OBA NURSING ACADEMY · MEDICATION ADMINISTRATION FOR ENS · OBA-MAE-2026

Course Syllabus

Medication Administration for Enrolled Nurses · OBA-MAE-2026 · 8.5 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Medication Administration for Enrolled Nurses (OBA-MAE-2026)
- Audience: Student and Facilitator
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- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification, it is not HLTENN040, and completing it does not remove a notation, authorise any learner to administer any medicine, or expand anybody's scope of practice. Authority to administer comes from four things at once: your registration and any notation on it, your education and demonstrated competence, your employer's authorisation, and your state or territory's drugs and poisons legislation. This course is not a medicines reference and contains no dose, strength, rate, frequency or drug-specific clinical information - for those, use the Australian Medicines Handbook or equivalent, the product information, your service's guidelines and your pharmacist. It is not clinical advice about any individual patient. Where your service's policy or your jurisdiction's legislation differs from anything in this course, those apply.
- Sources and their versions, retrieved 19/09/2026. Enrolled nurse scope and the notation: NMBA Fact sheet: Enrolled nurses and medicines administration, VERSION 3.1 APPROVED JULY 2023, next review due May 2027. Supervision definitions and the three key features: NMBA Fact sheet: Enrolled nurse standards for practice, version 3.0 approved March 2023 - CURRENCY NOTE: its stated next review date of February 2025 has passed, and it remains the current published fact sheet. Standards themselves: NMBA Enrolled nurse standards for practice, commenced January 2016. Medication safety: NSQHS Standards second edition, updated May 2021 - Medication Safety Standard, 15 actions across 4 criteria. Medication charts: ACSQHC National Inpatient Medication Chart family.

NOT stated in this course, because they belong to a prescriber, a pharmacist, a legislature or your workplace: any dose, strength, rate, frequency, concentration or duration for any medicine; any drug-specific indication, contraindication or interaction; any advice on whether a named medicine may be crushed, opened or altered; your state or territory's Schedule 8 storage, witnessing, register and discrepancy requirements; your jurisdiction's rules on verbal and telephone orders; your service's second-checking policy and who may be a checker; and any injection or intravenous technique.

1. Programme overview

Medication Administration for Enrolled Nurses is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management

system. There are no scheduled classes, no live sessions and no clinical placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

THE SENTENCE THE WHOLE PROGRAMME RESTS ON

- YOU WORK UNDER SUPERVISION. YOU KEEP RESPONSIBILITY FOR YOUR ACTIONS. Both are true at once, and the NMBA states them in the same breath.
- Which is why 'I was told to' and 'the RN checked it' are not defences - and why the practical rule at the centre of this course is six words long: IF IT IS NOT RIGHT, YOU DO NOT GIVE IT.
- AND THIS IS NOT A MEDICINES REFERENCE. It contains no dose, no strength, no rate, no frequency and no drug-specific clinical information anywhere, and that is deliberate. The chart is the order, the Australian Medicines Handbook and the product information are the references, and the pharmacist is a phone call away. This course is about the process around all three.

TWO COURSES THIS ONE IS OFTEN CONFUSED WITH

TWO THINGS TO SETTLE FIRST, BECAUSE BOTH SEND PEOPLE TO THE WRONG PLACE.

THIS IS NOT THE HIGH-RISK MEDICINES COURSE. OBA's High-Risk Medicines: the APINCHS Classification (OBA-HRM-2026) is about WHICH medicines carry disproportionate risk, organised by class - antimicrobials, potassium, insulin, narcotics, chemotherapeutic agents, heparin and systems. It is written for everybody who touches a medicine, including prescribers. This course is about the ACT of administration and the scope of ONE role. If you want to know why insulin is different, go there. If you want to know what you may give and what happens when the chart is wrong, stay here.

The two sit on different actions of the same standard, which is a neat way to remember it. NSQHS Action 4.15 - identifying and safely managing high-risk medicines - is the APINCHS course. NSQHS Action 4.04 - defining and verifying the scope of clinical practice for administering medicines - is this one.

AND THIS IS NOT A MEDICINES REFERENCE. It contains no dose, no strength, no rate, no frequency and no drug-specific clinical information, and it is not going to. The Australian Medicines Handbook, the product information, your service's guidelines and the pharmacist you can ring are the references. This is about the process around them.

Who it is for

- Enrolled nurses administering medicines in any setting - the cohort this was written for, and the one most often given RN-oriented medication training and left to translate it
- Enrolled nurses returning to practice, or moving between an acute ward, aged care, disability and community, where the authority to administer is the same and almost everything around it changes
- Enrolled nurses who hold the notation and cannot currently administer medicines, who need to know precisely what that means and exactly what removes it
- Diploma of Nursing students approaching HLTENN040, and new graduate ENs in their first year
- Registered nurses who supervise enrolled nurses, and who are frequently unclear about what direct and indirect supervision actually require of them

- Nurse unit managers, educators and aged care clinical leads responsible for verifying scope under NSQHS Action 4.04 - including the part of it that is not on the national register
- Internationally qualified nurses working as ENs, for whom the Australian notation system, the state and territory drugs and poisons framework and the RN relationship are usually entirely new

How it is delivered

- Fully self-directed. No scheduled classes, no live sessions, no clinical placement.
- Eleven modules, each with a narrated video, a student learner guide, a reflective workbook activity and a knowledge check.
- A case study assessment of five unfolding situations, and a 60-item summative assessment.
- Five optional interactive practice tools, excluded from the claimable CPD figure.
- Three fillable workplace instruments: a scope of practice self-audit, a medication round walk-through, and a near-miss and error review.
- No dose, strength, rate or frequency for any medicine anywhere in the programme.

How this programme treats the people taking it

SOME OF THE PEOPLE TAKING THIS COURSE HAVE MADE A MEDICATION ERROR. Some of them are in a process about one right now, and some are doing this course because they were told to after one.

That shapes how the programme is written. Module 06 establishes early that none of the best-documented causes of medication error is a person being careless, and Module 10 says plainly that the distress after an error is usually out of all proportion to the harm caused. Neither of those is a reassurance written to be kind. They are both findings, and they are here because a learner who believes the subject is about blame will not report the next thing.

So the programme carries no worked example of a catastrophic outcome written for effect, no named real case, and nothing that invites a learner to identify a colleague. Where a case study involves an error, the error is described in order to find the condition behind it.

Every module carries the support lines. You may stop at any point and come back; nothing is timed and there is no penalty. If this subject is heavier than you expected, that is information about what the subject carries rather than about you.

SUPPORT - FOR YOU, NOT FOR A PATIENT

- Nurse & Midwife Support - 1800 667 877. 24 hours, seven days. Free and confidential, for nurses, midwives and students - including after a medication error, which is one of the most common reasons people ring it.
- Lifeline - 13 11 14. 24 hours, seven days. National crisis support.
- Your employee assistance programme - your service's number. Free, confidential and usually available to family members as well. Find the number before you need it - it is one of the ten local questions in Module 00.
- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.

Programme outcomes

On completion, learners will be able to:

1. State the NMBA position on enrolled nurses and medicines in its own terms: supervision and retained responsibility, together
2. Name the 4 layers of authority to administer a medicine, and say where each one is found - including the one that is not on the national register
3. State what a notation is, what removes it, and what does not
4. Explain why the rights of administration are necessary and not sufficient
5. Treat the medication chart as the order rather than as a record, and identify the chart faults that stop an administration
6. Explain what makes a second check independent, and what a second check does and does not catch
7. Apply the rule 'if it is not right, you do not give it', including under pressure from a senior colleague - and complete the escalation and documentation that must follow it
8. Name the documented causes of medication error, and explain why none of them is carelessness
9. State that Schedule 8 handling requirements are jurisdictional, and identify what must be found out about the learner's own
10. Document an administration, an omission and a refusal so that the record is usable by the next clinician
11. Respond to a refusal, a swallowing difficulty and a PRN request within the enrolled nurse role, and identify what belongs to a pharmacist or a prescriber
12. State what happens after an error, in order - and why concealment is the error that compounds
13. Identify the local answers this course deliberately does not supply, and find them for their own workplace

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: What an EN May Do, and Who Decides	0.50	6
01	The Four Layers of Your Authority	0.75	7
02	The Rights, and Why They Are Not Enough	0.50	5
03	The Chart Is the Order	0.50	7
04	The Check, and What It Actually Catches	0.50	5
05	If It Is Not Right, You Do Not Give It	0.50	7
06	What Actually Causes Medication Errors	0.50	5
07	Storage, Schedules and Controlled Drugs	0.50	6
08	Documentation, Omissions and the Signature	0.50	5
09	The Person: Consent, Refusal and Swallowing	0.50	6
10	After an Error	0.50	5
	Module subtotal	5.75	64
	Programme information documents	1.55	-
	Case study assessment (5 unfolding cases)	0.53	-
	Summative assessment	0.97	60
	CLAIMABLE CPD TOTAL	8.5	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. The table below shows how every figure was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	82 min	Narration word count at 135 wpm

Student learner guides (11)	113 min	Guide word count at 130 wpm
Module knowledge checks (11)	53 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	93 min	Rendered page word counts at 130 wpm
Case study assessment	32 min	19 minutes measured reading plus 30 seconds per decision across 25 steps
Summative assessment	58 min	28 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	519 min (8.65 h)	Sum of the above
CLAIMABLE CPD	8.5 hours	The measured total, to the nearest half hour

The measured total is 8.65 hours and the claimable figure is 8.5 - the measured total to the nearest half hour, rounded DOWN rather than up. The programme has NOT been padded to reach a rounder number, because the whole point of deriving the figure is that it is not chosen. A course that states its own CPD honestly is also the only kind whose other numbers are worth trusting.

The five optional practice tools - can I give this, stop or go, what went wrong here, write the entry, and the scope of practice self-check - add approximately a further 85 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: What an EN May Do, and Who Decides

How the programme is structured and assessed, and the distinction everything else rests on: an enrolled nurse works under the supervision of a registered nurse AND keeps responsibility for their own actions. Both are in the standards, in the same list, and the second one is the one most training drops. Also here: why this course carries no doses, what it is not, and the two other OBA courses people arrive here looking for.

Learning outcomes

- State the three key features of the Enrolled nurse standards for practice, in the NMBA's own wording
- Explain why working under supervision does not reduce an EN's responsibility for what they administered
- State that authority to administer comes from four things at once, and name them
- Explain why this programme contains no dose, strength, rate or frequency for any medicine
- Distinguish this course from the High-Risk Medicines (APINCHS) programme, and from HLTENN040
- Identify the ten questions only the learner's own service and jurisdiction can answer

Key terms: enrolled nurse; scope of practice; supervision; accountability; notation; HLTENN040; NSQHS Action 4.04; medicines reference

Module 01 - The Four Layers of Your Authority

Where an enrolled nurse's authority to administer actually comes from - four things at once, any one of which can stop you. The notation and exactly what it prevents. Why intravenous medicines are a separate qualification, and why the fact that it is not published on the national register changes who has to verify it. What direct and indirect supervision mean in the NMBA's own words. And the title that has not existed since 2010 and is still on rosters across the country.

Learning outcomes

- Name the four layers of authority to administer, and explain why all four apply at once
- State what the notation says, what it prevents, and exactly what removes it
- Explain why intravenous medicines require separate education, and why the register cannot show it
- State the NMBA definitions of direct and indirect supervision
- Explain the employer's obligation under NSQHS Action 4.04 and how it relates to layer 2
- Identify what an enrolled nurse should check about their own registration, and how

Key terms: notation; HLTENN040; APRN-40; intravenous medicines education; direct supervision; indirect supervision; NSQHS Action 4.04; drugs and poisons legislation

Module 02 - The Rights, and Why They Are Not Enough

The rights of medication administration, done properly - including the three that get left off most posters. Why the number varies between five and ten depending on which document you are reading, and why arguing about the count is a way of not doing any of them. And the point this module exists for: the rights are necessary and they are nowhere near sufficient, because a very large proportion of errors pass all of them.

Learning outcomes

- State the rights of medication administration and describe what each one actually requires
- Explain why active identification differs from reading a name out for confirmation
- Explain why right reason and right response are rights rather than optional extras
- Explain why the number of rights varies between sources and why the count is not the point
- Explain why the rights are necessary but not sufficient, with an example of an error that passes all of them
- Identify which categories of error the rights do and do not protect against

Key terms: rights of administration; active identification; two approved identifiers; right reason; right response; label check; necessary not sufficient; latent error

Module 03 - The Chart Is the Order

Where the authority to give a particular medicine to a particular person actually comes from, and it is one place only. What makes an order incomplete, and why an incomplete order is not something to interpret. Why the allergy box is read first, every time. Ceased orders, verbal orders and transcription - the three places where charts go wrong in ways the rights cannot see. And the NIMC family, which exists in versions and is not the same document everywhere.

Learning outcomes

- State where the authority to administer a specific medicine comes from, and what does not constitute an order
- Identify what makes a medication order incomplete, and state what to do about one
- Explain why the allergy and adverse reaction box is checked before anything else

- Recognise a ceased order, and explain why the rights do not catch a missed cessation
- Explain why transcription introduces error, and where it happens
- State that verbal and telephone order rules are jurisdictional and local

Key terms: medication chart; NIMC; incomplete order; allergy box; adverse drug reaction; ceased order; transcription; verbal order

Module 04 - The Check, and What It Actually Catches

What a second check is for, the four things that destroy it, and how to do one properly - which takes no longer than doing one badly. Why 'I only witnessed it' is not a position that survives an investigation. And the honest limits: a check catches slips, it does not catch two people who share the same misunderstanding, and it never converts an activity you are not authorised for into one you are.

Learning outcomes

- State what a second check is for, and the mechanism that makes it work
- Identify the four common practices that destroy the independence of a check
- Describe how to perform an independent check, and what to say
- Explain what signing as a checker commits you to
- State the limits of a second check - what it cannot catch
- Explain why who may check, and which medicines require a check, are local questions

Key terms: second check; independent check; double check; confirmation bias; witnessing; accountability; local policy; calculation check

Module 05 - If It Is Not Right, You Do Not Give It

The module the whole programme has been building towards. You are the last person between the order and the patient, which means the administration stops with you. Ten stop signals worth knowing before you meet them. Why questioning an order is inside your role rather than outside it. How to say it so that it works rather than starting a fight. And what to do when you are overruled and still not satisfied.

Learning outcomes

- State the rule that governs every administration, and explain why it follows from the EN standards
- Explain why 'I was told to' and 'the RN checked it' are not defences
- Recognise the ten stop signals, and explain what each is telling you
- Explain why questioning an order is within an EN's role rather than insubordination
- Construct a sentence that raises a concern about an order without making it about a person
- Describe what to do when you are overruled and remain unsatisfied

Key terms: stop signals; escalation; accountability; questioning an order; refusal to administer; withholding; documentation of escalation; professional judgement

Module 06 - What Actually Causes Medication Errors

The six best-documented causes of medication error, and the thing they have in common: not one of them is a person being careless. Why interruption during a round is the single best-documented cause and why the fix is a team convention rather than more concentration. Why every workaround exists because a system is difficult. And what an enrolled nurse can change themselves versus what belongs upstream.

Learning outcomes

- Name the six best-documented causes of medication error
- Explain why interruption is a system problem with a system fix
- Describe how look-alike sound-alike errors occur and what controls exist
- Explain why every workaround exists, and what each one removes
- Distinguish a cause from an excuse when discussing fatigue, haste and understaffing
- Identify what an individual can change and what belongs upstream

Key terms: interruption; look-alike sound-alike; tall man lettering; transcription; workaround; human factors; latent conditions; do not interrupt

Module 07 - Storage, Schedules and Controlled Drugs

What a schedule actually is, and why the handling requirements attached to one come from your state rather than from the Poisons Standard. Why this course states none of them and what to go and find instead. The discrepancy rule - reported immediately, never resolved quietly - and why attempting to find the missing dose first is how a discrepancy becomes an allegation. Plus storage generally, and the two things you never do with a medicine.

Learning outcomes

- Explain what a schedule is, and distinguish the Poisons Standard from state handling requirements
- State why Schedule 8 handling requirements are not stated in this course
- Describe what to do when a count does not balance, and what not to do
- State the storage requirements that apply everywhere, and where the detail comes from
- Explain why a medicine is never carried loose or left at a bedside
- Identify what to find out about your own jurisdiction and your own service

Key terms: Poisons Standard; Schedule 4; Schedule 8; controlled drugs; register; discrepancy; cold chain; NSQHS Action 4.14

Module 08 - Documentation, Omissions and the Signature

What your signature actually records, and the two falsifications that account for a large share of enrolled nurses appearing in front of a regulator - pre-signing, and signing for somebody else's administration. Why a blank box records nothing and an omission needs a reason at the time. How to write an entry that tells the next clinician something they can act on. And why the escalation gets documented as well as the decision.

Learning outcomes

- State what a medication signature records, and when it is made
- Explain why pre-signing and signing for another person's administration are falsifications
- Explain why a blank box is not a record of an omission
- Write an omission entry that includes a reason the next clinician can act on
- Describe what to record when a concern is escalated
- Distinguish recording an observation from recording a conclusion

Key terms: signature; pre-signing; falsification; omission codes; blank box; escalation record; clinical record; observation not conclusion

Module 09 - The Person: Consent, Refusal and Swallowing

The person taking the medicine, who has more continuity with it than anybody in the building. Why an adult with capacity may decline anything, and why the useful response is finding out the reason rather than persuading. Why whether a medicine may be crushed is a pharmacist's determination and not a nursing decision. What covert administration actually requires. And the judgement a PRN order asks for, including its limits.

Learning outcomes

- State that an adult with capacity may decline any medicine, and describe what follows
- Explain why finding out the reason for a refusal is the clinically useful response
- State what covert administration requires, and why it is never a nursing decision
- Explain why whether a medicine may be crushed is a pharmacist's question
- Describe the judgement a PRN order requires, and its limits
- Explain why telling a person what they are being given is an error check as well as an obligation

Key terms: consent; refusal; capacity; covert administration; crushing; swallowing difficulty; PRN; shared decision-making

Module 10 - After an Error

What to do in the first ten minutes, and in what order. Why the report goes in the same shift and why a near miss is the more useful of the two. Why the question afterwards is what made it possible rather than who did it. What open disclosure requires. Why concealment is the error that compounds - and converts a clinical incident into a professional conduct matter. And the part that is missing from almost every medication course: what happens to the person who made the error, and what they need.

Learning outcomes

- State the order of actions in the first ten minutes after a medication error
- Explain why an error and a near miss are both reported, and why the near miss is more useful
- Explain why the question after an error is what made it possible rather than who did it
- State what open disclosure requires and who it applies to
- Explain why concealment converts a clinical incident into a conduct matter
- Describe what the nurse who made the error needs, and why it matters clinically

Key terms: medication error; near miss; incident reporting; open disclosure; system finding; second victim; concealment; TGA reporting

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	7
02	5
03	7
04	5
05	7
06	5
07	6
08	5
09	6
10	5
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

The assessment is bound by the same rules as the rest of the programme. No item contains a dose, a strength, a rate or a frequency for any medicine. No item's correct answer is that something may be crushed or otherwise altered - where the question arises, the answer is always to ask the pharmacist. Nothing jurisdictional is assessed as though it were national. And 'I was told to' appears only as a distractor.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NMBA Enrolled nurse standards for practice (2016)	The three key features: the EN works under the direct or indirect supervision of an RN; the EN KEEPS RESPONSIBILITY FOR THEIR ACTIONS; and the EN is accountable in providing delegated care. Plus the definitions of direct and indirect supervision	Modules 00, 01 and 05

NMBA Fact sheet: Enrolled nurses and medicines administration (v3.1, July 2023)	The notation and what it prevents; that an EN can administer unless a notation exists; that IV medicines require separate education which is NOT published on the register; HLTENN040 and form APRN-40; and that 'endorsed enrolled nurse' has not existed since 2010	Modules 00 and 01
NMBA Decision-making framework for nursing and midwifery	The structured questions applied to expanding scope - used here for the EN considering IV medicines education, and for the RN considering what to delegate	Modules 01 and 05
NSQHS Medication Safety Standard (2nd ed) - Action 4.04	The health service organisation has processes to define and VERIFY the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians. This is the action that carries the employer's half of Module 01	Modules 01 and 10
NSQHS Medication Safety Standard (2nd ed) - Actions 4.05 to 4.09	Best possible medication history; reconciliation at transitions of care; documenting allergies and adverse drug reactions on presentation and during an episode; and reporting adverse drug reactions to the Therapeutic Goods Administration	Modules 03 and 10
NSQHS Medication Safety Standard (2nd ed) - Actions 4.13 to 4.15	Information and decision support tools available to clinicians; compliance with manufacturers' directions, legislation and jurisdictional requirements for safe and secure storage, including cold chain; and identifying and safely managing high-risk medicines	Modules 07 and 09
NSQHS Clinical Governance Standard	The incident system into which a medication error and a near miss are reported, and the open disclosure obligation that follows harm	Module 10
NSQHS Partnering with Consumers Standard	Informed consent, shared decision-making, and telling a person what they are being given - which Action 4.03 applies specifically to medication management	Module 09

State and territory drugs and poisons legislation	Schedule 4 and Schedule 8 handling, storage, witnessing, registers, discrepancy management and verbal orders. DIFFERS BETWEEN STATES AND TERRITORIES and is deliberately not stated in this programme	Modules 01, 03 and 07
Aged Care Quality Standards	Safe and effective personal and clinical care, including medication management in residential and home care - where a very large proportion of EN medication administration happens	Modules 07 and 09
Australian Open Disclosure Framework	What must be said to a patient after harm, by whom and when - including after a medication error	Module 10
NMBA Code of conduct for nurses	Practising within scope, honesty in documentation, reporting concerns, and the obligation not to conceal	Module 00 and the scope documents

5. Scope of practice

This programme is written for enrolled nurses and for the people who supervise, roster and verify them. Every module identifies what each role may and may not do, and under what condition. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to administer any medicine. It is professional development: it is not HLTENN040, it removes no notation, and it expands nobody's scope.
- Authority comes from four things at once - registration and any notation on it, education and demonstrated competence, the employer's authorisation, and the state or territory's drugs and poisons legislation. Three of those four are not on the national register.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies. Where the jurisdiction's legislation differs, the legislation applies.

6. Resources and further reading

A full directory of Australian organisations, with live links, is published as the Further Reading and Organisation Directory. Four sources matter more than the rest, and all four are free. The NMBA fact sheet on enrolled nurses and medicines administration is two pages and is the spine of Modules 00 and 01 - it is the source of the notation, of the unit that removes it, of the requirement for separate intravenous medicines education, and of the statement that there has been no such title as an endorsed enrolled nurse since 2010. The NMBA Enrolled nurse standards for practice are the source of the supervision material. The NSQHS Medication Safety Standard is the employer's half of this subject, and Action 4.04 - defining and verifying scope of clinical practice for administering medicines - is the action this whole course sits on. And the fourth is local: your own state or territory's drugs and poisons legislation and your own service's medication policy, neither of which this course states, because both differ. Support lines for learners are on every module: Nurse & Midwife Support 1800 667 877, Lifeline 13 11 14.

7. Completion and CPD

14. Complete all eleven module knowledge checks.
15. Complete the case study assessment.
16. Achieve 80 per cent or above in the summative assessment within 2 attempts.
17. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 8.5 CPD hours and a unique certificate identifier.
18. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.