

## Fact sheet

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Effective 11 February 2019

### Provisional registration: Information for health services and employers

#### Introduction

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

This fact sheet addresses common queries that you might have about the requirements for health services and/or employers who support nurses and/or midwives with provisional registration for supervised practice. It should be read in combination with the [Policy: Re-entry to practice for nurses and midwives](#).

#### What is provisional registration?

Provisional registration is for practitioners who have not practised as a nurse or midwife for between five and 10 years, and

- have previously held registration in Australia, and
- do not hold current registration, and
- are now seeking to re-enter practice

Provisional registration enables these practitioners to complete a period of supervised practice or an NMBA approved re-entry to practice program. The requirements are set out in restrictions applied to the registration.

The provisional registration period is for 12 months and starts when the NMBA makes the decision. Renewal occurs on the anniversary of the initial registration date, noting that provisional registration may not be renewed more than twice.

When the requirements of the supervised practice or re-entry to practice program restrictions have been met, the practitioner is eligible to apply for general registration. Provisionally registered nurses and/or midwives suitability for registration has been assessed by the NMBA.

#### Supervised practice requirements

Before any supervised practice can take place, the nurse and/or midwife must:

- hold provisional registration prior to commencing practice and for the duration of the supervised placement (see also [Fact sheet: Re-entry to practice](#) for practitioners with general registration undertaking supervised practice for re-entry to practice), and
- have their supervised practice arrangements approved by the NMBA.

Nurses and/or midwives holding provisional registration for supervised practice must comply with the requirements and responsibilities specified in the NMBA [Supervision guidelines for nursing and midwifery](#). The guidelines provide a resource for persons supervising nurses and/or midwives and sets out the following:

1. Principles for supervising
2. Levels of supervision
3. Requirements and responsibilities of supervisors
4. Responsibilities of supervisees
5. Reporting requirements
6. Definitions

Table 1 provides an overview of the stages of supervision and the documentation requirements. When the requirements of the restrictions have been met, the practitioner is eligible to apply for general registration.

**Table 1. Timelines and reporting requirements**

<b>1. Prior to commencing practice</b>
Submit to AHPRA <ul style="list-style-type: none"> <li>• Letter confirming support for the practitioner for a supervised practice position</li> <li>• Signed <a href="#">Supervised practice agreement</a> ensuring the nominated supervisor/s meet the supervisor definition specified in the <a href="#">Supervision guidelines for nursing and midwifery</a></li> </ul>
<b>2. Following receipt of approval for supervision arrangements</b>
Within 14 days of commencing practice <ul style="list-style-type: none"> <li>• Submit <a href="#">Supervised practice plan</a></li> </ul>
<b>3. Reporting requirements</b>
After a minimum of 75 hours of direct supervision: <ul style="list-style-type: none"> <li>• Submit first <a href="#">Supervisor's formative report/s</a></li> <li>• Submit ongoing formative reports until progression to indirect supervision is indicated</li> <li>• When achieved, submit formative report confirming progression to indirect supervision<sup>1</sup></li> </ul>
Within 14 days of achieving competence against the relevant <a href="#">Standards for practice</a> and meeting the requirements of the restrictions <ul style="list-style-type: none"> <li>• Submit <a href="#">Supervisor summative report</a></li> </ul> The practitioner is eligible to lodge an application for general registration.

### Obligations of provisional registration

A nurse and/or midwife holding provisional registration must:

- meet the requirements of the [Registration standard: Continuing professional development](#)
- not practice the profession unless appropriate professional indemnity insurance arrangements are in place
- participate in a prescribed program of supervised practice as set out in the [Supervision guidelines for nursing and midwifery](#) or as determined by the NMBA, and
- undertake an examination or assessment approved by the Board, when required by the NMBA.

Each nurse and midwife has a case officer who monitors their compliance against the supervised practice restrictions. This person is a point of contact for the health service/employer, the supervisor and the provisional registrant.

### Definitions

**Recency of practice:** a health practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying for, or obtaining registration.

**Re-entry to practice program:** a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA as preparation for nurses and midwives for re-entry to the register. This may be after a lapse in practice and/or removal from the register for a period exceeding the requirement in the [Registration standard: Recency of practice](#). It contains both a theoretical and a clinical experience component.

**Supervised practice:** a period of practice under supervision. It is a formal process of professional support and learning which allows a nurse and/or midwife (supervisee) to develop knowledge and competence,

<sup>1</sup> Where the supervisor's formative evaluation report is that the nurse or midwife's performance warrants a change in the level of supervision, this can occur without waiting for acknowledgement from AHPRA.

assume responsibility for their own practice and enhance public protection and safety. Supervision may be direct or indirect according to the nature of context under which the practice is being supervised. It is the responsibility of the nurse/midwife to arrange a placement that meets the requirements of the NMBA for re-entry to practice, including that:

- the practice setting must give the maximum opportunity to demonstrate the full spectrum of the respective [standards for practice](#)
- the supervisor meets the minimum requirements listed in the [Supervision guidelines for nurses and midwives](#)
- the nurse/midwife will not engage with an employment agency for supervised practice, and
- the NMBA does not allow for supervision in private practice (where a nurse or midwife is working as sole practitioner, in partnership or in self-employed models or working on their own account).

### Levels of supervision

Level	Summary	Specifications	Proposed reporting frequency for level <sup>2</sup>	Example of possible use for level of supervision <sup>3</sup>
1	<p><b>Direct supervision</b></p> <p>The supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients)</p>	<p>The supervisor must be physically present at the workplace, observing at all times when the supervisee is providing clinical care, according to the supervised practice plan.</p> <p>Supervision by telephone is indirect and not permitted.</p> <p>The supervisee must consult with the supervisor about the nursing or midwifery care before delivering the care.</p>	<p>Report after initial 75 hours, and then at three-monthly interval/s, while the supervisee is on Level 1 supervision</p> <p>Before progressing to level 2 supervision.</p>	<p>As the highest level of supervision, this level may be used:</p> <ul style="list-style-type: none"> <li>• to determine the level of competence of the nurse and/or midwife and inform further levels of supervision under a supervised practice plan, or</li> <li>• in a supervised practice plan arising from a health, conduct or performance matter.</li> </ul>
2	<p><b>Indirect supervision</b></p> <p>The supervisor and supervisee share the responsibility for individual patients.</p> <p>The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering.</p>	<p>According to the supervised practice plan, the supervisor must be physically present at the workplace (unit/clinic/ward) for the majority of time when the supervisee is providing clinical care.</p> <p>The supervisee must inform the supervisor at agreed intervals about the management of each patient; this may be after delivering care.</p> <p>If the approved supervisor is temporarily absent during any day, then the supervisor must make appropriate arrangements for</p>	<p>Reports after an initial one-month period, and then at three-monthly intervals, unless set out otherwise in the Supervised practice plan (or restrictions of registration).</p>	<p>This level may be used:</p> <ul style="list-style-type: none"> <li>• for provisional registration for teaching when clinical practice is also being undertaken</li> <li>• for provisional registration for postgraduate training or supervised practice</li> <li>• In a supervised practice plan arising from a health, conduct or performance matter.</li> </ul>

<sup>2</sup> This refers to the usual reporting frequency for [re-entry to practice](#) but may be modified by the supervised practice plan. The NMBA or the supervisor may, at any time, exercise its discretion to ask to for/provide a report.

<sup>3</sup> This lists the typical use of a supervision level. The NMBA may, at any time, exercise its discretion to determine the supervision level.

Level	Summary	Specifications	Proposed reporting frequency for level <sup>2</sup>	Example of possible use for level of supervision <sup>3</sup>
		<p>alternative supervision, to provide temporary oversight.</p> <p>Ideally a secondary supervisor on the supervisee's supervision agreement will provide such temporary supervision.</p>		

### For more information

- [Registration standard: Continuing professional development](#)
- [Registration standard: Professional indemnity insurance arrangements](#)
- [Registration standard: Recency of practice](#)
- [Supervision guidelines for nursing and midwifery](#)
- [Fact sheet: Provisional registration for nurses and midwives](#)
- [Fact sheet: Re-entry to practice](#)
- [Policy: Re-entry to practice for nurses and midwives](#)
- Visit [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)

### Document control

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