

FAIR WORK COMMISSION

Matter No: AM2024/11

Application by Australian Nursing and Midwifery Federation

**TENDER BUNDLE
IN MATTER AM2024/11**

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Nursing and Midwifery Board of Australia

ENROLLED NURSE STANDARDS FOR PRACTICE

1 January 2016

ENROLLED NURSES STANDARDS FOR PRACTICE

Introduction

The *Enrolled nurse standards for practice* are the core practice standards that provide the framework for assessing enrolled nurse (EN) practice. They communicate to the general public the standards that can be expected from ENs and can be used in a number of ways including:

- development of nursing curricula by education providers,
- assessment of students and new graduates,
- to assess nurses educated overseas seeking to work in Australia, and
- to assess ENs returning to work after breaks in service.

In addition, they may also be used by the Nursing and Midwifery Board of Australia (NMBA) and relevant tribunals or courts to assess professional conduct or matters relating to notifications.

The *Enrolled nurse standards for practice* replace the *National competency standards for the enrolled nurse* (2002).

These contemporary standards reflect the role of the EN within the health environment. The standards for practice remain broad and principle-based so that they are sufficiently dynamic for practising nurses to use as a benchmark to assess competence to practise in a range of settings.

The EN works with the registered nurse (RN) as part of the health care team and demonstrates competence in the provision of person-centred care. Core practice generally requires the EN to work under the direct or indirect supervision of the RN. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care. The need for the EN to have a named and accessible RN at all times and in all contexts of care for support and guidance is critical to patient safety.

Although the scope of practice for each EN will vary according to context and education, the EN has a responsibility for ongoing self and professional development to maintain their knowledge base through life-long learning, and continue to demonstrate the types of core nursing activities that an EN would be expected to undertake on entry to practice. Therefore the core standards in this document are the *minimum*

standards that are applicable across diverse practice settings and health care populations for both beginning and experienced ENs. They are based on the Diploma of Nursing being the education standard.

ENs engage in analytical thinking; use information and/or evidence; and skilfully and empathetically communicate with all involved in the provision of care, including the person receiving care and their family and community, and health professional colleagues.

The EN standards are clinically focused and they reflect the EN's capability to:

- provide direct and indirect care;
- engage in reflective and analytical practice; and
- demonstrate professional and collaborative practice. ENs, where appropriate, educate and support other (unregulated) health care workers (however titled) related to the provision of care.

ENs collaborate and consult with health care recipients, their families and community as well as RNs and other health professionals, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care. They are responsible for the delegated care they provide and self-monitor their work.

How to use these standards

The EN standards for practice are intended to be easily accessible to a variety of groups, including ENs, governments, regulatory agencies, educators, health care professionals and the community. It should be noted that the 'indicators' (refer to glossary) written below the statements are indicative of EN behaviours, they are not intended to be exhaustive. Rather, they are examples of activities that demonstrate the specific standard.

The standards should be read in conjunction with the following relevant documentation, including, but not limited to:

- [Decision-Making Framework \(NMBA 2013\)](#),
- [Nursing practice decisions summary guide \(NMBA 2010\)](#),

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- [Nursing practice decision flowchart \(NMBA 2013\)](#), and
- [Code of conduct for nurses \(NMBA 2017\)](#).

They should also be read in conjunction with the attached glossary, which describes the way in which key terms are used in the standards.

There are three domains, namely:

- professional and collaborative practice,
- provision of care, and
- reflective and analytical practice.

The indicators are expressed through knowledge (capabilities)¹, skills², and attitudes³ inherent within these clinically focused domains. All are variable according to the context of practice.

Domains

Professional and collaborative practice

The professional and collaborative practice domain relates to the legal, ethical and professional foundations from which all competent ENs respond to their environment. The domain reflects the responsibilities of the EN to maintain currency and to demonstrate best practice. The standards are:

- functions in accordance with the law, policies and procedures affecting EN practice,
- practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld, and
- accepts accountability and responsibility for own actions.

Provision of care

The provision of care domain relates to the intrinsic care of individuals or groups entrusted to the EN. It encompasses all aspects of care from assessment to engaging in care, and includes health education and evaluation of outcomes. The standards are:

- interprets information from a range of sources in order to contribute to planning appropriate care,
- collaborates with the RN, the person receiving care and the healthcare team when developing plans of care,
- provides skilled and timely care to people receiving care and others whilst promoting their independence and involvement in care decision-making, and
- communicates and uses documentation to inform and report care.

Reflective and analytical practice

The reflective and analytical practice domain relates to the ability of the EN to reflect on evidence-based practice and ensure currency of essential knowledge and skills, to care for the personal, physical and psychological needs of themselves and others. The standards are:

- provides nursing care that is informed by research evidence,
- practises within safety and quality improvement guidelines and standards, and
- engages in ongoing development of self as a professional.

¹ *Knowledge (capabilities)* refers to information and the understanding of that information to guide practice.

² *Skills* refers to technical procedures and competencies

³ *Attitudes* refers to ways for thinking and behaving

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Professional and collaborative practice

Standard 1: Functions in accordance with the law, policies and procedures affecting EN practice

Indicators:

- 1.1 Demonstrates knowledge and understanding of commonwealth, state and /or territory legislation and common law pertinent to nursing practice.
- 1.2 Fulfils the duty of care in the undertaking of EN practice.
- 1.3 Demonstrates knowledge of and implications for the NMBA standards, codes and guidelines, workplace policies and procedural guidelines applicable to enrolled nursing practice.
- 1.4 Provides nursing care according to the agreed plan of care, professional standards, workplace policies and procedural guidelines.
- 1.5 Identifies and clarifies EN responsibilities for aspects of delegated care working in collaboration with the RN and multidisciplinary health care team.
- 1.6 Recognises own limitations in practice and competence and seeks guidance from the RN and help as necessary.
- 1.7 Refrains from undertaking activities where competence has not been demonstrated and appropriate education, training and experience has not been undertaken.
- 1.8 Acts to ensure safe outcomes for others by recognising the need to protect people and reporting the risk of potential for harm.
- 1.9 When incidents of unsafe practice occur, reports immediately to the RN and other persons in authority and, where appropriate, explores ways to prevent recurrence.
- 1.10 Liaises and negotiates with the RN and other appropriate personnel to ensure that needs and rights of people in receipt of care are addressed and upheld.

Standard 2: Practises nursing in a way that ensures the rights, confidentiality, dignity and respect of people are upheld.

Indicators:

- 2.1 Places the people receiving care at the centre of care and supports them to make informed choices.
- 2.2 Practises in accordance with the NMBA standards codes and guidelines.
- 2.3 Demonstrates respect for others to whom care is provided regardless of ethnicity, culture, religion, age, gender, sexual preference, physical or mental state, differing values and beliefs.
- 2.4 Practises culturally safe care for (i) Aboriginal and Torres Strait Islander peoples; and (ii) people from all other cultures.
- 2.5 Forms therapeutic relationships with people receiving care and others recognising professional boundaries.
- 2.6 Maintains equitable care when addressing people's differing values and beliefs.
- 2.7 Ensures privacy, dignity and confidentiality when providing care.
- 2.8 Clarifies with the RN and relevant members of the multi-disciplinary healthcare team when interventions or treatments appear unclear or inappropriate.
- 2.9 Reports incidents of unethical behaviour immediately to the person in authority and, where appropriate, explores ways to prevent recurrence.
- 2.10 Acknowledges and accommodates, wherever possible, preferences of people receiving nursing care.

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Standard 3: Accepts accountability and responsibility for own actions.

Indicators:

- 3.1 Practises within the EN scope of practice relevant to the context of practice, legislation, own educational preparation and experience.
- 3.2 Demonstrates responsibility and accountability for nursing care provided,
- 3.3 Recognises the RN⁴ as the person responsible to assist EN decision-making and provision of nursing care.
- 3.4 Collaborates with the RN to ensure delegated responsibilities are commensurate with own scope of practice.
- 3.5 Clarifies own role and responsibilities with supervising RN in the context of the healthcare setting within which they practice.
- 3.6 Consults with the RN and other members of the multidisciplinary healthcare team to facilitate the provision of accurate information, and enable informed decisions by others.
- 3.7 Provides care within scope of practice as part of multidisciplinary healthcare team, and with supervision of a RN.
- 3.8 Provides support and supervision to assistants in nursing (however titled) and to others providing care, such as EN students, to ensure care is provided as outlined within the plan of care and according to institutional policies, protocols and guidelines.
- 3.9 Promotes the safety of self and others in all aspects of nursing practice.

⁴ Where an enrolled nurse is working in maternity services setting it is expected that they will be supervised by a midwife.

Provision of care

Standard 4: Interprets information from a range of sources in order to contribute to planning appropriate care

Indicators:

- 4.1 Uses a range of skills and data gathering techniques including observation, interview, physical examination and measurement.
- 4.2 Accurately collects, interprets, utilises, monitors and reports information regarding the health and functional status of people receiving care to achieve identified health and care outcomes.
- 4.3 Develops, monitors and maintains a plan of care in collaboration with the RN, multidisciplinary team and others.
- 4.4 Uses health care technology appropriately according to workplace guidelines.

Standard 5: Collaborates with the RN, the person receiving care and the healthcare team when developing plans of care

Indicators:

- 5.1 Develops and promotes positive professional working relationships with members of the multi-disciplinary team.
- 5.2 Collaborates with members of the multi-disciplinary healthcare team in the provision of nursing care.
- 5.3 Contributes to the development of care plans in conjunction with the multidisciplinary healthcare team, the person receiving care and appropriate others⁵.
- 5.4 Manages and prioritises workload in accordance with people's care plans.
- 5.5 Clarifies orders for nursing care with the RN when unclear.
- 5.6 Contributes to and collaborates in decision-making through participation in multidisciplinary healthcare team meetings and case conferences.

⁵ Appropriate others include those in direct association with the person receiving care (with his/her consent) such as family, unpaid and paid carers, volunteers and clergy.

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Standard 6: Provides skilled and timely care to people whilst promoting their independence and involvement in care decision-making

Indicators:

- 6.1 Provides care to people who are unable to meet their own physical and/or mental health needs.
- 6.2 Participates with the RN in evaluation of the person's progress toward expected outcomes and the reformulation of plans of care.
- 6.3 Promotes active engagement and the independence of people receiving care within the health care setting by involving them as active participants in care, where appropriate.
- 6.4 Demonstrates currency and competency in the safe use of healthcare technology.
- 6.5 Exercises time management and workload prioritisation.
- 6.6 Recognises when the physical or mental health of a person receiving care is deteriorating, reports, documents and seeks appropriate assistance.

Standard 7: Communicates and uses documentation to inform and report care

Indicators:

- 7.1 Collects data, reviews and documents the health and functional status of the person receiving care accurately and clearly.
- 7.2 Interprets and reports the health and functional status of people receiving care to the RN and appropriate members of the multidisciplinary healthcare team as soon as practicable.
- 7.3 Uses a variety of communication methods to engage appropriately with others and documents accordingly.
- 7.4 Prepares and delivers written and verbal care reports such as clinical handover, as a part of the multidisciplinary healthcare team.
- 7.5 Provides accurate and appropriate information to enable informed decision making by others.

Reflective and analytical practice

Standard 8: Provides nursing care that is informed by research evidence

Indicators:

- 8.1 Refers to the RN to guide decision-making.
- 8.2 Seeks additional knowledge/information when presented with unfamiliar situations.
- 8.3 Incorporates evidence for best practice as guided by the RN or other appropriate health professionals.
- 8.4 Uses problem-solving incorporating logic, analysis and a sound argument when planning and providing care.
- 8.5 Demonstrates analytical skills through accessing and evaluating healthcare information and quality improvement activities.
- 8.6 Consults with the RN and other relevant health professionals and resources to improve current practice.

Standard 9: Practises within safety and quality improvement guidelines and standards

Indicators:

- 9.1 Participates in quality improvement programs and accreditation standards activities as relevant to the context of practice.
- 9.2 Within the multi-disciplinary team, contributes and consults in analysing risk and implementing strategies to minimise risk.
- 9.3 Reports and documents safety breaches and hazards according to legislative requirements and institutional policies and procedures.
- 9.4 Practises safely within legislative requirements, safety policies, protocols and guidelines.

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Standard 10: Engages in ongoing development of self as a professional

Indicators:

- 10.1 Uses EN standards for practice to assess own performance,
- 10.2 Recognises the need for, and participates in, continuing professional and skills development in accordance with the NMBA's Continuing professional development registration standard.
- 10.3 Identifies learning needs through critical reflection and consideration of evidence-based practice in consultation with the RNs and the multidisciplinary healthcare team.
- 10.4 Contributes to and supports the professional development of others.
- 10.5 Uses professional supports and resources such as clinical supervision that facilitate professional development and personal wellbeing.
- 10.6 Promotes a positive professional image.

Glossary

Accountability/accountable: Nurses and midwives must be prepared to answer to others, such as people in receipt of healthcare, their nursing and midwifery regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The RN or midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation. However, they are not accountable for the performance of the delegated activity.

Best practice: A technique, method, process, activity or incentive which has been proven by evidence to be most effective in providing a certain outcome.

Core practice: The day-to-day or regular activities or policies of a health service provider that fundamentally guide the service as a whole.

Decision-making framework: The NMBA expects all nurses and midwives to practise within the relevant standards for practice and decision-making frameworks.

Delegation/delegate: A delegation relationship exists when one member of the health care team delegates aspects of care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet people's needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a person. The delegator retains accountability for the decision to delegate and for monitoring outcomes.

Duty of care/standard of care: A responsibility or relationship recognised in law. For example, it may exist between health professionals and their clients. Associated with this duty is an expectation that the health professional will behave or act in a particular way. This is called the standard of care, which requires that a person act toward others and the public with watchfulness, attention, caution and the prudence that would be made by a reasonable person in those circumstances. If a person's actions do not meet this standard of care, whereby they fall below the acceptable standards, any damages resulting may be pursued in a lawsuit for negligence.

Enrolled nurse (EN; Division 2): A person with appropriate educational preparation and competence for practice, who is registered under the Health Practitioner Regulation National Law.

Evidence-based practice: Assessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings and the individuality of situations and personal preferences as the basis for practice decisions.

Indicators: Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development.

Midwife/midwifery practice: A midwife is a person with appropriate educational preparation and competence for practice who is registered by the NMBA. This term includes endorsed midwives for the purposes of this document.

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The NMBA has endorsed the ICM definition of a midwife (that includes the statement below on scope of practice) and applied it to the Australian context.

The International Confederation of Midwives (ICM) defines a midwife as follows:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located and that is based on the ICM essential competencies for basic midwifery practice and the framework of the ICM global standards for midwifery education; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of practice⁶

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units (ICM international definition of the midwife 2012). www.internationalmidwives.org

Nursing and Midwifery Board of Australia (NMBA): The national body responsible for the regulation of nurses and midwives in Australia.

Person/people: Refers to those individuals who have entered into a relationship with an enrolled nurse.

Person/people encompass patients, clients, consumers and families that fall within the EN scope and context of practice.

Person-centred practice: A collaborative and respectful partnership built on mutual trust and understanding. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural and religious diversity.

Plan of care: Outlines the care to be provided to an individual/family/community and includes the nursing component. It is a set of actions the nurse will implement to resolve/support nursing diagnoses identified by nursing assessment. The creation of the plan is an intermediate stage of the nursing process. It guides in the ongoing provision of nursing care and assists in the evaluation of that care.

Professional boundaries: Refers to the clear separation that should exist between professional conduct aimed at meeting the health needs of people, and behaviour which serves a nurse's own personal views, feelings and relationships that are not relevant to the professional relationship.

Quality: Refers to characteristics and grades with respect to excellence.

Refer/referral: Referral is the transfer of primary health care responsibility to another qualified health service provider/health professional. However, the nurse or midwife referring the person for care by another professional or service may need to continue to provide their professional services collaboratively in this period.

Registered nurse (RN; Division 1): A person who has completed the prescribed educational preparation, demonstrated competence to practise, and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia. For the purposes of this document the term also includes nurse practitioners.

⁶ Scope of practice forms a part of the ICM definition of a midwife.

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Risk assessment/risk management: An effective risk management system is one incorporating strategies to:

- identify risks/hazards,
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur, and
- prevent the occurrence of the risks, or minimise their impact.

Scope of practice: Is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice of individual practitioners is influenced by the settings in which they practise, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.

Standards for practice: Set the expectations of enrolled nurse practice. They inform the education standards for enrolled nurses; the regulation of nurses and determination of nurses' fitness for practice; and guide consumers, employers and other stakeholders on what to reasonably expect from an enrolled nurse regardless of the area of nursing practice or years of nursing experience. They replace the previous *National competency standards for the enrolled nurse*.

Supervision/supervise: Supervision can be either direct or indirect:

- **Direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
- **Indirect supervision** is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.

For the purpose of this document, supervision is defined as access, in all contexts of care, at all times, either directly or indirectly to professional supervision to a named and accessible RN for support and guidance of the practice of an EN.

"Tab-2"



**Nursing and
Midwifery Board
Ahpra**

Nursing and Midwifery Board of Australia

Nurse practitioner standards for practice

Effective from: 1 March 2021

Orientating statements

Nurse practitioners (NPs) provide high levels of clinically focused, autonomous nursing care in a variety of contexts within Australia. NPs care for people and communities with problems of varying complexity.

The NP scope of practice is built on the platform of the registered nurse (RN) scope of practice and must meet the regulatory and professional requirements for Australia including the Nursing and Midwifery Board of Australia (NMBA) [Registered nurse standards for practice](#), [Safety and quality guidelines for nurse practitioners](#), [Code of conduct for nurses](#) and International Council of Nurses' [Code of ethics for nurses](#).

The *Nurse practitioner standards for practice* (the standards) build on, and expand upon, those required of an RN. NPs understand the changes in the scope of practice from that of an RN, and the ways that these changes affect responsibilities and accountabilities. NPs are RNs endorsed as an NP by the NMBA and practice at an advanced level. NPs can practice independently and work collaboratively in multi-professional environments.

The standards in this document are the minimum standards that are applicable across diverse practice settings and patient/client populations for both beginning and experienced NPs.

NP attributes are consciously cultivated through formal learning that includes a work-based component. In Australia, the educational requirement for endorsement of NPs is a Master's degree. This formal learning builds on demonstrable advanced practice within the RN scope.

NPs have a high degree of systems literacy and can independently manage care across a variety of health systems to maximise outcomes. NPs engage in support of systems; complex and critical thinking; integrate information and/or evidence; judiciously use clinical investigations; and skilfully and empathetically communicate with all involved in the care episode, including the person receiving care and their family and community, and health professional colleagues.

NP attributes are clinically focused, and NPs are capable in research, education and leadership as applied to clinical care (Refer [Figure 1](#)). Research includes leading processes that stimulates improved or new evidence-based care and quality management. NPs educate others related to the focus of, and available options, of care. NPs are leaders and lead care and care teams. NPs engage in reflective practice and support others in this process through clinical supervision or mentoring.

NPs can manage and are accountable for, complete episodes of care including wellness focused care, as the primary provider of care or part of a care team. NPs collaborate and consult with health consumers, their families and community, and other professionals, including health personnel, to plan, implement and evaluate integrated care that optimises outcomes for recipients, their progression through the health system and access to relevant systems of care.

As part of providing care, NPs can independently request and interpret any diagnostic and/or screening investigations within their scope of practice to facilitate diagnosis and/or screening processes. This informs diagnosis and care planning. Care can include nursing interventions that involve initiation, titration or cessation of any medicines in their scope. NPs practice encompasses technical and procedural skills that are applied as part of their responsibility in initiating and managing complex healthcare requirements. NPs take responsibility for following-up on any components of care initiated. They are accountable for care provided and self-monitor their work.

How to use these standards

The standards have been written so as to be easily accessible to a variety of groups, including NPs, governments, regulatory agencies, education providers, healthcare professionals and the community. It should be noted that the criteria written below the Statements are indicative of NP behaviours, they are not intended to be exhaustive. Rather, they are examples of activities that demonstrate the statement for that standard.

These standards should be read in conjunction with other relevant NMBA documentation, and in conjunction with the attached [Glossary](#), which clearly describes the way in which key terms are used in the standards.

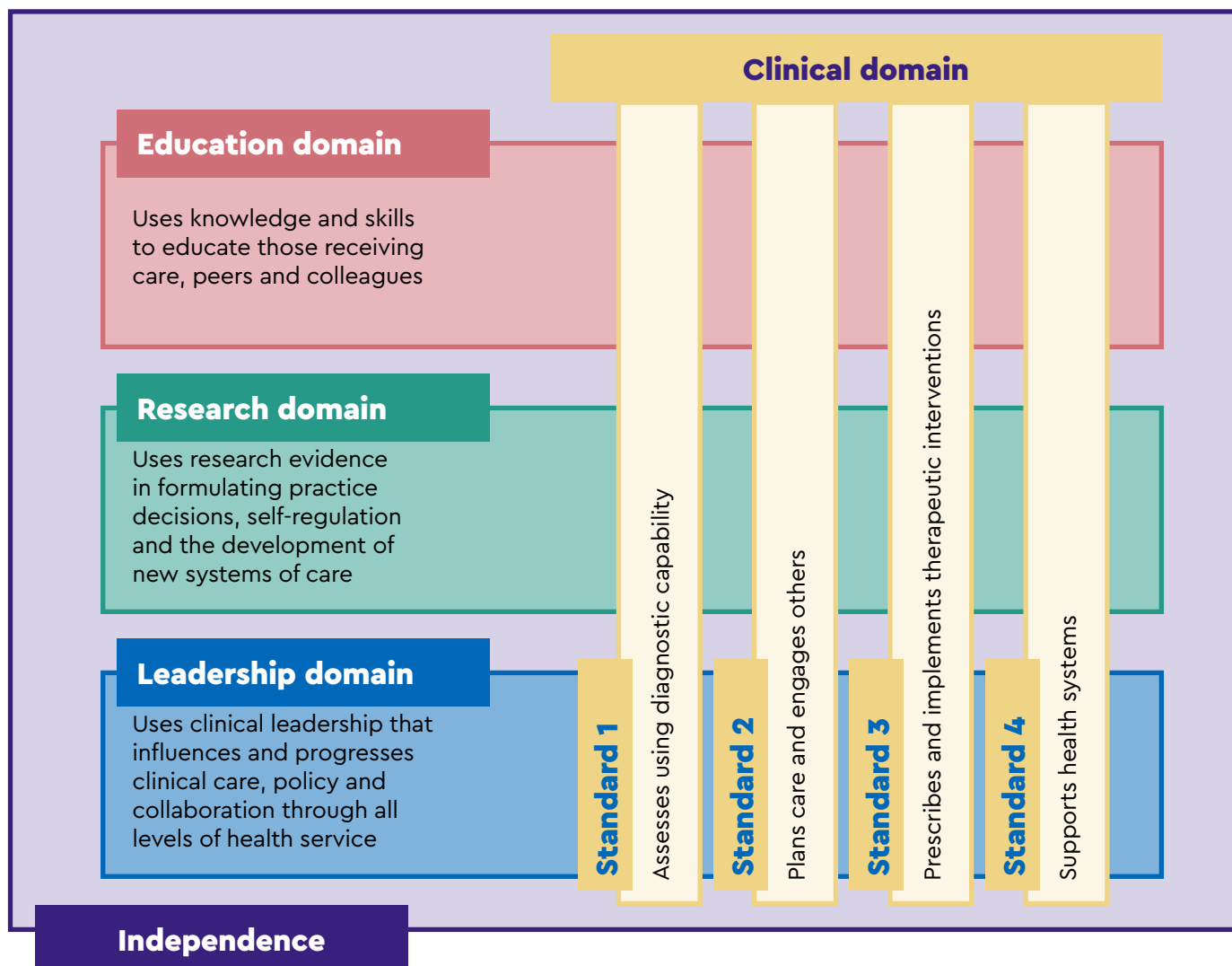
In [Figure 1](#), the Nurse practitioner standards framework is illustrated. The four domains are:

- clinical
- education
- research, and
- leadership.

The expression of the knowledge and skills contained in the education, research and leadership domains is integrated across the four clinically focused standards.

Collectively, these attributes expressed in NPs' knowledge, skills and affect, are applied in the education domain through educating those receiving care, peers and colleagues. The use of knowledge in the research domain is evidenced through the judicious application of research evidence in formulating practice decisions, self-regulation and the improvement to and development of new systems of care. The domain of leadership, initially evident in clinical work, increases in capacity to all levels of health services and includes community and political engagement.

Figure 1: Nurse practitioner standards framework



Nurse practitioner standards

Standard 1: Assesses using diagnostic capability

Statement 1.1 NPs demonstrate complex and critical thinking to conduct comprehensive, relevant and holistic health assessments

The NP:

- 1.1.1 demonstrates extensive knowledge of human sciences and health assessment
- 1.1.2 demonstrates comprehensive and systematic skill in obtaining relevant, appropriate and accurate data that inform differential diagnoses
- 1.1.3 assesses the complex and/or unstable healthcare needs of the person receiving care through synthesis and prioritisation of historical and available data
- 1.1.4 assesses the impact of comorbidities, including the effects of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care
- 1.1.5 demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions
- 1.1.6 consistently and accurately synthesises and interprets assessment information specifically history, including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health, and
- 1.1.7 critically evaluates the impact of social determinants of health on both the individual person and the population.

Statement 1.2: NPs demonstrate accountability in the timely and considered use of diagnostic investigations to inform clinical decision making

The NP:

- 1.2.1 makes decisions about the use of person-focused diagnostic investigations that are informed by clinical findings and research evidence
- 1.2.2 demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the person receiving care when requesting diagnostic investigations
- 1.2.3 requests and/or performs selected screening and diagnostic investigations
- 1.2.4 is responsible and accountable for the interpretation of results and for following-up the appropriate course of action, and
- 1.2.5 uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses.

Statement 1.3: NPs integrate theoretical and practical knowledge to apply diagnostic reasoning to formulate diagnoses

The NP:

- 1.3.1 synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis
- 1.3.2 considers the person's expectations of assessment, diagnosis and cost of healthcare
- 1.3.3 acts to prevent and/or diagnose urgent, emergent and life-threatening situations, and
- 1.3.4 determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person's history and best available evidence.

Standard 2: Plans care and engages others

Statement 2.1: NPs critically and ethically translate and integrate evidence-based knowledge into planning care

The NP:

- 2.1.1 takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about healthcare management and interventions
- 2.1.2 ethically explores therapeutic options considering implications for care through the integration of assessment information, the person's informed decision and best available evidence, and
- 2.1.3 is proactive and analytical in acquiring new knowledge related to NP practice

Statement 2.2: NPs educate and support others to enable their active participation in care

The NP:

- 2.2.1 respects the rights of the person to make informed decisions throughout their health/illness experience or episode, whilst ensuring access to accurate and appropriately interpreted information
- 2.2.2 uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed
- 2.2.3 communicates about health assessment findings and/or diagnoses, including outcomes and prognosis, and
- 2.2.4 works to meet identified needs for educating others regarding clinical and ongoing care.

Statement 2.3: NPs consider quality use of medicines and therapeutic interventions using their comprehensive knowledge when planning care

The NP:

- 2.3.1 develops an individual plan of care and communicates this to appropriate members of the healthcare team and relevant agencies
- 2.3.2 exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to NP scope of practice
- 2.3.3 works in partnership with the person receiving care to determine therapeutic goals and options
- 2.3.4 verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions, and
- 2.3.5 demonstrates accountability in considering access, cost and clinical efficacy when planning treatment.

Statement 2.4: NPs collaborate and consult for care decisions to obtain optimal outcomes for the person receiving care

The NP:

- 2.4.1 collaborates with other health professionals to make and accept referrals as appropriate, and
- 2.4.2 consults with and/or refers to other health services, disability services, maternity services, aged-care providers and community agencies at any point in the care continuum.

Standard 3: Prescribes and implements therapeutic interventions

Statement 3.1: NPs use professional knowledge when prescribing indicated non-pharmacological and pharmacological interventions

The NP:

- 3.1.1 contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plans
- 3.1.2 safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care
- 3.1.3 demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations
- 3.1.4 safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions, and
- 3.1.5 interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care.

Statement 3.2: NPs manage episodes of care, establishing and maintaining respectful relationships with people at the centre of care

The NP:

- 3.2.1 supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions
- 3.2.2 advises the person receiving care on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up
- 3.2.3 shares information with others in consultation with the person receiving care
- 3.2.4 discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organisational policy
- 3.2.5 advocates for improved access to healthcare, the healthcare system and policy decisions that affect health and quality of life
- 3.2.6 practises without the discrimination that may be associated with race, age, disability, sexuality, gender identity, relationship status, power relations and/or social disadvantage
- 3.2.7 practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander people, and
- 3.2.8 conducts relationships within a context of collaboration, mutual trust, respect and cultural safety.

Statement 3.3: NPs recognise their duty of care and practise in accordance with federal, state and territory legislation and professional regulation governing NP practice

The NP:

- 3.3.1 defines duty of care in accordance with relevant legislation and regulation
- 3.3.2 remains informed of changes to legislation and professional regulations, and implements appropriate alterations to practice in response to such changes, and
- 3.3.3 contributes to the development of policy and procedures appropriate to context and specialty.

Standard 4: Supports health systems

Statement 4.1: NPs engage in reflective practice and evaluate the outcomes of their practice

The NP:

- 4.1.1 monitors, evaluates and documents treatments/interventions in accordance with person- determined goals and healthcare system outcomes
- 4.1.2 develops plans for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and, when needed, other members of the healthcare team
- 4.1.3 applies the best available evidence to identify and select appropriate outcomes measures of practice
- 4.1.4 uses quality indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice
- 4.1.5 participates in clinical supervision and clinical practice review
- 4.1.6 implements research-based innovations for improving care, and
- 4.1.7 contributes to research that addresses identified gaps in the provision of care and/or services.

Statement 4.2: NPs advocate for, participate in, or lead systems that support safe care, partnership and professional growth

The NP:

- 4.2.1 advocates and provides evidence for expansion to NP service where it is believed that such an expansion will improve access to quality and cost-effective healthcare for populations in all locations and contexts, including those in regional and remote communities
- 4.2.2 demonstrates clinical leadership in the design and evaluation of services for individuals and communities in health promotion, health protection or the prevention of injury and/or illness
- 4.2.3 articulates and promotes the NP role in clinical, political and professional contexts
- 4.2.4 acts as an educator and/or mentor to students, nursing colleagues and others in the healthcare team
- 4.2.5 critiques healthcare policies for their implications on the NP role and the populations for whom they care, and
- 4.2.6 influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organisations.

Glossary

Advanced practice is where nurses incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements.

Advanced practice in nursing is demonstrated by a level of practice and not by a job title or level of remuneration.

Advanced practice for the purpose of the nurse practitioner endorsement requires 5,000 hours clinically-based advanced practice in the past six years.

Attributes are characteristics that underpin competent performance. Refer to the NMBA [Registered nurse standards for practice](#).

Autonomous practice is having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base (Skar 2010).

Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area. Refer to the NMBA [Registered nurse standards for practice](#).

Cultural safety was developed in a First Nations' context and is the preferred term for midwifery and nursing. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the 'presence or absence of cultural safety is determined by the recipient of care, it is not defined by the caregiver' (CATSINaM, 2014b, p. 9).

Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how persons are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of persons' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/ midwife's personal culture impacts on care.

In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017a, p. 11).

In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare.

Cultural safety is also relevant to Aboriginal and/ or Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and/or Torres Strait Islander colleagues (CATSINaM, 2017b).

Independence in these standards is the defining characteristic of NP practice that recognises the educational and advanced practice attributes beyond the Registered nurse standards for practice. This independence is inherent in the NP standards for practice and integrates aspects of the often-complex nursing practice for which the NP initiates and is responsible. NPs work collaboratively as part of a healthcare team and have the authority to diagnose and implement treatments without oversight from another health practitioner.

Nurse practitioner (NP) is a registered nurse endorsed as an NP by the NMBA. The NP practises at a clinical advanced level, meets and complies with the Nurse practitioner standards for practice, is able to practice independently and has direct clinical contact. NPs practice collaboratively in multi-professional environments. The NP practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.

Person/people in these standards is used to refer to those individuals who have entered into a therapeutic relationship with an NP. Person/people encompass patients, clients, consumers and families that fall within the NP scope and context of practice.

Prescribing is defined as the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

Research includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative: (Australian Code for the Responsible Conduct of Research, 2018, p.5)

Scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups.

The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform.

The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. To practise within the full contemporary scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence. Decisions about both the individual's and the profession's practice can be guided using the [Decision-making framework](#) (DMF). When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

Standards for practice are the expectations of the NPs practice in all contexts. They inform the education accreditation standards for NPs, the regulation of NPs and the determination of NPs capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience.

Supports health systems is a clinical domain in the NP standards framework and describes the advanced practice activities and functions of NPs as described in 'support of system's (see below).

Support of systems is a practice domain of the Strong Model of Advanced Practice¹ and is a contemporary feature of advanced practice. It is described as activities that promote quality and safe patient care and facilitate the optimal progression of patients through the healthcare system. NPs demonstrate the advanced practice activities in this domain that include:

- actively participate in the assessment, development, implementation, and evaluation of quality improvement programs in collaboration with healthcare teams
- provide clinical leadership in the development, implementation, and evaluation of standards of practice, policies and procedures
- serve as a mentor
- advocate the role of the nurse
- serve as a spokesperson for nursing and the health system when interacting with other professionals, patients, families, and the public.

¹ Developed in the USA by a group of advanced practice nurses and academics at Strong Memorial Hospital, University of Rochester Medical Centre

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"Tab-3"



Nursing and Midwifery Board of Australia

REGISTRATION STANDARD: CONTINUING PROFESSIONAL DEVELOPMENT

1 June 2016

REGISTRATION STANDARD: CONTINUING PROFESSIONAL DEVELOPMENT



Summary

This registration standard sets out the Nursing and Midwifery Board of Australia's (NMBA) minimum requirements for continuing professional development (CPD) for enrolled nurses, registered nurses and midwives.

full time or part-time in paid or unpaid practice. The standard applies to enrolled nurses, registered nurses and midwives who are on leave from work, e.g. maternity leave.

This standard does not apply to those with non-practising registration or students of nursing or midwifery.

Does this standard apply to me?

This registration standard applies to all enrolled nurses, registered nurses and midwives.

The standard applies equally to enrolled nurses, registered nurses and midwives who work either

What must I do?

To meet this registration standard, you must complete a minimum of 20 hours of CPD per registration period.

If you have held registration for less than 12 months, pro rata CPD hours apply. See *Pro rata CPD requirements* on page 3.

Specific requirements for nurses who hold an endorsement

If you are a registered nurse who has an endorsement as a nurse practitioner or holds an endorsement for scheduled medicines, you must complete additional CPD requirements. These are described in the table below.

Nurses	CPD requirements	Total additional CPD hours	Total CPD hours
Nurse practitioner	Registered nurse – 20 hours Nurse practitioner endorsement – 10 additional hours relating to prescribing and administration of medicines, diagnostic investigations, consultation and referral	10 hours	30 hours
Registered nurse with scheduled medicines endorsement	Registered nurse – 20 hours Scheduled medicines endorsement – 10 additional hours relating to obtaining, supplying and administration of scheduled medicines	10 hours	30 hours

Specific requirements for midwives who have a notation or hold an endorsement

If you have a notation as an eligible midwife or hold an endorsement as a midwife who holds an endorsement for scheduled medicines, you must complete additional CPD requirements. These are described in the table below.

Midwives	CPD requirements	Total additional CPD hours	Total CPD hours
Midwife with a notation and/or scheduled medicines endorsement	Midwife – 20 hours Endorsement and/or notation – 10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostic investigations, consultation and referral	10 hours	30 hours

REGISTRATION STANDARD: CONTINUING PROFESSIONAL DEVELOPMENT



Specific requirements for people registered as both a nurse and a midwife

If you are registered as either an enrolled nurse or a registered nurse and a midwife, you must complete the required amount of CPD for both nursing and midwifery.

If your CPD activities are relevant to both the nursing profession and the midwifery profession, you may count those activities as evidence for both nursing and midwifery CPD hours.

Pro rata CPD requirements

If you have been registered for a period of less than 12 months prior to the renewal of registration, the following pro rata CPD requirements apply.

Months registration has been held	Pro rata CPD hours that must be completed
0 – 3 months	≥ 5 hours
>3 – 6 months	≥ 10 hours
>6 – 9 months	≥ 15 hours
> 9 –12 months	≥ 20 hours

If you have an endorsement and/or notation for a period of less than 12 months prior to the renewal of registration, the following additional pro rata CPD requirements apply.

Months endorsement/ notation has been held	Additional pro rata CPD hours that must be completed
0 – 3 months	≥ 2.5 hours
> 3 – 6 months	≥ 5 hours
> 6 – 9 months	≥ 7.5 hours
> 9 – 12 months	≥ 10 hours

Are there exemptions to this standard?

The NMBA may grant an exemption to this standard in exceptional circumstances. The NMBA CPD guidelines and relevant policies, published under *Codes, guidelines and statements* on the NMBA website, provide further guidance.

What does this mean for me?

When you apply for registration

You don't need to meet this standard when you apply for registration in Australia as a nurse and/or midwife.

At renewal of registration

When you apply to renew your registration/endorsement, you are required to declare that you have complied with this standard.

During the registration period

Your compliance with this registration standard may be audited from time to time. It may also be checked if the NMBA receives a notification about you.

Evidence

You should maintain records of your CPD activity for five years in case you are audited. If you are required to provide the NMBA with evidence of your CPD activities, your personal portfolio will help demonstrate that you have met the CPD requirements.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including:

- the NMBA can impose a condition or conditions on your registration/endorsement or refuse an application for registration/endorsement or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)

REGISTRATION STANDARD: CONTINUING PROFESSIONAL DEVELOPMENT



- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conduct or performance action may be taken by the NMBA (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for registered nurses and/or midwives (section 41 of the National Law).

Continuing professional development guidelines for nurses and midwives

The *Guidelines for continuing professional development* provide more information about how to meet this standard. You are expected to understand and apply these guidelines together with this registration standard.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on 27 August 2015.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Nurse includes enrolled nurses, registered nurses, nurse practitioners, registered nurses with a scheduled medicines endorsement and enrolled nurses and registered nurses with a notation.

Midwife includes midwives with a notation and midwives with a scheduled medicines endorsement and midwife practitioners.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: 1 June 2016

This standard replaces the previous registration standard from 1 July 2010.

"Tab-4"



Nursing and Midwifery Board of Australia

REGISTRATION STANDARD: ENDORSEMENT AS A NURSE PRACTITIONER

1 June 2016

Summary

This registration standard sets out the Nursing and Midwifery Board of Australia's (NMBA) requirements for endorsement as a nurse practitioner under section 95 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Does this standard apply to me?

This registration standard applies to nurses and nurse practitioners who hold registration as a nurse in Australia, who are applying for, or maintaining, endorsement as a nurse practitioner.

What must I do?

When applying for endorsement as a nurse practitioner, a nurse must be able to demonstrate all of the following.

1. Current general registration as a registered nurse in Australia with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct.
2. The equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level, within the past six years, from the date when the complete application seeking endorsement as a nurse practitioner is received by the NMBA.
3. Successful completion of:
 - an NMBA-approved program of study leading to endorsement as a nurse practitioner, or
 - a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA.
4. Compliance with the NMBA's *Nurse practitioner standards for practice*.

Ongoing requirements for endorsement

Ongoing endorsement by the NMBA is conditional on the nurse practitioner complying with the current:

1. NMBA-approved *Continuing professional development registration standard*, *Recency of practice registration standard*, *Criminal history registration standard*, and *Professional indemnity insurance arrangements registration standard*, and
2. *Safety and quality guidelines for nurse practitioners* and any other applicable codes and guidelines approved by the NMBA.

What does this mean for me?

At renewal of registration

When you apply to renew your registration, you need to declare that you comply with the ongoing eligibility requirements for endorsement as set out in this registration standard.

Nurse practitioners need to demonstrate recency of practice at the advanced practice nursing level to retain the endorsement.

During the registration period

Your compliance with this registration standard may be audited from time to time and may also be checked if the NMBA receives a notification about you.

Evidence

You should retain records as evidence that you meet the requirements of this registration standard in case you are audited.

What happens if I don't meet this standard?

If you don't meet the criteria of this registration standard you will not be eligible for endorsement as a nurse practitioner.

The National Law establishes possible consequences if you do not meet the ongoing requirements of this registration standard, including that:

- the NMBA can impose conditions on your registration/endorsement or refuse renewal of

REGISTRATION STANDARD: ENDORSEMENT AS A NURSE PRACTITIONER



registration/endorsement (sections 82 and 112 of the National Law), and

- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct, for the nursing and midwifery professions (section 41 of the National Law).

Safety and quality guidelines for nurse practitioners

The *Safety and quality guidelines for nurse practitioners* outline the regulatory requirements for nurse practitioners providing clarity and support to practise in their role as a nurse practitioner.

Guidelines for registered nurses applying for endorsement as a nurse practitioner

The *Guidelines: For nurses applying for endorsement as a nurse practitioner* provide guidance about how to meet the requirements of the registration standard. You are expected to apply these guidelines together with the registration standard in your application.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on 30 October 2015.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Advanced nursing practice is defined as a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills

and behaviours to higher levels of capability (that is recognisable).

Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Advanced nursing practice is a level of practice and not a role. It is acknowledged that advanced nursing practice is individually attributed within a regulated nursing scope (enrolled nurse, registered nurse or nurse practitioner). Advanced nursing practice for the purpose of the 5,000 hours required is not related to a job title or remuneration.

Advanced practice nurse is a nurse practising in the advanced practice role.

Advanced practice nursing as a nurse practitioner is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development.

Advanced practice nursing should not be confused with the term 'practice nurse' that is used commonly to describe nurses working in the general practice setting.

Approved program of study means a postgraduate nursing masters degree approved by the NMBA under section 49 of the National Law and included in the NMBA-approved list of programs of study for endorsement as a nurse practitioner. This includes NMBA-approved masters level units in advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research.

General registration as a nurse means a person whose name is entered on the Register of Nurses in the division of registered nurses in the general category.

Nurse practitioner is an advanced practice nurse endorsed by the NMBA who has direct clinical contact

REGISTRATION STANDARD: ENDORSEMENT AS A NURSE PRACTITIONER



and practises within their scope under the legislatively protected title 'nurse practitioner' under the National Law

Program that is substantially equivalent means a postgraduate nursing masters degree that is relevant, clinically, to the context of the applicant's advanced nursing practice, for which they are seeking endorsement as a nurse practitioner, and who have completed appropriate supplementary education. Supplementary education includes advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research, however titled. Applicants will need to map evidence for assessment against the *Nurse practitioner standards for practice*.

Standards for practice are those standards outlined in the *Nurse practitioner standards for practice* (2014).

Unprofessional conduct of a registered health practitioner means professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner by the public or the practitioner's professional peers, and includes:

- a. a contravention by the practitioner of the National Law, whether or not the practitioner has been prosecuted for, or convicted of, an offence in relation to the contravention
- b. contravention by the practitioner of: (i) a condition to which the practitioner's registration was subject; or (ii) an undertaking given by the practitioner to the National Board that registers the practitioner
- c. the conviction of the practitioner for an offence under another Act, the nature of which may affect the practitioner's suitability to continue to practise the profession
- d. providing a person with health services of a kind that are excessive, unnecessary or otherwise not reasonably required for the person's well-being
- e. influencing, or attempting to influence, the conduct of another registered health practitioner in a way that may compromise patient care
- f. accepting a benefit as inducement, consideration or reward for referring another person to a health

service provider or recommending another person use or consult with a health service provider

- g. offering or giving a person a benefit, consideration or reward in return for the person referring another person to the practitioner or recommending to another person that the person use a health service provided by the practitioner, and
- h. referring a person to, or recommending that a person use or consult, another health service provider, health service or health product if the practitioner has a pecuniary interest in giving that referral or recommendation, unless the practitioner discloses the nature of that interest to the person before or at the time of giving the referral or recommendation.

Unsatisfactory professional performance of a registered health practitioner, means the knowledge, skill or judgment possessed, or care exercised by, the practitioner in the practice of the health profession in which the practitioner is registered is below the standard reasonably expected of a health practitioner of an equivalent level of training or experience.

Note: The NMBA and Australian Health Practitioner Regulation Agency (AHPRA) operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in completing assessment related to a notification.

In co-regulatory definitions these terms may be described differently but have the same intent.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: 1 June 2016

This standard replaces the previously published registration standard dated 4 April 2011.

"Tab-5"

Guidelines

November 2016

Continuing professional development

Introduction

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

These guidelines supplement the [Registration standard: Continuing professional development](#) by providing further information about the NMBA's minimum annual CPD requirements and how you can meet these requirements to ensure your CPD is effective. You are expected to understand and apply these guidelines together with the CPD registration standard.

Do these guidelines apply to me?

These guidelines apply to all nurses and midwives except those with student and non-practising registration.

What must I do?

The NMBA needs you to engage in CPD activities to meet the NMBA's registration standard on CPD each year, and encourages you to spread these activities over the course of the year.

Effective CPD

Learning and development occurs throughout a nurse's and/or midwife's career. CPD is an important foundation of lifelong learning and helps nurses and midwives maintain their competence to practise.

CPD aims to enable nurses and midwives to maintain, improve, and broaden their professional knowledge, expertise and competence to meet their obligation to provide ethical, effective, safe and competent practice. Research on CPD shows that by engaging others in CPD planning, this results in positive learning outcomes and evidence-based changes to practice.

Planning and reflection

Research shows that CPD is more effective when it involves planning and reflection. You will get most benefit from your CPD activities by planning your learning goals and the activities to meet these goals, completing your CPD and then recording reflections on your learning.

Planning your CPD is an opportunity for you to:

- a. review best-practice standards or evidence-based practice to enable you to evaluate and improve your level of competency, treatment plan or service delivery
- b. identify your limitations or deficits to improve your practice to meet current standards using evidence-based practice or best-practice standards, and
- c. identify how you could further develop competency or strengths in areas of particular interest or aptitude.

It is often helpful to discuss planning with your peers, mentors and/or supervisors as you may not always identify your own areas of limitation. Patient feedback may also be helpful in identifying areas where you need further continuing professional or personal development.

You should consciously reflect on your CPD as it relates to your practice. Research shows this will improve your learning. You can do this by writing a brief summary of your CPD activities, how these activities affected your practice and assess your progress against the goals you set for yourself.

Reflection on learning can contribute to the learning goals for the coming year as part of the ongoing CPD cycle. See Figure 1 below for the CPD cycle.

Figure 1 – CPD cycle



Choosing a range of CPD activities

The NMBA recommends that you complete a range of CPD activities throughout the course of the registration period. This is more effective for your learning than completing CPD activities of one type, or in a short time period.

The NMBA recognises that people learn in different ways. Accordingly, CPD may include formal and informal learning activities. Participation in certain professional activities can also contribute to meeting your CPD requirements.

CPD activities must be relevant to your area of professional practice, and have clear aims and objectives that meet your self-assessed requirements.

The type of learning activities selected can be broad and varied. Registrants are encouraged to consider the combined use of multimedia and multiple instruction techniques, e.g. face-to-face, simulation, interactive e-learning, self-directed learning. Possible examples of activities include:

- postgraduate studies
- participating in journal clubs

- in-service education
- attending conferences, workshops and seminars
- authoring a book chapter, or
- having an article published in a peer-reviewed journal.

Recordkeeping and templates

You must keep records of your CPD activities for a period of five years from the date you completed the CPD. All CPD records must be available for audit or if needed by the NMBA as part of an investigation arising from a notification (complaint).

To help you with your CPD recordkeeping, the NMBA has developed a [self-directed CPD evidence record](#) that you can use for planning and recording your CPD. While it is not mandatory to use this template, your CPD records must include all the information listed in the template.

All evidence should be verified, and it must demonstrate that the nurse or midwife has:

- identified and prioritised their learning needs, based on their self-reflection and evaluation of their practice against the relevant competency or professional practice standards
- developed a learning plan based on identified learning needs
- participated in effective learning activities appropriate to their learning needs, and
- reflected on the value of the learning activities or the effect that participation will have on their practice.

The format of this evidence is not defined by the NMBA and may take many forms. You should keep evidence of CPD activities completed, such as:

- certificates of attainment and/or attendance, and
- notes from self-directed CPD activity such as a literature review, case study or journal articles. Any notes submitted should provide a comprehensive summary of the key points of the review and reflect the learning from the activity.

Pro rata CPD

When a nurse or midwife registers part-way through a registration period, pro rata CPD requirements will apply as outlined below (see *Table 1*) and in the *Registration standard: Continuing professional development*. Practitioners holding dual registration must complete CPD hours for both professions.

Table 1

Months registration has been held	CPD Hours
0–3 months	≥ 5 hours
3–6 months	≥ 10 hours
6–9 months	≥ 15 hours
9–12 months	≥ 20 hours

When a nurse and/or midwife is endorsed or notated part-way through a registration period, pro rata CPD requirements will apply as outlined below (see *Table 2*) and in the *Registration standard: Continuing professional development*.

Table 3

Months endorsement/notation has been held	Additional pro rata CPD hours that must be completed
0–3 months	≥ 2.5 hours
> 3–6 months	≥ 5 hours

> 6–9 months	≥ 7.5 hours
> 9–12 months	≥ 10 hours

Exemption

Under the *Registration standard: Continuing professional development*, the NMBA may consider and/or grant an exemption from the CPD requirements in exceptional circumstances. For further guidance, see the NMBA's [Policy: Exemptions from continuing professional development for nurses and midwives](#).

Temporary absence from practice

Before returning to practice after an absence, you have an obligation to assess what changes there have been to professional practice. You will need to decide what CPD you need to ensure you are suitably prepared to return to practice. CPD activities must be designed to maintain and update your knowledge, clinical judgement and technical skills.

For more information

- [Registration standard: Continuing professional development](#)
- [Fact sheet: Continuing professional development](#)
- [Policy: Exemption from continuing professional development for nurses and midwives](#)
- [Audit](#) information on the NMBA website
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)

Guidelines

Updated December 2022

For nurses applying for endorsement as a nurse practitioner

Introduction

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

These guidelines must be used to supplement the [Registration standard: Endorsement as a nurse practitioner](#). The guidelines provide further information about the requirements for registered nurses (RNs) applying for an endorsement as a nurse practitioner (NP).

Who do these guidelines apply to?

These guidelines apply to RNs who hold general registration as a nurse in Australia and who are applying for endorsement as an NP.



Note: The admission to, and completion of, an NMBA-approved program of study does not grant immediate endorsement as an NP. Entry to a program of study is determined by the NP accreditation standards and admission criteria of the education provider. Endorsement as an NP is subject to the applicant meeting the requirements of the NMBA *Registration standard: Endorsement as a nurse practitioner* and associated guidelines.

Requirements for endorsement as an NP

The *Registration standard: Endorsement as a nurse practitioner* (the registration standard) state that a nurse seeking endorsement as an NP must be able to demonstrate the following:

1. Current general registration as an RN in Australia with no conditions or undertakings on their registration relating to unsatisfactory professional performance or unprofessional conduct.
2. The equivalent of three years' (5,000 hours) full-time experience at an advanced practice level, within the past six years, from the date when the application seeking endorsement as an NP is received by the NMBA.



Note: Advanced practice hours that are part of an NMBA-approved program of study **cannot** be included as evidence towards the 5,000 hours of advanced practice.

3. Successful completion of:

- **Pathway 1:** an NMBA-approved program of study leading to endorsement as an NP

or

- **Pathway 2:** a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as an NP, as determined by the NMBA.

4. Compliance with the NMBA [Nurse practitioner standards for practice](#).

Your application

Applicants are required to complete the [AENP-40 Application for endorsement as a nurse practitioner form](#), which is located on the NMBA website, and attach supporting documentation.

Your complete application must address the requirements of the registration standard as listed above, by providing evidence as described in these guidelines.



Note: It is your responsibility to ensure your application is complete at the time of submission. An application will not be considered unless it is complete, and all supporting documentation has been provided. An incomplete application will delay the progress and assessment of the endorsement application.

Further detail to assist in the submission of a complete application is provided in **Table 1: Evidence model for RNs applying for endorsement as an NP**. The table can also be used as a checklist for the required documents.

Table 1: Evidence model for RNs applying for endorsement as an NP

Requirement	Evidence	Check
<p>1. Current general registration as an RN in Australia with no conditions or undertakings on registration relating to unsatisfactory professional performance or unprofessional conduct.</p>	<p>Your current registration status will be checked by Ahpra staff on receipt of your application. You do not need to submit evidence of your registration as a nurse in Australia.</p>	<input type="checkbox"/>
<p>2. The equivalent of three years' (5,000 hours) full-time experience at an advanced practice level, within the past six years, taken from the date when the complete application seeking endorsement as an NP is received by the NMBA.</p>	<p>You are required to provide evidence of practising at the advanced practice level in accordance with the NMBA definition.</p> <p>This means you must clearly document examples of the following in your application:</p> <ul style="list-style-type: none"> • Leadership • Education activities • Research • Support of systems • Autonomous practice • Complex decision making • Management of, and direct clinical care of people with complex health conditions <p>You can provide this evidence in your CV or through case studies. If you choose to provide case studies these cannot be the same as case studies used for your Master of Nursing (NP) program.</p>	<input type="checkbox"/>

Requirement	Evidence	Check
	<p>Statement/s of service</p> <p>The Statement of service is provided as part of your application to support your 5,000 hours of advanced practice</p> <p>The Statement of service should clearly reflect the evidence you have provided in your CV and:</p> <ul style="list-style-type: none"> • be on the employer's letterhead • be dated and signed by the Director of Nursing or equivalent • detail the title of your advanced practice, dates of employment and hours • detail any periods of extended leave (e.g. long service leave, maternity/paternity or extended sick leave). • provide a breakdown/percentage of hours of any position that includes indirect or non-clinical components, such as management or education • be correctly certified – refer to Ahpra's guidance on certification of documents <p>Note: Self-employed nurses may provide a statutory declaration as their proof of service</p> <p>Curriculum vitae (CV)</p> <p>For guidance on CV format refer to the Ahpra guidelines Standard format for curriculum vitae.</p> <p>The CV must clearly mirror the information provided in the Statement of Service from your employer/s or in the letter of support if this is how evidence of hours is provided:</p> <p>The CV will include:</p> <ul style="list-style-type: none"> • primary qualification/s • post graduate qualification/s • education and/or study relevant to specialist area of practice • a breakdown/percentage of hours that you spend in each role providing both direct clinical care and performing other indirect or non-clinical duties. This will require third-party verification from your employer • detail that demonstrates responsibility and accountability for the management and direct clinical care of people with complex healthcare requirements • detail that shows the evidence of the clinical domain of practice that integrates with the other three NP domains of practice of professional leadership, education and research. <p>(For example- published research and/or application of research into evidence-based practice and/or policy and procedures at local, state or national level)</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>

Requirement	Evidence	Check
	<p>An applicant following Pathway 2 is required to provide information about the masters qualification you have provided including:</p> <ul style="list-style-type: none"> • Mapping of your units of study to evidence advanced practice as defined by the <i>Nurse practitioner standards for practice</i>. This will assist with establishing a qualification that is substantially equivalent • Position description/s • Narratives 	<input type="checkbox"/>

For more information

- [Registration standard: Endorsement as a nurse practitioner](#)
- [Fact sheet: Nurse practitioner standards of practice](#)
- [Nurse practitioner standards for practice](#)
- [Registration Standard: Recency of practice](#)
- [Position Statement: Nurses and cosmetic medical procedures](#)
- [Audit information](#) on the NMBA website
- [Ahpra's guidance on certification of documents](#)
- [Standard format for curriculum vitae](#)
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (within Australia) +61 3 9275 9009 (overseas callers)

Document history

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Approval date	Version	Reason for change
December 2022	v3.0	Clarification on the evidence required to support the application Inclusion of an evidence checklist
October 2021	v2.0	Amended to include revised definition of advanced practice
June 2016	v1.0	

Fact sheet

Scope of practice and capabilities of nurses

Updated May 2024



Nursing and
Midwifery Board
Ahpra

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)	<p>Diploma of nursing (AQF 5)¹</p> <p><i>Study duration:</i> Minimum 18 months within the vocational education training (VET) sector, delivered by Registered Training Organisations (RTO).</p>	<p>Bachelor of nursing (AQF 7)¹</p> <p><i>Study duration:</i> Three years full time (or equivalent), tertiary education (university)</p> <p>or</p> <p>Master's degree (AQF 9)¹</p> <p><i>Study duration:</i> Two years or equivalent.</p> <p>Graduates commonly complete a supported transition to practice program, though this is not mandatory.</p>	<p>Holds registration as an RN and has 5,000 hours of advanced practice (as defined by the NMBA).</p> <p>Plus, completion of a</p> <p>Master of Nurse Practitioner (AQF 9)¹</p> <p><i>Study duration:</i> minimum 18 months, tertiary education.</p>
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	<p>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</p> <p>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.</p> <p>ENs recognise normal and changing health conditions of people in their care.</p>	<p>RNs graduate as generalists with a person-centred approach to practice and an integrated theoretical and practice-based knowledge of care across the lifespan and across all body systems. RN practice is person-centred and evidence-based</p> <p>During their education RNs develop critical thinking skills that are transferable across the many contexts where RNs work.</p> <p>RNs have an in-depth scientific knowledge that includes the administration, supply and quality use of medicine.</p> <p>RNs have foundational skills in communication, relationships and management.</p>	<p>NPs graduate with advanced health assessment skills and diagnostics skills, with a person-centred approach underpinned by clinical research and practice improvement methods.</p> <p>NPs are educated and authorised to diagnose, prescribe scheduled medicines and order diagnostic investigations.</p> <p>NPs have advanced skills in communication, research, leadership and clinical practice.</p>

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?	<p>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.</p> <p>ENs have the knowledge and skills to gather and interpret data using observation, interview, physical examination and measurement.</p> <p>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.</p> <p>ENs work as part of a multi-disciplinary team and collaborate with other healthcare workers.</p> <p>Examples of core EN activities include:</p> <ul style="list-style-type: none"> • 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 	<p>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.</p> <p>RNs apply critical thinking and analyse nursing practice, providing safe, appropriate and responsive quality nursing practice.</p> <p>RNs provide information and education to enable people to make decisions and take action in relation to their health and well-being.</p> <p>RNs supervise, and when appropriate, delegate care to ENs, student nurses and other healthcare workers.</p> <p>Examples of core RN activities include:</p> <ul style="list-style-type: none"> • 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 	<p>NP practice is primarily a clinical role. NPs integrate theoretical and advanced practice knowledge to apply to diagnostic reasoning to formulate diagnoses.</p> <p>NPs have authority to practise independently and collaboratively in multi-disciplinary teams, at an advanced practice level.</p> <p>NPs supervise ENs, nursing and NP students and other healthcare workers.</p> <p>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.</p> <p>Examples of core NP activities include many registered nursing activities, and in addition:</p> <ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

Approved by: Nursing and Midwifery Board of Australia

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 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'.

Fact sheet

Updated May 2024

Continuing professional development

Introduction

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

The NMBA's [Registration standard: Continuing professional development](#) requires nurses and midwives to complete a minimum number of continuing professional development (CPD) hours directly relevant to a nurse or midwife's context of practice.

The following questions address common queries that you might have about the *Registration standard: Continuing professional development*.

What is CPD?

CPD is how members of the professions maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities needed throughout their professional lives.

What do you mean by 'practice'?

Practice refers to any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

I am currently not working in the profession but I am still registered (because I am on maternity leave, travelling etc.). Do I still need to do CPD?

As a nurse or midwife, you may choose not to work in the profession for a variety of reasons (such as maternity leave, extended overseas travel, moving overseas, an extended career break or retirement), however, you may want to keep your registration.

Under these circumstances, you must continue to complete CPD in relation to your context of practice. See section below on '[How do I describe my context of practice](#)'. Remember that 'context of practice' is not restricted to providing direct clinical care.

You may request to register as 'non-practising' – in this case you do not need to do CPD while you are on the non-practising register. For more information refer to the NMBA's [Fact sheet: Non-practising registration for nurses and midwives](#).

How do I describe my context of practice?

Context of practice refers to the conditions that define an individual's nursing and/or midwifery practice. These include:

- the type of practice setting (e.g. clinical care, management, administration, education, research)
- the location of the practice setting (e.g. urban, rural, remote)
- the characteristics of patients (e.g. health status, age, learning needs)
- the focus of nursing and/or midwifery activities (e.g. health promotion, research, management)
- the degree to which practice is autonomous, and
- the resources that are available, including access to other healthcare professionals.

How do I record my CPD?

A template is provided in [Appendix 1](#) which can be used to document your self-directed learning and CPD activities and reflections.

What sort of records will I need to produce?

If you are selected for audit you will need to complete an audit checklist that outlines the documents you need to show as evidence of completing your CPD.

CPD records may include participation in the following activities:

- tertiary, vocational and other accredited courses including distance education (should relate to context of practice)
- conferences, forums, seminars and symposia
- short courses, workshops, seminars and discussion groups through a professional group or organisation who may issue a certificate of compliance/completion
- mandatory learning activities in the workplace in the area of practice
- self-directed learning, and
- any other structured learning activities not covered above.

How many CPD hours do I need to complete?

Registration type	Minimum hours	Total hours
Registered nurse or Enrolled nurse	20 hours	20 hours
Midwife	20 hours	20 hours
Registered nurse and Midwife	Registered nurse – 20 hours Midwife – 20 hours	40 hours
Enrolled nurse and Midwife	Enrolled nurse – 20 hours Midwife – 20 hours	40 hours
Nurse practitioner	Registered nurse – 20 hours Nurse practitioner endorsement – 10 additional hours relating to prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours
Midwife practitioner	Midwife – 20 hours Midwife endorsement – 10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, consultation and referral	30 hours

Registration type	Minimum hours	Total hours
Midwife with scheduled medicines endorsement	Midwife – 20 hours Scheduled medicines endorsement –10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, and consultation and referral	30 hours
Nurse and midwife with scheduled medicines endorsement	Registered nurse or enrolled nurse – 20 hours Midwife – 20 hours Scheduled medicines endorsement –10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, consultation and referral	50 hours

I am registered as both a nurse and a midwife. Can I count relevant CPD activities towards the CPD hours for both professions?

If CPD activities are relevant to both nursing and midwifery professions, those activities may be counted as evidence for both nursing and midwifery CPD hours. The activities should be relevant to your context of practice and improve your knowledge, expertise and competence as a nurse and midwife.

How long do I need to keep a record of the evidence of my CPD, including ‘self-directed learning’?

The NMBA recommends that you keep evidence of CPD, including self-directed learning, for a period of five years.

What form should my evidence of CPD (including self-directed learning) take?

Your documentation of the identified learning need, a learning plan, your participation in the learning activity, and the outcome achieved will form the evidence of CPD you may need to provide. References to the articles that you have read are needed for self-directed activities.

The table in [Appendix 1](#) gives you an example of how to enter information about your CPD activities.

Will everyone be audited?

No. The NMBA has the discretion to select a random number of nurses and midwives to be audited at any time.

You will need to show evidence that you have completed the requirements and provide a copy of your CPD plan for the previous year (1 June – 31 May).

Several professional organisations offer CPD contribution in terms of points. How do I equate this to hours?

Nurses and midwives need to speak to the relevant professional organisation to confirm the hours equivalent of CPD from points they have completed.

Can I claim my cardiopulmonary resuscitation (CPR) or fire training that I have to do at work as CPD activities?

Mandatory learning activities in the workplace can only be counted as CPD provided that they are relevant to your context of practice and where they include new learning. For example, routine annual CPR and fire training education cannot be counted; however, if there is something new in the mandatory learning area such as COVID-19 pandemic education and training – in the initial stages of the pandemic then this could be claimed.

What if I don't meet my CPD quota?

At the time of renewal, you need to make a declaration about your CPD. You can apply to the NMBA for an exemption in exceptional circumstances if you feel that you have not met your minimum hours for CPD. You may then be contacted to provide additional information. Following a review, the matter may be referred to the NMBA for consideration.

How do I apply for an exemption?

The registration standard states that the NMBA reserves the right to grant exemptions in individual cases. Refer to the [Policy: exemption from continuing professional development for nurses and midwives](#) on the NMBA website.

For more information

- [Registration standard: Continuing professional development](#)
- [Guidelines for continuing professional development](#)
- [Policy: Exemption from continuing professional development for nurses and midwives](#)
- [Audit](#) information is available on the NMBA website
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)

Document history

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Does this policy amend or update an existing policy? **Y**
If so which version **v2.1**
Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
May 2024	v3.1	Removal of reference to registered nurses with scheduled medicines endorsement (rural and isolated) due to retirement of registration standard
March 2022	v3.0	New document template Clarification regarding mandatory workplace training activities and whether or not they can be counted as CPD
February 2020	v2.1	Minor typographic changes to Appendix 1 to reflect updated document titles
June 2016	v2.0	Editorial changes to reflect document coming into effect (from previous advanced copy)
February 2016	v1.0	Advanced copy

Appendix 1 – Sample template for documenting CPD

Date	Source or provider details	Identified learning needs	Action plan	Type of activity	Description of topic (s) covered during activity and outcome	Reflection on activity and specification to practice	No./Title/Description of evidence provided	CPD hours
17/5/19	NMBA	RN standards for practice Practises in accordance with legislation affecting nursing practice and health care.	Clarify responsibility for aspects of care with other members of the health team. Unsure of my delegation responsibilities in the workplace. Plan: Access and review decision making framework	Self-directed learning. Review of NMBA Decision-making framework for nursing and midwifery .	Reviewed my scope of practice and the scope of practice for my profession. Understood the principles I need to apply when making decisions about my nursing practice and when and how I decide to delegate activities to other registered nurses and enrolled nurses.	This activity has enabled me to achieve my learning need as per my learning plan. As a team leader working in intensive care, I will be able to apply the Nursing decision-making framework when I allocate staff to patient care and delegate tasks as they arise during a shift.	Refer to item 6	2 hours
23/5/19	Advanced life support in practice (XYZ provider)	N/A	N/A	Workshop	Advanced life support reaccréditation	This activity provided me with new theory and a practical competence assessment in relation to advanced life support. I will be able to apply this to patients in respiratory/cardiac arrest and when part of the medical emergency team.	Refer to item 7 Certificate of attendance	3 hours
30/5/19	Obstetric emergency training (XYZ provider)	N/A	N/A	Workshop	Obstetric emergency reaccréditation	This activity provided me with new theory and a practical competence assessment in obstetric emergencies.	Refer to item 8	3 hours

"Tab-9"



Australian Government

HLT54121 Diploma of Nursing

HLT54121 Diploma of Nursing

Modification History

Release	Comments
6	Minor change to replace superseded units of competency in the elective bank.
5	Supersedes and is equivalent to HLT54121 Diploma of Nursing release 4. Minor change to update Infection Control units of competency.
4	Supersedes and is equivalent to HLT54121 Diploma of Nursing release 3. Minor change to update Infection Control units of competency.
3	Minor corrections to mapping details. Equivalent outcomes.
2	Minor corrections to formatting to improve readability. Equivalent outcomes.
1	This qualification was first released in HLT Health Release 6.0.

Qualification Description

This qualification reflects the role of an enrolled nurse working under the direct or indirect supervision of a registered nurse.

Enrolled nurses provide nursing care for people across the health care continuum and at all stages of life.

To be eligible to apply for registration as an enrolled nurse and to practice in Australia, individuals must complete a Diploma of Nursing program accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved as 'an approved program of study' by the Nursing and Midwifery Board of Australia (NMBA) in accordance with the Enrolled Nurse Accreditation Standards. To confirm the education provider holds the necessary accreditation check the Australian Health Practitioner Regulation Agency (AHPRA) at www.ahpra.gov.au.

The scope of practice for enrolled nurses is determined by legislative requirements and the policies and procedures of the employing organisation.

Licensing/Regulatory Information

This qualification may contribute to the Nursing and Midwifery Board of Australia's (NMBA) registration requirements to practice as an enrolled nurse.

Entry Requirements

There are no entry requirements for this qualification.

Packaging Rules

25 units must be completed:

- 20 core units
- 5 elective units, consisting of:
 - 3 units from the list below
 - 2 units from the list below, elsewhere in the HLT Health Training Package, or any other current Training Package or accredited course.

The selection of electives must be guided by the job outcome sought, local industry requirements and the complexity of skills appropriate to the AQF level of this qualification.

Core units	
CHCDIV00 1	Work with diverse people
CHCDIV00 2	Promote Aboriginal and/or Torres Strait Islander cultural safety
CHCPRP00 3	Reflect on and improve own professional practice
HLTAAP0 02	Confirm physical health status
HLTAAP0 03	Analyse and respond to client health information
HLTENN0 35	Practise nursing within the Australian health care system
HLTENN0 36	Apply communication skills in nursing practice
HLTENN0 37	Perform clinical assessment and contribute to planning nursing care

HLTENN0 38	Implement, monitor and evaluate nursing care
HLTENN0 39	Apply principles of wound management
HLTENN0 40	Administer and monitor medicines and intravenous therapy
HLTENN0 41	Apply legal and ethical parameters to nursing practice
HLTENN0 42	Implement and monitor care for a person with mental health conditions
HLTENN0 43	Implement and monitor care for a person with acute health conditions
HLTENN0 44	Implement and monitor care for a person with chronic health conditions
HLTENN0 45	Implement and monitor care of the older person
HLTENN0 47	Apply nursing practice in the primary health care setting
HLTENN0 68	Provide end of life care and a palliative approach in nursing practice
HLTINF00 6	Apply basic principles and practices of infection prevention and control
HLTWHS0 02	Follow safe work practices for direct client care
Elective Units	
BSBLDR41 4	Lead team effectiveness
BSBPEF40 2	Develop personal work priorities
CHCCCS03 7	Visit client residence
CHCCOM0 05	Communicate and work in health or community services

CHCLLN00 1	Respond to client language, literacy and numeracy needs
CHCPOL00 3	Research and apply evidence to practice
<i>HLTAHA04 3</i>	<i>Support the provision of basic nutritional advice and education</i>
HLTAID01 1	Provide First Aid
HLTAID01 4	Provide Advanced First Aid
HLTENN04 6	Contribute to maternal and infant health care
HLTENN05 7	Contribute to the nursing care of a person with diabetes
HLTENN06 0	Apply nursing practice in the paediatric care setting
HLTINF007	Implement and monitor infection prevention and control standards, policies and procedures
HLTOHC00 7	Recognise and respond to oral health issues
HLTOHC00 8	Inform and support patients and groups about oral health
HLTOHC00 9	Apply and use basic oral health products
HLTWHS0 03	Maintain work health and safety
HLTWHS0 06	Manage personal stressors in the work environment
TAEDEL41 2	Facilitate workplace-based learning

Units listed in italics include a mandatory workplace requirement

Pre-requisite Requirements

There are no prerequisite requirements for this qualification.

Qualification Mapping Information

Current Code and Title	Previous Code and Title	Comments	Equivalence
HLT54121 Diploma of Nursing	HLT54115 Diploma of Nursing	This version was released in HLT Health Training Package Release 6.0 and meets the requirements of the 2015 Standards for Training Packages. Updated to reflect current industry practices and terminology.	Not-Equivalent

Links

Companion volumes, including implementation guides, are found on the national training register - <https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>.

"Tab-10"

Medical Practitioners Award 2020

This Fair Work Commission consolidated modern award incorporates all amendments up to and including 23 January 2026 ([PR794729](#) and [PR795660](#)).

Clause(s) affected by the most recent variation(s):

2—Definitions

19—Superannuation

28A—Workplace delegates' rights

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[Varied by [PR718141](#); [PR746868](#), [PR747348](#), [PR750506](#), [PR774737](#), [PR777993](#)]

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Part 1—Application and Operation of this Award

1. Title and commencement

- 1.1 This award is the *Medical Practitioners Award 2020*.
- 1.2 This modern award commenced operation on 1 January 2010. The terms of the award have been varied since that date.
- 1.3 A variation to this award does not affect any right, privilege, obligation or liability that a person acquired, accrued or incurred under the award as it existed prior to that variation.

2. Definitions

[Varied by [PR733885](#), [PR774737](#), [PR777258](#), [PR795660](#)]

In this award, unless the contrary intention appears:

Act means the *Fair Work Act 2009* (Cth).

all purposes means the payment will be included in the rate of pay of an employee who is entitled to the allowance, when calculating any penalties, loadings, payment while they are on annual leave and superannuation.

[Definition of **casual employee** inserted by [PR733885](#) from 27Sep21; varied by [PR777258](#) from 27Aug24]

casual employee has the meaning given by section 15A of the [Act](#).

NOTE: Section 15A of the [Act](#) was amended with effect from 26 August 2024. Under clause 102(3) of Schedule 1 to the [Act](#), an existing employee who was a casual employee of an employer under section 15A as it was immediately before that date is taken to be a casual employee of the employer for the purposes of section 15A after that date.

daily rate means the employee's minimum annual salary for the class of work performed divided by 260.

defined benefit member has the meaning given by the *Superannuation Guarantee (Administration) Act 1992* (Cth).

doctor in training means an Intern, Resident Medical Practitioner, Registrar or Senior Registrar.

employee means national system employee within the meaning of the [Act](#).

Medical Practitioners Award 2020

[Definition of **employee organisation** inserted by [PR774737](#); substituted retrospectively by [PR795660](#) ppc 01Jul24]

employee organisation has the meaning given by section 12 of the [Act](#).

employer means national system employer within the meaning of the [Act](#).

[Definition of **enterprise** inserted by [PR774737](#) from 01Jul24]

enterprise has the meaning given by section 12 of the [Act](#).

exempt public sector superannuation scheme has the meaning given by the *Superannuation Industry (Supervision) Act 1993* (Cth).

medical practitioner has the meaning given in clause 4.2.

MySuper product has the meaning given by the *Superannuation Industry (Supervision) Act 1993* (Cth).

NES means the [National Employment Standards](#) as contained in [sections 59 to 131](#) of the [Act](#).

on-hire means the on-hire of an employee by their employer to a client, where such employee works under the general guidance and instruction of the client or a representative of the client.

ordinary hourly rate means the hourly rate for the employee's classification specified in clause 16.1, plus any allowances specified as being included in the employee's ordinary hourly rate or payable for all purposes.

senior doctor means a Specialist, Senior Specialist, Principal Specialist, Senior Principal Specialist, Deputy Director of Medical Services or Director of Medical Services.

shiftworker means an employee who is regularly rostered to work their ordinary hours outside the ordinary hours of work of a day worker set out in clause 13.1(b).

[Definition of **small business employer** inserted by [PR774737](#) from 01Jul24]

small business employer has the meaning given by section 23 of the [Act](#).

standard rate means the minimum annual salary for a Senior Specialist—Pay point 1 in clause 16.1(i).

weekly rate means the employee's minimum annual salary for the class of work performed divided by 52.

[Definition of **workplace delegate** inserted by [PR774737](#) from 01Jul24]

workplace delegate has the meaning given by section 350C(1) of the [Act](#).

3. The National Employment Standards and this award

- 3.1 The [National Employment Standards](#) (NES) and this award contain the minimum conditions of employment for employees covered by this award.
- 3.2 Where this award refers to a condition of employment provided for in the [NES](#), the [NES](#) definition applies.
- 3.3 The employer must ensure that copies of this award and the [NES](#) are available to all employees to whom they apply, either on a notice board which is conveniently located at or near the workplace or through accessible electronic means.

4. Coverage

- 4.1 This occupational award covers employers of medical practitioners throughout Australia in the classifications listed in clause 12—Classification Definitions to the exclusion of any other modern award.
- 4.2 **Medical practitioner** means a person who is employed as a medical practitioner in hospitals, hospices, benevolent homes, day procedure centres, Aboriginal health services, community health centres, the Red Cross Blood Service, the South Australian Institute of Medical and Veterinary Science, the Victorian Cytology Service or the Victorian Institute of Forensic Medicine.
- 4.3 This award covers any employer which supplies on-hire employees in classifications set out in clause 12—Classification Definitions and those on-hire employees, if the employer is not covered by another modern award containing a classification which is more appropriate to the work performed by the employee. Clause 4.3 operates subject to the exclusions from coverage in this award.
- 4.4 This award does not cover:
- (a) employees excluded from award coverage by the [Act](#);
 - (b) employees who are covered by a modern enterprise award or an enterprise instrument (within the meaning of the *Fair Work (Transitional Provisions and Consequential Amendments) Act 2009* (Cth)), or employers in relation to those employees; or
 - (c) employees who are covered by a State reference public sector modern award or a State reference public sector transitional award (within the meaning of the *Fair Work (Transitional Provisions and Consequential Amendments) Act 2009* (Cth)), or employers in relation to those employees.
- 4.5 Where an employer is covered by more than one award, an employee of that employer is covered by the award classification which is most appropriate to the work performed by the employee and to the environment in which the employee normally performs the work.

5. Individual flexibility arrangements

- 5.1** Despite anything else in this award, an employer and an individual employee may agree to vary the application of the terms of this award relating to any of the following in order to meet the genuine needs of both the employee and the employer:
- (a)** arrangements for when work is performed; or
 - (b)** overtime rates; or
 - (c)** penalty rates; or
 - (d)** allowances; or
 - (e)** annual leave loading.
- 5.2** An agreement must be one that is genuinely made by the employer and the individual employee without coercion or duress.
- 5.3** An agreement may only be made after the individual employee has commenced employment with the employer.
- 5.4** An employer who wishes to initiate the making of an agreement must:
- (a)** give the employee a written proposal; and
 - (b)** if the employer is aware that the employee has, or reasonably should be aware that the employee may have, limited understanding of written English, take reasonable steps (including providing a translation in an appropriate language) to ensure that the employee understands the proposal.
- 5.5** An agreement must result in the employee being better off overall at the time the agreement is made than if the agreement had not been made.
- 5.6** An agreement must do all of the following:
- (a)** state the names of the employer and the employee; and
 - (b)** identify the award term, or award terms, the application of which is to be varied; and
 - (c)** set out how the application of the award term, or each award term, is varied; and
 - (d)** set out how the agreement results in the employee being better off overall at the time the agreement is made than if the agreement had not been made; and
 - (e)** state the date the agreement is to start.
- 5.7** An agreement must be:
- (a)** in writing; and

(b) signed by the employer and the employee and, if the employee is under 18 years of age, by the employee's parent or guardian.

5.8 Except as provided in clause 5.7(b), an agreement must not require the approval or consent of a person other than the employer and the employee.

5.9 The employer must keep the agreement as a time and wages record and give a copy to the employee.

5.10 The employer and the employee must genuinely agree, without duress or coercion to any variation of an award provided for by an agreement.

5.11 An agreement may be terminated:

(a) at any time, by written agreement between the employer and the employee;
or

(b) by the employer or employee giving 13 weeks' written notice to the other party (reduced to 4 weeks if the agreement was entered into before the first full pay period starting on or after 4 December 2013).

NOTE: If an employer and employee agree to an arrangement that purports to be an individual flexibility arrangement under this award term and the arrangement does not meet a requirement set out in section 144 then the employee or the employer may terminate the arrangement by giving written notice of not more than 28 days (see section 145 of the [Act](#)).

5.12 An agreement terminated as mentioned in clause 5.11(b) ceases to have effect at the end of the period of notice required under that clause.

5.13 The right to make an agreement under clause 5 is additional to, and does not affect, any other term of this award that provides for an agreement between an employer and an individual employee.

6. Requests for flexible working arrangements

[6 substituted by [PR763228](#) ppc 01Aug23]

Requests for flexible working arrangements are provided for in the [NES](#).

NOTE: Disputes about requests for flexible working arrangements may be dealt with under clause 31—Dispute resolution and/or under section 65B of the [Act](#).

7. Facilitative provisions

7.1 A facilitative provision provides that the standard approach in an award provision may be departed from by agreement between an employer and an individual employee, or

an employer and the majority of employees in the enterprise or part of the enterprise concerned.

7.2 Facilitative provisions in this award are contained in the following clauses:

Clause	Provision	Agreement between an employer and:
13.1	Ordinary hours of work and roster cycles—day workers	An individual
20.6	Time off instead of payment for overtime	An individual
21.3(a)(iii)	Payment for working on a public holiday	An individual
22.5	Annual leave in advance	An individual
22.6	Cashing out of annual leave	An individual

Part 2—Types of Employment and Classifications

8. Types of employment

8.1 Employees under this award will be employed in one of the following categories:

- (a) full-time;
- (b) part-time; or
- (c) casual.

9. Full-time employees

A full-time employee is an employee who is engaged to work an average of 38 ordinary hours per week.

10. Part-time employees

10.1 A part-time employee:

- (a) is engaged to work an average of less than 38 ordinary hours per week;
- (b) has reasonably predictable hours of work; and

- (c) receives, on a pro rata basis, pay and conditions equivalent to those of full-time employees who do the same kind of work.

11. Casual employees

[Varied by [PR724003](#), [PR733885](#), [PR777258](#)]

[11.1 deleted by [PR733885](#) from 27Sep21]

11.1 Casual loading

[11.2 renumbered as 11.1 by [PR733885](#) from 27Sep21]

[11.1(a) substituted by [PR724003](#) ppc 20Nov20]

- (a) For each ordinary hour worked, a casual employee must be paid:
- (i) the ordinary hourly rate for the classification in which they are employed; and
 - (ii) a loading of **25%** of the ordinary hourly rate.
- (b) The casual loading is paid instead of annual leave, paid personal/carer's leave, notice of termination, redundancy benefits and other entitlements of full-time or part-time employment.

[New 11.3 inserted by [PR724003](#) ppc 20Nov20; 11.3 renumbered as 11.2 by [PR733885](#) from 27Sep21]

11.2 When a casual employee works overtime, they must be paid the overtime rates in clause 20.2.

[11.3 renumbered as 11.4 by [PR724003](#), 11.4 renumbered as 11.3 by [PR733885](#) from 27Sep21]

11.3 A casual employee must be engaged and paid for at least 2 consecutive hours of work on each occasion they are required to attend work.

11.4 Changes to casual employment status

[11.4 renumbered as 11.5 by [PR724003](#); 11.5 renumbered as 11.4 and renamed and substituted by [PR733885](#); renamed and substituted by [PR777258](#) from 27Aug24]

A pathway for employees to change from casual employment to full-time or part-time employment is provided for in the [NES](#). See sections 66A to 66MA of the [Act](#).

NOTE: Disputes about changes to casual employment status may be dealt with under sections 66M and 66MA of the [Act](#) and/or under clause 31—Dispute resolution.

12. Classification Definitions

12.1 Intern is a medical practitioner in the first postgraduate year of clinical experience.

- 12.2 Resident Medical Practitioner (RMP)** is a medical practitioner in the second or any subsequent post-graduate year of clinical experience. An RMP must complete 12 months of clinical experience to advance to the next pay point.
- 12.3 Registrar** is a medical practitioner admitted to an Australian Medical Council accredited vocational training program leading to a fellowship of a Medical College including those of General Practice and Rural and Remote Medicine.
- 12.4 Senior Registrar** is a medical practitioner who has successfully completed examinational requirements for appointment as a Fellow of an Australian or Australasian Specialists College and is awaiting granting of the fellowship.
- 12.5 Career Medical Practitioner** is a medical practitioner with not less than 4 completed years of post-graduate clinical experience who is appointed as such.
- 12.6 Senior Career Medical Practitioner** is a medical practitioner not enrolled in a vocational training program, who has 10 or more years of clinical experience or who has sufficient experience to satisfy the employer.
- 12.7 Community Medical Practitioner** is a medical practitioner who has completed not less than 4 years of post-graduate experience who is employed to practise in community health centres or in general medical practice.
- 12.8 Specialist** is a medical practitioner who has successfully completed a recognised specialist training program, and has been admitted as a fellow of the relevant college, provided that a practitioner may be appointed a Specialist if the practitioner has had sufficient experience in the specialty to satisfy the employer.
- 12.9 Senior Specialist** means a medical practitioner who possesses a higher qualification appropriate to the specialty in which they are employed and has had not less than 3 years of practical experience in the relevant specialty.
- 12.10 Principal Specialist** means a medical practitioner who possesses a higher qualification appropriate to the specialty in which they are employed and has had not less than 8 years of practical experience in that specialty after obtaining the highest qualification. Notwithstanding an officer not having such years of experience, an officer may be appointed as a Principal Specialist if they have had sufficient experience in their specialty to satisfy the employer.
- 12.11 Senior Principal Specialist** means a medical practitioner appointed as a head of a department or section in a Teaching Hospital who meets all requirements specified for employment as a Principal Specialist.
- 12.12 Deputy Director of Medical Services** means a medical practitioner appointed as deputy to a Director of Medical Services.
- 12.13 Director of Medical Services** means a medical practitioner appointed as the Director of Medical Services (however styled) of a hospital or other organisation, provided that a Director of Medical Services will require a higher qualification appropriate to the specialty of medical administration, or will be able to satisfy the employer that the medical practitioner has sufficient experience in the specialty.

- 12.14 Employers must advise their employees in writing of their classification upon commencement and any changes to their classification.

Part 3—Hours of Work

13. Ordinary hours of work

[Varied by [PR747348](#)]

13.1 Ordinary hours and roster cycles—day workers

- (a) The ordinary hours of work for a full-time employee will be an average of 38 hours per week and may be worked by agreement between the employer and employee in one of the following ways:

- (i) over 5 days per week or over 19 days per 4 week period;
- (ii) over 40 hours in any period of 7 consecutive days or 80 hours in any period of 14 consecutive days; or
- (iii) 38 hours per week or 10 sessions per week over 5 days per week or, as agreed between the employee and the employer, averaged over 4 days per week or a longer roster period.

(b) **Span of hours**

- (i) The span of hours for full-time day work Medical Practitioners except Senior Doctors is 6.00 am to 6.00 pm Monday to Friday.
- (ii) The span of hours for Senior Doctors is between 7.00 am and 6.00 pm Monday to Friday. Where normal duties are averaged over a roster period longer than one week, as provided for in clause 13.1(a), normal duties may be worked between Monday and Sunday inclusive.

(c) **Senior Career Medical Practitioners, Career Medical Practitioners and Doctors in training**

The following provisions apply to Senior Career Medical Practitioners, Career Medical Practitioners and Doctors in training:

- (i) These medical practitioners will be free from ordinary hours of duty for not less than 2 days in each week or where this is not practicable, 4 days in each fortnight. Where practicable, the days off will be consecutive.

- (ii) Additional rostered days off will be granted to the extent of one day per calendar month which may accumulate to a maximum of 12 days and which may be taken in periods ranging from one day to 2 weeks.
- (iii) Upon termination of employment, any untaken rostered leave will be paid at the medical practitioner's minimum hourly rate.

13.2 Ordinary hours and roster cycles—shiftworkers

- (a) A **shiftworker** is an employee who is regularly rostered to work their ordinary hours outside the ordinary hours of work of a day worker as defined in clause 13.1(b)(i).
- (b) **Shift length—Doctors in training**

[13.2(b)(i) varied by [PR747348](#) ppc14Nov22]

- (i) No shift will be less than 8 hours in length on a week day or less than 4 hours in length on Saturday, Sunday or a public holiday. Hours of work performed immediately before or after a part-day public holiday, that form part of one continuous shift, are counted as part of the minimum payment/engagement period.
- (ii) No broken or split shifts will be worked.
- (iii) All time worked in excess of 10 hours in any one shift will be paid as overtime.

13A. Employee right to disconnect

[13A inserted by [PR777993](#) from 26Aug24]

13A.1 Clause 13A provides for the exercise of an employee's right to disconnect under section 333M of the [Act](#).

NOTE:

- (a) Section 333M provides that, unless it is unreasonable to do so, an employee may refuse to monitor, read or respond to contact, or attempted contact, from:
 - (1) their employer outside of the employee's working hours,
 - (2) a third party if the contact or attempted contact relates to, their work and is outside of the employee's working hours.
- (b) Section 333M(3) lists matters that must be taken into account in determining whether an employee's refusal is unreasonable.

- (c) Section 333M(5) provides that an employee's refusal will be unreasonable if the contact or attempted contact is required under a law of the Commonwealth, a State or a Territory.
- (d) Section 333N provides for the resolution of disputes about whether an employee's refusal is unreasonable and about the operation of section 333M.
- (e) The general protections in Part 3–1 of the [Act](#) prohibit an employer taking adverse action against an employee because of the employee's right to disconnect under section 333M of the [Act](#).

13A.2 Clause 13A applies from the following dates:

- (a) 26 August 2024—for employers that are not small business employers on this date and their employees.
- (b) 26 August 2025—for employers that are small business employers on 26 August 2024 and their employees.

13A.3 An employer must not directly or indirectly prevent an employee from exercising their right to disconnect under the [Act](#).

13A.4 Clause 13A.3 does not prevent an employer from requiring an employee to monitor, read or respond to contact, or attempted contact, from the employer outside of the employee's working hours where:

- (a) the employee is being paid an on-call allowance under clause 20.3(a) or has been rostered on-call under clause 20.3(b); and
- (b) the employer's contact is to notify the employee that they are required to attend or perform work or give other notice about the on-call.

13A.5 Clause 13A.3 does not prevent an employer from contacting, or attempting to contact, an employee outside of the employee's working hours in circumstances including to notify them of:

- (a) an emergency roster change under clause 14.1(a) or 14.2(b)(ii); or
- (b) a recall to work under clause 20.3(b) or 20.4.

14. Rostering arrangements

14.1 Rostering—Doctors in training

- (a) Doctors in training will be given at least 2 weeks' notice of rosters to be worked in relation to ordinary hours. Where practicable, this will include additional (overtime) rostered hours, provided that the employer may change

the rosters without notice to meet any emergency situation. Clause 14.1 will not apply to additional roster leave granted by the employer.

- (b) Time worked does not include breaks allowed and actually taken for meals.
- (c) Time worked means the time when the Doctor in training is required by the employer to be in attendance.

14.2 Rostering—Senior Doctors

(a) Development of rosters

The employer, when developing rosters, will ensure that:

- (i) Senior Doctors will be consulted and regard will be given to any family, carer or other personal and professional concerns and responsibilities identified by the Senior Doctor to ensure, where practicable, that the Senior Doctor is not adversely affected and that alternative arrangements can be made if possible (e.g. change of childcare or outside practice arrangements);
- (ii) Rosters will identify the general nature of the work to be performed on each shift (clinical/direct patient care, administrative, teaching, research or quality improvement) and the facility at which the shift is to be worked; and
- (iii) Wherever practicable, the usual pattern of normal duties will be consistent from one roster period to the next.

(b) Notice of changes

- (i) Wherever possible, the following notice periods will apply to changes to the normal duties roster:
 - 3 months' notice of an ongoing change; or
 - one month's notice of short-term change (e.g. to cover a planned absence or one-off event).
- (ii) These provisions do not prevent the employer from varying the roster of normal duties at short notice in an emergency, in response to an unplanned event or to cover an unplanned absence.
- (iii) Shifts are to be shared equally amongst the Senior Doctors unless otherwise agreed.

15. Breaks

15.1 Rest period between periods of duty—Community Medical Practitioners

Community Medical Practitioners will be allowed 8 hours off duty between successive periods of duty.

Part 4—Wages and Allowances

16. Minimum rates

[Varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#)]

16.1 An employer must pay adult employees the following minimum rates for ordinary hours worked by the employee:

(a) Intern

[16.1(a) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Intern	63,420	1219.62	32.10

(b) Resident Medical Practitioner

[16.1(b) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	67,331	1294.83	34.07
Pay point 2	70,043	1346.98	35.45
Pay point 3	70,724	1360.08	35.79

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(c) Registrar

[16.1(c) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	76,609	1473.25	38.77
Pay point 2	79,751	1533.67	40.36
Pay point 3	83,388	1603.62	42.20
Pay point 4	85,936	1652.62	43.49

(d) Senior Registrar

[16.1(d) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	100,118	1925.35	50.67
Pay point 2	104,067	2001.29	52.67

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(e) Career Medical Practitioner

[16.1(e) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	101,147	1945.13	51.19
Pay point 2	104,901	2017.33	53.09
Pay point 3	106,982	2057.35	54.14
Pay point 4	110,919	2133.06	56.13

(f) Senior Career Medical Practitioner

[16.1(f) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	114,417	2200.33	57.90
Pay point 2	118,057	2270.33	59.75
Pay point 3	122,022	2346.58	61.75
Pay point 4	125,732	2417.92	63.63

(g) Community Medical Practitioner

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[16.1(g) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	101,128	1944.77	51.18
Pay point 2	104,824	2015.85	53.05
Pay point 3	108,208	2080.92	54.76
Pay point 4	110,915	2132.98	56.13
Pay point 5	114,399	2199.98	57.89
Pay point 6	118,011	2269.44	59.72
Pay point 7	121,959	2345.37	61.72
Pay point 8	125,654	2416.42	63.59

(h) Specialist

[16.1(h) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Specialist	116,024	2231.23	58.72

Medical Practitioners Award 2020

(i) Senior Specialist

[16.1(i) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	124,060	2385.77	62.78
Pay point 2	128,321	2467.71	64.94
Pay point 3	132,712	2552.15	67.16
Pay point 4	142,118	2733.04	71.92
Pay point 5	144,138	2771.88	72.94

(j) Principal Specialist

[16.1(j) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Principal Specialist	147,076	2828.38	74.43

Medical Practitioners Award 2020

(k) Senior Principal Specialist

[16.1(k) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Senior Principal Specialist	152,282	2928.50	77.07

(l) Deputy Director of Medical Services

[16.1(l) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	102,471	1970.60	51.86
Pay point 2	112,383	2161.21	56.87
Pay point 3	124,060	2385.77	62.78
Pay point 4	137,331	2640.98	69.50

(m) Director of Medical Services

[16.1(m) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

Pay points	Minimum annual salary (full-time employee)	Minimum weekly rate (full-time employee)	Minimum hourly rate
	\$	\$	\$
Pay point 1	115,996	2230.69	58.70
Pay point 2	128,261	2466.56	64.91
Pay point 3	147,076	2828.38	74.43
Pay point 4	159,088	3059.38	80.51

16.2 Progression through pay points

Progression to the next pay point for all classifications for which there is more than one pay point will be:

- (a) for full-time employees—by annual movement; or
- (b) for part-time or casual employees—after 1824 hours of similar experience, having regard to the acquisition and use of skills.

16.3 Higher duties

Where an employee temporarily occupies a position in a higher classification for a period of more than 3 days, that employee must be paid not less than the minimum rate applicable to that higher classification, including any relevant managerial allowance, for all time worked at that higher level.

17. Payment of wages

NOTE: Regulations 3.33(3) and 3.46(1)(g) of *Fair Work Regulations 2009* set out the requirements for pay records and the content of payslips including the requirement to separately identify any allowance paid.

17.1 Payment on termination of employment

- (a) The employer must pay an employee no later than 7 days after the day on which the employee’s employment terminates:

- (i) the employee's wages under this award for any complete or incomplete pay period up to the end of the day of termination; and
 - (ii) all other amounts that are due to the employee under this award and the [NES](#).
- (b) The requirement to pay wages and other amounts under clause 17.1(a) is subject to further order of the Commission and the employer making deductions authorised by this award or the [Act](#).

NOTE 1: Section 117(2) of the [Act](#) provides that an employer must not terminate an employee's employment unless the employer has given the employee the required minimum period of notice or "has paid" to the employee payment instead of giving notice.

NOTE 2: Clause 17.1(b) allows the Commission to make an order delaying the requirement to make a payment under clause 17.1. For example, the Commission could make an order delaying the requirement to pay redundancy pay if an employer makes an application under section 120 of the [Act](#) for the Commission to reduce the amount of redundancy pay an employee is entitled to under the [NES](#).

NOTE 3: State and Territory long service leave laws or long service leave entitlements under section 113 of the [Act](#), may require an employer to pay an employee for accrued long service leave on the day on which the employee's employment terminates or shortly after.

18. Allowances

[Varied by [PR718848](#), [PR719003](#), [PR729286](#), [PR729475](#), [PR740712](#), [PR740880](#), [PR762140](#), [PR762304](#), [PR773916](#), [PR774084](#), [PR786569](#), [PR786735](#)]

NOTE: Regulations 3.33(3) and 3.46(1)(g) of *Fair Work Regulations 2009* set out the requirements for pay records and the content of payslips including the requirement to separately identify any allowance paid.

- 18.1** Employers must pay to an employee the allowances the employee is entitled to under clause 18.

NOTE: See Schedule A—Summary of Monetary Allowances for a summary of monetary allowances and method of adjustment.

18.2 Wage-related allowances

- (a) **All-purpose allowances**

Allowances paid for **all purposes** are included in the rate of pay of an employee who is entitled to the allowance, when calculating any penalties or

loadings or payment while they are on annual leave. The on-call allowance in clause 20.3(c) is paid for all purposes under this award.

(b) Managerial allowance per annum for Senior Doctors only

(i) To be eligible for payment of this allowance, the additional management responsibilities will include direct line responsibility for a unit, department or service and involvement in a number of, but not necessarily all of the following:

- cost centre management including budget preparation and management of allocated budget;
- participation in planning and policy development;
- responsibility for the co-ordination of research, training or teaching programs; or
- membership and participation in senior executive management teams.

[18.2(b)(ii) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

(ii) A Level 1 allowance of **\$6897.74** per annum is payable to Senior Doctors who satisfy the criteria in clause 18.2(b)(i) and who are specifically required by the employer to undertake these additional managerial responsibilities. It is expected that a Senior Doctor receiving a Level 1 allowance will:

- as a minimum perform human resource management responsibilities which include the direct supervision of staff, allocation of duties, approval of staff rosters, monitoring of hours worked and other performance management matters; and
- be responsible for ensuring that quality improvement and clinical governance activities are implemented.

[18.2(b)(iii) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

(iii) A Level 2 allowance of **\$16,152.61** is payable to those Senior Doctors satisfying the criteria in clauses 18.2(b)(i) and 18.2(b)(ii) who, in the assessment of the employer, have significant additional managerial responsibilities involving multiple units, services or departments.

[18.2(b)(iv) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

(iv) A Level 3 allowance of **\$25,432.30** is payable to those Senior Doctors who, in addition to satisfying the criteria in clause 18.2(b)(ii), have a

level of managerial responsibility deemed by the employer to require an allowance at the Level 3 rate. It is recognised that managerial responsibilities at this level may not involve the duties at a department or unit level outlined in clause 18.2(b)(ii).

18.3 Expense-related allowances

(a) Meal allowance

[18.3(a) varied by [PR719003](#), [PR729475](#), [PR740880](#), [PR762304](#), [PR774084](#), [PR786735](#) ppc 01Jul25]

When an employee is rostered to work in excess of 10 continuous hours, the employee will be supplied with an adequate meal free of charge or will be paid a meal allowance of **\$16.62**. Where the continuous period exceeds 15 hours, a further meal will be supplied free of charge or a further meal allowance of **\$16.62** will be paid.

(b) Telephone allowance

Where the employer requires an employee to install and/or maintain a telephone for the purpose of being on-call, the employer will refund the installation costs and the subsequent rental charges on production of receipted account(s).

(c) Travelling, transport and fares

[18.3(c)(i) varied by [PR719003](#), [PR740880](#), [PR762304](#), [PR774084](#) ppc 01Jul24]

- (i)** An employee required and authorised to use their own motor vehicle in the course of their duties will be paid an allowance of not less than **\$0.99** per kilometre.
- (ii)** When an employee is required to travel on duty, all reasonably incurred expenses in respect to fares, meals and accommodation will be met by the employer on production of receipted account(s) or other evidence acceptable to the employer, if the employer cannot provide the appropriate transport.
- (iii)** The employee will not be entitled to reimbursement for expenses referred to in clause 18.3(c)(ii) which exceed the mode of transport, meals or the standard of accommodation agreed with the employer for these purposes.

18.4 Deduction for board and lodging

[18.4 varied by [PR719003](#), [PR729475](#), [PR740880](#), [PR762304](#) ppc 01Jul23]

Where the employer provides board and lodging, the minimum salaries prescribed in this award will be reduced by **\$87.90** per week.

19. Superannuation

[Varied by [PR771299](#), [PR794729](#)]

19.1 Superannuation legislation

[19.1 substituted by [PR771299](#) ppc 09Apr24]

- (a) The [NES](#) and Superannuation legislation, including the *Superannuation Guarantee (Administration) Act 1992* (Cth), the *Superannuation Guarantee Charge Act 1992* (Cth), the *Superannuation Industry (Supervision) Act 1993* (Cth) and the *Superannuation (Resolution of Complaints) Act 1993* (Cth), deal with the superannuation rights and obligations of employers and employees.
- (b) The rights and obligations in clause 19 supplement those in superannuation legislation and the [NES](#).

NOTE: Under superannuation legislation:

- (a) Individual employees generally have the opportunity to choose their own superannuation fund.
- (b) If a new employee does not choose a superannuation fund, the employer must ask the Australian Taxation Office (ATO) whether the employee is an existing member of a stapled superannuation fund and, if stapled fund details are provided by the ATO, make contributions to the stapled fund.
- (c) If an employee does not choose a superannuation fund and does not have a stapled fund, the choice of superannuation fund requirements will be satisfied by contributions made to a superannuation fund nominated in the award covering the employee, provided the fund is able to accept contributions for the benefit of the employee.
- (d) A fund may not be able to accept contributions for the benefit of an employee if the employee would be a new member of the fund's MySuper product and the MySuper product is closed to new members because it has failed the performance tests of Australian Prudential Regulation Authority (APRA) for 2 consecutive years.

19.2 Employer contributions

An employer must make such superannuation contributions to a superannuation fund for the benefit of an employee as will avoid the employer being required to pay the superannuation guarantee charge under superannuation legislation with respect to that employee.

19.3 Voluntary employee contributions

- (a) Subject to the governing rules of the relevant superannuation fund, an employee may, in writing, authorise their employer to pay on behalf of the employee a specified amount from the post-taxation wages of the employee into the same superannuation fund as the employer makes the superannuation contributions provided for in clause 19.2.
- (b) An employee may adjust the amount the employee has authorised their employer to pay from the wages of the employee from the first of the month following the giving of three months' written notice to their employer.
- (c) The employer must pay the amount authorised under clauses 19.3(a) or 19.3(b) no later than 28 days after the end of the month in which the deduction authorised under clauses 19.3(a) or 19.3(b) was made.

19.4 Superannuation fund

[19.4 varied by [PR771299](#) ppc 09Apr24]

Unless, to comply with superannuation legislation, the employer is required to make the superannuation contributions provided for in clause 19.2 to another superannuation fund, the employer must make the superannuation contributions provided for in clause 19.2 and pay any amount authorised under clauses 19.3(a) or 19.3(b) to one of the following superannuation funds or its successor, provided that, in respect of new employees, the fund is able to accept new beneficiaries:

[19.4(a) varied by [PR794729](#) ppc 23Jan26]

- (a) Aware Super;
- (b) any superannuation fund to which the employer was making superannuation contributions for the benefit of its employees before 12 September 2008, provided the superannuation fund is an eligible choice fund and is a fund that offers a MySuper product or is an exempt public sector superannuation scheme; or
- (c) a superannuation fund or scheme which the employee is a defined benefit member of.

Part 5—Overtime and Penalty Rates

20. Overtime

[Varied by [PR718848](#), [PR724003](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR763228](#), [PR773916](#), [PR786569](#)]

20.1 Definition of overtime

For all Medical Practitioners, except Senior Doctors, hours worked in excess of 38 ordinary hours per week will be deemed overtime.

20.2 Overtime rates

[20.2 varied by [PR724003](#) ppc 20Nov20]

Where an employee, except a Senior Doctor, works overtime the employer must pay the employee overtime rates as follows:

For overtime worked on	Full-time and part-time overtime rate	Casual overtime rate ¹
	% of ordinary hourly rate	
Monday to Saturday—first 2 hours	150%	175%
Monday to Saturday—after 2 hours	200%	225%
Sunday—all day	200%	225%
Public holidays—all day	250%	275%

¹ Includes **25%** casual loading provided in clause 11.1(a).

20.3 On-call

- (a) Medical Practitioners, except for Senior Doctors, required by the employer to be on-call will be paid an allowance equal to **10%** of their daily rate for each day on-call.
- (b) Senior Doctors will be available for reasonable on-call and recall duties. Wherever practicable, on-call rosters should align with rostered normal duties.
- (c) Senior Doctors will remain on duty when patient needs require, notwithstanding the occurrence of normal meal breaks, conferences or the expiration of their normal hours and will be paid an allowance of **10%** of their annual base salary. This allowance will be regarded as part of salary for all purposes, including leave entitlements and superannuation.

20.4 Recall—other than Senior Doctors

- (a) When a Medical Practitioner is recalled for duty, they will be paid an amount equal to one hour at the minimum hourly rate as payment for travelling time.
- (b) In addition, payment for the time worked will be made at the rate of **150%** of the minimum hourly rate on weekdays and **200%** of the minimum hourly rate on weekends and public holidays with a minimum payment of 3 hours.

20.5 Sleepover arrangement—Doctors in training

Where the employer requires a Doctor in training to sleepover, the following provisions will apply:

[20.5(a) varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

- (a) the employees will be entitled to an amount of **\$99.25** for each sleepover period. Payment will be deemed to provide compensation for the sleepover and also include compensation for all work necessarily undertaken by an employee up to a total of one hour duration;
- (b) any work performed by the Doctor in training in excess of one hour during their sleepover will attract the appropriate overtime payment as specified in clause 20.2; and
- (c) if, during the course of the sleepover, the Doctor in training is called to active duty more than 5 times, the entire period of the sleepover will be paid as active duty at the appropriate rate instead of the payment prescribed in clause 20.5(a) above.

20.6 Time off instead of payment for overtime

- (a) An employee and employer may agree in writing to the employee taking time off instead of being paid for a particular amount of overtime that has been worked by the employee.
- (b) Any amount of overtime that has been worked by an employee in a particular pay period and that is to be taken as time off instead of the employee being paid for it must be the subject of a separate agreement under clause 20.6.
- (c) The period of time off that an employee is entitled to take is the same as the number of overtime hours worked.

EXAMPLE: By making an agreement under clause 20.6 an employee who worked 2 overtime hours is entitled to 2 hours' time off.

- (d) Time off must be taken:
 - (i) within the period of 4 weeks after the overtime is worked; and

- (ii) at a time or times within that period of 4 weeks agreed by the employee and employer.
- (e) If the employee requests at any time, to be paid for overtime covered by an agreement under clause 20.6 but not taken as time off, the employer must pay the employee for the overtime, in the next pay period following the request, at the overtime rate applicable to the overtime when worked.
- (f) If time off for overtime that has been worked is not taken within the period of 4 weeks mentioned in clause 20.6(d), the employer must pay the employee for the overtime, in the next pay period following those 4 weeks, at the overtime rate applicable to the overtime when worked.
- (g) The employer must keep a copy of any agreement under clause 20.6 as an employee record.
- (h) An employer must not exert undue influence or undue pressure on an employee in relation to a decision by the employee to make, or not make, an agreement to take time off instead of payment for overtime.
- (i) An employee may, under section 65 of the [Act](#), request to take time off, at a time or times specified in the request or to be subsequently agreed by the employer and the employee, instead of being paid for overtime worked by the employee. If the employer agrees to the request then clause 20.6 will apply, including the requirement for separate written agreements under clause 20.6(b) for overtime that has been worked.

[Note varied by [PR763228](#) ppc 01Aug23]

NOTE: If an employee makes a request under section 65 of the [Act](#) for a change in working arrangements, the employer may only refuse that request on reasonable business grounds (see section 65A(3) of the [Act](#)).

- (j) If, on the termination of the employee's employment, time off for overtime worked by the employee to which clause 20.6 applies has not been taken, the employer must pay the employee for the overtime at the overtime rate applicable to the overtime when worked.

NOTE: Under section 345(1) of the [Act](#), a person must not knowingly or recklessly make a false or misleading representation about the workplace rights of another person under clause 20.6.

21. Penalty rates

[Varied by [PR747348](#)]

21.1 Payment of shift penalty rates

An employee will be paid the following penalty rates for all ordinary hours worked by the employee during the following periods:

(a) Doctors in Training

	Penalty rate
Rostered ordinary duty commencing or ending between 9.00 pm and 6.00 am	2.5% of minimum weekly rate per occasion*

*Payment per occasion in addition to payment for hours worked. Penalty rate calculations are based on the rate for first year of experience of each respective classification.

(b) Career Medical Practitioners and Senior Career Medical Practitioners

Ordinary hours worked:	Penalty rate	Casual penalty rate ¹
	% of ordinary hourly rate	
Monday to Friday— between 6.00 pm and midnight	112.5	137.5
Monday to Friday—between midnight and 8.00 am	125	150
Saturday—all hours	150	175
Sunday—all hours	175	200
¹ Includes 25% casual loading provided in clause 11.1(a)		

(c) Senior Doctors

Ordinary hours worked:	Penalty rate	Casual penalty rate¹
	% of ordinary hourly rate	
Monday to Friday—between 6.00 pm and midnight	112.5	137.5
Saturday—between 7.00 am and midnight	150	175
Sunday—between 7.00 am and midnight	175	200
Public holidays—all hours	250	275
¹ Includes 25% casual loading provided in clause 11.1(a)		

(d) Community Medical Practitioners

	Penalty rate	Casual penalty rate¹
	% of ordinary hourly rate	
Shift starting between 5.00 am and before 6.30 am	102.5	127.5
Shift finishing between 6.00 pm and before midnight	102.5	127.5
Shift or part of shift rostered between midnight and 5.00 am	104	129
Shifts permanently worked between midnight and 5.00 am*	105	130
*Permanently worked means any period in excess of 4 consecutive weeks		
¹ Includes 25% casual loading provided in clause 11.1(a)		

- (e) Where duty performed attracts more than one penalty, only the higher penalty will apply. For the purposes of clause 21.1, the term penalty will include overtime.

21.2 Saturday and Sunday work

Ordinary hours worked:	Penalty rate	Casual penalty rate ¹
	% of ordinary hourly rate	
Between midnight Friday and midnight Sunday	150	175
¹ Includes 25% casual loading provided in clause 11.1(a)		

21.3 Payment for working on a public holiday

- (a) A Medical Practitioner who is required to work on a public holiday will receive one of the following:
- (i) payment at the rate of **250%** of the ordinary hourly rate;
 - (ii) payment at the rate of **150%** of the ordinary hourly rate, and one day will be added to their annual leave entitlement; or
 - (iii) payment at the ordinary hourly rate, and one and a half days will be added to their annual leave entitlement or taken at another time, by agreement between the employer and employee.

[21.3(b) inserted by [PR747348](#) ppc14Nov22]

- (b) If a public holiday is a part-day public holiday, then clause 21.3(a) applies on a pro-rata basis for the number of ordinary hours on the part-day public holiday.

Part 6—Leave and Public Holidays

22. Annual leave

[Varied by [PR747348](#)]

22.1 Annual leave is provided for in the [NES](#).

22.2 Additional leave for certain shiftworkers

A Medical Practitioner required to work shifts including weekends is entitled to an additional week’s annual leave.

22.3 Public holidays falling during annual leave

[Paragraph in 22.3 numbered as 22.3(a) by [PR747348](#) ppc14Nov22]

- (a) An additional day will be added to a Medical Practitioner's annual leave entitlement for any public holiday which falls during the period of annual leave.

[22.3(b) inserted by [PR747348](#) ppc14Nov22]

- (b) If a public holiday is a part-day public holiday, then clause 22.3(a) applies on a pro-rata basis for the number of ordinary hours on the part-day public holiday.

22.4 Annual leave loading

- (a) At the time of taking leave, a Medical Practitioner will be paid a loading of **17.5%** of the minimum weekly rate based on a maximum of 4 weeks' annual leave.
- (b) A shiftworker, in addition to their ordinary pay, will be paid the higher of:
 - (i) the annual leave loading; or
 - (ii) the weekend and shift penalties the employee would have received had they not been on leave during the relevant period.

NOTE: Where an employee is receiving over-award payments such that the employee's base rate of pay is higher than the rate specified under this award, the employee is entitled to receive the higher rate while on a period of paid annual leave (see sections 16 and 90 of the [Act](#)).

22.5 Annual leave in advance

- (a) An employer and employee may agree in writing to the employee taking a period of paid annual leave before the employee has accrued an entitlement to the leave.
- (b) An agreement must:
 - (i) state the amount of leave to be taken in advance and the date on which leave is to commence; and
 - (ii) be signed by the employer and employee and, if the employee is under 18 years of age, by the employee's parent or guardian.

NOTE: An example of the type of agreement required by clause 22.5 is set out at Schedule B—Agreement to Take Annual Leave in Advance. There is no requirement to use the form of agreement set out at Schedule B—Agreement to Take Annual Leave in Advance.

- (c) The employer must keep a copy of any agreement under clause 22.5 as an employee record.
- (d) If, on the termination of the employee's employment, the employee has not accrued an entitlement to all of a period of paid annual leave already taken in accordance with an agreement under clause 22.5, the employer may deduct from any money due to the employee on termination an amount equal to the amount that was paid to the employee in respect of any part of the period of annual leave taken in advance to which an entitlement has not been accrued.

22.6 Cashing out of annual leave

- (a) Paid annual leave must not be cashed out except in accordance with an agreement under clause 22.6.
- (b) Each cashing out of a particular amount of paid annual leave must be the subject of a separate agreement under clause 22.6.
- (c) An employer and an employee may agree in writing to the cashing out of a particular amount of accrued paid annual leave by the employee.
- (d) An agreement under clause 22.6 must state:
 - (i) the amount of leave to be cashed out and the payment to be made to the employee for it; and
 - (ii) the date on which the payment is to be made.
- (e) An agreement under clause 22.6 must be signed by the employer and employee and, if the employee is under 18 years of age, by the employee's parent or guardian.
- (f) The payment must not be less than the amount that would have been payable had the employee taken the leave at the time the payment is made.
- (g) An agreement must not result in the employee's remaining accrued entitlement to paid annual leave being less than 4 weeks.
- (h) The maximum amount of accrued paid annual leave that may be cashed out in any period of 12 months is 2 weeks.
- (i) The employer must keep a copy of any agreement under clause 22.6 as an employee record.

NOTE 1: Under section 344 of the [Act](#), an employer must not exert undue influence or undue pressure on an employee to make, or not make, an agreement under clause 22.6.

NOTE 2: Under section 345(1) of the [Act](#), a person must not knowingly or recklessly make a false or misleading representation about the workplace rights of another person under clause 22.6.

NOTE 3: An example of the type of agreement required by clause 22.6 is set out at Schedule C—Agreement to Cash Out Annual Leave. There is no requirement to use the form of agreement set out at Schedule C—Agreement to Cash Out Annual Leave.

22.7 Excessive leave accruals: general provision

NOTE: Clauses 22.7 to 22.9 contain provisions, additional to the [NES](#), about the taking of paid annual leave as a way of dealing with the accrual of excessive paid annual leave. See Part 2.2, Division 6 of the [Act](#).

- (a) An employee has an **excessive leave accrual** if the employee has accrued more than 8 weeks' paid annual leave.
- (b) If an employee has an excessive leave accrual, the employer or the employee may seek to confer with the other and genuinely try to reach agreement on how to reduce or eliminate the excessive leave accrual.
- (c) Clause 22.8 sets out how an employer may direct an employee who has an excessive leave accrual to take paid annual leave.
- (d) Clause 22.9 sets out how an employee who has an excessive leave accrual may require an employer to grant paid annual leave requested by the employee.

22.8 Excessive leave accruals: direction by employer that leave be taken

- (a) If an employer has genuinely tried to reach agreement with an employee under clause 22.7(b) but agreement is not reached (including because the employee refuses to confer), the employer may direct the employee in writing to take one or more periods of paid annual leave. Any discussions should take into account the employee's workload, the availability of suitable relief staff, and in the case of a doctor in training, the doctor's training requirements.
- (b) However, a direction by the employer under clause 22.8(a):
 - (i) is of no effect if it would result at any time in the employee's remaining accrued entitlement to paid annual leave being less than 6 weeks when any other paid annual leave arrangements (whether made under clause 22.7, 22.8 or 22.9 or otherwise agreed by the employer and employee) are taken into account; and
 - (ii) must not require the employee to take any period of paid annual leave of less than one week; and

- (ii) provide for the employee to take any period of paid annual leave of less than one week; or
 - (iii) provide for the employee to take a period of paid annual leave beginning less than 8 weeks, or more than 12 months, after the notice is given; or
 - (iv) be inconsistent with any leave arrangement agreed by the employer and employee.
- (d) An employee is not entitled to request by a notice under clause 22.9(a) more than 4 weeks' paid annual leave in any period of 12 months.
- (e) The employer must grant paid annual leave requested by a notice under clause 22.9(a).

23. Ceremonial leave

An employee who is legitimately required by Aboriginal or Torres Strait Islander tradition to be absent from work for ceremonial purposes will be entitled to up to 10 working days unpaid leave in any one year, with the approval of the employer.

24. Personal/carer's leave and compassionate leave

Personal/carer's leave and compassionate leave are provided for in the [NES](#).

25. Parental leave and related entitlements

[25 varied by [PR763228](#) ppc 01Aug23]

Parental leave and related entitlements are provided for in the [NES](#).

NOTE: Disputes about requests for extensions to unpaid parental leave may be dealt with under clause 31—Dispute resolution and/or under section 76B of the [Act](#).

26. Community service leave

Community service leave is provided for in the [NES](#).

27. Family and domestic violence leave

[27—Unpaid family and domestic violence leave renamed and substituted by [PR750506](#) ppc 15Mar23]

Family and domestic violence leave is provided for in the [NES](#).

NOTE 1: Information provided to employers concerning an employee's experience of family and domestic violence is sensitive and if mishandled can have adverse consequences for the

employee. Employers are subject to confidentiality requirements regarding the handling of this information under section 106C of the [Act](#) and requirements as to what can be reported on payslips pursuant to regulations 3.47 and 3.48 of the *Fair Work Regulations 2009*.

NOTE 2: Depending upon the circumstances, evidence that would satisfy a reasonable person of the employee's need to take family and domestic violence leave may include a document issued by the police service, a court or family violence support service, or a statutory declaration.

28. Public holidays

[Varied by [PR747348](#)]

28.1 Public holiday entitlements are provided for in the [NES](#).

28.2 A Medical Practitioner who is required to work on a public holiday will be paid in accordance with clause 21.3.

[28.3 deleted by [PR747348](#) ppc14Nov22]

Part 7—Workplace Delegates, Consultation and Dispute Resolution

[Part 7—Consultation and Dispute Resolution renamed by [PR774737](#) from 01Jul24]

28A Workplace delegates' rights

[28A inserted by [PR774737](#); substituted retrospectively by [PR795660](#) ppc 01Jul24]

28A.1 Clause 28A provides for the exercise of the rights of workplace delegates set out in section 350C of the [Act](#).

NOTE: Under section 350C(4) of the [Act](#), the employer is taken to have afforded a workplace delegate the rights mentioned in section 350C(3) if the employer has complied with clause 28A.

28A.2 In clause 28A:

- (a) **employer** means the employer of the workplace delegate;
- (b) **delegate's organisation** means the employee organisation in accordance with the rules of which the workplace delegate was appointed or elected;
- (c) **eligible workers** means members and persons eligible to be members of the workplace delegate's organisation who work in a particular enterprise.

28A.3 Before exercising entitlements under clause 28A, a workplace delegate must give the employer written notice of their appointment or election as a workplace delegate. If requested, the workplace delegate must provide the employer with evidence that would satisfy a reasonable person of their appointment or election.

28A.4 An employee who ceases to be a workplace delegate must give written notice to the employer within 14 days.

28A.5 Right of representation

A workplace delegate may represent the industrial interests of eligible workers who wish to be represented by the workplace delegate in matters including:

- (a) consultation about major workplace change;
- (b) consultation about changes to rosters or hours of work;
- (c) resolution of disputes;
- (d) disciplinary processes;
- (e) enterprise bargaining where the workplace delegate has been appointed as a bargaining representative under section 176 of the [Act](#) or is assisting the delegate's organisation with enterprise bargaining; and
- (f) any process or procedure within an award, enterprise agreement or workplace policy under which eligible workers are entitled to be represented and which concerns their industrial interests.

28A.6 Entitlement to reasonable communication

- (a) A workplace delegate may communicate with eligible workers in relation to their industrial interests under clause 28A.5. This includes discussing membership of the delegate's organisation and representation with eligible workers.
- (b) A workplace delegate may communicate with eligible workers during working hours or work breaks, or before or after work.

28A.7 Entitlement to reasonable access to the workplace and workplace facilities

- (a) The employer must provide a workplace delegate with access to or use of the following workplace facilities:
 - (i) a room or area to hold discussions that is fit for purpose, private and accessible by the workplace delegate and eligible workers;
 - (ii) a physical or electronic noticeboard;
 - (iii) electronic means of communication ordinarily used in the workplace by the employer to communicate with eligible workers and by eligible workers to communicate with each other, including access to Wi-Fi;
 - (iv) a lockable filing cabinet or other secure document storage area; and

- (v) office facilities and equipment including printers, scanners and photocopiers.
- (b) The employer is not required to provide access to or use of a workplace facility under clause 28A.7(a) if:
 - (i) the workplace does not have the facility;
 - (ii) due to operational requirements, it is impractical to provide access to or use of the facility at the time or in the manner it is sought; or
 - (iii) the employer does not have access to the facility at the enterprise and is unable to obtain access after taking reasonable steps.

28A.8 Entitlement to reasonable access to training

Unless the employer is a small business employer, the employer must provide a workplace delegate with access to up to 5 days of paid time during normal working hours for initial training and at least one day each subsequent year, to attend training related to representation of the industrial interests of eligible workers, subject to the following conditions:

- (a) In each year commencing 1 July, the employer is not required to provide access to paid time for training to more than one workplace delegate per 50 eligible workers.
- (b) The number of eligible workers will be determined on the day a delegate requests paid time to attend training, as the number of eligible workers who are:
 - (i) full-time or part-time employees; or
 - (ii) regular casual employees.
- (c) Payment for a day of paid time during normal working hours is payment of the amount the workplace delegate would have been paid for the hours the workplace delegate would have been rostered or required to work on that day if the delegate had not been absent from work to attend the training.
- (d) The workplace delegate must give the employer not less than 5 weeks' notice (unless the employer and delegate agree to a shorter period of notice) of the dates, subject matter, the daily start and finish times of the training, and the name of the training provider.
- (e) If requested by the employer, the workplace delegate must provide the employer with an outline of the training content.

- (f) The employer must advise the workplace delegate not less than 2 weeks from the day on which the training is scheduled to commence, whether the workplace delegate's access to paid time during normal working hours to attend the training has been approved. Such approval must not be unreasonably withheld.
- (g) The workplace delegate must, within 7 days after the day on which the training ends, provide the employer with evidence that would satisfy a reasonable person of their attendance at the training.

28A.9 Exercise of entitlements under clause 28A

- (a) A workplace delegate's entitlements under clause 28A are subject to the conditions that the workplace delegate must, when exercising those entitlements:
 - (i) comply with the reasonable policies and procedures of the employer, including reasonable codes of conduct and requirements in relation to occupational health and safety and acceptable use of ICT resources;
 - (ii) not hinder, obstruct or prevent eligible workers exercising their rights to freedom of association.
- (b) When exercising any entitlements under clause 28A, a workplace delegate must, other than in the reasonable exercise of those entitlements:
 - (i) comply with their duties and obligations as an employee; and
 - (ii) not hinder, obstruct or prevent the normal performance of work.
- (c) Clause 28A does not require the employer to provide a workplace delegate with access to electronic means of communication in a way that provides individual contact details for eligible workers.
- (d) Clause 28A does not require an eligible worker to be represented by a workplace delegate without the worker's agreement.

NOTE: Under section 350A of the [Act](#), the employer must not:

- (a) unreasonably fail or refuse to deal with a workplace delegate; or
- (b) knowingly or recklessly make a false or misleading representation to a workplace delegate; or
- (c) unreasonably hinder, obstruct or prevent the exercise of the rights of a workplace delegate under the [Act](#) or clause 28A.

29. Consultation about major workplace change

- 29.1 If an employer makes a definite decision to make major changes in production, program, organisation, structure or technology that are likely to have significant effects on employees, the employer must:
- (a) give notice of the changes to all employees who may be affected by them and their representatives (if any); and
 - (b) discuss with affected employees and their representatives (if any):
 - (i) the introduction of the changes; and
 - (ii) their likely effect on employees; and
 - (iii) measures to avoid or reduce the adverse effects of the changes on employees; and
 - (c) commence discussions as soon as practicable after a definite decision has been made.
- 29.2 For the purposes of the discussion under clause 29.1(b), the employer must give in writing to the affected employees and their representatives (if any) all relevant information about the changes including:
- (a) their nature; and
 - (b) their expected effect on employees; and
 - (c) any other matters likely to affect employees.
- 29.3 Clause 29.2 does not require an employer to disclose any confidential information if its disclosure would be contrary to the employer's interests.
- 29.4 The employer must promptly consider any matters raised by the employees or their representatives about the changes in the course of the discussion under clause 29.1(b).
- 29.5 In clause 29 **significant effects**, on employees, includes any of the following:
- (a) termination of employment; or
 - (b) major changes in the composition, operation or size of the employer's workforce or in the skills required; or
 - (c) loss of, or reduction in, job or promotion opportunities; or
 - (d) loss of, or reduction in, job tenure; or
 - (e) alteration of hours of work; or
 - (f) the need for employees to be retrained or transferred to other work or locations; or

(g) job restructuring.

29.6 Where this award makes provision for alteration of any of the matters defined at clause 29.5, such alteration is taken not to have significant effect.

30. Consultation about changes to rosters or hours of work

30.1 Clause 30 applies if an employer proposes to change the regular roster or ordinary hours of work of an employee, other than an employee whose working hours are irregular, sporadic or unpredictable.

30.2 The employer must consult with any employees affected by the proposed change and their representatives (if any).

30.3 For the purpose of the consultation, the employer must:

(a) provide to the employees and representatives mentioned in clause 30.2 information about the proposed change (for example, information about the nature of the change and when it is to begin); and

(b) invite the employees to give their views about the impact of the proposed change on them (including any impact on their family or caring responsibilities) and also invite their representative (if any) to give their views about that impact.

30.4 The employer must consider any views given under clause 30.3(b).

30.5 Clause 30 is to be read in conjunction with any other provisions of this award concerning the scheduling of work or the giving of notice.

31. Dispute resolution

[Varied by [PR763228](#), [PR777258](#), [PR777993](#)]

31.1 Clause 31 sets out the procedures to be followed if a dispute arises about a matter under this award or in relation to the [NES](#).

31.2 The parties to the dispute must first try to resolve the dispute at the workplace through discussion between the employee or employees concerned and the relevant supervisor.

31.3 If the dispute is not resolved through discussion as mentioned in clause 31.2, the parties to the dispute must then try to resolve it in a timely manner at the workplace through discussion between the employee or employees concerned and more senior levels of management, as appropriate.

31.4 If the dispute is unable to be resolved at the workplace and all appropriate steps have been taken under clauses 31.2 and 31.3, a party to the dispute may refer it to the Fair Work Commission.

- 31.5** The parties may agree on the process to be followed by the Fair Work Commission in dealing with the dispute, including mediation, conciliation and consent arbitration.
- 31.6** If the dispute remains unresolved, the Fair Work Commission may use any method of dispute resolution that it is permitted by the [Act](#) to use and that it considers appropriate for resolving the dispute.
- 31.7** A party to the dispute may appoint a person, organisation or association to support and/or represent them in any discussion or process under clause 31.
- 31.8** While procedures are being followed under clause 31 in relation to a dispute:
- (a) work must continue in accordance with this award and the [Act](#); and
 - (b) an employee must not unreasonably fail to comply with any direction given by the employer about performing work, whether at the same or another workplace, that is safe and appropriate for the employee to perform.

31.9 Clause 31.8 is subject to any applicable work health and safety legislation.

[Note 1 and Note 2 inserted by [PR763228](#); deleted by [PR777993](#) from 26Aug24]

[Note inserted by [PR777993](#) from 26Aug24; varied by [PR777258](#) from 27Aug24]

NOTE: In addition to clause 31, the [Act](#) contains dispute resolution procedures as follows:

For a dispute about rights under the Act to	Section
Request flexible working arrangements	65B
Change casual employment status	66M
Request an extension to unpaid parental leave	76B
Exercise an employee’s right to disconnect	333N

Part 8—Termination of Employment and Redundancy

32. Termination of employment

NOTE: The [NES](#) sets out requirements for notice of termination by an employer. See sections 117 and 123 of the [Act](#).

32.1 Notice of termination by an employee

- (a) Clause 32.1 applies to all employees except those identified in sections 123(1) and 123(3) of the [Act](#).

- (b) An employee must give the employer notice of termination in accordance with **Table 1—Period of notice** of at least the period specified in column 2 according to the period of continuous service of the employee specified in column 1.

Table 1—Period of notice

Column 1	Column 2
Employee’s period of continuous service with the employer at the end of the day the notice is given	Period of notice
Not more than 1 year	1 week
More than 1 year but not more than 3 years	2 weeks
More than 3 years but not more than 5 years	3 weeks
More than 5 years	4 weeks

NOTE: The notice of termination required to be given by an employee is the same as that required of an employer except that the employee does not have to give additional notice based on the age of the employee.

- (c) In clause 32.1(b) **continuous service** has the same meaning as in section 117 of the [Act](#).
- (d) If an employee who is at least 18 years old does not give the period of notice required under clause 32.1(b), then the employer may deduct from wages due to the employee under this award an amount that is no more than one week’s wages for the employee.
- (e) If the employer has agreed to a shorter period of notice than that required under clause 32.1(b), then no deduction can be made under clause 32.1(d).
- (f) Any deduction made under clause 32.1(d) must not be unreasonable in the circumstances.

32.2 Job search entitlement

- (a) Where an employer has given notice of termination to an employee, the employee must be allowed time off without loss of pay of up to one day for the purpose of seeking other employment.
- (b) The time off under clause 32.2 is to be taken at times that are convenient to the employee after consultation with the employer.

33. Redundancy

NOTE: Redundancy pay is provided for in the [NES](#). See sections 119 to 123 of the [Act](#).

33.1 Transfer to lower paid duties on redundancy

- (a) Clause 33.1 applies if, because of redundancy, an employee is transferred to new duties to which a lower ordinary rate of pay applies.
- (b) The employer may:
 - (i) give the employee notice of the transfer of at least the same length as the employee would be entitled to under section 117 of the [Act](#) as if it were a notice of termination given by the employer; or
 - (ii) transfer the employee to the new duties without giving notice of transfer or before the expiry of a notice of transfer, provided that the employer pays the employee as set out in clause 33.1(c).
- (c) If the employer acts as mentioned in clause 33.1(b)(ii), the employee is entitled to a payment of an amount equal to the difference between the ordinary rate of pay of the employee (inclusive of all-purpose allowances, shift rates and penalty rates applicable to ordinary hours) for the hours of work the employee would have worked in the first role, and the ordinary rate of pay (also inclusive of all-purpose allowances, shift rates and penalty rates applicable to ordinary hours) of the employee in the second role for the period for which notice was not given.

33.2 Employee leaving during redundancy notice period

- (a) An employee given notice of termination in circumstances of redundancy may terminate their employment during the minimum period of notice prescribed by section 117(3) of the [Act](#).
- (b) The employee is entitled to receive the benefits and payments they would have received under clause 33 or under sections 119 to 123 of the [Act](#) had they remained in employment until the expiry of the notice.
- (c) However, the employee is not entitled to be paid for any part of the period of notice remaining after the employee ceased to be employed.

33.3 Job search entitlement

- (a) Where an employer has given notice of termination to an employee in circumstances of redundancy, the employee must be allowed time off without loss of pay of up to one day each week of the minimum period of notice prescribed by section 117(3) of the [Act](#) for the purpose of seeking other employment.

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- (b)** If an employee is allowed time off without loss of pay of more than one day under clause 33.3(a), the employee must, at the request of the employer, produce proof of attendance at an interview.
- (c)** A statutory declaration is sufficient for the purpose of clause 33.3(b).
- (d)** An employee who fails to produce proof when required under clause 33.3(b) is not entitled to be paid for the time off.
- (e)** This entitlement applies instead of clause 32.2.

Schedule A—Summary of Monetary Allowances

[Varied by [PR718848](#), [PR719003](#), [PR729286](#), [PR729475](#), [PR740712](#), [PR740880](#), [PR750781](#), [PR762140](#), [PR762304](#), [PR773916](#), [PR774084](#), [PR786569](#), [PR786735](#)]

See clause 18—Allowances for full details of allowances payable under this award.

A.1 Wage-related allowances and penalty rates

[A.1.1 varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

A.1.1 Wage-related allowances

The wage-related allowances in this award are based on the [standard rate](#) as defined in clause 2—Definitions as the minimum annual salary for a Senior Specialist—Pay point 1 in clause 16.1(i) = **\$124,060**.

Allowance	Clause	% of standard rate	\$	Payable
Managerial allowance for Senior Doctors only—Level 1	18.2(b)(ii)	5.56	6897.74	per annum
Managerial allowance for Senior Doctors only—Level 2	18.2(b)(iii)	13.02	16,152.61	per annum
Managerial allowance for Senior Doctors only—Level 3	18.2(b)(iv)	20.5	25,432.30	per annum

A.1.2 Automatic adjustment of wage-related allowances

[A.1.2 renamed and substituted by [PR750781](#) ppc 15Mar23]

The amount of each wage-related allowance is the percentage of the [standard rate](#) specified for the allowance and will automatically adjust to reflect the specified percentage when the [standard rate](#) is varied.

A.1.3 Penalty rates

[A.1.3 varied by [PR718848](#), [PR729286](#), [PR740712](#), [PR762140](#), [PR773916](#), [PR786569](#) ppc 01Jul25]

The following penalty rates are calculated by reference to the amount specified:

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Allowance	Clause	Method	\$	Payable
On-call allowance— Medical Practitioners, except for Senior Doctors	20.3	10% of employee’s daily rate per each day on-call		
On-call allowance— Senior Doctors ¹	20.3	10% of employee’s annual base salary		
Sleepover arrangement— Doctors in training	20.5	0.08% of standard rate	99.25	per sleepover period

¹ This allowance applies for all purposes of this award.

A.2 Expense-related allowances

[A.2.1 varied by [PR719003](#), [PR729475](#), [PR740880](#), [PR762304](#), [PR774084](#), [PR786735](#) ppc 01Jul25]

A.2.1 The following expense-related allowances will be payable to employees in accordance with clause 18.3:

Allowance	Clause	\$	Payable
Meal allowances—Work in excess of 10 continuous hours	18.3(a)	16.62	per occasion
Meal allowances—Work in excess of 15 continuous hours	18.3(a)	16.62	per occasion
Travelling, transport and fares	18.3(c)(i)	0.99	per km

A.2.2 Adjustment of expense-related allowances

(a) At the time of any adjustment to the [standard rate](#), each expense-related allowance will be increased by the relevant adjustment factor. The relevant adjustment factor for this purpose is the percentage movement in the applicable index figure most recently published by the Australian Bureau of Statistics since the allowance was last adjusted.

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- (b)** The applicable index figure is the index figure published by the Australian Bureau of Statistics for the Eight Capitals Consumer Price Index (Cat No. 6401.0), as follows:

Allowance	Applicable Consumer Price Index figure
Vehicle allowance	Private motoring sub-group
Board and lodging (deduction)	Domestic holiday travel and accommodation sub-group
Meal allowance	Take away and fast foods sub-group

Schedule B—Agreement to Take Annual Leave in Advance

Link to PDF copy of [Agreement to Take Annual Leave in Advance](#).

Name of employee: _____

Name of employer: _____

The employer and employee agree that the employee will take a period of paid annual leave before the employee has accrued an entitlement to the leave:

The amount of leave to be taken in advance is: ____ hours/days

The leave in advance will commence on: ____/____/20____

Signature of employee: _____

Date signed: ____/____/20____

Name of employer representative: _____

Signature of employer representative: _____

Date signed: ____/____/20____

[If the employee is under 18 years of age – include:]

I agree that:

if, on termination of the employee’s employment, the employee has not accrued an entitlement to all of a period of paid annual leave already taken under this agreement, then the employer may deduct from any money due to the employee on termination an amount equal to the amount that was paid to the employee in respect of any part of the period of annual leave taken in advance to which an entitlement has not been accrued.

Name of parent/guardian: _____

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Signature of parent/guardian: _____

Date signed: __/__/20__

Schedule C—Agreement to Cash Out Annual Leave

Link to PDF copy of [Agreement to Cash Out Annual Leave](#).

Name of employee: _____

Name of employer: _____

The employer and employee agree to the employee cashing out a particular amount of the employee’s accrued paid annual leave:

The amount of leave to be cashed out is: ____ hours/days

The payment to be made to the employee for the leave is: \$_____ subject to deduction of income tax/after deduction of income tax (strike out where not applicable)

The payment will be made to the employee on: ____/____/20__

Signature of employee: _____

Date signed: ____/____/20__

Name of employer representative: _____

Signature of employer representative: _____

Date signed: ____/____/20__

Include if the employee is under 18 years of age:

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Name of parent/guardian: _____

Signature of parent/guardian: _____

Date signed: ___/___/20___

[Schedule D—Part-day Public Holidays deleted by [PR747348](#) ppc14Nov22]

[Schedule X—Additional Measures during the COVID-19 Pandemic inserted by [PR718141](#) ppc 08Apr20; varied by [PR720633](#); corrected by [PR720662](#); varied by [PR721438](#), [PR724065](#), [PR728136](#), [PR736911](#); deleted by [PR746868](#) ppc 17Oct22]