

GUIDANCE SHEET – PRACTICE

HOURS REQUIREMENTS

For nurses and midwives with more than one registration

What we mean by dual registrant

Each person registered with the Nursing and Midwifery Council (NMC) is a nurse or a midwife or both. We refer to those who are registered both as a nurse and a midwife as dual registrants.

If you are a dual registered nurse and midwife your NMC Online homepage will look like this:

Qualification	Date registered	Registration status	
Registered Midwife	05/02/1969	Effective	✓
Registered Nurse - Adult	26/06/1964	Effective	✓

Other types of additional registration

Some nurses and midwives are also registered as a Specialist Community Public Health Nurse (SCPHN) or have additional specialisms or registrations, and we deal with these situations in our [guidance sheet on additional specialisms or register entries](#). We do **not** refer to those with additional registrations as dual registrants.

Practice hours requirement and revalidation

For revalidation, all nurses and midwives must demonstrate that they have undertaken a minimum number of practice hours relevant to their scope of practice. The NMC register is a live and practising register, and a nurse or midwife's registration should always reflect their current scope of practice. The practice hours requirements are designed to help nurses and midwives maintain safe and effective practice, and keep their skills up to date.

In order to meet the practice hours requirement to maintain both of their registrations, dual registrants must have undertaken a minimum of 900 hours over the three year period since their registration was last renewed or they joined the register. This includes at least 450 hours for nursing and 450 hours for midwifery.

Practice hours was a requirement for the previous renewal process Prep (Post Registration Education and Practice) but revalidation is more robust. All nurses and midwives must provide evidence of how they are meeting the revalidation requirements within their role/s.

The other requirements for revalidation are the same for dual registrants as for nurses and midwives who only have one registration. Dual registrants will only have to obtain a total of five pieces of practice-related feedback and write five reflective accounts, not

ten. However, they should think about how they might meet all of the requirements of revalidation across both of their roles. For example, they may choose to write three reflective accounts relating to their midwifery practice, and two reflective accounts relating to their nursing.

Revalidation will encourage nurses and midwives to reflect on their practice more than they may have previously, and we know that dual registrants might have questions about whether what they are doing meets the requirements for maintaining both of their registrations.

Dual registered nurse/midwives

Dual registered nurse/midwives might be working in a number of different ways:

Example A: a dual registrant practising in two different roles

A dual registrant has been practising in two different roles – one in nursing and one in midwifery – since their last renewal, either at the same time or at different times during that period. For example, they practised as a midwife on a labour ward and also worked as a nurse in a hospice. They must undertake a minimum of 450 hours of practice in both their nursing and midwifery roles (900 in total). They should record each role separately, with separate practice hours and evidence for each.

Example B: a dual registrant practising in one role

A dual registrant has practised in just one role since their last renewal. They will need to use their professional judgment to decide whether they are relying on both their nursing **and** midwifery registrations in that role, or if they are only relying on one of their registrations. This will not be dependent on the title of their role, but on the actual practice they are doing. For example, they might be working as a Family Nurse in a Family Nurse Partnership, but relying on both their nursing and midwifery registrations within their scope of practice.

Some dual registrants will be working in a role where they **cannot** demonstrate that they are relying on both registrations. For example, an individual has been working solely as a general practice nurse for the last three years. When they complete their revalidation application they should specify nursing as their scope of practice. They cannot select any individual tasks undertaken as part of their practice as a practice nurse (for example, record-keeping or examining women) in order to maintain their midwifery registration.

Some dual registrants will be working in a role where they **can** demonstrate they are relying on both registrations. For example, someone is working as a midwife in a tertiary hospital and is using their nursing skills regularly, in addition to relying on their midwifery skills. If they are able to demonstrate they are relying on both their nursing and midwifery knowledge, skills and experience in this role, then they can renew both registrations. They will still need to declare a minimum of 900 hours – at least 450 hours for nursing and at least 450 hours for midwifery – and they cannot double-count these hours.

As a regulator, we regulate professions, not duties or tasks. Nursing and midwifery are separate professions and for those people who have decided to practise in one role where they are solely relying on their skills, knowledge and experience as a nurse, or solely on their skills, knowledge and experience as a midwife, it is **not** necessary for them to maintain both of their registrations.

We recognise it is more likely that a dual registrant working as a midwife will be able to demonstrate they are relying on both registrations than a dual registrant who is working as a nurse. Individuals will need to use their own professional judgment to ensure their registration with the NMC properly reflects their current scope of practice.

Example C: a dual registrant who is also a registered Specialist Community Public Health Nurse (SCPHN)

The same information outlined above also applies for dual registered nurses/midwives who are on the SCPHN part of the register. If a dual registered nurse/midwife is working as a SCPHN they will need to complete a minimum of 900 hours of practice in order to maintain both of their registrations – 450 hours for nursing and 450 hours for midwifery.

If a dual registrant is working solely in a SCPHN role and they are only relying on one of their registrations, then they may choose to lapse one registration only – as long as they maintain their other registration. For example, if they are not relying on their midwifery practice, then they may choose to lapse their midwifery registration provided they maintain their nursing registration. If they want to practise using their lapsed registration in the future, they can undertake a return to practice programme and seek readmission to that part of the register.

For more information about midwife/SCPHN please see our [guidance sheet on additional registration and SCPHNs](#).

Example D: a nurse who is undertaking an 18 month midwifery programme

A registered adult nurse enters an 18 month pre-registration midwifery programme. They must have been registered as an adult nurse with the NMC in order to enter the programme. However, there is no NMC requirement for them to maintain their registration as a nurse during the period that they are on the programme. They should therefore be regarded as a student midwife, not a registered nurse during their practice placements. (There may be a requirement from the course provider that students maintain their registration with the NMC for the duration of the course; this is something they will need to check with their course provider.)

A nurse who is undertaking an 18 month midwifery programme can revalidate their nursing registration during the course as long as they can meet all the requirements for revalidation in a nursing role. They will be able to use any practice hours undertaken as a nurse, either before or after their midwifery course, during the three year period. They will not be able to use their midwifery training hours in order to maintain their registration as a nurse. If they complete their midwifery course before they revalidate, they will not need to meet the practice hours requirements for their new registration as a midwife until the end of their next revalidation cycle.

A student midwife who cannot meet the requirements to revalidate their nursing registration (for instance because they have not practised as a nurse in the last three years) will need to let their nursing registration lapse. They will have to apply for new registration as a midwife when they have completed their pre-registration midwifery course. They will then revalidate as a midwife for the first time, three years after the date on which they join the midwifery part of the register.

If an individual does not undertake any midwifery practice following an 18 month midwifery programme, and wishes to rejoin the nursing part of the register, they will need to meet the requirements for readmission.

Readmission to the register

A dual registrant working in a role where they do not undertake any practice that relies on one of their registrations will be unable to meet the practice hours requirement for that registration, and will therefore need to consider cancelling that registration. Allowing their

registration to lapse does not mean they are giving up their qualification. They can apply for readmission if they want to use this qualification again in the future.

Please see our [website](#) for more information about readmitting to the register, including information on Return to Practice courses.

Please note: we are not able to comment on individual circumstances and advise whether a person should, or is able to, maintain both of their registrations. Individuals will need to use their own professional judgment to ensure their registration with the NMC reflects their current scope of practice.

Please remember that you must always work within the limits of your competence, as set out in *The Code: Professional standards of practice and behaviour for nurses and midwives*. You must also ensure that you have an appropriate professional indemnity arrangement in place for each role that you work in. If you work in more than one role you may need more than one indemnity arrangement.