

# Fact sheet

Updated February 2023

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 15 years, and

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

Provisional registration enables these practitioners to complete either a period of supervised practice or an NMBA-approved re-entry to practice program. These requirements are set out in conditions applied to their registration.

The provisional registration period is for 12 months and starts when the NMBA approves the practitioner's application. 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 period of supervised practice or re-entry to practice program conditions have been met, the practitioner is eligible to apply for general registration.

## 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 with provisional registration for supervised practice must comply with the requirements and responsibilities specified in the Supervised practice framework. The framework provides 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
- 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

## 1. Prior to commencing practice

Submit to Ahpra

- Letter confirming support for the practitioner for a supervised practice position
- Signed <u>Supervised practice plan</u> ensuring the nominated supervisor/s meet the supervisor definition specified in the <u>Supervised practice framework</u>

### 2. Following receipt of approval for supervision arrangements

Submit <u>Supervised practice report(s)</u> as per the reporting frequency outlined in the approved <u>Supervised practice plan</u>.

The *Supervised practice report* can be used as an interim report on progress or monitoring, or as a final assessment report.

## 3. Change in circumstance

Inform the NMBA within seven days

If your approved supervisor is no longer able to give supervision, you will need to submit the following form Request for change in circumstances for nurses and midwives undertaking supervised practice – ACCL-40 to Ahpra.

## Re-entry to practice requirements

Prior to commencing a re-entry to practice program, an acceptance letter from the approved re-entry to practice program provider must be submitted to Ahpra.

### **Obligations of provisional registration**

A nurse and/or midwife with provisional registration must:

- meet the requirements of the Registration standard: Continuing professional development
- not practice the profession unless appropriate <u>professional indemnity insurance arrangements</u> are in place
- participate in a prescribed program of supervised practice as set out in the <u>Supervised practice</u> framework or as determined by the NMBA, and
- undertake an examination or assessment approved by the Board, when required by the NMBA.

Each nurse and/or midwife is assigned a case officer who monitors their compliance against the supervised practice conditions. 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 <u>Registration standard</u>: <u>Recency of practice</u>. 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, assume responsibility for their own practice and enhance public protection and safety. Supervision may be direct, indirect *or remote* 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 <u>standards for practice</u>
- the supervisor meets the minimum requirements outlined in the Supervised practice framework
- 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 of supervised practice	Description of supervised practice level		
Direct Supervisor physically present at all times to observe the supervisee	The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee.  The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.		
Indirect 1 (present)  Supervisor physically present at the workplace	The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.  The supervisee must consult with the supervisor who is always physically present in the workplace or practice environment and available to observe and discuss at agreed intervals and as necessary for the:  • management of patients, including when care is being given, and/or • performance of the supervisee		
Indirect 2 (accessible)  Supervisor is accessible by phone or other means and available to physically attend the workplace	The supervisee takes primary responsibility for their practice and the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.  The supervisee must consult with the supervisor who is accessible by telephone, video conference or other means of telecommunication and available to attend the workplace or practice environment to observe and discuss at agreed intervals and as necessary for the:  • management of patients, and/or • performance of the supervisee.  This may be after the care is given to the patient.		

Remote	The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under
Supervisor is not present at the	the supervisor's general oversight.
workplace	The supervisee must consult with the supervisor, who is accessible by telephone, video conference or other means of telecommunication at agreed intervals and as necessary for the:
	<ul><li>management of patients, and/or</li><li>performance of the supervisee.</li></ul>
	This may be after the care is given to the patient.

#### For more information

- Registration standard: Recency of practice
- Registration standard: Continuing professional development
- Registration standard: Professional indemnity insurance arrangements
- Supervised practice framework
- FAQ: Supervised practice framework
- Policy: Re-entry to practice for nurses and midwives
- Fact sheet: Re-entry to practice
- Fact sheet: Provisional registration for nurses and midwives
- Visit 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 history**

Approved by: Nursing and Midwifery Board of Australia

**Date commenced:** February 2019

**Next review due:** February 2027

Policy history: Is this a new policy? N

Does this policy amend or update an existing policy? Y

If so which version v2.0

Does this policy replace another policy with a different title? N

Approval date	Version	Reason for change
February 2023	v3.0	New document template Updated to reflect commencement of Supervised practice framework Updated to reflect changes to Policy: Re-entry to practice – additional pathway for people who have not practised for a period of 10 to 15 years
February 2019	v2.0	Editorial changes to reflect document coming into effect (from previous advanced copy)
November 2018	v1.0	Advanced copy