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Australian Health Practitioner Regulation Agency (AHPRA)
Nursing and Midwifery Board of Australia (NMBA)

Submission: Review of the Codes of conduct for nurses and midwives

Nurses Professional Association of Australia (NPAA)

Executive summary

Nurses and midwives want a code of conduct that protects patients. That means clear clinical and ethical standards, and the freedom to use professional judgement and speak up when something is unsafe.

Nursing once held itself to a pledge of about a hundred words. Today the Code of conduct for nurses runs to almost 8,000 words, with more than a hundred separate obligations, a 2,000-word glossary and tests that depend on how others feel rather than what a nurse did. The words “do no harm” do not appear in it once.

NPAA put AHPRA's own scoping questions, word for word, to our membership of more than 20,000 nurses and midwives, along with the issues we have raised with AHPRA for years. This submission answers each AHPRA question with what our members told us. Their message is consistent:

- Good care means **involving patients in decisions (87%)**, **clear and honest communication (85%)** and **treating people with respect (83%)**.
- The top priority for the update is **respectful care for all people (85%)**, followed by **communication and consent (67%)**.
- **87%** want the codes grounded in core medical ethics: “first, do no harm” and respect for patient autonomy.
- **55%** have held back a professional opinion for fear of a complaint or regulatory action. Only **half** feel safe raising a clinical concern.
- Only **30%** named unprofessional behaviour online as a top concern, the second-lowest of all options.

We ask AHPRA and the NMBA to return the codes to a short, clear, clinical standard built on patient safety, honesty, consent and “first, do no harm”, and to protect the nurses who speak up for their patients. Our ten recommendations are at the end of this submission.

From a pledge to a rulebook

The Nightingale Pledge of 1893 set out the ethic of nursing in one paragraph [4]. A nurse knew exactly what was expected: competence, integrity, confidentiality and devotion to the patient. Compare that with the code nurses work under today [2][3].

Table 1. The Nightingale Pledge and the current Code of conduct for nurses

	Nightingale Pledge (1893)	Code of conduct for nurses (2018, updated 2026)
Length	About 100 words, one paragraph.	Almost 8,000 words. Seven principles, more than 100 lettered obligations, a 2,000-word glossary and cross-references to other NMBA standards, guidelines and fact sheets.
Harm	"I shall abstain from whatever is deleterious and mischievous, and shall not take or knowingly administer any harmful drug."	The words "do no harm" do not appear.
The patient	"Devoted towards the welfare of those committed to my care."	Patient welfare sits beside social and political concepts, including a glossary definition of cultural safety that refers to "the acknowledgment of white privilege".
Who decides if care was right	The nurse's profession and conscience, measured against clinical standards.	"Only the person and/or their family can determine whether or not care is culturally safe and respectful" (3.2a). Nurses must "challenge belief based upon assumption" (3.2d).
Reach	"In the practice of my calling."	"All settings", including "publications, or via online or electronic means". Behaviour that may "damage the reputation of the profession" (1.2). "Personal beliefs" listed as a conflict of interest (4.4). AHPRA says its jurisdiction "extends to personal conduct that does not occur in connection with practice" [6].

A standard a nurse cannot know in advance, judged by someone else's feelings or by "public confidence", is not a clinical standard. It invites inconsistent decisions and vexatious complaints. Members told us so:

"The codes of conduct are very vague" NPAA member

"Make them more clear and concise and easy to understand and not long winded" NPAA member

"Common sense surely being less specific treat everyone including other staff with respect will cover. The more petty and trivial and specific a guide becomes the less use it is." NPAA member

"Codes of conduct are fair and reasonable. It is AHPRA's interpretations and seemingly political biases/leanings that are difficult and inconsistent in my opinion" NPAA member

Our answers to AHPRA's survey questions

AHPRA's scoping survey asks seven questions of organisations [1]. NPAA put them to members, from 1 to 11 October 2026 [5]. Respondents were 94% nurses, 3% nurses who are also midwives and 2% midwives. 46% have been registered for more than 20 years. Members could choose more than three options, so percentages show the share of members who chose each option. Our answer to each question is the three options members chose most.

1. Which of the following best describes your organisation?

Our answer: Professional association or peak body, responding on behalf of NPAA members.

2. When is clear guidance on professional behaviour most important?

Our answer: When something goes wrong or harm occurs; when someone is vulnerable or needs support; when there are cultural or language differences.

AHPRA answer option	Members who chose it
When something goes wrong or harm occurs	80%
When someone is vulnerable or needs support	77%
When there are cultural or language differences	67%
When someone has a disability or needs additional support to access care	64%
When care is provided online or through telehealth	60%
When there are financial or business interests involved	56%
When practitioners communicate publicly or on social media	55%
Other	8%

Members want guidance where patients face real clinical risk: harm, vulnerability and being unable to understand their care. Public and social media comment came last of the listed options. Members raised language barriers as a safety issue, not a cultural one:

“...I feel that somebody needs to be in the hospital that can actually help us when it comes to communicating with patients that come into our ward, but don’t speak English” NPAA member

3. Thinking about good care, what matters most about how health practitioners behave?

Our answer: Involving patients and healthcare consumers in decisions about their care; clear and honest communication; treating people with respect.

AHPRA answer option	Members who chose it
Involving patients and healthcare consumers in decisions about their care	87%
Clear and honest communication	85%
Treating people with respect	83%
Acting in the patient’s best interests	82%
Protecting privacy and confidentiality	81%
Fair and equitable care	78%
Listening to people	76%
Understanding and supporting the needs of people with disability	72%
Respecting culture, identity and background	70%
Culturally safe care	67%
Other	6%

These are the basics of nursing, and the same values the Nightingale Pledge expressed in a single paragraph.

“Good care starts with listening, clear and honest communication, and treating ALL people with respect. These are the basics of good care, and from these 3 values/codes will flow everything else... It ought not to be complicated.” NPAA member

4. What concerns you most about how health practitioners behave?

Our answer: Poor or unclear communication; not listening to people or taking their concerns seriously; not involving patients and healthcare consumers in decisions about their care.

AHPRA answer option	Members who chose it
Poor or unclear communication	71%
Not listening to people or taking their concerns seriously	65%
Not involving patients and healthcare consumers in decisions about their care	60%
Not responding appropriately when something goes wrong or harm occurs	55%
Disrespectful behaviour	54%
Care decisions influenced by money or business interests	49%
Bias, racism or discrimination	43%
Not obtaining informed consent for care	41%
Not understanding or meeting the needs of people with disability	38%
Privacy breaches	35%
Crossing professional boundaries (e.g. inappropriate relationships)	31%
Unprofessional behaviour online or on social media	30%
Poor or unsafe care when using technology (e.g. telehealth or AI)	29%
Other	6%

Members’ concerns are about what happens at the bedside. Unprofessional behaviour online was near the bottom. Members also asked that the code recognise the conditions nurses work in:

“Staffing, workload, limited handover time, access to information and organisational processes can materially affect a practitioner’s ability to meet these expectations. When an adverse event or concern is reviewed, the practitioner’s actions should be considered together with relevant system factors.” NPAA member, residential aged care

5. What areas should be a priority when updating the Codes of conduct?

Our answer: Respectful care for all people; communication and consent; responding to mistakes and harm.

AHPRA answer option	Members who chose it
Respectful care for all people	85%

AHPRA answer option	Members who chose it
Communication and consent	67%
Responding to mistakes and harm	62%
Managing power imbalances and protecting vulnerable people	59%
Patient and consumer partnership and shared decision-making	58%
Providing safe, inclusive and accessible care for people with disability	53%
Managing conflicts of interest	51%
Preventing racism, discrimination and bias	50%
Safe use of technology in healthcare	50%
Professional boundaries and relationships	48%
Professional behaviour online or on social media	42%
Respectful and culturally safe care for Aboriginal and Torres Strait Islander peoples	34%
Other	5%

Members want one standard of respect for every patient. Respectful care for all people was the clear first choice, well ahead of every group-specific option.

"Care should be equal to all, no discrimination, reduce 'Special' care for minorities and make care available for all" NPAA member

"We should be treating ALL people with respect and dignity. When we say ALL we don't need to then list "priority groups" This creates division and loses trust" NPAA member

"If you truly respect someone then you respect their culture and heritage, regardless of their background." NPAA member

6. Do you have any other feedback or suggestions for the review?

Our answer: Yes. Members raised five themes.

Protect nurses who speak up for patient safety.

"I think the Code should make clear that practitioners have a responsibility to raise genuine safety concerns, but that good-faith speaking up should also be supported." NPAA member, aged care

"Nurses who speak up for safety and report unsafe conduct are not protected in reality." NPAA member

Keep regulation out of personal life and lawful opinion.

"They don't need to stick their heads into our online activities, especially when the registration titles are not disclosed. - freedom of thought, expressions and belief should be honoured as an individual." NPAA member

"I believe nurses should be able to voice their views." NPAA member

Respect informed consent and conscience, for patients and for nurses.

"Recent public health responses demonstrated how quickly regulatory expectations can extend into personal medical choices. Many nurses experienced this as an overreach of professional regulation into matters affecting individual health, bodily autonomy, and employment." NPAA member

"It should specifically allow for and support conscientious objection for the health practitioners. This is sorely missing and forces health practitioners to act against their values which is not ok." NPAA member

Protect nurses from violence and abuse.

"At times, we feel like a bit of a verbal, emotional and mental punching bag for aggressive pts. It would be nice if our code could consider a well worded guide that also protects us from this type of abuse." NPAA member

Make the complaints process fair.

"No, the matter was proven to be false and mischievous eventually, but the process was long, stressful and costly." NPAA member

7. How familiar are you with Codes of conduct?

Our answer: Very familiar, I have read one or more and understand how they apply. 93% of members are very or somewhat familiar with the codes.

Additional issues our members asked us to raise

We also asked members about issues NPAA has raised with AHPRA for several years [5].

Table 2. NPAA member views (agree and strongly agree combined)

Statement	Agree	Neutral	Disagree
Codes should be grounded in core medical ethics, including "first, do no harm" and patient autonomy	87%	8%	6%
In my workplace, patients get full information on risks, benefits and alternatives	62%	20%	18%
The codes and guidelines let me tailor care to the individual patient	55%	28%	17%
Regulatory action should be limited to clinical practice and patient safety	51%	28%	21%
I feel safe raising a clinical concern or evidence-based disagreement	50%	20%	29%
I am confident guidelines are free from undue commercial or political influence	45%	21%	35%

Speaking up without fear

55% of members have held back a professional opinion for fear of a complaint or regulatory action, and 17% do so often. A nurse who is afraid to question a protocol, a staffing level or a treatment decision cannot protect the patient in front of them.

"On one occasion, the discussion shifted from the clinical issue itself to why I had continued to raise it." NPAA member, aged care, on raising a handover safety concern

Regulation limited to clinical practice

Only 29% of members want the codes to regulate public or social media comment in the same way as clinical conduct. 32% say only where a comment is false, harassing or a clear risk to patients, and 26% say not at all. In 2022 the Senate Community Affairs References Committee recommended that notifications be "limited to clinical issues relating to patient safety" (Recommendation 9) [13]. It has not been implemented.

Instead AHPRA's reach has grown.

"I may have chosen "Only where the comment is false, harassing or a clear risk to patients" - Except I have seen how this has been done previously with very good practitioners vilified for expressing concerns." NPAA member

Informed consent and clinical judgement

Only 62% of members agree patients in their workplace get full information about risks, benefits and alternatives. In 2021 AHPRA wrote that information given when obtaining consent must be "consistent with public health campaigns" [14]. A patient is entitled to the practitioner's honest clinical view of the evidence.

"Informed consent should be just that... INFORMED. Every shift I work I ask each patient to tell me in their own words what we are doing for them today and I would estimate more than half are unable to tell me exactly what they are having done." NPAA member

Only 55% say the codes and guidelines let them tailor care to the individual. A documented, evidence-based departure from a guideline in the patient's interest is professional judgement, and the codes should say so.

Conflicts of interest and conscientious objection

35% of members are not confident the guidelines they must follow are free from undue commercial or political influence. The bodies that write those guidelines should meet the same conflict of interest standard as nurses. Conscientious objection currently sits inside the conflicts of interest clause (4.4b), beside financial inducements. It deserves its own clause, with protection from detriment.

Recommendations

1. **A short, clinical code.** Rewrite both codes as short, plain-language clinical standards a nurse can read and apply at the bedside.

2. **First, do no harm.** Open both codes with “first, do no harm”, respect for The 4 main ethical principles, that is **beneficence, nonmaleficence, autonomy, and justice** in clear clinical language grounded in biological reality.
3. **Objective tests.** Remove tests that depend on another person’s feelings, on “reputation” or on “public confidence”. Judge conduct against clinical standards.
4. **Regulation limited to clinical practice.** Confine the codes and notifications to clinical practice and conduct with a direct link to patient safety (Senate Recommendation 9).
5. **Speaking up.** Protect practitioners who raise patient safety concerns or evidence-based disagreement in good faith, and require system factors such as staffing and workload to be considered when conduct is reviewed.
6. **Valid Informed consent.** Require full and honest information on risks, benefits and alternatives (including no treatment), free of coercion.
7. **Clinical judgement.** Recognise documented, evidence-based departure from a guideline in the patient’s interest as professional judgement.
8. **Conscience.** Give conscientious objection its own clause, with protection from detriment.
9. **Equal care.** Replace group-specific provisions with one standard of respectful care for every patient, keeping practical duties such as interpreters.
10. **Consultation.** Consult NPAA and other nursing bodies on any draft code, hold a written submission stage, and publish submissions.

Yours sincerely,

Kara Thomas

President, Nurses Professional Association of Australia (NPAA)
On behalf of the NPAA

References

- [1] AHPRA and National Boards. Codes of conduct scoping survey. 17 September 2026.
<https://www.ahpra.gov.au/News/2026-09-17-Codes-of-conduct-scoping-survey>
- [2] Nursing and Midwifery Board of Australia. Code of conduct for nurses. Effective 1 March 2018 (updated March 2026).
<https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
- [3] Nursing and Midwifery Board of Australia. Code of conduct for midwives. Effective 1 March 2018 (updated March 2026). Same clause structure as [2].
- [4] Nightingale Pledge (1893), composed by Lystra Gretter and a committee at the Farrand Training School for Nurses, Detroit. https://en.wikipedia.org/wiki/Nightingale_Pledge
- [5] NPAA and AMPS. Member survey: AHPRA codes of conduct review. 1 to 11 October 2026. Section B reproduces AHPRA's organisation survey questions and options word for word. NPAA responses only. De-identified results held by NPAA.
- [6] AHPRA (M Lambley, A/Executive Director Health Regulation). Letter to AMPS, cc NPAA: Request for review of conditions imposed on Dr Andrew Amos and regulatory clarifications. 26 March 2026. Ref 13342580.
- [7] AHPRA and National Boards. Position statement: Registered health practitioners and students and COVID-19 vaccination. 9 March 2021.
<https://www.nursingmidwiferyboard.gov.au/News/2021-03-09-vaccination-statement>
- [8] AHPRA (A Peck, Acting Executive Director, Corporate Affairs and Regulatory Governance). Letter to K Thomas (NPAA) and Dr D Syme (AMPS): Collaboration between Ahpra and professional associations. 10 November 2025. Responding to NPAA and AMPS letter to J Untersteiner of 4 November 2025.
- [9] NPAA and AMPS. Letter to J Untersteiner, CEO, AHPRA, and the Hon Mark Butler MP: Formal objection to AHPRA's adoption of the IHRA definition as a regulatory reference tool. 23 July 2026.
- [10] Medical Republic. Nurses and midwives reject Ahpra antisemitism definition. 14 July 2026.
<https://www.medicalrepublic.com.au/nurses-and-midwives-reject-ahpra-antisemitism-definition/127293>
- [11] AMPS with NPAA. Letters to J Untersteiner, CEO, AHPRA, re Dr Andrew Amos and Dr Jillian Spencer: 5 March 2026; 19 August 2026; 24 September 2026. Complaint to the National Health Practitioner Ombudsman, 24 September 2026.
- [12] AusDoc. "The media doesn't paint the full story": Ahpra defends emergency suspension of transgender care critic. 12 June 2026.
<https://www.ausdoc.com.au/news/the-media-doesnt-paint-the-full-story-ahpra-defends-emergency-suspension-of-transgender-care-critic/>
- [13] Senate Community Affairs References Committee. Administration of registration and notifications by the Australian Health Practitioner Regulation Agency and related entities under the Health Practitioner Regulation National Law. 2022. Recommendation 9.
https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024690/toc_pdf/AdministrationofregistrationandnotificationsbytheAustralianHealthPractitionerRegulationAgencyandrelatedentitiesundertheHealthPractitionerRegulationNationalLaw.pdf