



Recency of Practice

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. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.¹

Recency of practice means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining, registration.²

The Nursing and Midwifery Board of Australia (NMBA) *Registration Standard: Recency of Practice* sets out the minimum requirements for recency of practice for registered nurses, midwives and enrolled nurses. The Standard applies to all nurses and midwives who work either full-time or part-time, who are undertaking clinical or non-clinical practice, in paid or unpaid employment, and even if they're on leave from work. Nurses and midwives are all required to meet the standards outlined by the NMBA if they hold general registration as a nurse or midwife.

Nurses and midwives are required to maintain recency of practice by ensuring they have completed a minimum of 450 hours of practice within the last five (5) years, whether that be in clinical or non-clinical practice. These hours of practice do not need to be continuous, so long as the hours are accumulated over the previous five year period. As the NMBA's definition of practice (above) explains, this applies for both clinical and non-clinical practice roles for nurses and midwives.

The NMBA conducts random audits to ensure registrants are meeting the registration standards. If selected for audit, nurses and midwives need to provide evidence of recency of practice. Recency of practice can be demonstrated by providing: a certificate of service from your employer, pay slips, an income statement for the year, or other documents showing the hours and dates worked.

While nursing and midwifery are distinct professions, the NMBA recognises there is shared practice that is common to nursing and midwifery.³ A nurse and midwife with dual registration must be able to demonstrate that they have met recency of practice (clinical or non-clinical) for each registration type.

When nurses and midwives apply to renew their registration, they are required to declare that they have complied with this registration standard. One of the most common questions asked by nurses and midwives at renewal time concerns recency of non-clinical practice. Nurses and midwives can maintain their registration, and are encouraged to do so, if they can provide evidence of a minimum of 450 hours of either clinical or non-clinical practice, within the last five (5) years. Members are encouraged to contact their Branch if they have further questions related to meeting recency of practice requirements.

References

1. Nursing and Midwifery Board of Australia. 2016, *Registration standard: Recency of practice*, viewed 2 July 2018, <http://www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>
2. Nursing and Midwifery Board of Australia. 2016, *Fact sheet: Recency of practice*, viewed 2 July 2018, <http://www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>
3. Ibid