



CoNNMO

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NMBA update

- Racism free and culturally safe healthcare
- Dawson review
- Designated RN prescribing
- Revised fact sheet for dual registered practitioners
- Maternal, child and family health fact sheet
- Professional indemnity insurance for privately practising midwives
- Overseas workforce
- Emerging regulatory risks
- Regulating nurses who perform non-surgical cosmetic procedures
- Consultations

Racism free and culturally safe healthcare

CATSiNaM Partnership Investment Agreement

- Landmark agreement aims to strengthen commitment to improve the quality and safety of contemporary nursing and midwifery practice to further influence culturally safe care for Aboriginal and Torres Strait Islander Peoples including nurses, midwives and students.
- Review underway of NMBA standards, codes and guidelines to ensure cultural safety and the health of Aboriginal and Torres Strait Islander Peoples is addressed.

Work with the Aboriginal and Torres Strait Islander Health Practice Board of Australia

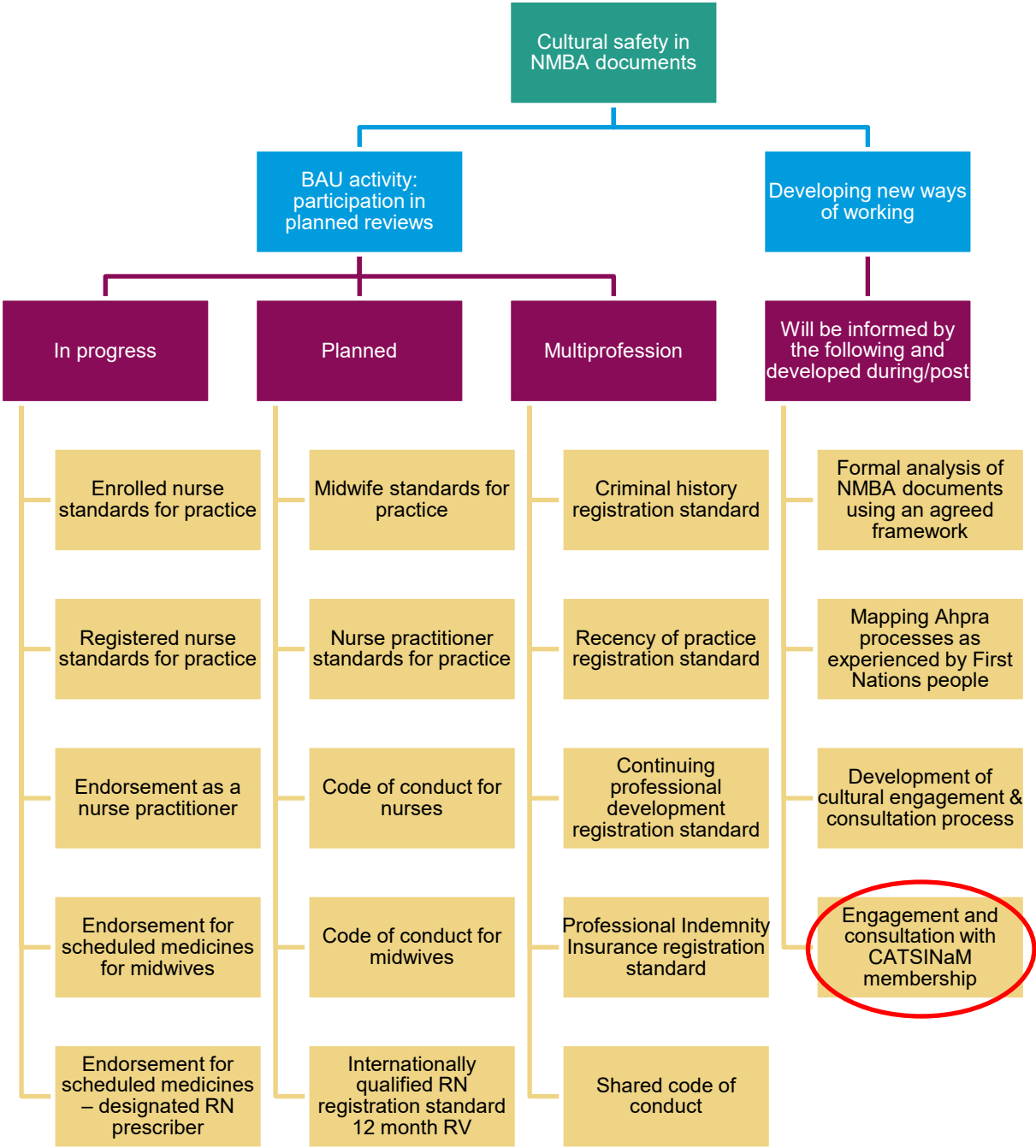
- Development of the Fact sheet: Guidance for nurses and midwives working with Aboriginal and Torres Strait Islander Health Practitioners, including feature video and supporting resources

Racism free and culturally safe healthcare

Review of NMBA standards, codes and guidelines

Generally, documents uphold dominant western perspectives which underpin the health, educational, legal and regulatory systems within which nurses and midwives obtain qualifications, practise and are regulated.

How can practitioners look to re-examine power and privilege through an improved regulatory framework?



Dawson Review

- The Final Report *Transforming health professionals regulation in Australia: Independent Review* was published on 12 September 2025
- Includes 26 actions to be undertaken by Ahpra, governments, the Health Workforce Taskforce and other key stakeholders
- Recommendations centre around:



Regulatory
action and
leadership



Strengthening
notification
processes



Evolution of
national health
regulation

Designated RN prescribing

“*Enabling suitably qualified registered nurses to prescribe will give more Australians access to safe, affordable and timely healthcare and medicines*”

Adjunct Professor Veronica Casey AM
Chair, Nursing and Midwifery Board of Australia



Requirements of the endorsement



Current general
registration

No conditions or
undertakings relevant
to the endorsement



The equivalent of
three years' full-time
(5,000 hours) post
registration clinical
experience within the
past six years



Successful completion of either:

1. NMBA-approved units of study leading to endorsement for scheduled medicines as a designated RN prescriber, or
2. Units of study equivalent to NMBA-approved units of study

Revised fact sheet for dual registered practitioners

- The Nursing and Midwifery Board of Australia and Paramedicine Board of Australia have jointly revised the fact sheet for practitioners dual registered as a nurse and/or midwife, and paramedic.
- Key updates include:
 - additional information on recency of practice and continuing professional development
 - inclusion of re-entry to practice pathways
 - information on potential risks associated with practicing in more than one profession
 - combining the previously separate fact sheets for different professions.
- There have been no changes to the requirements for dual registered practitioners.
- To be published shortly

Maternal, child and family health

Revised factsheet published in June 2025.

Practice in maternal, child and family health roles require both RNs and/or midwives to broaden their individual scope of practice.

Scope expansion may only occur within the contemporary scope of a RN and/or midwife's respective profession and where the standards for practice support the RN and/or midwife performing the activities.



Fact sheet

Information for registered nurses and midwives: Practice in maternal, child and family health roles

Introduction

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

Key points

- Practice in maternal, child and family health roles require both registered nurses (RN) and/or midwives to broaden their individual scope of practice.
- Scope expansion may only occur within the contemporary scope of a RN and/or midwife's respective profession and where the standards for practice support the RN and/or midwife performing the activities.
- Application of the *Decision-making framework for nursing and midwifery* (DMF) and the *Midwife standards for practice* support that midwives without a nursing qualification may broaden their scope of practice to practise in maternal, child and family health roles when certain considerations (as described in the DMF) are addressed.
- Employers are responsible for ensuring their employees are suitably qualified and have the appropriate knowledge and skill to safely provide maternal, child and family health care within their service.

PII for PPMs

Review of the Professional Practice Framework (PPF) for midwifery completed

Review identified that the midwifery PPF must be updated to align with the changes in the insurance landscape

NMBA will work with key internal stakeholders to review:

- Registration standard: Professional indemnity insurance arrangements
- Safety and quality guidelines for privately practising midwives (PPMs)

PPMs providing homebirth services must still remain compliant with Safety and Quality Guidelines

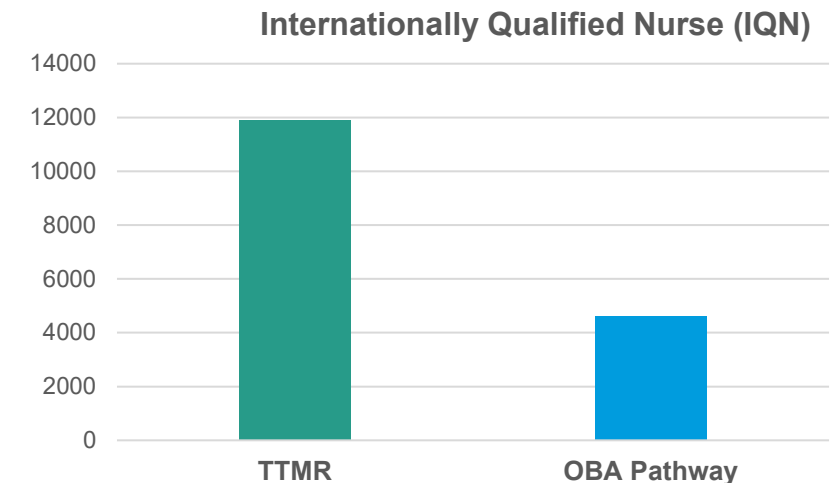
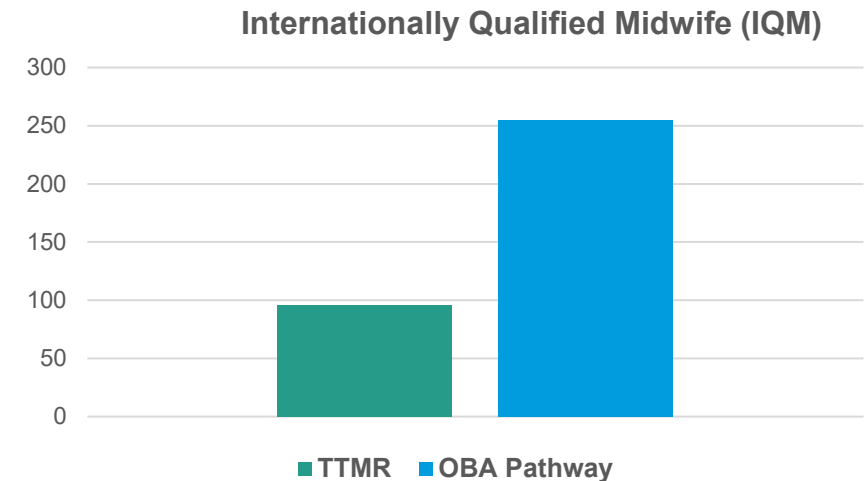
After 1 January 2027, PPMs providing homebirth must hold appropriate PII for all aspects of their practice, aligning insurance requirements with other regulated health practitioners

Overseas workforce

NMBA priorities

- Contribute to easing workforce pressures through the supply of safe and competent internationally qualified nurses by streamlining existing approaches to registration and assessment.
- These priorities are in response to Kruk review recommendations 9 and 22.
- On 23 April, the Registration standard: General registration for internationally qualified registered nurses came into effect

2023/24 IQNM registration figures



Emerging regulatory risk

Emerging regulatory risk work

Some recent areas of focus for Ahpra and the National Boards include:

- Medicinal cannabis
- Artificial intelligence
- Gender bias in healthcare
- Unregulated birth workers

Regulators are working together to understand emerging risk patterns and stay ahead of emerging trends.

Medicinal cannabis prescribing

Resources

Joint Position on Family Violence

Medicinal cannabis prescribing ^

Further information

Joint statement on professional responsibilities for prescribing and dispensing medicines

Regulating new and changing healthcare

Meeting your professional obligations when using Artificial Intelligence in healthcare ^

Checklist for practitioners handling feedback and complaints

Code of conduct ^

Protecting patients from sexual misconduct in healthcare

Advertising hub ^

LGBTQIA+ Communities

Social media: How to meet your obligations under the National Law

Cosmetic surgery hub ^

Supervised practice ^

Registration standards

Managing health records

Information for practitioners who provide virtual care

Information for people about virtual care

What the public should look out for in health advertising

COVID-19 updates ^

Podcasts

Our procedures

This guidance will be updated regularly to reflect new developments and share recent case studies to support good practice.

Meeting your professional responsibilities

Medicinal cannabis can legally be prescribed by medical and nurse practitioners in Australia, giving patients who need it access to this medicine. However, there is evidence of poor practice in prescribing medicinal cannabis that is leading to significant patient harm.

Most medicinal cannabis products prescribed in Australia are unapproved. This means they have not been assessed by the Therapeutic Goods Administration (TGA) for safety, quality, performance or effectiveness. Much of the medicinal cannabis products prescribed in Australia contain THC (delta 9-tetrahydrocannabinol), which makes them Schedule 8 medicines¹ due to the risks of misuse/abuse and potentially addictive properties. See [further information](#) about medicinal cannabis for more details, and links to TGA resources.

The Medical and Nursing and Midwifery Boards of Australia (the boards) expect doctors and nurse practitioners to manage patients as carefully and diligently when prescribing Schedule 8 medicinal cannabis as they do when prescribing opioids and other Schedule 8 medications. This includes a thorough patient assessment, safe prescribing and development of management plans, including providing follow up and ensuring continuity of care.

The Boards are concerned that profits are being prioritised over patient safety in some medicinal cannabis prescribing practices. Business models have emerged that appear to use aggressive and sometimes misleading advertising that targets vulnerable people. Some of these practices only offer the prescription and supply of a single product or class of drug and use online questionnaires that coach patients to say 'the right thing' to justify prescribing. While these models may work well for access, there is an inherent conflict of interest for medical and nurse practitioners working in an organisation that prescribes and dispenses a single medication.

This guidance aims to support medical and nurse practitioners to practise safely and meet their professional responsibilities, including their respective code of conduct.

¹Schedule 8 medicines are titled 'Controlled Drug' and are defined as 'substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence'

[Expand all](#) | [Collapse all](#)

Regulating nurses who perform non-surgical cosmetic procedures



New guidelines build on and replace the *Position statement for nurses and cosmetic medical procedures*



Provide greater clarity on the current expectations in the NMBA Code of conduct for nurses and decision-making framework



Consistent guidelines apply to all regulated professions practising in non-surgical cosmetic procedures to improve public safety and strengthen safeguards across the industry

Consultation update

- Review of the Safety and quality guidelines for privately practising midwives (2025)
- Review of the RN and EN standards for practice (2025/26)
- Review of the Endorsement for scheduled medicines for midwives (2026)
- Professional indemnity insurance arrangements (2026)
- Review of recency of practice and CPD registration standards (2026)
- Review the Codes of conduct for nurses and midwives (2026)

Questions