

Fact sheet

Updated February 2023

Provisional registration: Information for nurses and midwives

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 provisional registration, and the requirements for previously registered nurses and/or midwives applying for this type of registration. It should be read in combination with the [Policy for re-entry to practice for nurses and midwives](#).

What is provisional registration?

Provisional registration is granted to eligible practitioners to enable them to complete 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.

Nurses and/or midwives with provisional registration for supervised practice must comply with the requirements and responsibilities specified in the [Supervised practice framework](#). When the requirements of the supervised practice or re-entry to practice program conditions have been met, the practitioner is eligible to apply for general registration.

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

Who should apply for provisional registration?

This type of registration is for those who have not practised as a nurse or midwife for between five and 15 years and

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

If you hold general or non-practising registration or have not practised for a period of 15 years or more, please refer to the [Policy: Re-entry to practice for nurses and midwives](#) for further guidance.

How to apply

The [Application for provisional registration for re-entry to practice - APRO-40](#) form is available from the NMBA website.

The application form and required documentation collect information about your qualifications, work and registration history, continuing professional development activities, and length of time away from practising

in the profession/s. The information collected is used to determine whether you require any additional training, periods of supervision or other requirements to meet eligibility for general registration.

Assessment of your application

The NMBA considers two types of applicants who have not practised for between five and 15 years:

- those who provide documentary evidence to confirm competence and knowledge and need to consolidate and confirm existing knowledge through supervised practice, and
- those who are unable to demonstrate that they have maintained competence and current knowledge and should be directed to complete a re-entry to practice program.

All applications are assessed on their merits by the NMBA, who must be satisfied that you are safe and competent to practise the profession/s in Australia. Examples of evidence that should be provided with your application are in Table 1.

Table 1: Evidence examples

Evidence required	Examples and cues
Initial and subsequent qualifications	<ul style="list-style-type: none"> • Documentary evidence of the qualification that entitled you to initial registration in your profession. This may have been completed at university, through a registered training authority such as TAFE, or you may have completed hospital-based training. • Documentary evidence of any additional qualifications gained that have relevance to your nursing and/or midwifery practice. This may be post-graduate study in your area of practice. • Any other formal qualifications that developed your professional skills and knowledge.
Continuing professional development and connection to the profession	<ul style="list-style-type: none"> • Documentary evidence of professional development courses, study, conferences or reading that demonstrates maintenance, improvement and broadening of knowledge, expertise and competence. This could be presented as a portfolio of evidence and may include ongoing memberships with professional organisations or colleges, where ongoing learning and/or an active role can be evidenced.
Extent of nursing and/or midwifery work/practice (paid or unpaid/voluntary)	<ul style="list-style-type: none"> • Statement/s of service from each employer/s that includes the position held, the number of hours worked (full-time/part-time), and how the roles/s involved the application of nursing and/or midwifery practice. The statements of service must: <ul style="list-style-type: none"> – be on the employer’s letterhead – contain your name – the position/role held – contain details of service including: <ul style="list-style-type: none"> ○ the date that you commenced and finished working in the position ○ whether the work was full-time, part-time or a combination. If any of the work has been part-time, provide details of full-time equivalent worked • Detail of your role, particularly where the title of the position does not include ‘nurse’ or ‘midwife’. • A position description can be useful to demonstrate that the role involved the use of nursing and/or midwifery knowledge • Submit the standards for practice mapping template, to demonstrate how you have met the nursing and/or midwifery standards for practice since your last nursing or midwifery position.

The timeframe for the assessment is determined by the completeness of your application and the complexity of the assessment. While your application is being assessed, it will progress through several stages:

- **Stage 1:** Your application will be reviewed, and further information may be requested. Only when your application is complete will it progress to the next stage of assessment.
- **Stage 2:** Your application will be assessed and may need review by a Clinical Advisor for nursing and midwifery. Please note further documents may be requested at this stage.
- **Stage 3:** Your application will be forwarded to the next available meeting of the relevant Board/Committee. Please note that meetings may only take place once a month and deadlines for sending applications to the meetings are a few weeks prior to the meeting.
- **Stage 4:** Within 30 days of the Board/Committee meeting, you will be advised of the proposed outcome
- **Stage 5:** You may choose to accept the proposed outcome, and your application will be progressed, or
- **Stage 6:** You may choose, within 30 days from the date of the notice, to provide a submission (a response) to the proposal. If you make a submission about the proposed outcome, your submission will be reconsidered by the Board/Committee for a final decision.

Practice requirements when registered

Your application for provisional registration must be approved prior to commencing practice and for the duration of your supervised practice placement or re-entry to practice program.

Supervised practice

There are four levels of supervised practice – direct, indirect (present), indirect (accessible) or remote (see [definitions](#)). The NMBA will let you know which level of supervision that you will commence your supervised practice. It is a requirement that you work under the supervision of your primary supervisor* or, in their absence, your alternate supervisor (as per your *Supervised practice plan*). In the absence of any approved supervisor, you must cease practice.

*For enrolled nurses the primary supervisor must be a registered nurse.

Table 2 provides an overview of the documents and reporting requirements for supervised practice.

Table 2: Timelines and requirements

1. Prior to commencing practice
<p>Submit to Ahpra</p> <ul style="list-style-type: none"> • Letter confirming support for the practitioner for a supervised practice position • Signed Supervised practice plan ensuring the nominated supervisor/s meet the supervisor definition specified in the Supervised practice framework
2. Following receipt of approval for supervision arrangements
<p>Submit Supervised practice report(s) as per the reporting frequency outlined in the approved <i>Supervised practice plan</i>.</p> <p>The <i>Supervised practice report</i> can be used as an interim report on progress or monitoring, or as a final assessment report.</p>
3. Change in circumstance
<p>Inform the NMBA within seven days</p> <ul style="list-style-type: none"> • 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

For re-entry to practice and 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 practise the profession unless appropriate [professional indemnity insurance arrangements](#) are in place
- participate in a prescribed program of supervised practice as set out in the [Supervised practice framework](#) or as determined by the NMBA, and
- undertake an examination or assessment approved by the NMBA, when required by the NMBA

Definitions

Connection to the profession: demonstrated with evidence of professional development courses, study, conferences or reading that demonstrates maintenance, improvement and broadening of knowledge, expertise and competence. This may include on-going memberships with professional organisations or colleges, where ongoing learning and/or an active role can be evidenced.

Recency of practice: a health practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying 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, 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 [standards for practice](#)
- the supervisor meets the 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.

<p>Indirect 1 (present)</p> <p>Supervisor physically present at the workplace</p>	<p>The supervisee and the supervisor share responsibility for all individual patients receiving care from the supervisee.</p> <p>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:</p> <ul style="list-style-type: none"> • management of patients, including when care is being given, and/or • performance of the supervisee
<p>Indirect 2 (accessible)</p> <p>Supervisor is accessible by phone or other means and available to physically attend the workplace</p>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>
<p>Remote</p> <p>Supervisor is not present at the workplace</p>	<p>The supervisee takes primary responsibility for their practice including the management of all individual patients receiving care from the supervisee under the supervisor's general oversight.</p> <p>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:</p> <ul style="list-style-type: none"> • management of patients, and/or • performance of the supervisee. <p>This may be after the care is given to the patient.</p>

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 information for health services and employers](#)
- 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 <i>Supervised practice framework</i> Updated to reflect changes to <i>Policy: Re-entry to practice</i> – additional pathway for people who have not practised or 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