nurse practitioner (NP) and enrolled nurse (EN) are all protected titles. This means that only those registered or endorsed with the NMBA can use these titles in Australia.

The following qualifications and outcomes are necessary for registration/endorsement with the NMBA

	Enrolled nurse (EN)	Registered nurse (RN)	Nurse practitioner (NP)
Qualification/ program of study (NMBA approved)	Diploma of nursing (AQF 5)¹ <i>Study duration:</i> Minimum 18 months within the vocational education training (VET) sector, delivered by Registered Training Organisations (RTO).	Bachelor of nursing (AQF 7)¹ <i>Study duration:</i> Three years full time (or equivalent), tertiary education (university) or Master's degree (AQF 9)¹ <i>Study duration:</i> Two years or equivalent. Graduates commonly complete a supported transition to practice program, though this is not mandatory.	Holds registration as an RN and has 5,000 hours of advanced practice (as defined by the NMBA). Plus , completion of a Master of Nurse Practitioner (AQF 9)¹ <i>Study duration:</i> minimum 18 months, tertiary education.
Clinical placement hours/setting	Students complete a minimum of 400 hours of clinical placement in a variety of settings.	Students complete a minimum of 800 hours of clinical placement in a variety of settings.	Students complete a minimum of 300 hours of supernumerary clinical practice.
Educational outcomes	ENs graduate from a competency-based education framework with essential knowledge to manage and complete nursing care under the supervision of an RN, NP or midwife. The supervision can be direct or indirect. ² ENs are educated with the essential knowledge required to effectively provide nursing care that is person-centred, informed by evidence, complete delegated care, manage tasks and manage contingencies in the context of the role. ENs recognise normal and changing health conditions of people in their care.	RNs graduate as generalists with a person-centred approach to practice and an integrated theoretical and practice-based knowledge of care across the lifespan and across all body systems. RN practice is person-centred and evidence-based During their education RNs develop critical thinking skills that are transferable across the many contexts where RNs work. RNs have an in-depth scientific knowledge that includes the administration, supply and quality use of medicine. RNs have foundational skills in communication, relationships and management.	NPs graduate with advanced health assessment skills and diagnostics skills, with a person-centred approach underpinned by clinical research and practice improvement methods. NPs are educated and authorised to diagnose, prescribe scheduled medicines and order diagnostic investigations. NPs have advanced skills in communication, research, leadership and clinical practice.

¹ [Australian Qualifications Framework](#) (AQF) is the national policy for regulated qualifications in Australian education and training.

² www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurse-standards-for-practice

Scope of practice

While the foundational education of RNs, ENs and NPs in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practise. This includes the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider. As the nurse gains new skills and knowledge, their individual scope of practice changes.

Sometimes a registered practitioner has a type of registration or conditions that limit what they can do. The NMBA publishes a list of nurses who are registered to practise in Australia. The list is called the '[Register of practitioners](https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx)'.¹ When a nurse's name appears on the list, you know that they are registered and whether they have any restrictions or conditions associated with their registration.

¹ <https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>

	Enrolled nurse (EN)	Registered nurse (RN)	Nurse practitioner (NP)
What do nurses do?	ENs provide nursing care as part of a team, contribute to the development of plans of care while working under the supervision of an RN or NP. ENs have the knowledge and skills to gather and interpret data using observation, interview, physical examination and measurement. ENs are accountable in providing care that has been delegated to them by an RN or NP, according to the health needs of the person, and that is within their competence. ENs work as part of a multi-disciplinary team and collaborate with other healthcare workers. Examples of core EN activities include: • providing personal care and hygiene needs such as showering, dressing and assisting with meals. • recording and interpreting clinical observations including • temperature, pulse and blood pressure • urinalysis • blood glucose and other tests used in specific areas of practice • recognising and communicating changes in the person's condition to the RN and, with the RN, formulate the next steps of care	RNs are accountable for the management of people in their care. They conduct comprehensive assessments, develop care plans and coordinate other health workers and resources to provide nursing care. RNs apply critical thinking and analyse nursing practice, providing safe, appropriate and responsive quality nursing practice. RNs provide information and education to enable people to make decisions and take action in relation to their health and well-being. RNs supervise, and when appropriate, delegate care to ENs, student nurses and other healthcare workers. Examples of core RN activities include: • responsibility for the assessment, planning and delivery of care to people who have acute and/or chronic physical and mental health issues • developing, reviewing and maintaining nursing care plans and other health records • the ongoing monitoring and evaluation of the nursing care provided and identification where care may need to be escalated or altered due to the changing health of the person • performing treatments, commencing administering and monitoring medication and IV therapy • interpreting diagnostic test results and reports	NP practice is primarily a clinical role. NPs integrate theoretical and advanced practice knowledge to apply to diagnostic reasoning to formulate diagnoses. NPs have authority to practise independently and collaboratively in multi-disciplinary teams, at an advanced practice level. NPs supervise ENs, nursing and NP students and other healthcare workers. Depending on the individual scope of practice, the NP may have the ability and authority to work at an extended or specialist level. This includes providing or assisting with medical or surgical procedures, or advanced care in range of specialist and/or generalist clinical areas. Examples of core NP activities include many registered nursing activities, and in addition: • advanced health assessment that includes ordering and interpreting diagnostic tests (pathology and medical imaging) • diagnosing and treating acute and/or chronic physical and mental health conditions • independent prescribing of scheduled pharmacological and non- pharmacological interventions • independent referral to general practitioners, medical specialists and allied health practitioners

	Enrolled nurse (EN)	Registered nurse (RN)	Nurse practitioner (NP)
What do nurses do?	• providing basic care for those with acute and chronic physical and mental health needs • providing basic wound care in line with an agreed plan of care • administering and monitoring medicines and intravenous therapy • supporting basic nutrition advice and education responding to people's health and care needs.	• educating people about treatment plans, their follow up care, and any referrals to specialist services that have been made • providing emotional and psychological support to people and their families • supervising nursing students • participating in medical or surgical procedures as part of a multi-disciplinary team (for example in surgical wards and operating theatres) • working with a nursing focus with other healthcare providers.	• independent referral to general practitioners, medical specialists and allied health practitioners • establishing healthcare delivery • a strategic role to improve, manage or prevent health issues • support meeting the need of community health using contemporary research to provide evidence-based care • policy development initiation and quality improvement activities.

Document history

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Policy history: Is this a new policy? **N**
Does this policy amend or update an existing policy? **Y**
If so which version? **V2.0**
Does this policy replace another policy with a different title? **Fact sheet: Scope of practice and capabilities of nurses and midwives**

Approval date	Version	Reason for change
September 2022	v1.0	Published
November 2023	v2.0	Separated the nursing and midwifery professions into two documents.
May 2024	v2.1	Remove of word 'clinical' in description of nurse practitioner qualification to align with NMBA definition of 'advanced practice'.