

PROFESSIONAL  
STANDARDS  
NURSING

# Return to Nursing Practice Programmes Standards and Requirements



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

This is the second edition of Return to Nursing Practice Programmes – Standards and Requirements (2022).

The first edition was published in 2005 with a reissue in 2015. This second edition reflects the Nurse Registration Programmes Standards and Requirements (Fifth Edition) published in 2022.

### About NMBI

Protecting patients and other members of the public is at the heart of what we do at the Nursing and Midwifery Board of Ireland (NMBI). We are committed to fulfilling this objective by supporting registered midwives and nurses to provide patient care to the highest standards.

NMBI, formerly An Bord Altranais, is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. We work with nurses and midwives, the public and key stakeholders to enhance patient safety and patient care.

Among our core functions are:

- Maintaining the [Register of Nurses and Midwives](#).
- Evaluating applications from Irish and overseas applicants who want to practise as nurses and midwives in Ireland.
- Supporting nurses and midwives to provide care by developing [standards and guidance](#) that they can use in their day-to-day practice.
- Setting requirements for nursing and midwifery educational programmes in Higher Level Institutions.
- Investigating complaints made from patients, their families, health care professionals, employers and holding [Fitness to Practise inquiries](#).

### Glossary

A full glossary of all the terms used in this and other NMBI publications is published on our [website](#).

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## Introduction

### Background

The purpose of the return to nursing practice programme is to enable participants to update their theoretical knowledge and clinical skills to practice as competent and professional nurses. The theoretical component is required to enable participants to acquire the knowledge, understanding and professional skills necessary to assess, plan, implement and evaluate nursing practice. The clinical component will enable them to build on the acquired knowledge, skills, and attitude development, and provide nursing care as a member of a multidisciplinary team in the healthcare setting. In today's complex healthcare settings, issues such as accountability and competency are of paramount importance in relation to the role and responsibility of a nurse.

The Code of Professional Conduct and Ethics (NMBI, 2021) and the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) emphasise the need for nurses to be competent and accountable for their practice. Competence is defined by the NMBI as:

*the attainment and application of knowledge, intellectual capacity, practice skills, integrity and professional and ethical values required for safe, accountable, compassionate, and effective practice as a registered nurse.*

Continuing competency is needed for all nurses to promote and maintain health, along with being able to deliver competent care across the health spectrum. Nurses should be committed to personal and professional development as part of lifelong learning. Return to nursing practice programmes will facilitate the attainment of competence as outlined in the fifth edition of the NMBI Nurse Registration Programmes Standards and Requirements (2022).

## Legislative remit of the NMBI

The Nurses and Midwives Act 2011, Section 13, states the following:

13 (2) the Board may make rules under this section in relation to–

- (m) the setting of criteria or conditions for persons who wish to practise nursing or midwifery after having not practised for a period specified in the rules, including the setting of criteria or conditions relating to–
  - (i) the education and training of those persons,
  - (ii) the possession of sufficient knowledge of the language or languages necessary to practise as a nurse or midwife in the State,
  - (iii) the manner of verifying that those persons possess the relevant competencies, or
  - (iv) any other matter where, in the opinion of the Board, the setting of criteria relating to that matter is necessary or desirable for the protection of the public.

The statutory instrument (S.I.) no. 501 then outlines the following rule:

S.I. No. 501 of 2020 NURSES AND MIDWIVES (EDUCATION AND TRAINING)  
(AMENDMENT) RULES 2020

Amendment of Rule 5 of Principal Rules 4. The Principal Rules are amended by substituting for Rule 5 the following:

“Return to practice programmes

- 5. A person seeking admission to a return to practice education and training programme for nurses or midwives must be registered, or have been previously registered, as a nurse or midwife with the Board.”



01

**Education Body  
Standards for  
Return to  
Nursing Practice  
Programmes**

## Programme participants and practice placements

While there is currently no legal requirement to do so, NMBI strongly recommends that a registered nurse returning after 5 years or more of absence to practice, who has not maintained their clinical competence, should complete an NMBI approved return to nursing practice programme before engaging in nursing practice or being employed as a registered nurse. This recommendation is also applicable to nurses returning to practice in one discipline of nursing, having practiced for many years in another discipline of nursing or in midwifery. Once Return to Nursing Practice programmes are approved by NMBI, details will be available on the NMBI website in the Nursing Careers section.

The number of programme participants is determined by the quota that can be adequately supported and supervised in the clinical area. This is decided collaboratively by the Education Body and the Associated Health Care Providers (AHCPs).

The potential programme participant will identify the intended practice area most relevant to their return to practice, within their division of the nursing register. Sites will be considered within the acute, community and care of the older person sector - including residential service, intellectual disability and mental health care settings. The site chosen should reflect the intended practice area of participants, once sites have previous experience of accommodating undergraduate student learning and preceptorship.

## Eligibility criteria

- The person must be registered or have been previously registered as a nurse with NMBI and this must be verified by the programme lead.
- The Education Body coordinating the programme determines in consultation with AHCPs, any occupational health assessments, Garda Vetting procedures and reference checks that may be applicable to prospective participants prior confirming a place.

## Programme structure, duration and supports

The programme should provide the participant with learning opportunities that will support the achievement of competence in clinical practice. It may be delivered in a full-time or part-time mode at the discretion of the Education Body and AHCPs.

Content	Timeframe	Assessment strategy
Theoretical content	Minimum 45 hours  Additional content may be provided depending on learning needs of participants	To be decided locally
Practice placement	Minimum 150 hours (may include clinical skills workshops and simulation hours)	Formal assessment using Clinical Competency Assessment Tool
Total time for theoretical content and clinical practice	468 hours (12 weeks)	Competent / Not Competent

Participants should receive a handbook containing all relevant information about the course, the AHCP, personnel, and assessment process. It should set out the participants' roles and responsibilities in the programme. An assessment tool will be used to underpin this commitment. A named individual in the Education Body and AHCP should be identified for the purposes of participant information and support which will include the practice area nursing manager and the Nursing Practice Development team if one is linked to the service.

The participant will undertake a self-assessment of the knowledge and skills they may need updating on. The assessment is based on the domains of competence and learning related to their intended area of practice. This is discussed by the participant with the programme lead and the assigned preceptors to assist the participant in prioritising areas for updating.

The participant will be assigned a preceptor and associate preceptor for the duration of the placement. The participant is supernumerary and must be supervised by a registered nurse while on the programme. It is in the interests of the profession, and patients or clients that the participant is facilitated in a pro-active manner. Participants are expected to actively engage in the return to nursing practice programme.

It is recognised that participants may require additional support and supervised time in the clinical area to enable them to practice at a competent level. The Return to Nursing Practice Programme may need to be extended for individual participants to facilitate their achievement of competencies and this can be agreed at local level. The programme will take a minimum of five weeks (45 hours theory and 150 hours practice) to complete but may be extended up to a maximum of 12 weeks, to allow the participant to regain competence and confidence.



All concerns and actions taken should be documented and the programme lead informed. Concerns about patient or staff safety should be notified to the director of nursing of the AHCP and programme lead.

Should a participant be unsuccessful in achieving competence the programme lead will inform the NMBI Director of Education, Policy and Standards of the programme outcome and submit relevant assessment documentation. NMBI will arrange a follow up meeting with the participant to identify the next steps.

## Programme evaluation

Each programme should be evaluated by participants, nurse managers, clinical staff, preceptors, educators, and where possible by service users. Ongoing evaluation and final evaluation of participants will take place during the programme. Programmes should be periodically reviewed, based on evaluation findings. This must include an analysis of participant completion and attrition rates. Evaluation forms should be developed at local level.

At the completion of each programme, participants should be issued with a certificate of successful completion from the Education Body.

## Programme aims

The programme will facilitate participants to:

- meet the NMBI standards of competence to return to being an active practicing member of the nursing register
- regain confident knowledge, and update skills to provide safe, effective, person-centered nursing care.

## Programme learning outcomes

On successful completion of the course the participant should be able to:

- Apply knowledge, clinical skills and professional behaviours that are underpinned by the Code of Professional Conduct and Ethics (NMBI 2021) and the Scope of Nursing and Midwifery Practice Framework (NMBI 2015).
- Gain understanding of contemporary health and social policy relevant to nursing practice.
- Assess person centered nursing needs, plan and implement interventions and evaluate outcomes.
- Demonstrate appropriate safe practice in emergency situations.
- Demonstrate the delivery of person-centred, high quality and safe nursing care based on a collaborative relationship with the person receiving such care.
- Apply skills of effective communication, delegation, inter-disciplinary working, and team working to promote the quality and safety in the health care environment.

- Establish learning opportunities in practice for students and staff.
- Demonstrate an appreciation for the maintenance of professional competence and to develop and enhance the capacity for self-awareness, reflection, leadership, and professional scholarship.
- Evaluate research and its application to inform evidence-based nursing practice.

## Indicative content

### Indicative syllabus:

#### Domain 1: Professional values and the conduct of the nurse

- Professional values of nursing
- Revision of ethical principles and duty of care in accordance with Code of Professional Conduct and Ethics (NMBI 2021)
- Revision of the Scope of Nursing and Midwifery Practice Framework (NMBI 2015) to determine and maintain own scope of practice and to formulate decisions about nursing practice
- Self-assessment of own strengths and limitations in practice
- Advocacy for service user rights in the healthcare setting
- Provision of holistic care and support that respects diversity, equity, inclusion, socially just, tolerance, accessibility, and cultural sensitivity within a high-quality practice environment
- Protection of the safety of the person and the public including safeguarding vulnerable adults
- Child protection in the context of the protection of the safety and wellbeing of the child including a recognised Children's First Training course as applicable.

#### Domain 2: Nursing practice and clinical decision making

- Holistic health assessment for health and wellbeing
- Revision of the nursing process framework and care plan development, with reference to evidence based practice
- Essential nursing skills, assessment tools, clinical interventions and health activities as applied to the person's health care condition
- Current principles of health and safety including infection prevention and control, moving and handling, basic life support and emergency procedures
- Familiarisation with monitoring equipment and electronic administration equipment
- Digital health technology and electronic documentation as used in the workplace
- Collaborating in partnership with person, family and multidisciplinary health and social care service teams
- Discharge planning and follow-up care.

### Domain 3: Knowledge and cognitive skills

- Principles of quality and safety including the Safety Pause
- Clinical audit and measurement for quality care metrics
- Revision of common physical, developmental, emotional and behavioural signs, vulnerabilities, and co-morbidities within the relevant division of nursing
- Current legislation and health policy relevant to nursing practice situations and settings within a specific division of nursing
- Reviewing policies, procedures and guidelines relevant to nursing practice
- Principles of critical thinking and reflection, problem-solving, reasoning, evaluation, and synthesis
- Medication calculations and numeracy for nursing practice
- Medication management and medication safety as applies to intended setting.

### Domain 4: Communication and interpersonal skills

- Awareness of self and of the impact of personal values, beliefs, feelings and respecting professional boundaries
- Principles of effective communication in a person-centered manner
- Revision of local and national consent policies including the Assisted Decision Making (capacity) Act 2015 and Advance Healthcare Directive
- Principles of effective verbal reporting, recording and documentation
- Principles of effective written reporting, recording and documentation including general data protection regulation (GDPR) compliance
- Use of effective communication with other health and social care professionals including use of the ISBAR tool
- Principles of open disclosure
- Appropriate use of social media by health professionals.

### Domain 5: Management and team working

- Reviewing caseload organisation and management
- Identifying priorities, time management and team resources for quality of care
- Evaluating patient/client outcomes
- Principles for promoting a safe environment
- Teambuilding and inter-professional collaboration
- Managing risk safely and accountably in interdisciplinary teams
- Working effectively across professional boundaries while coordinating, supervising and delegating in the health care team
- Concepts underpinning an effective teaching and learning environment.

## Domain 6: Leadership potential and professional scholarship

- Developing professionally in relation to personal responses and reactions to events, developing coping mechanisms and resilience
- Leadership skills and accountability for effective clinical health and social care
- Current corporate governance in healthcare
- Legal and professional principles influencing the sharing of confidential information with others
- Principles of risk identification and management of potential adverse outcomes
- Learning through practice supervision, feedback, reflection, and evaluation
- Research and its application to evidence-based nursing practice including policies, procedures and guidelines
- Principles of effective preceptorship and models of supervision
- Life-long learning and portfolio development.



02

**Assessment of  
Competence**

The focus of the assessment is on facilitating learning opportunities that allow the nurse returning to practice to further develop independent learning skills and the required performance criteria of competence associated with lifelong learning and continued professional development. The Domains of Competence Assessment Tool was developed to allow for a transparent and user-friendly assessment process.

Participants will be supernumerary to staff in the practice placement and will work under the supervision of a registered nurse. They will require direct supervision initially, but as they refresh their skills and regain confidence, they should progress through close, indirect, and then distant supervision. By the end of the course, each participant must be capable of practicing independently.

Evidence of competence may be gathered using different methods in addition to the completion of the Domains of Competence Assessment Tool:

- direct observation of how the nurse who is returning to practice performs throughout the period of practice placement
- question and answer sessions to assess underpinning knowledge
- reflective discussions between the nurse and the preceptor on professional progress
- learning log evidence
- feedback from other key qualified nursing staff
- practice evidence for example documented nursing care.

## Learning log

The use of a learning log during practice placement is required. The participant will use the learning log to record personal accounts of learning and to engage in reflective practice included in the Domains of Competence Assessment Tool. To determine competence, the preceptor satisfies themselves that the participant has achieved the learning outcomes and the learning log should assist the preceptor in this activity. The log provides documented evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

## Attendance

Full attendance is expected of each participant throughout the course. The final assessment may be undertaken after completion of at least 150 hours in the practice placement. Any deviation should be negotiated with ward/service manager or preceptor/associated preceptor and the programme lead is to be informed.

## Assessment meetings

To facilitate the assessment process, it is advised that formal meetings take place between the preceptor and the return to practice nurse. An initial, intermediate and a final meeting are essential.

Meetings are held in private, free from disturbance. All meetings are documented in the Meeting Record Sheets and entries must be dated and signed by the student, preceptor, and verifier (if required). A verifier is a registered nurse who is independent of the assessment and will be appointed by the programme lead in conjunction with the practice area nurse manager if needed.

### Initial meeting

- The initial meeting between the participant and the preceptor takes place early in the first week of the practice placement
- The Domains of Competence Assessment Tool provides the framework for the discussion
- The learning outcomes and the Domains of Competence are discussed in detail and opportunities for practice-based learning are identified
- The preceptor and participant formulate a learning contract, as learning needs, objectives, resources, and strategies are identified
- The meeting is documented in the Initial Meeting Record Sheet.

### Intermediate meeting

- The intermediate meeting between the participant and the preceptor needs to take place halfway through the practice placement. The timing of the intermediate meeting should be decided locally by the preceptor in consultation with the participant
- The progress of the participant is evaluated and the results are documented on the Domains of Competence Assessment Tool under the column 'Intermediate Meeting'. The preceptor initials each competency indicator under the column 'Progressing' or 'Not Progressing'
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet
- In the event that the participant is not progressing in an identified area a verifier attends the meeting and the director of nursing is notified. Non-progression should be addressed by:
  - a. the learning contract is examined if a lack of progress is identified to determine the reasons for the lack of progress by the participant, the learning needs, objectives, resources, and strategies are re-examined to explore all opportunities available
  - b. an examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful if a lack of progress is identified

- c. a support plan is drawn up and agreed between the participant, the preceptor and the programme lead, that will offer specific guidance and support to facilitate progression
- d. the support plan must be documented and should detail the following:
  - 1. agreement between the return to practice nurse and the preceptor as to the specific problem area or shortfall
  - 2. an agreed period-of-time for further supervised practice
  - 3. specific details of how the identified learning needs will be addressed, through a structured process and support plan
- The meeting is documented in the Intermediate Meeting Record.

### Final meeting

- The final meeting takes place during the final week on practice placement, where a minimum record of 150 hours of attendance is confirmed and is no longer than 12 weeks from the start of the programme
- During the intermediate meeting if it was identified that the participant was not progressing in certain competencies, they should have additional attendance time in the practice placement to determine the progression requirements. This should occur before the final meeting takes place
- If the participant is deemed not competent and a decision to extend the period of practice placement and assessment to a maximum of 12 weeks is under consideration, this must be notified to and agreed by the programme lead and the director of nursing
- The participant and the preceptor attend the meeting
- The programme lead attends if:
  - 1. either the participant or the preceptor or both requests his or her presence at the meeting, or
  - 2. problems are identified during the intermediate meeting, or
  - 3. the participant is deemed not be competent
- Progress is evaluated and the results are documented on the Competence Assessment Tool under the column 'Final Meeting'. The preceptor initials each competency indicator under the column 'Competent' or 'Not Competent'
- A full review with further development of the learning contract and support plan will also be required at this time
- A record of the meeting is made in the Final Meeting Record.

The participant is responsible for managing their assessment documentation for the duration of the programme and assessment. Records of meetings held are documented in the Meeting Record Sheets and on the Domains of Competence Assessment Tool. The participant returns all documentation to the programme lead on completion of the programme. The completed documentation is then held by the programme lead in the Education Body as per local GDPR policy.



## Summary of clinical practice assessments for the programme

### First week of the period of clinical practice and assessment

- Initial meeting is held between the participant and preceptor, discussing and planning how the competencies are to be achieved
- A learning contract is agreed, and the nurse agrees to engage in reflective practice and capture learning in learning log
- The details of the meeting are documented in the Initial Meeting Record.
- The nurse arranges the dates of intermediate and final meetings with the preceptor.

### Midway during the period of practice placement and assessment

- An intermediate meeting is held, and the participant is formally assessed
- The return to practice nurse, preceptor, associate preceptor and verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.
- The details of the meeting are documented in the Intermediate Meeting Record.

### Final week of the period of clinical practice and assessment

- The return to practice nurse, preceptor, and verifier (if applicable) hold a final meeting
- Final assessment is carried out and documentation is completed, signed, and submitted to the programme coordinator
- The details of the meeting are documented in the Final Meeting Record.



# 03

**Requirements  
for Education  
Bodies and  
Associated  
Health Care  
Providers**

Education bodies are required to comply with the following criteria for programme approval:

- Programmes must be approved by NMBI. The Education Body along with their associated health care providers (AHCPs), applies for programme approval. The duration of programme approval is for no longer than five years, at which stage the Education Body may apply for re-approval.
- Any material changes to the programme are notified to NMBI.
- An annual report will be submitted to NMBI on an annual basis by June 30, using the template provided on the NMBI website.
- The programme lead develops and coordinates the programme and is identified as a registered nurse with an appropriate educational qualification for teaching third level participants.
- Curriculum design and development reflects research and evidence based educational and healthcare theory, and practice development.
- Nursing subjects are developed and taught by registered nurses with appropriate professional, clinical and teaching expertise.
- Practice placements provide learning opportunities that enable the achievement of stated learning outcomes and competence in nursing practice.
- The Education Body will gain assurance from the AHCP director of nursing that practice placement sites are approved using the Clinical Learning Environment tool, and NMBI is informed of new placement sites through the annual report.
- All practice placements must be supported and supervised by registered nurses.
- Records of programme content, clinical placements and attendance must be kept in respect of each programme student, as per local policy and in line with GDPR requirements.

These requirements apply to all programmes developed to meet the needs of nurses returning to practice on the following divisions of the Nursing Register:

- general
- mental health
- intellectual disability
- children's
- public health.



# 04

## References

Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Midwives. Dublin: NMBI.

Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework. Dublin: NMBI.

Nursing and Midwifery Board of Ireland (2022) Nurse Registration Programmes Standards and Requirements. Dublin: NMBI.

Statutory Instrument (S.I) No 218 /2018 Nurses and Midwives (Education and Training) Rules. Dublin: Stationery Office.

Statutory Instrument (S.I.) No 501 of 2020 Nurses and Midwives (Education and Training) (Amendment) Rules. Dublin: Stationery Office.

The Nurses and Midwives Act 2011, Dublin: Stationery Office.

Nursing and Midwifery Board of Ireland  
18/20 Carysfort Avenue, Blackrock,  
County Dublin,  
A94 R299.  
Tel: (01) 639 8500  
Email: [education@nmbi.ie](mailto:education@nmbi.ie)  
Web: [www.nmbi.ie](http://www.nmbi.ie)



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