

PROFESSIONAL  
STANDARDS

NURSING &  
MIDWIFERY

DRAFT Professional  
Competence Scheme  
Guideline for  
Registered Nurses and  
Registered Midwives



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery  
Board of Ireland

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## Introduction

Nursing and Midwifery Board of Ireland (NMBI) is the statutory body which sets the standards for the education, registration and professional conduct of nurses and midwives. NMBI advises on how nurses and midwives should provide care to patients, their families and society.

NMBI is responsible for:

- Setting the standards of education for nursing and midwifery in Ireland and anyone who wants to practise in Ireland has to demonstrate how they meet those standards.
- Maintaining the Register of nurses and midwives who have met these standards, allowing the public and employers to check that people are safe to practise in Ireland.
- Supporting nurses and midwives in continuing to meet these standards during their careers through guidance and continual professional development.
- Managing complaints against nurses and midwives when they arise.

## The Purpose

The Professional Competence Guideline for registered nurses and registered midwives has been prepared by the Nursing and Midwifery Board of Ireland (NMBI) based on legislation within the Nurses and Midwives Act 2011, as amended to:

1. Detail what registered nurses and registered midwives are expected to do to maintain their professional competence.
2. Outline the responsibilities of the regulator and registrants in quality assuring the process for maintenance of professional competence.
3. Enhance public safety by providing guidance to registered nurses and registered midwives on what is expected of them in terms of maintaining their practice through continuing professional development (CPD).

These guidelines were prepared taking cognisance of the Act and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (the Code).

The Code places a professional obligation on registered nurses and registered midwives to continuously maintain their competence in their area of practice. Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity, and professional and ethical values required for safe, accountable, and effective practice as a nurse or midwife.

**01**

**Legislative  
Frameworks  
and Key  
Responsibilities**

## The Registrant

Each registrant must maintain professional competence as outlined in the Nurses and Midwives Act 2011 (as amended), for further details see Appendix 2: <https://www.irishstatutebook.ie/eli/2011/act/41/enacted/en/print#part11>

The sections in italics are extracts from the Act.

*Section 87. –*

- (1) A registered nurse and a registered midwife shall maintain professional competence on an ongoing basis.*
- (2) A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board under section 88(1)*

Maintaining professional competence is a self-directed process which should be relevant to the day-to-day practice of each registered nurse or registered midwife. It is any activity in which their knowledge, skills and competence is developed, enhanced, and kept up to date.

The requirement for maintenance of professional competence by registered nurses and midwives will:

- inform the public of the standards of professional conduct and behaviour it can expect nurses and midwives in Ireland to uphold.
- promote the continuous improvement of quality of care and patient safety.
- facilitate nurses and midwives to keep their professional practice up to date.
- enable nurses and midwives to develop new practice and skills in line with changing population health needs.
- respond to changes and advances in nursing and midwifery.

## The Regulator

The duty of the Nursing and Midwifery Board of Ireland in relation to the maintenance of competence of registered nurses and registered midwives is as follows:

*Section 88. –*

- (1) The Board may require a registered nurse or registered midwife to demonstrate competence to the satisfaction of the Board in accordance with a professional competence scheme applicable to that nurse or midwife or otherwise.*

*Section 89. –*

- (1) ...develop, establish, and operate one or more than one scheme for the purposes of monitoring the maintenance of professional competence for registered nurses and registered midwives.*

A system for monitoring the maintenance of professional competence is a quality assurance process.

## The Employer

The Nurses and Midwives Act 2011, as amended, Section 90(1), places a legal obligation on an employer to facilitate the maintenance of professional competence by the nurse or midwife employed by them with any professional competence obligations pursuant to a scheme established by NMBI.

Employers must make it easier for nurses and midwives to engage with continuing professional development opportunities.

It is up to the employer to decide if it is possible to provide learning opportunities in the workplace.

For the purposes of this guideline, from here onwards this document will refer to the 'registrant' as a 'nurse' or a 'midwife'.

The Framework is the mechanism under which the Scheme is operated.

**02**

**Standards for  
NMBI Professional  
Competence  
Framework**

It is the duty of every registered nurse and registered midwife to maintain their competence using a framework established by the Nursing and Midwifery Board of Ireland, as directed by the Act.

A framework developed to monitor the maintenance of professional competence will be based on the following principles:

- Meet the requirements of the Nurses and Midwives Act 2011, as amended.
- Focused on patient safety and effective quality care.
- Based on best practice.
- Developed in consultation with relevant stakeholders.
- Flexible, proportionate, practical, and feasible.

The NMBI Professional Competence framework is accessible to all nurses and midwives registered with the NMBI.

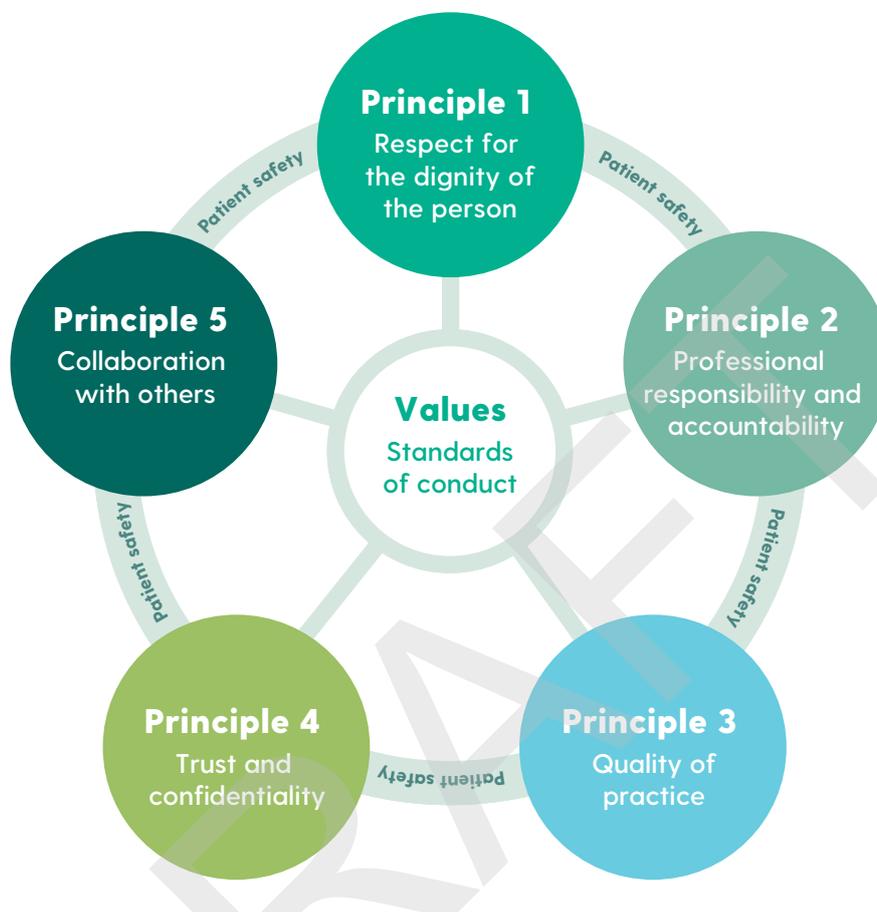
In December, upon renewal of registration, nurses and midwives who indicate that they will be practising in the forthcoming year will be required to participate in the professional competence scheme relevant to their active registration and make a declaration against the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*.

## 2.1 The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives

The *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (the Code) is the overarching structure that informs our framework of professional guidance for nurses and midwives. Professional accountability, competency and the quality of professional practice are based on this structure together with other supporting guidance and standards frameworks.



## Principles of the Code



**Figure 1:** Principles of the Code of Conduct and Ethics for Nurses and Midwives  
<https://www.nmbi.ie/Standards-Guidance/Code>

## 2.2 Scope of Practice

Key among these frameworks is the Scope of Nursing and Midwifery Practice. 'Scope of practice' is a concept that several professions use in the context of professional regulation. The scope of practice sets out the procedures, actions, and processes that the registered or licensed professional is allowed to perform. The individual nurse's or midwife's scope of practice is determined by a range of factors that gives them the authority to perform a particular role or task. In Ireland, scope of practice is determined by national legislation, EU directives, international developments, social policy, national and local guidelines, education, and individual levels of competence.

*Scope of Nursing and Midwifery Practice Framework, NMBI (2015)*  
<https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Considerations-in-Determining-Scope/Competence>

## 2.3 Considerations in determining scope: competence

In determining scope of practice, nurses and midwives must make judgements about their competency to carry out a role or activity.

Competence is defined as the attainment of knowledge, intellectual capacities, practice skills, integrity, and professional and ethical values required for safe, accountable, and effective practice as a nurse or midwife.

Competence relates to the role or practice within the relevant division of the NMBI Register, is maintained through continuing professional development and is adaptive to the needs of a changing population profile.

The level of competence is influenced by educational preparation, frequency of clinical exposure, duration of experience in a clinical setting and changes and developments over time.

Since competence is not a constant, the individual is expected to re-evaluate their competence when faced with new practice situations. They are accountable for their professional competence and if they identify a competence deficit, they should take appropriate measures to gain competence. They are responsible for identifying concerns about their own competence and, under the Nurses and Midwives Act, 2011 (as amended), must maintain their “professional competence on an ongoing basis” (Government of Ireland 2011, Part 11 (not yet commenced)).

## 2.4 Expanded Practice

Expanding the boundaries of nursing and midwifery practice occurs as a professional strategy in response to a changing healthcare need with increased range of autonomy, accountability, and responsibility.

Expansion of scope of practice must be lawful, appropriate for context, and consistent with the Code and relevant standards and requirements for the professions.

Nurses and midwives expanding their practice must have the necessary educational preparation, experience, and professional competence to do so safely. It is the educational preparation and professional competence, and not the nature or degree of difficulty of the task, that should determine role expansion.

Nurses and midwives who are practising in an expanded scope are expected to declare this when they apply for Annual Registration Renewal and to demonstrate and document how they maintain their competence.

Prescriptive Authority and Advanced Practice are examples of expanded practice.

### **Registered Prescribers:**

Prescribing is an expansion of a nurse's or midwife's scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration.

### **Nurse/Midwife Practitioners:**

Advanced practice nursing (RANP) and advanced practice midwifery (RAMP) is defined as a career pathway for registered nurses and registered midwives, committed to continuing professional development and clinical supervision to practice at a higher level of capability as independent, autonomous, and expert practitioners. Definitions of capability in advanced practice vary, but often focus on the integration of prior knowledge, skills, resources, judgment and experience when solving unanticipated problems or working in new situations. In developing capability, the journey of the RANP/RAMP moves from expertise in nursing or midwifery to incorporate additional expertise and thus extend their diagnostic and decision-making knowledge and skills where this is in the patient's interest (Department of Health, 2019).

Capability is a necessary part of specialist expertise where a capable person takes responsibility to develop their own education, knowledge, and skills (O'Connell et al., 2014, Cairns and Stephenson, 2009). Nurses and midwives working at advanced level must maintain their knowledge skills and capabilities through effective engagement with appropriate, research based continuing professional development.

## **2.5 Maintaining Professional Competence and the PDSA cycle**

The quality improvement cycle Plan-Do-Study-Act (PDSA), or similar cycle will be used to guide the process. The PDSA cycle as part of the model for improvement is used worldwide by the Institute for Healthcare Improvement to test change in the real work setting and is a scientific method used for action orientated learning. This adapts well to improvement and changes in professional competence for practice settings.

Note: it is a personal choice as to the preferred model for planning and reflecting on professional development.

The cycle of maintaining professional competence has four stages (Figure 3):



**Figure 3:** Cycle for maintaining professional competence

## 2.6 The PDSA cycle

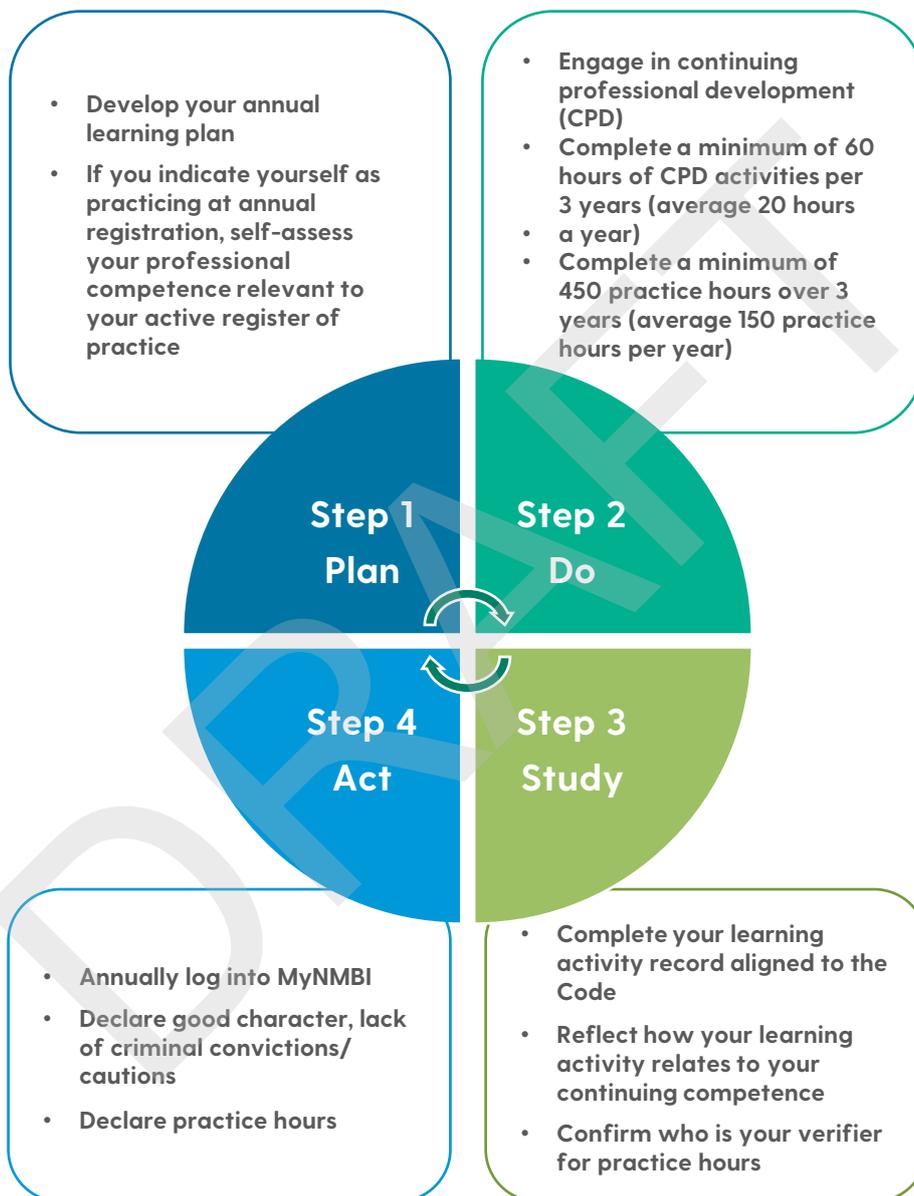
The nurse or midwife must undertake the following steps to maintain their professional competence:

1. **PLAN:** Develop a learning plan based on the PDSA cycle, or a similar cycle.
2. **DO:** Complete required volume of Continuing Professional Development (CPD) relevant to their practice area.
3. **STUDY:** Review and record CPD activities and reflect on activities to date.
4. **ACT:** Make an annual declaration of continued competence at renewal of registration.

## 2.7 What do I have to do?

Align your learning activities to The Code.

<https://www.nmbi.ie/Standards-Guidance/Code>



## 2.7a Step 1 - PLAN:

- Self-assess professional competence relevant to your practice area.
- Develop a learning plan.

CPD is more effective when it involves planning and reflection on the standards, skills, and knowledge to be achieved. Since competence is not static, the nurse or midwife is expected to re-evaluate their competence when faced with new practice situations.

The nurse or midwife may plan with colleagues, mentors, and managers as this can help identify areas for improvement.

The nurse or midwife is required to complete a professional learning plan exploring compliance with the core principles of the Code. They are asked to verify how well they comply with each of the principles and how they demonstrate this behaviour.

The nurse or midwife will record their professional goals for the coming year in their professional learning plan. The plan includes identification of the learning and development need the goals identified, details of how the goals will be achieved, and a timeline.

They are best placed to decide what continuing professional development (CPD) is most appropriate for them.

Where the nurse or midwife has more than one registration, they must identify which is their active register for practise as the focus for the next year. For example:

- If a person is a registered general nurse, a midwife, and a public health nurse, and is working as a clinical nurse in the community, their active register for maintaining competence would be public health nursing.
- A person who is a children's nurse and an advanced nurse practitioner, and working as an ANP in paediatric cardiology, their active register for maintaining competence is advance practice nursing.
- If a person is a general nurse and midwife and is working in a maternity unity their active register for maintaining competence is midwifery.

If the person is on the medicinal prescriber's register, they must provide evidence of continuing professional development for this registration alongside their active register for practice.

## 2.7b Step 2 - DO:

- Engage in continuing professional development.
- Complete a minimum of 60 hours of CPD activities over the 3 previous years (average 20 hours per year)
- Complete a minimum of 450 practice hours over a 3-year period (average of 150 hours per year)

NMBI does not specify any particular type of CPD to be undertaken by the nurse or midwife. The type of learning activities selected can be broad and varied.

CPD activities include, but are not limited to:

- post graduate studies
- short courses
- workshops
- seminars
- discussion groups
- nursing grand rounds
- reviewing clinical experiences
- reflective practice
- research and online education
- article published in a peer-reviewed journal
- practice based auditing
- practice based policy development
- preceptorship student assessment
- practice based committee
- professional forum membership
- evidence of coaching/mentoring

Mandatory learning activities in the workplace can only be counted for CPD hours if they are deemed relevant to the context of practice of the nurse or midwife and where they include new learning. For example, routine annual CPR or mandatory fire training cannot be counted. However, if there is something new in the mandatory training e.g., updated evidence, research, legislation, then this could be included.

If a nurse or midwife has been on the Register for less than 12 months, they will be expected to engage with pro rata professional development hours with a minimum of 10 hours CPD for the first year.

Practice hours are calculated based on the standard working week for the majority of full-time staff of 37.5 hours but should be adjusted pro rata based on the nurse's or midwife's individual working pattern.

Practice hours completed when working as a nurse or midwife counts towards the minimum hours. This is not limited to clinical practice and includes work in non-clinical roles such as management, policy, education, or roles directly impacting on nursing and midwifery. This includes both paid and voluntary work.

Self-declared as practising at annual renewal:

Staff nurse in a public hospital	Full time 1 week = 37.5 hrs	450 hours/37.5 hours = 12 weeks over 3 years (average 4 weeks per year), signed off by employer/contractor
Private practice midwife	Working 16 hours on average per week	450 hours/16 hours = 28.1 weeks over 3 years (average 9 weeks + 6hrs per year), signed off by employer/contractor
Part-time agency nurse	Working week flexible, generally takes 12 hour shifts	450 hours/12 hours = 37 weeks + 6 hours over 3 years (average 12.5 shifts per year), signed off by employer/contractor
Part-time midwife, went travelling for a year	Working week two long shifts = 23hrs	450 hours/23 hours = 19.5 weeks worked over 3 years, signed off by employer/contractor
Non-clinical nurses and midwives	Depends on practice area	450 hours over 3 years (average 150 hours per year), signed off by employer/contractor

The Declaration of Practice hours requires the nurse or midwife to have completed 450 hours in a three-year cycle. If they have insufficient hours for the previous year, they will need to ensure additional hours are worked to make up 450 hours per three-year period.

### 2.7c Step 3 - STUDY:

- Maintain records of meeting the CPD requirements aligned to the Code by completing the Learning Activity Record form (Appendix 1).
- Reflect on learning activity and how it relates to your continuing competence.
- Record the name and contact details of the verifier of practice hours.
- It is mandatory to keep records of completed CPD activities and practice hours.

## Confidentiality and Data Protection

The nurse and midwife must not disclose any information on their CPD record that could identify a service user.

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives requires that service users' information is kept securely and, subject to other provisions of the Code, is treated confidentially, including guarding it against accidental disclosure.

No names or any other form of identifying information about a service user or a colleague should be included in the record of CPD.

NMBI requires a copy of the learning activity record form to be retained for audit purposes with the verification of practice hours form. If a nurse or midwife is selected for audit, they are not required to submit any other supporting documentation at the time of audit. They should however maintain supporting documentation as evidence of engagement in CPD, outside of any CPD audit requirement.

## Plagiarism

Plagiarism is falsely accrediting work or ideas from another source as your own, without the appropriate acknowledgement to the original author of the work.

The nurse and midwife should always be vigilant to ensure they avoid plagiarism.

## 2.7d. Step 4 – ACT

- The nurse/midwife must declare compliance with CPD and practice requirements for the three-year period.
- Make a declaration relating to good character/lack of criminal convictions/cautions.

(From (date to be decided) nurses and midwives registered with NMBI will be asked to make an annual declaration when completing their Annual Registration Renewal that they are maintaining their professional competence).

**03**

**NMBI Auditing  
of Professional  
Competence**

## Competence Assurance Audit Process

To promote public confidence, and as a quality assurance measure, NMBI will undertake an annual audit of compliance of individuals maintaining professional competence. Each year the NMBI Education, Policy and Standards Department will audit a percentage of individuals who are self-declared as practising on the Register as patient facing.

The initial phase of NMBI's Professional Competence Scheme will focus on patient facing roles. There will be further phased rollout, with the inclusion of all practising nurses and midwives on the register being included in the final phase.

There will a sample of nurses and midwives audited across the following register through random selection:

- Registered General Nurse (RGN)
- Registered Midwife (RM)
- Registered Children's Nurse (RCN)
- Registered Psychiatric Nurse (RPN)
- Registered Nurse Intellectual Disability (RNID)
- Registered Public Health Nurse (RPHN)
- Registered Nurse Tutor (RNT)
- Registered Midwife Tutor (RMT)
- Registered Nurse Prescriber (RNP)
- Registered Midwife Prescriber (RMP)
- Registered Advanced Nurse Practitioners (RANP)
- Registered Advanced Midwife Practitioner (RAMP)

A particular register or work setting may be targeted at the discretion of the NMBI on an annual basis, based on public risk and safety factors.

If identified for audit, a notification will be sent via the email used for MyNMBI account and the nurse or midwife will be required to submit their records for a verification process to ensure that they are meeting the professional competence requirements. They will receive six-weeks' notice to submit electronic records to NMBI.

The competence assurance audit will be based on evidence of using the PDSA cycle to plan and maintain professional competence. The nurse or midwife will need documentary evidence of completing a minimum of 60 hours of CPD activities over 3 years (average 20 hours per year) related to the practice area and 450 hours verified for work practice hours over a three-year period (average 150 hours per year).

If there are gaps noted in the submission, the NMBI will engage in a process to provide support to the nurse or midwife in these instances. This may involve requesting further information for an incomplete submission or guiding them to appropriate educational resources or training courses if necessary to be completed within a specified timeframe.

In exceptional circumstances, where an individual is non-compliant with the support offered by NMBI, in line with legislation, a mechanism is in place which would enable the NMBI to refer the individual to the Preliminary Proceedings Committee (PPC) of the Board for fitness to practise concerns.

### Requests for deferral

The nurse or midwife has a duty to engage in maintaining their competence if they are registered with the NMBI. However, it is recognised that it may not always be possible to provide a record of competence activities for audit due to personal circumstances. These may include maternity/adoptive leave, career breaks, long term illness or other forms of statutory leave. Requests for deferral of an audit can be made and will be considered by the NMBI on a case-by-case basis. Deferral will be granted with the provision that the nurse or midwife are automatically selected for audit in the succeeding year. If a request for deferral is declined, the nurse or midwife will have six weeks to submit their competence records to the NMBI.

### Review and Evaluation of the NMBI Professional Competence Framework

The NMBI Professional Competence Framework will be reviewed and evaluated after the first year in operation.

## Glossary and References

For the purposes of this guideline, key words and phrases are defined as follows:

**Active Register:** You can be on more than one division of the Register, but your active register refers to the division most relevant to the role you are currently employed and practising in.

**Competence Assurance Audit:** is a formal system of audit to ensure that nurses and midwives can demonstrate competence to the satisfaction of the Board.

**Facilitate:** to make an action or a process possible or easier.

Source: Oxford Dictionary

**Framework:** a set of beliefs, ideas or rules that is used as the basis for making judgements, decisions, etc.

Source: Oxford Dictionary

### Midwifery Definition

**ICM:** Midwifery is the profession of midwives, only midwives practise midwifery. It has a unique body of knowledge, skills and professional attitudes drawn from disciplines shared by other health professions such as science and sociology but practised by midwives within a professional framework of autonomy, partnership, ethics, and accountability. Midwifery is an approach to care of women and their newborn infants whereby midwives:

- optimise the normal biological, psychological, social, and cultural processes of childbirth and early life of the newborn.
- work in partnership with women, respecting the individual circumstances and views of each woman.
- promote women's personal capabilities to care for themselves and their families.
- collaborate with midwives and other health professionals as necessary to provide holistic care that meets each woman's individual needs. Midwifery care is provided by an autonomous midwife.

ICM Definitions - <https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html>

**Minimum Hours of CPD:** Practice hours completed when working as a registered nurse, midwife counts towards the minimum hours. This is not limited to clinical practice and includes work in non-clinical roles such as management, policy, and education. This includes both paid and voluntary work.

### Nursing

**NMBI:** Nursing as a profession in Ireland is governed by the Nurses and midwives Act 2011. This legislation underpins the development of the nursing profession, while adherence by nurses to standards and guidance issued by Nursing and Midwifery Board of Ireland (NMBI) ensures safe and high-quality nursing care.

**PDSA:** The PDSA cycle, or quality cycle, is an important improvement model based on four stages which ensure a structured approach to the improvement of quality.

The PDSA cycle can be used for every quality activity/initiative/ project that is undertaken to help ensure that the best possible results are achieved. The underlying principle of the cycle is that an activity is not complete until evaluation shows that it has been effective.

#### **Registered Midwife:**

**NMBI:** A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM (International Confederation of Midwives) Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

#### **Registered Nurse:**

**NMBI:** Nurses provide care and other services in variety of settings. Registered nurses promote health, prevent illness, and provide care across the continuum of health and social care. They care for people of all ages, groups, and communities, sick or well and in all settings.

NMBI - <https://www.nmbi.ie/Registered-Nurse>

**International Council of Nurses (ICN):** The nurse is a person who has completed a program of basic, generalised nursing education and is authorised by the appropriate regulatory authority to practice nursing in their country. Basic nursing education is a formally recognised programme of study providing a broad and sound foundation in the behavioural, life, and nursing sciences for the general practice of nursing, for a leadership role, and for post-basic education for specialty or advanced nursing practice. The nurse is prepared and authorised:

- (1) To engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings.
- (2) To carry out health care teaching.
- (3) To participate fully as a member of the health care team.
- (4) To supervise and train nursing and health care auxiliaries.
- (5) To be involved in research.

Nursing Definitions, International Council of Nurses - <https://www.icn.ch/resources/nursing-definitions#main-content>

**Registrant:** refers to a registered nurse or registered midwife as per the Nurses and Midwives Act 2011, as amended.

**Scheme:** An officially organised plan or system.

Source: Cambridge Dictionary

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## Appendices

## Appendix 1: Learning Activity Record

### NMBI LEARNING ACTIVITY RECORD FORM

Name:

NMBI PIN:

What division of the NMBI Register are you registered in:

If you are registered in more than one division of the register, please specify the register you are actively working in:

Area of practice:

**HOW DO I ASSURE MY PRACTICE IS SAFE? ..... Align my practice to the CODE of Professional Conduct and Ethics using the PDSA cycle or similar process**

#### THE CODE OF PROFESSIONAL CONDUCT AND ETHICS FOR REGISTERED NURSES AND MIDWIVES

<https://www.nmbi.ie/Standards-Guidance/Code>

Principle 1	Dignity of the Person
Principle 2	Professional responsibility and accountability
Principle 3	Quality of Practice
Principle 4	Trust and Confidentiality
Principle 5	Collaboration with others



## PLAN

Complete either section A or B:

- **A:** If you already partake in a NMBI approved Employer Competency Scheme, e.g. HSE (Health Service Executive) - Personal Development Plan (PDP)
- **B:** If your employer does not provide an Employer Competency Scheme

**A** Summarise the actions taken to plan your CPD requirements as outlined in your Employer Competency Scheme (e.g. PDP)

Date PDP meeting completed:

Goals agreed:

**B** Outline how you planned your CPD requirements based on the principles of the NMBI Code of Professional Conduct and Ethics

Date:

NMBI Code principle:

Plan/Goal:

Action proposed:

Verification source:

## DO

Record 60 hours of CPD activity over the 3 previous years

Date:

Activity (type of learning):

Number of hours:

## STUDY

Reflect on your learning activity

Link to the Code:

Explain what you learned from this activity:  
Brief outline of key points

## PRACTICE HOURS

Record when and where you completed 450 hours over a 3-year period

Dates and numbers of hours completed:

Location and type of practice setting:

Verification source name, role and contact email:

## ACT

I verify that I have maintained my competence in accordance with the NMBI Code of Professional Conduct and Ethics and Scope of Nursing and Midwifery Practice.

Signed:

Date:

## Appendix 2: Glossary and References

### Nurses and Midwives Act 2011, as amended

#### PART 11

#### Maintenance of Professional Competence

87.–

- (1) A registered nurse and a registered midwife shall maintain professional competence on an ongoing basis.
- (2) A registered nurse or registered midwife shall, whenever required by the Board to do so, demonstrate competence to the satisfaction of the Board in accordance with any requirement of the Board under section 88(1).
- (3) A registered nurse and a registered midwife shall co-operate with any requirements imposed on the nurse or midwife by the rules.
- (4) The Board may, by notice in writing given to a registered nurse or registered midwife who has given an undertaking pursuant to section 65(1), require the nurse or midwife to co-operate with such an undertaking to the satisfaction of the Board.
- (5) A nurse or midwife shall comply with a notice under subsection (4) given to him or her.

88.–

- (1) The Board may require a registered nurse or registered midwife to demonstrate competence to the satisfaction of the Board in accordance with a professional competence scheme applicable to that nurse or midwife or otherwise.
- (2) The Board may require a registered nurse or registered midwife who fails to demonstrate competence to the satisfaction of the Board to attend a course or courses of further education or training or to do anything which, in the opinion of the Board, is necessary to satisfy the Board as to the competence of that nurse or midwife.
- (3) Where the Board considers that a registered nurse or registered midwife—
  - a) who, being required under section 87(3) to co-operate with any requirements imposed on that nurse or midwife by the rules, has refused to so co-operate, has failed to so co-operate, or has ceased to so co-operate,
  - b) has contravened section 87(5),
  - c) may pose an immediate risk of harm to the public, or
  - d) may have committed a serious breach of its guidance on ethical standards and behaviour, then the Board shall forthwith make a complaint to the Preliminary Proceedings Committee.

89.–

- (1) The Board shall, not later than the first anniversary of the commencement of this section, or such longer period as the Minister permits in writing at the request of the Board, develop, establish, and operate one or more than one scheme for the purposes of monitoring the maintenance of professional competence by registered nurses and registered midwives.

(2) A scheme under this section shall not be established or operated until a proposal for it has been approved by the Minister and the Minister for Public Expenditure and Reform.

(3) The Board, in respect of a professional competence scheme—

- a) shall review the operation of the scheme periodically, and
- b) may, following such a review, make recommendations to the Minister as to the steps that, in the opinion of the Board, may need to be taken to improve the operation of the scheme.

90.—

(1) An employer of a registered nurse or registered midwife shall facilitate the maintenance by that nurse or midwife of their professional competence pursuant to a professional competence scheme applicable to the nurse or midwife concerned.

(2) Without prejudice to the generality of subsection (1), the employer may facilitate the maintenance of professional competence by a registered nurse or registered midwife it employs by providing learning opportunities for that nurse or midwife in the workplace.

91.—

(1) Subject to subsections (2) and (4), and to any agreement made under section 15, a person who acquires any information by virtue of the person's performance or assistance in the performance of functions under this Act relating to any professional competence scheme shall preserve confidentiality with regard to the information and, without prejudice to the foregoing, shall not—

- a) disclose the information to another person except where the disclosure is necessary for such performance or assistance, or
- b) cause or permit any other person to have access to the information except where the access is necessary for that other person to perform or assist in the performance of functions under this Act (including the functions of the Preliminary Proceedings Committee and the Fitness to Practise Committee).

(2) Notwithstanding subsection (1), the Board may disclose information—

- a) in the form of a summary compiled from information provided in relation to registered nurses and registered midwives participating in a professional competence scheme if the summary is so compiled as to prevent particulars relating to the identity of any such nurse or midwife being ascertained from it,
- b) with a view to the institution of, or otherwise for the purposes of, any criminal proceedings or any investigation in the State, or
- c) in connection with any civil proceedings to which the Board is a party.

(3) Nothing in this section shall be construed as prohibiting a disclosure of information pursuant to a court order.

(4) A person who contravenes subsection (1) shall be guilty of an offence and liable on summary conviction to a class A fine or a term of imprisonment not exceeding 6 months or both.

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