Australian Resuscitation Council

50 years of nursing contribution:

How nursing leadership has shaped resuscitation policy, practice and education in Australia and beyond

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Author: Tracy Kidd FACN

Nurses are often the first to recognise deterioration, the first to start resuscitation, and the last to leave the bedside — yet their influence on resuscitation policy is less visible. For more than five decades, nursing voices have contributed to governance through representation on the Australian Resuscitation Council, helping ensure that national resuscitation guidance reflects real-world nursing practice and scientific evidence.

On 7 February 1976, the Australian Resuscitation Council (ARC) was formally launched following 18 months of planning. Foundation member organisations included the Red Cross, the Heart Foundation, Australian Defence, ambulance services, lifesaving organisations and the Royal College of Nursing Australia (now the Australian College of Nursing) (Australian Resuscitation Council & Milford, 2013; Milford, 2013).

Since that time, the ARC has operated as a voluntary, multidisciplinary coordinating body representing all major groups involved in the teaching and practice of resuscitation across Australia and New Zealand. Now comprising representatives from more than 25 member organisations, the Australian Resuscitation Council and the New Zealand Resuscitation Council, which together form the Australian and New Zealand Committee on Resuscitation (ANZCOR). Through this structure, nationally endorsed resuscitation guidelines are developed to foster simplicity and uniformity in techniques and terminology. These guidelines are produced through rigorous review of the available scientific and published evidence and are issued only after acceptance by all member

organisations supporting shared ownership and national consistency (Australian Resuscitation Council, 2026a).

Drawing on over 35 years of experience in emergency and critical care nursing, resuscitation education and regional and rural workforce development, supported by postgraduate qualifications in critical care and clinical nursing education, I was nominated as the Australian College of Nursing (ACN) representative in 2012 and commenced on Council in 2013. In this role, representatives contribute across the breadth of ANZCOR guidance — spanning Basic and advanced life support; adult, paediatric and newborn resuscitation; acute coronary syndromes; and the full spectrum of first aid guidance, including medical conditions, injuries, and environmental emergencies. Council work is supported by regular face-to-face meetings held three times each year, complemented by online meetings between sessions. Contribution occurs through established guideline development processes, including member-organisation input, participation in working parties and sub-committee drafting, review of circulated drafts, and consensus-based ratification and scheduled review cycles. Treatment recommendations bring together scientific evidence, clinical experience and community values, ensuring ANZCOR guidance remains both rigorous and practical in Australian and New Zealand healthcare settings (ANZCOR, 2026).

A significant component of this work occurs through leadership within the Education, Implementation and Teams (EIT) Sub-Committee, which is responsible for ARC and ANZCOR guidance on how resuscitation recommendations are taught, implemented, and operationalised in practice. Initially appointed Deputy Convenor and now serving as Convenor, I lead the development and review of guidance on life support education and training, team performance, and the legal and ethical contexts that shape resuscitation decision-making. This includes oversight of guidelines and guidance statements covering training design and delivery, skill acquisition and maintenance, team behaviours, family presence during resuscitation, and legal and ethical considerations such as consent, duty of care, and withholding or withdrawal of resuscitation. Through this work, education science, implementation principles, and team-based practice are explicitly integrated into ARC outputs, ensuring guidance is not only evidence-based but also practical, ethically sound, and deliverable across diverse clinical and community settings, consistent with contemporary resuscitation education and implementation evidence (Cheng et al., 2018; Greif et al., 2025).

Representation also extends beyond council tables into professional advocacy and knowledge translation. Since 2013, I have regularly presented at national and international forums, including *Spark of Life* and New Zealand Resuscitation Council conferences, sharing nursing perspectives on resuscitation education, infrequent exposure, rural capability, and team performance. These forums provide an essential two-way exchange: translating Council and guideline work into practical learning for clinicians, while also ensuring that frontline nursing experience informs national and international resuscitation priorities (Australian Resuscitation Council, 2026b).

In 2023, my engagement expanded to the international level when I was appointed as a mentee to the International Liaison Committee on Resuscitation (ILCOR) Education, Implementation and Teams (EIT) Task Force, progressing to appointment as a full Task Force member for a two-year term beginning in 2026. ILCOR task forces are formally constituted expert bodies reporting to the ILCOR Board, responsible for conducting systematic and scoping reviews and developing Consensus on Science and Treatment Recommendations that underpin international resuscitation guidelines (ILCOR, 2026). Through this work, nursing perspectives from Australia contribute directly to international evidence synthesis and consensus processes, informing how resuscitation science is interpreted and subsequently adapted by bodies such as ANZCOR (Greif et al., 2025).

While nurses are well placed to contribute to organisational governance through boards, councils, committees, task forces and commissions, they remain under-represented in these roles (Brown et al., 2025). Formal representation enables nursing contribution to extend beyond dissemination or education delivery to include diversity of perspective, active governance, evidence synthesis and strategic leadership in policy development (Brown et al., 2025). This ensures that the nursing voice is embedded in the development, interpretation and implementation of resuscitation science at both national and international levels, strengthening the relevance and impact of guidance for clinicians and the communities they serve.

For ACN members, engagement in governance through representation on the Australian Resuscitation Council and ILCOR Task Forces aligns directly with the College's mission of *Advancing Nursing, Shaping Health* — ensuring nurses are equipped to lead, advocate, influence policy, and uphold high standards of clinical expertise and professionalism across the health system (Australian College of Nursing, 2026). Through this representation, ACN members' expertise and perspectives help ensure that national and global resuscitation science reflects real-world practice, education imperatives, and equitable healthcare delivery.

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