OBA NURSING ACADEMY · PROFESSIONAL BOUNDARIES AND CODES OF CONDUCT · OBA-PBC-2026

Course Syllabus

Professional Boundaries and the NMBA Codes of Conduct · OBA-PBC-2026 · 8.5 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Professional Boundaries and the NMBA Codes of Conduct (OBA-PBC-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 19/09/2026 | Review due 19/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not legal advice, it is not advice about any particular notification, complaint, employment matter or relationship, and it does not predict what a regulator, a tribunal or an employer would decide in any case - every notification is assessed on its own merits. It does not name any practitioner or reproduce any real case. Where you need advice about your own situation, contact your professional indemnity insurer, your union or professional association, or a lawyer, and do it early. The NMBA codes, the National Law and your employer's policies are the authorities; where any of them differs from anything in this course, they apply.
- Sources and their versions, retrieved 19/09/2026. Conduct: NMBA Code of conduct for nurses, EFFECTIVE 1 MARCH 2018, UPDATED MARCH 2026, next review due June 2027 - seven principles across four domains. The Code of conduct for midwives is the parallel document. Ethics: the ICN Code of Ethics for Nurses, in effect in Australia from 1 March 2018, jointly adopted by the NMBA, ACN, ACM and ANMF. Social media: Ahpra and National Boards, Social media: How to meet your obligations under the National Law. Notifications: Guidelines: Mandatory notifications about registered health practitioners, March 2020. Advertising: Guidelines for advertising a regulated health service, and section 133 of the National Law.

CURRENCY WARNING CARRIED IN MODULE 00: 'A nurse's guide to professional boundaries' (February 2010) is RETIRED. It was superseded when the Code of conduct took effect on 1 March 2018, and it is not on the NMBA's current professional standards list - but it still circulates in induction packs and search results. The operative instrument is Principle 4.1 of the code.

NOT stated in this course, because they belong to a lawyer, a regulator or your workplace: any prediction of a regulatory or tribunal outcome; any named practitioner or real case; any advice on responding to a notification beyond who to ring; your state's mandatory reporting thresholds for child protection and elder abuse; your employer's gift, social media and conflict of interest policies; and the co-regulatory processes of New South Wales and Queensland beyond naming the bodies.

1. Programme overview

Professional Boundaries and the NMBA Codes of Conduct 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 LINE THIS PROGRAMME HOLDS

• THE BOUNDARY IS NOT THERE TO PROTECT YOU FROM THE PERSON. IT IS THERE BECAUSE OF THE POWER YOU HOLD - and it is yours to hold, every time.

• That is the code's own logic. Principle 4.1 opens by requiring nurses to "recognise the inherent power imbalance that exists between nurses, people in their care and significant others and establish and maintain professional boundaries".

• Inherent means structural. It does not depend on the nurse feeling powerful, it is not cancelled by the person being an adult, and it does not disappear because the two people like each other - which is why maintaining it is the nurse's job and never the person's.

• AND THE COURSE SPENDS AS LONG ON UNDER-INVOLVEMENT AS ON OVER-INVOLVEMENT. Indifference, omission, disengagement and disrespect are named in the same clause. A learner who finishes frightened of warmth has been taught the opposite of the code.

TWO COURSES THIS ONE IS OFTEN CONFUSED WITH

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

THIS IS NOT TRAUMA-INFORMED CARE. OBA's Trauma-Informed Care: Practice, Not Therapy (OBA-TIC-2026) is about how ordinary care is delivered so that it does not re-traumatise. The two courses share exactly one idea - the power imbalance in a clinical relationship - and they use it for different purposes. That course asks what the imbalance does to the person. This one asks what it obliges you to do about the relationship.

AND THIS IS NOT LEGAL ADVICE. It contains no prediction of what a regulator, a tribunal or an employer would decide in any particular case, because every notification is assessed on its own merits and nobody teaching a course gets to forecast that. It names the thresholds, it names the documents, and it names who to ring. Where you need advice about your own situation, that is your professional indemnity insurer, your union or professional association, and a lawyer - in that order, and early rather than late.

Who it is for

- Registered nurses, enrolled nurses and nurse practitioners in every setting - the code applies to all of them, in all contexts, whether the work is paid or unpaid and clinical or not
- Midwives, who have their own code in identical structure - this programme names the differences rather than assuming them
- Nurses working in small, rural, regional and remote communities, where the person in the bed is also the person at the shop and a pre-existing relationship is not avoidable but must be managed
- Aged care and disability nurses and care staff, where relationships run for years, families become close, and gifts and bequests are offered sincerely
- Mental health, AOD and forensic nurses, where boundaries are explicit clinical work rather than background conduct

- Nurse unit managers, educators and clinical leads, who hold the other half of this subject - responding to a disclosed over-involvement, and deciding what is a performance matter and what is a notification
- Students of nursing and new graduates, for whom the code is the document they will be measured against and the one they have most often never read
- Internationally qualified nurses, for whom the National Scheme, the notification system and the Australian expectations around social media and gifts are frequently 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 boundaries self-audit, a team boundaries conversation guide, and a notification decision record.
- No named practitioner, no real case and no identifiable notification anywhere in the programme.

How this programme treats the people taking it

SOME OF THE PEOPLE TAKING THIS COURSE HAVE HAD A NOTIFICATION MADE ABOUT THEM. Some are in a process now, some have been directed here after one, and some are carrying something they have never told anybody about.

That shapes how the programme is written. It carries no named practitioner and no real case, because a boundaries course built out of other people's tribunal decisions teaches learners to watch their colleagues rather than examine their own practice. It makes no prediction about what would happen to anybody, because nobody teaching a course can know that.

And it says plainly, more than once, that the great majority of boundary problems begin as kindness - not as predation. The nurse who stays late, gives out a personal number, accepts a gift, or becomes the only person a lonely resident talks to, is usually somebody doing their best in conditions nobody designed. Naming that is not an excuse for it. It is the only framing under which people recognise themselves in time.

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 about a notification, and including when the thing you need to talk about is your own conduct. The 2020 mandatory notification thresholds were redesigned specifically so that seeking help is safe.

• Lifeline - 13 11 14. 24 hours, seven days. National crisis support.

• Your professional indemnity insurer, and your union or professional association - the number on your policy. Free advice you have already paid for, available before anything is decided. 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 who the Code of conduct for nurses binds, in which settings, and what happens where it conflicts with the law
2. Name the 4 domains and 7 principles of the code, and locate professional boundaries by number
3. Explain why the power imbalance is inherent, and why holding the boundary is the nurse's obligation regardless of consent, initiation or insistence
4. Distinguish a boundary crossing from a boundary violation, and identify concealment as the usual marker
5. Recognise the warning signs of over-involvement in their own practice, and state the four things the code requires once they are recognised
6. Explain why under-involvement breaches the same clause, and identify who it predictably affects
7. Apply the code's requirements on gifts, money, bequests and powers of attorney - and decline warmly, in words
8. State the obligations that apply on social media, including Ahpra's position on expressing views and its limits
9. Apply the rule governing access to health records, and the three circumstances permitting disclosure without consent
10. State why consent does not make a sexual relationship with a current patient acceptable, and name the factors relevant to former patients
11. Explain when bullying and harassment is an employer matter and when it becomes a regulatory one
12. Name the four mandatory notification concerns, state what a reasonable belief requires, and identify the thresholds that differ by notifier group
13. Identify the local questions this course deliberately leaves unanswered, and find them for their own workplace

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: What the Codes Are, and What They Are Not	0.50	6
01	The Shape of the Code: Four Domains, Seven Principles	0.50	6
02	The Professional Relationship and the Power Imbalance	0.50	6
03	Crossings, Violations and the Drift Between Them	0.50	5
04	Over-involvement, Under-involvement and the Signs	0.50	6
05	Gifts, Money and the Things That Look Like Kindness	0.50	6
06	Social Media and the Boundary You Cannot See	0.50	6
07	Privacy, Confidentiality and Who May Look	0.50	5
08	Sexual Misconduct: the Line With No Exceptions	0.50	6
09	Colleagues: Bullying, Harassment and the Other Boundary	0.50	5
10	Notifications and What Reasonable Belief Means	0.50	5
	Module subtotal	5.50	62
	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 professional 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)	73 min	Narration word count at 135 wpm
Student learner guides (11)	110 min	Guide word count at 130 wpm
Module knowledge checks (11)	50 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	504 min (8.40 h)	Sum of the above
CLAIMABLE CPD	8.5 hours	The measured total, to the nearest half hour

The measured total is 8.40 hours and the claimable figure is 8.5 - the measured total to the nearest half hour. 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 statements are worth trusting.

The five optional practice tools - crossing or violation, whose need is this meeting, post or don't post, notify or not, and the boundaries 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 the Codes Are, and What They Are Not

What the Code of conduct for nurses actually is: who it binds, in what settings, and what happens when it is breached. Why your employer's code does not replace it and you are held to both. Why 'A nurse's guide to professional boundaries' - the 2010 document still circulating in induction packs - is retired. The difference between a code of conduct and a code of ethics, and which one Australia adopted from the ICN. What this course is not: not legal advice, not a prediction of any outcome, and not built out of anybody's real case. And the ten local questions it deliberately leaves for you to answer.

Learning outcomes

- State who the Code of conduct for nurses applies to, and in which settings
- Explain why an employer's code of conduct does not replace the NMBA code

- Identify 'A nurse's guide to professional boundaries' (2010) as a retired document
- Distinguish a code of conduct from a code of ethics, and name the ethics document in effect in Australia
- State what this course is not - not legal advice, and not a prediction of any outcome
- Name the local questions that must be answered at the learner's own workplace

Key terms: Code of conduct for nurses; National Law; ICN Code of Ethics; unprofessional conduct; professional misconduct; retired guidance; scope of the code

Module 01 - The Shape of the Code: Four Domains, Seven Principles

The architecture of the Code of conduct for nurses: four domains, seven principles, and twenty-four numbered sections. Where professional boundaries sits and what surrounds it. The definitions that do the work - professional boundaries, over-involvement, professional relationship, unprofessional conduct and professional misconduct - taken from the code's own glossary rather than from custom. Where the code sits among the other instruments: standards for practice, registration standards, guidelines and frameworks. And the rule that settles every conflict: where the code and the law differ, the law takes precedence.

Learning outcomes

- Name the four domains and the seven principles of the Code of conduct for nurses
- Locate professional boundaries within the code, by number
- State the code's own definitions of professional boundaries and over-involvement
- Distinguish unprofessional conduct from professional misconduct as the code defines them
- Place the code among the other NMBA instruments a nurse is bound by
- State what happens where the code and the law conflict

Key terms: domains; principles; Principle 4.1; glossary; standards for practice; registration standards; National Law; professional misconduct

Module 02 - The Professional Relationship and the Power Imbalance

What makes a professional relationship different from a personal one, in the code's own terms. Why the power imbalance is inherent rather than situational - and the four things it is made of, none of which depend on the nurse feeling powerful. Why that puts the whole weight of maintaining the boundary on the nurse and none of it on the person. The ten requirements of Principle 4.1, read together. Why the code requires you to prepare the person for the end of the episode of care, and what happens when nobody does. And what to do when the relationship is already compromised.

Learning outcomes

- Distinguish a professional relationship from a personal one using the code's definitions
- Explain why the power imbalance is inherent rather than dependent on circumstances
- State why maintaining the boundary is the nurse's responsibility and never the person's
- Name the ten requirements of Principle 4.1 and what they have in common
- Explain the code's requirement to prepare the person for the end of the episode of care
- Describe what the code requires when a professional relationship has become compromised

Key terms: power imbalance; professional relationship; therapeutic relationship; Principle 4.1; end of the episode of care; compromised relationship; handover of care

Module 03 - Crossings, Violations and the Drift Between Them

The distinction that makes this subject workable: a boundary crossing is a brief step outside the usual professional role that is noticed, reflected on and returned from. A violation harms, exploits or serves the nurse's needs - and its distinguishing feature is almost always concealment. Why the drift between them is gradual, and why nobody experiences it as a decision. The six questions that work in the moment, including the uncomfortable one. Self-disclosure, which is a crossing in both directions. And why 'I would never' is the least useful sentence in the subject.

Learning outcomes

- Distinguish a boundary crossing from a boundary violation
- Identify concealment as the usual distinguishing feature of a violation
- Describe the drift, and why it is not experienced as a decision
- Apply the six boundary tests to a real situation
- Judge self-disclosure by whose need it serves
- Explain why 'I would never' is not a safeguard

Key terms: boundary crossing; boundary violation; drift; concealment; self-disclosure; whose need; the documentation test

Module 04 - Over-involvement, Under-involvement and the Signs

Over-involvement, defined by the code as confusing your needs with the needs of the person in your care. The ten warning signs, written so they can be recognised in yourself rather than spotted in somebody else. Then the half of Principle 4.1 that almost no training covers: under-involvement - indifference, omission, disengagement, lack of care and disrespect - which is a breach of the same clause, happens to predictable people, and is more often a team property than an individual one. And the four things the code requires once you have noticed either: disclose, reflect, document and report, and engage in management.

Learning outcomes

- State the code's definition of over-involvement
- Recognise the warning signs of over-involvement in your own practice
- Explain why under-involvement breaches the same clause of the code
- Identify who under-involvement predictably happens to
- Name the four things the code requires once over-involvement is recognised
- Describe what a good response to a disclosure looks like, and why it matters

Key terms: over-involvement; under-involvement; warning signs; disclosure; favouritism; disengagement; management plan

Module 05 - Gifts, Money and the Things That Look Like Kindness

Principle 4.5 and the conflict of interest clause beside it. What the code actually permits: token gifts of minimal value, freely offered, reported under local policy. Two conditions and a step. Then the flat prohibitions - never accept, encourage or manipulate a person into giving, lending or bequeathing; never become financially involved through bequests, powers of attorney, loans or investment schemes; never influence a donation. Why wills and enduring powers of attorney are the highest-risk version of all of this, and why 'they insisted' is the least protective sentence available. And the skill this module is really teaching: how to decline warmly, because refusing badly harms somebody who is trying to say thank you.

Learning outcomes

- State what the code permits in relation to gifts, and under what conditions
- Name the flat prohibitions in Principle 4.5
- Explain why a bequest or a power of attorney is treated differently from a box of chocolates
- Describe the conflict of interest obligations that sit alongside 4.5
- Decline a gift warmly, in words, without harming the person offering it
- Identify the local policy questions that this course cannot answer

Key terms: token gift; minimal value; bequest; power of attorney; conflict of interest; inducement; donation; local policy

Module 06 - Social Media and the Boundary You Cannot See

The obligations online are the same obligations. The National Law, the code and the advertising guidelines apply on social media exactly as they do in person - and there is no separate, lower standard for a personal account. Then the half that is almost never taught: Ahpra's own statement that practitioners will not be investigated purely for holding or expressing their views, and the limits on that. The privacy rule that does not depend on naming anybody. Language and tone as a boundary matter in their own right. The prohibition on testimonials under section 133. And the friend request, which is a decision best made before it arrives at eleven at night.

Learning outcomes

- State that the code, the National Law and the advertising guidelines apply online as in person
- State Ahpra's position on freedom of expression, and its limits
- Apply the privacy rule that operates even where nobody is named
- Explain why language and tone can breach a boundary independently of confidentiality
- Identify the prohibition on testimonials in advertising a regulated health service
- Decide in advance how to respond to a friend or follow request

Key terms: social media; freedom of expression; privacy; consent; testimonials; section 133; friend request; discrimination and racism

Module 07 - Privacy, Confidentiality and Who May Look

Principle 3.5 in full. The rule that decides most real cases: access records only when professionally involved in the person's care AND authorised to do so. Why curiosity is not involvement and concern is not authorisation - and why looking up somebody you know is the version that gets people into the most difficulty. Consent before disclosure, documented where possible. The three narrow limits: required by law, legally justifiable in the public interest, or needed to facilitate emergency care. Surroundings as part of confidentiality. The person's right of access to their own record. And why the audit trail is a poor reason to behave.

Learning outcomes

- State the rule governing access to a health record
- Explain why curiosity and concern do not authorise access
- Name the three circumstances in which information may be released without consent
- Describe the requirement to provide surroundings that enable confidential discussion
- State the person's right to access their own health record
- Identify what a nurse does when they are personally connected to a patient

Key terms: confidentiality; privacy; record access; authorised; consent; public interest; emergency care; audit trail

Module 08 - Sexual Misconduct: the Line With No Exceptions

The clearest rule in the programme and the one with the least room in it. Because of the power imbalance, any sexual activity with a current patient or client is sexual misconduct - even with consent. What the definition covers beyond sexual activity: sexual remarks, sexual touching, touching an intimate area without clinical indication, and sexual behaviour in front of a person. Why it can extend to people closely related to the patient. The four factors that determine whether a relationship with a former patient is misconduct. And why this is the one notifiable concern that carries no risk-of-harm threshold - which changes what a manager does on the day.

Learning outcomes

- State why consent does not make a sexual relationship with a current patient acceptable
- Name what the definition of sexual misconduct covers beyond sexual activity
- Explain when the definition can extend to a person closely related to the patient
- Name the four factors relevant to a relationship with a former patient
- State why sexual misconduct carries no risk threshold for notification
- Describe what a manager does on the day a concern is raised

Key terms: sexual misconduct; consent; power imbalance; former patient; intimate care; no risk threshold; mandatory notification

Module 09 - Colleagues: Bullying, Harassment and the Other Boundary

The code's word 'person' includes colleagues and students - so the boundaries content applies to them as well. Principle 3.4 in full: the definition, the forms the code names (including pressure in decision-making), and the three verbs that make the bystander position a conduct matter. Then the part that is almost always got wrong in both directions: most bullying and harassment should be managed by the employer as a performance issue, and a notification is required only where public safety is directly affected. The supervision and assessment boundaries at Principle 5. And how to raise something with a colleague without it becoming an accusation.

Learning outcomes

- Explain why the code's boundaries content applies to colleagues and students
- State the code's definition of bullying and harassment and the forms it names
- Explain why ignoring or excusing is named alongside engaging in it
- State when bullying becomes a regulatory matter rather than an employer one
- Describe the supervision and assessment boundaries in Principle 5
- Raise a boundary concern with a colleague without it becoming an accusation

Key terms: bullying; harassment; bystander; performance issue; public safety; supervision; assessment; pressure in decision-making

Module 10 - Notifications and What Reasonable Belief Means

What a mandatory notification actually is, and what it is not. The four concerns: impairment, intoxication while practising, a significant departure from accepted professional standards, and sexual misconduct. What 'reasonable belief' requires - direct knowledge rather than rumour, speculation or gossip. Why the threshold differs for treating practitioners, non-treating practitioners and employers, and why the treating practitioner bar was deliberately raised so that nurses can seek healthcare. Voluntary notifications, which are the larger category. Where a

notification goes in a co-regulatory state. And the last thing this programme says, which is about your own health.

Learning outcomes

- Name the four mandatory notification concerns
- State what 'reasonable belief' requires, and what does not meet it
- Distinguish the thresholds for treating practitioners, non-treating practitioners and employers
- Explain why the treating practitioner threshold is higher, and what it protects
- Distinguish a voluntary notification from a mandatory one
- Identify where a notification goes in a co-regulatory state

Key terms: mandatory notification; voluntary notification; reasonable belief; impairment; intoxication; significant departure; co-regulatory; notifier protection

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	4
01	6
02	6
03	5
04	6
05	6
06	6
07	5
08	6
09	5
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 names a practitioner or reproduces a real case. No item predicts what a regulator, tribunal or employer would decide. No keyed answer treats consent as curing a sexual relationship with a current patient, or moves the boundary obligation off the nurse. No keyed answer is simple withdrawal from a person. And nothing jurisdictional is assessed as though it were national.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NMBA Code of conduct for nurses - Principle 4: Professional behaviour	4.1 Professional boundaries - the power imbalance, the end of the episode of care, pre-existing relationships, sexual relationships, over-involvement and under-involvement, handover of compromised relationships, personal beliefs and physical assault. Also 4.2	Modules 01-05, 09

	advertising and representation, 4.4 conflicts of interest and 4.5 financial arrangements and gifts	
NMBA Code of conduct for nurses - Principle 3	3.4 Bullying and harassment; 3.5 Confidentiality and privacy, including the social media obligation and the rule that consent is required even where a person is not named; 3.3 effective communication and not referring to people in a non-professional manner	Modules 06, 07, 09
NMBA Code of conduct for nurses - Principle 1	1.1 Obligations, including reporting restrictions on practice to Ahpra and the employer; 1.3 Mandatory reporting - the state and territory obligations that are NOT the same thing as a mandatory notification	Modules 00, 10
NMBA Code of conduct for nurses - Principle 7	7.1 Your and your colleagues' health, including encouraging colleagues to seek help and the obligation to act where a health condition could adversely affect safe practice	Modules 04, 10
NMBA Code of conduct for nurses - Principle 5	5.1 Teaching and supervising, including not supervising somebody with whom you have a pre-existing non-professional relationship; 5.2 assessing colleagues and students honestly and without bias	Modules 02, 09
NMBA Code of conduct for midwives	The same structure and the same boundaries clause, written for the midwife-woman relationship. Midwives are bound by their own code; this programme names the differences rather than assuming them	Module 00
ICN Code of Ethics for Nurses	In effect in Australia from 1 March 2018, jointly adopted by the NMBA, ACN, ACM and ANMF as the guiding document for ethical decision-making. The ethics document sits alongside the code of conduct rather than inside it	Modules 00, 01
Ahpra and National Boards - Social media: How to meet your obligations under the	That the code, the National Law and the advertising guidelines apply online exactly as they do in	Module 06

National Law	person; the freedom of expression position; and the examples of activity likely and unlikely to warrant investigation	
Guidelines: Mandatory notifications about registered health practitioners (March 2020)	The four notifiable concerns; 'reasonable belief'; the definitions of impairment, intoxication, significant departure and sexual misconduct; and the different thresholds for treating practitioners, non-treating practitioners and employers	Module 10
Guidelines for advertising a regulated health service	Section 133 of the National Law, including the prohibition on testimonials - which reaches reviews and comments on a practitioner's own professional pages	Module 06
Health Practitioner Regulation National Law	Sections 129, 130, 131 and 141 as named in the code; section 133 advertising offences; and the co-regulatory arrangements in New South Wales and Queensland	Modules 00, 06, 10
Privacy Act 1988 and state and territory health records legislation	Access, use and disclosure of health information, and the principle that access without a care-related need is a breach	Module 07

5. Scope of practice

This programme is written for registered and enrolled nurses, midwives, and the managers and educators who hold the other half of the subject. 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 clear, resolve or close anything. It is professional development: it does not close a notification, satisfy a condition on registration, or substitute for advice about a real situation.
- It is not legal advice and it predicts no outcome. Every notification is assessed on its own merits, and advice about a particular situation comes from a professional indemnity insurer, a union or professional association, and a lawyer.
- Several rows of the scope matrix read 'No' for every role including the most senior - accepting money or a bequest from a person in care, accessing a record you have no part in, a sexual relationship with a current patient, and arranging covert conduct of any kind privately.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies as well. Where the law differs from the code, the law takes precedence.

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 Code of conduct for nurses is the document this whole programme is about - seven principles in four domains, effective 1 March 2018 and updated March 2026, with a glossary that defines professional boundaries and over-involvement. Ahpra's social media guidance is short, current, and contains the freedom of expression position most nurses have never been told. The Guidelines: Mandatory notifications about registered health practitioners (March 2020) carry the four concerns, the definitions and the notifier thresholds. And the fourth is local: your employer's gifts, social media and conflict of interest policies, and whether notifications where you work go to Ahpra, the HCCC in New South Wales, or the Health Ombudsman in Queensland. 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.