

Fact sheet

Updated 6 April 2020

Non-clinically practising nurses and/or midwives who hold a general registration: Return to clinical practice in response to COVID-19

Background

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 registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

The role of the NMBA is to protect the public by ensuring that anyone who is registered as a nurse and/or midwife is safe and competent to practice. A key requirement is that the nurse and/or midwife can demonstrate that they meet the relevant NMBA-approved standards for practice and registration standards.

This fact sheet addresses important considerations for non-clinically practising nurses and/or midwives who hold a general registration and are considering a return to clinical practice in response to the COVID-19 pandemic.

Who this fact sheet is for?

This fact sheet applies to nurses and/or midwives who hold current general registration who are seeking to return to clinical practice in response to COVID-19.

This fact sheet should be used by health services in the process of recruiting, employing and supporting nurses and/or midwives who are seeking to return to clinical practice in response to COVID-19.

Due to the evolving nature of COVID-19, the NMBA acknowledge that advice and management plans for the COVID-19 response may change quickly. Users of this fact sheet are advised to review the [NMBA website](#) regularly for updated information and current advice.

COVID-19

As demand on healthcare resources escalate, non-clinically practising nurses and midwives who are still on the general register may seek to or, be asked if they would like to return to clinical practice to support the COVID-19 response.

The [Registration standard: Recency of practice](#) requires nurses and midwives to have:

- a) recent experience practising their profession (minimum of 450 hours within the last 5-years) and
- b) profession skills that are current and up to date.

Nurses and/or midwives who are seeking to return to clinical practice after a period of non-clinical work must take steps to ensure they are educated, trained and competent to practise in their new clinical role. This means demonstrating professional competence and capability to safely deliver *clinical* care.

Definition of practice

The definition of practice is broad. Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. This means that nurses and/or midwives can hold general registration and be practising in non-clinical roles and still meet the recency of practice registration standard.

What should I consider before returning to clinical practice?

Before making a decision to return to clinical practice, each nurse and/or midwife should reflect on, and make an assessment of their professional competence and capability to safely deliver clinical care. Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession.

When considering competence and capability for the clinical context, it is important nurses and/or midwives reflect on their recent clinical experience, current clinical skills and clinical knowledge.

How do I self-assess my competence and capability to safely deliver clinical care?

You can use the relevant NMBA mapping template to map your clinical skills, knowledge and experience against each of the relevant NMBA Standards for practice.

- [Mapping template: Enrolled nurse standards for practice](#)
- [Mapping template: Registered nurse standards for practice](#)
- [Mapping template: Midwife standards for practice](#)

The following clinically focused reflection points can be used to guide you as you self-assess against the standards when using the mapping template. Outcomes from this reflection and self-assessment should be discussed with potential employers.

Please note this list is not exhaustive and should be considered as a starting point.

Domain	Reflection points
Clinical experience	Length of time in clinical practice (post-registration)
	Length of time practising in a non-clinical role
	Connection of current role to the clinical environment
Clinical skills	Competence using medical equipment (including syringe drivers, epidural pumps, electronic beds)
	Confidence using electronic documentation and health record platforms
	Competency in safe medication administration (including IV management)
	Competency in performing general nursing procedures i.e. IDC and IVC insertion, venepuncture, fetal scalp electrode application
	Competency in patient assessment including escalation of care and interpretation of results
	Confidence in clinical communication and handover
Clinical knowledge	Extent of nursing and/or midwifery post graduate education
	Current knowledge in the clinical application of the National Safety and Quality Health Service (NSQHS) Standards
	Recency of clinically relevant Continuing Professional Development (CPD) i.e. basic life support, infection control and hand hygiene
	Capacity to expedite completion of local hospital competencies (whether online or face-to-face)

Are there refresher programs available?

Short refresher programs designed to support non-clinically practicing nurses and/or midwives who wish to return to clinical practice in response to COVID-19 are available.

Due to the evolving nature of COVID-19, nurses and/or midwives who wish to complete a refresher program are advised to regularly review the websites of relevant state and territory professional associations, colleges and education providers for more courses, availability and eligibility requirements.

Please note the following refresher programs are not NMBA-approved programs of study:

Education provider	Program	Details	Link
Australian College of Nursing	Refresher program for registered nurses	36 hours, online	www.acn.edu.au/education/cpd-online/refresher-program-for-registered-nurses
Australian College of Nursing	Refresher program for enrolled nurses	36 hours, online	www.acn.edu.au/education/cpd-online/refresher-program-for-enrolled-nurses
Australian Nursing and Midwifery Federation (Vic Branch)	Re-orientation to acute care setting	2 days, face-to-face	https://cpd.anmfvic.asn.au/events/viewitem/883
Australian College of Midwives	Refresher program for midwives	37 hours, online	www.midwives.org.au/refresher-program-midwives

What evidence do nurses and/or midwives need to demonstrate professional competence and capability?

Nurses and/or midwives may be required to provide evidence that they have the professional competence and capability to safely deliver clinical care.

Evidence of a nurse or midwife's competence can include:

- written transcripts of the skills/knowledge they have obtained in a formal course
- in-service education session records
- direct observation of skill
- questioning of knowledge base
- assessment from the recipient's perspective using agreed criteria, and
- self-assessment through reflection on performance in comparison with professional standards.

Considerations for health services

The NMBA recognises that demand for nurses and/or midwives is likely to increase in response to COVID-19. The NMBA supports non-clinically practising nurses and/or midwives on the general register to return to clinical practice subject to their reflection on their professional competence and capability to safely deliver clinical care, and the completion of the relevant Standards for practice mapping template.

When considering employing non-clinically practising nurses and/or midwives in response to COVID-19, the NMBA advises the following factors are considered:

- Outcome of the nurse and/or midwife's return to clinical practice reflection and self-assessment

- Nurses and/or midwives' educational preparation, experience, capacity and competence to safely perform the clinical activities either autonomously, with direct/indirect supervision or with education, support and direct supervision
- Health service capacity to support appropriate supervision of the nurse and/or midwife including available skill mix, model of care and staffing levels
- Health service capacity to employ the nurse and/or midwife into the ward/department of most recent clinical practice
- Nurse and/or midwife understanding of health service policies, procedures and clinical practice guidelines
- Nurse and/or midwife understanding of their scope of practice, accountability and reporting responsibilities
- Completion of clinically relevant Continuing Professional Development (CPD) in previous 12-months.

Supervision requirements

Nurses and/or midwives who make a significant change to their context of practice i.e. non-clinical to clinical practice, may benefit from a period of direct or indirect supervised practice.

Supervision requirements should be tailored to the purpose of supervision taking into account the nurse or midwife's particular circumstances, their recent experience, skills and learning needs.

Nurses and/or midwives who have not practised clinically for between 3 to 5 years

A limited period of *indirect* supervision may be utilised at the discretion of the health service to support any skills uplift required before transition to autonomous practice.

Nurses and/or midwives who have not practised clinically for between 5 to 10 years

An initial period of *direct* or *indirect* supervision is recommended. A limited period of direct supervision may be utilised to support the assessment of the level of competence of the nurse and/or midwife before transition to a period of indirect supervision.

Nurses and/or midwives who have not practised clinically for 10 years or more

An initial period of *direct* supervision is recommended. Direct supervision must be utilised to support the assessment of the level of competence of the nurse or midwife. An initial period of direct supervision will inform the duration of direct supervision and subsequent transition to indirect supervision.

For further information, please see the [Supervision guidelines for nursing and midwifery](#).

Common questions

What is recency of practice?

Recency of practice means that a nurse or midwife has maintained an adequate connection with, and recent practice in the profession/s since qualifying for or obtaining registration.

What do you mean by clinical practice?

Clinical practice is when the nurse or midwife is directly involved in providing direct clinical care or providing oversight of direct clinical care of patients, or is directly involved in clinical education of either pre-registration or post-registration students, including bridging programs.

Some examples of clinical practice roles are:

- a nurse working in a medical or surgical ward of a hospital
- a midwife working in a postnatal care unit

What do you mean by non-clinical practice?

Non-clinical practice is where a nurse or midwife is not directly involved in providing direct clinical care or providing oversight of direct care of patients or is not directly involved in clinical education of either preregistration or post-registration students, including bridging programs. Some examples of non-clinical practice roles are:

- a nursing academic at a university undertaking nursing research
- a midwifery policy officer at a health department

What is 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* or *indirect* according to the nature of context under which the practice is being supervised.

What is indirect supervision?

Indirect supervision means the supervisor and supervisee share the responsibility for individual patients. The supervisor is easily contactable and is available to observe and discuss the nursing or midwifery care the supervisee is delivering.

What is direct supervision?

Direct supervision means the supervisor takes direct and principal responsibility for the nursing or midwifery care provided (e.g. assessment and/or treatment of individual patients/clients). 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.

For further information on supervision requirements for nurses and midwives, please see the [Supervision guidelines for nursing and midwifery](#).

Scenario

Gabby is a registered nurse with 10 years of clinical experience. Seven (7) years ago, Gabby accepted a part-time nursing policy officer role (24-hours per week) at a health department. As Gabby was maintaining an adequate connection with, and recent practice in nursing, Gabby maintained her general nursing registration.

Due to the COVID-19 pandemic, Gabby emailed her local hospital and offered to return to work on a part-time basis.

Can Gabby return to clinical practice despite not practicing in a clinical role for the last 7 years?

As Gabby has practised for more than 450 hours within the past five years (whether or not this was in clinical or non-clinical practice), Gabby will meet the recency of practice registration standard.

However, as Gabby has not recently practised in a clinical role, the NMBA would expect her to take steps to ensure she is educated, trained and competent to practice in her new role.

To do this, Gabby booked into a short refresher program and used the relevant NMBA template to map her clinical skills, knowledge and experience against each of the relevant standards within the NMBA *Registered nurse standards for practice*. Gabby discussed the outcomes of this assessment with her local hospital and negotiated a period of direct supervision for 1-day, and 5-days of indirect supervision.

Gabby also committed to completing her local hospital's clinical competencies within her first 2-weeks of employment. Gabby was also prioritised to complete face-to-face clinical competencies at her local hospital.

For more information

The following pages on the NMBA website contain useful information for nurses and midwives and employers:

- [COVID-19 guidance for nurses and midwives](#)
- [Registration standards](#)
- [Registration and endorsements](#)
- [Professional codes and guidelines](#)
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (within Australia) +61 3 9275 9009 (overseas callers)

Document control

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This fact sheet will expire in 12 months from the commencement date unless otherwise specified.