Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations

August 2007

Overview

When the Midwifery Council of New Zealand took over responsibility for the regulation of midwives from the Nursing Council of New Zealand on 18 September 2004, it adopted the standards for pre-registration midwifery programmes as set by the Nursing Council (NCNZ, 2002a) and rolled over existing approval of programmes and accreditation of educational institutions.

From December 2004 to June 2006 the Midwifery Council conducted a review of the existing pre-registration midwifery education programmes provided by five tertiary education providers[1]. As a result of this review the Midwifery Council drafted new standards for approval of pre-registration midwifery education programmes and accreditation of education providers. Council consulted on these between July and September 2006. In July 2007 the Midwifery Council adopted new standards for approval of pre-registration midwifery education programmes and for accreditation of tertiary education organisations, as well as processes for approval, accreditation, ongoing monitoring and audit.

This document sets out these new standards and processes.

[1] The Midwifery Council Pre-registration Midwifery Education Review Report (July 2006) is available from the Midwifery Council.

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Section One – Midwifery Scope of Practice and Competencies for Entry to the Register of Midwives

Introduction

The Midwifery Council of New Zealand is required by the Health Practitioners Competence Assurance Act (2003) (HPCAA) sections 11 and 12, to prescribe the scope of practice, qualifications and experience required of midwives practising midwifery in New Zealand. This includes accreditation and monitoring of any educational institution it accredits to provide the specified programme.

In addition the Midwifery Council of New Zealand is charged under sections 15 and 16 of the HPCAA with registering applicants in the Midwifery Scope of Practice if applicants:

a. are fit for registration, and
b. hold the prescribed qualification, and
c. demonstrate competence to practise within the Midwifery Scope of Practice.

Satisfactory completion of a Midwifery Council of New Zealand approved pre-registration midwifery programme provided by an accredited tertiary educational institution will enable graduates to hold the prescribed qualification. This qualification along with a pass in the Midwifery Council National Midwifery Examination will enable applicants for registration to demonstrate that they are competent to practise within the Midwifery Scope of Practice. Applicants demonstrate their fitness for registration through various processes outlined in the registration policy, available on the Midwifery Council website (www.midwiferycouncil.org.nz). These processes include personal declaration, statement from Head of School of relevant midwifery programme, referee statements and a Police check.

This booklet provides the standards for pre-registration midwifery education curricula and the standards for accreditation of tertiary education organisations providing pre-registration midwifery education. These standards were developed following the Midwifery Council's review of pre-registration midwifery education programmes completed in June 2006 and as the result of subsequent consultation with individual midwives, Schools of Midwifery, the New Zealand College of Midwives, maternity consumer organisations, midwifery students, District Health Boards and other stakeholder groups. These standards replace all previous requirements for pre-registration midwifery education programmes or educational providers issued by the Nursing Council of New Zealand. Their status is mandatory, in accordance with HPCAA.

These standards also apply to other programmes leading to registration or recertification as a midwife in New Zealand such as return to practice programmes and programmes for midwives registering from overseas. Approved pre-registration

midwifery education programmes can provide a framework for such programmes and from time to time the Midwifery Council will set specific standards in relation to these programmes.

The Midwifery Scope of Practice

The Midwifery Scope of Practice was prescribed in July 2004 and gazetted in September 2004. It provides a broad statement of the boundaries of what a New Zealand midwife can do on her own professional responsibility.

The Midwifery Scope of Practice[2] is as follows:

> *The midwife works in partnership with women, on her own professional responsibility, to give women the necessary support, care and advice during pregnancy, labour and the postpartum period up to six weeks[3], to facilitate births and to provide care for the newborn.*
>
> *The midwife understands, promotes and facilitates the physiological processes of pregnancy and childbirth, identifies complications that may arise in mother and baby, accesses appropriate medical assistance, and implements emergency measures as necessary. When women require referral midwives provide midwifery care in collaboration with other health professionals.*
>
> *Midwives have an important role in health and wellness promotion and education for the woman, her family and the community. Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women's health, family planning and infant well-being.*
>
> *The midwife may practise in any setting, including the home, the community, hospitals, or in any other maternity service. In all settings, the midwife remains responsible and accountable for the care she provides* (Midwifery Council, 2004).

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[2] The Midwifery Scope of Practice was defined after a period of consultation with midwives in May 2004. The NZCOM (2002) definition of a midwife was used as a basis for this consultation. That definition, in turn, was adapted from the WHO definition of a midwife. As a result of the consultation the Midwifery Council made small changes to the NZCOM definition and this was the adopted as the Midwifery Scope of Practice in July 2004.

[3] In relation to the preterm baby, the Midwifery Council defines the six-week postpartum period as commencing from the expected date of birth rather than from the actual date of birth. In other words, Council recognises that the midwifery postpartum role for a preterm baby may extend beyond six calendar weeks.

Competencies for Registration as a Midwife

Under the HPCAA (2003) the Midwifery Council is also required to determine the level of competence required for a midwife to work within the Midwifery Scope of Practice. This level of competence is defined in the Midwifery Council 'Competencies for Entry to the Register of Midwives'[4].

The Competencies for Entry to the Register of Midwives provide detail of the skills, knowledge and attitudes expected of a midwife to work within the Midwifery Scope of Practice. Where the Midwifery Scope of Practice provides the broad boundaries of midwifery practice, the competencies provide the detail of how a registered midwife is expected to practise and what she is expected to be capable of doing. By defining the minimum competence standards for registration as a midwife in New Zealand the Midwifery Council has established the minimum standard that all midwives are expected to maintain in their ongoing midwifery practice.

The Competencies for Entry to the Register of Midwives are as follows:

Competency One

"*The midwife works in partnership with the woman/wahine throughout the maternity experience.*"

Explanation
The word midwife has an inherent meaning of being "with woman". The midwife acts as a professional companion to promote each woman's right to empowerment to make informed choices about her pregnancy, birth experience and early parenthood. The midwifery relationship enhances the health and well-being of the woman/wahine, the baby/tamaiti and their family/whanau. The onus is on the midwife to create a functional partnership. The balance of 'power' within the partnership fluctuates but it is always understood that the woman/wahine has control over her own experience.

Performance Criteria

The midwife:

1.1 centres the woman/wahine[5] as the focus of care;

1.2 promotes and provides or supports continuity of midwifery care;

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[4] In May 2004 the Midwifery Council consulted on the Nursing Council of New Zealand's (1996) 'Competencies for Entry the Register of Midwives'. These four competencies were developed by the Nursing Council in consultation with the midwifery profession and were used to determine the level of competence required for graduates from New Zealand midwifery programmes since 1996. The Midwifery Council made minor modifications to the four competencies and formally adopted these as entry-level standards in July 2004. Further minor amendments were made in July 2007 in order to incorporate Turanga Kaupapa.

[5] Note: The word "woman" or "wahine" used throughout includes her baby/tamaiti/partner/family/whanau.

1.3 applies the principles of cultural safety[6] to the midwifery partnership and integrates Turanga Kaupapa within the midwifery partnership and midwifery practice[7];

1.4 recognises Maori as tangata whenua of Aotearoa and honours the principles of partnership, protection and participation as an affirmation of the Treaty of Waitangi;

1.5 recognises and respects the woman's/wahine ethnic, social and cultural context;

1.6 facilitates, clarifies and encourages the involvement of family/whanau as defined by the woman/wahine.

1.7 respects and supports the needs of women/wahine and their families/whanau to be self determining in promoting their own health and well being:

1.8 promotes the understanding that childbirth is a physiological process and a significant life event;

1.9 communicates effectively with the woman/wahine and her family/whanau as defined by the woman;

1.10 provides up to date information and supports the woman/wahine with informed decision-making;

1.11 negotiates the midwifery partnership, recognising and respecting the shared responsibilities inherent in it;

1.12 maintains confidentiality and privacy; and

1.13 formulates and documents the care plan in partnership with the woman/wahine.

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[6] Cultural Safety means *"the effective midwifery care of women from other cultures by a midwife who has undertaken a process of reflection on her own cultural identity and recognises the impact of her culture on her practice"*. Unsafe cultural practice is *"any action that diminishes, demeans or dis-empowers the cultural identity and well-being of an individual"* (NZCOM, 2005, p.46)
Culture includes age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (NCNZ, 2002b, p.7). Cultural Safety provides an instrument that allows a woman and her family to judge whether the health service and delivery of health care is safe for them (Ramsden, 2002).

[7] Turanga Kaupapa are guidelines for cultural competence developed by Nga Maia o Aotearoa and formally adopted by both the Midwifery Council of New Zealand and the New Zealand College of Midwives. See Appendix One.

Competency Two

"The midwife applies comprehensive theoretical and scientific knowledge with the affective and technical skills needed to provide effective and safe midwifery care."

Explanation The competent midwife integrates knowledge and understanding, personal, professional and clinical skills within a legal and ethical framework. The actions of the midwife are directed towards a safe and satisfying outcome. The midwife utilises midwifery skills that facilitate the physiological processes of childbirth and balances these with the judicious use of intervention when appropriate.

Performance Criteria

The midwife:

2.1 provides and is responsible for midwifery care of the woman/wahine and her family/whanau during pregnancy, labour, birth and the postnatal period;

2.2 confirms pregnancy if necessary, orders and interprets relevant investigative and diagnostic tests, carries out necessary screening procedures, and systematically collects comprehensive information concerning the woman's/wahine health and well-being;

2.3 assesses the health and well-being of the woman/wahine and her baby/tamaiti throughout pregnancy, recognising any condition which necessitates consultation with or referral to another midwife, medical practitioner or other health professional;

2.4 utilises a range of supportive midwifery skills which facilitate the woman's/wahine ability to achieve her natural potential throughout her childbirth experience;

2.5 attends, supports and regularly assesses the woman/wahine and her baby/tamaiti and makes appropriate, timely midwifery interventions throughout labour and birth;

2.6 identifies factors in the woman/wahine or her baby/tamaiti during labour and birth which indicate the necessity for consultation with, or referral to, another midwife or a specialist medical practitioner;

2.7 provides and is responsible for midwifery care when a woman's/wahine pregnancy, labour, birth or postnatal care necessitates clinical management by a medical practitioner;

2.8 recognises and responds to any indication of difficulty and any emergency situation with timely and appropriate intervention, referral and resources;

2.9 assesses the health and well-being of the newborn and takes all initiatives, including resuscitation, which may be necessary to stabilise the baby/tamaiti;

2.10 regularly and appropriately assesses the health and well-being of the baby/tamaiti and initiates necessary screening, consultation and/or referral throughout the postnatal period;

2.11 proactively protects, promotes and supports breastfeeding, reflecting the WHO's[8] "Ten Steps to Successful Breastfeeding";

[8] World Health Organisation

2.12 assesses the health and well-being of the woman/wahine and baby/tamaiti throughout the postnatal period and identifies factors which indicate the necessity for consultation with or referral to another midwife, medical practitioner, or other health practitioner;

2.13 demonstrates the ability to prescribe, supply and administer medicine, vaccines and immunoglobulins safely and appropriately within the midwife's scope of practice and the relevant legislation;

2.14 performs a comprehensive end-point assessment of the woman/wahine and her baby/tamaiti within the six week postnatal period, including contraceptive advice and information about and referral into well woman and well child services, including available breastfeeding support and immunisation advice;

2.15 shares decision making with the woman/wahine and documents those decisions;

2.16 provides accurate and timely written progress notes and relevant documented evidence of all decisions made and midwifery care offered and provided;

2.17 demonstrates an accurate and comprehensive knowledge of legislation affecting midwifery practice and obstetric nursing;

2.18 collaborates and co-operates with other health professionals, community groups and agencies when necessary; and

2.19 provides the woman/wahine with clear information about accessing community support agencies that are available to her during pregnancy and to her, the baby/tamaiti, and family/whanau when the midwifery partnership is concluded

Competency Three

"The midwife promotes practices that enhance the health of the woman/wahine and her family/whanau and which encourage their participation in her health care."

Explanation
Midwifery is a primary health service in that it recognises childbirth as significant and normal life event. The midwife is therefore responsible for supporting this process through health promotion, education and information sharing, across all settings.

Performance Criteria

The midwife:

3.1 demonstrates the ability to offer formal and informal learning opportunities to women and their families/whanau to meet their specific needs;

3.2 encourages and assists the woman/wahine and her family/whanau to take responsibility for their health and that of the baby by promoting self-health and healthy life-styles;

3.3 promotes self-determination for the woman/wahine and her family/whanau;

3.4 promotes and encourages exclusive breast feeding as the optimal way of feeding an infant;

3.5 demonstrates an understanding of the needs of women/wahine and their families/whanau in relation to infertility, complicated pregnancy, unexpected outcomes, abortion, adoption, loss and grief, and applies this understanding to the care of women and their families/whanau as required;

3.6 uses and refers to appropriate community agencies and support networks; and

3.7 ensures the woman/wahine has the information about available services to access other health professionals and agencies as appropriate.

Competency Four

"The midwife upholds professional midwifery standards and uses professional judgment as a reflective and critical practitioner when providing midwifery care."

Explanation
As a member of the midwifery profession the midwife has responsibilities to the profession. The midwife must have the skills to recognise when midwifery practice is safe and satisfactory to the woman/wahine and her family/whanau.

Performance Criteria

The midwife:

4.1 accepts personal accountability to the woman/wahine, to the midwifery profession, the community, and the Midwifery Council of New Zealand for midwifery practice;

4.2 recognises the midwife's role and responsibility for understanding, supporting, and facilitating the physiological processes of pregnancy and childbirth;

4.3 demonstrates the ability to provide midwifery care on her own professional responsibility throughout pregnancy, labour, birth, and the postnatal period;

4.4 recognises strengths and limitations in skill, knowledge and experience and shares or seeks counsel, consults with, or refers to, a relevant resource, other midwifes, or other health practitioners;

4.5 assesses practice in relation to current legislation, the Midwifery Scope of Practice and Competencies for Entry to the Register of Midwives, and the New Zealand College of Midwives' "Handbook for Practice" and "Code of Ethics";

4.6 directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses;

4.7 participates in Midwifery Standards Review using professionally recognised standards and reflects on and integrates feedback from clients and peers into midwifery practice;

4.8 recognises own values and beliefs and does not impose them on others;

4.9 is aware of the impact of gender, race and social policies and politics on women, midwives and the maternity services;

4.10 demonstrates a commitment to participate in ongoing professional development;

4.11 participates in cultural safety education and development;

4.12 assists and supports student midwives in the development of their midwifery knowledge and skills in clinical settings: and

4.13 works collegially and communicates effectively with other midwives and health professionals.

Section Two - Standards for pre-registration midwifery education programmes

The following standards are the minimum[9] requirements for pre-registration midwifery education programmes and must be identifiable in all curricula provided to the Midwifery Council for approval and accreditation.

There are 10 categories of standards for pre-registration midwifery education. These cover the approved qualification; the graduate profile; admission to and continued participation in programmes; the structure and content of programmes; recognition of prior learning; qualifications and experience of midwifery lecturers and preceptors; assessment; and the role and responsibility of the Head of School.

1. Standard one – Graduate profile

1.1. The midwifery education programme must prepare graduates for practice across the Midwifery Scope of Practice and enable graduates to demonstrate that they meet the Competencies for Entry to the Register of Midwives.

Guidance
The New Zealand maternity system seeks to provide a midwife at every birth in all maternity settings. Furthermore, some 78% of women choose a midwife as their Lead Maternity Carer (Ministry of Health, 2006). The Midwifery Scope of Practice incorporates the role of LMC as defined by the Crown[10] in that New Zealand midwives are expected to be able to provide care to women and babies throughout the childbirth experience from early pregnancy to six weeks post partum.

Key components of the profile of the graduate midwife are that she[11]:

- works in partnership with women across the Midwifery Scope of Practice
- understands, promotes and facilitates the physiological processes of pregnancy, labour, birth and the postpartum period
- identifies complications in mother or baby and works in collaboration with other health professionals to ensure appropriate care
- manages emergency situations appropriately

[9] These are minimum standards. Therefore Schools of Midwifery may include higher standards in curricula and programme regulations.

[10] A Lead Maternity Carer is responsible for assessing the woman's and baby's needs; and planning the woman's care with her and the care of the baby; and the care provided to the woman throughout her pregnancy and postpartum period, including the management of labour and birth; and ensuring that all applicable primary maternity services are provided; and ensuring all the applicable well child / Tamariki Ora services are provided to the baby (New Zealand Government, 2007, p.1059 - 1060).

[11] In this document the feminine pronoun includes the masculine

- informs and prepares women and their families for pregnancy, birth, breastfeeding and parenthood
- facilitates the interface between primary and secondary/tertiary maternity services when necessary
- works autonomously and remains responsible and accountable for the care she provides in all settings

While new graduate midwives demonstrate their competence to practise across the Scope in primary maternity settings upon registration, they will require orientation to all practice settings in which they will work. New graduate midwives will also require support and mentoring in their first year of practice as they gain confidence in their role as registered midwives. Confidence and expertise take time to develop.

New graduate midwives will require access to additional education if they choose to work as midwives in remote rural areas or in secondary/tertiary care. In remote rural settings new graduates may have less access to assistance in emergency situations. In secondary/tertiary settings they may be involved in care of women requiring complex multi-disciplinary care and various interventions such as the management of epidurals. While student midwives will gain knowledge of the midwife's role in relation to epidural management during their programmes, they are not expected to be competent in this management upon registration. The provision of epidural management is not a core competency and midwives require additional education if they are to work with anaesthetists in the management of epidurals in secondary and tertiary maternity settings.

2. Standard two – entry criteria

2.1. Those entering a pre-registration midwifery education programme at an approved educational institution shall have:

- a minimum of 42 credits at level 3 or higher on the National Qualifications Framework, including
  - a minimum of 14 credits at level 3 or higher in biology **or** chemistry,
  - 14 credits at level 3 or higher in an English language rich subject (such as English, history, art history, classics, geography or economics) and
  - a further 14 credits at level 3 or higher in two additional subjects or domains on the National Qualifications Framework, and
- a minimum of 14 credits at level 1 or higher in Mathematics or Pangarau on the National Qualifications Framework.

or (for those over 20 years):

- evidence of academic equivalence of the above qualifications, or
- demonstrated evidence of ability to study successfully at degree level.

2.2. Applicants for whom English is a second language must achieve in the International English Language Testing System (IELTS) (academic version) with an overall score of 7 and not less than 6.5 in writing and comprehension and not less than 7.0 in speaking and listening.
2.3. Applicants must demonstrate that they have good health and good character, via referee reports and a Police check, sufficient for safe and effective practice as a midwife.
2.4. Applicants must demonstrate strong communication skills and self-responsibility in relation to their learning and practice.
2.5. Registered nurse applicants who seek Recognition of Prior Learning on the basis of their nursing qualification or nursing practice experience must hold registration with the Nursing Council of New Zealand as registered comprehensive nurse or registered general and obstetric nurse and provide a Certificate of Good Standing from the Nursing Council.
2.6. Registered health practitioners from other disciplines who seek Recognition of Prior Learning on the basis of their health professional qualification and practice experience must hold registration with the relevant regulatory authority in New Zealand and provide a Certificate of Good Standing from that authority.

Guidance

Applicants who are under 20 years must meet the entry criteria as listed above. Note that it will be advantageous to applicants to hold a minimum of 14 credits at level 2 in biology or chemistry in addition to the required minimum 14 credits at level 3 in biology or chemistry as holding both biology and chemistry will provide appropriate grounding for the study of anatomy and physiology and of pharmacology in the Bachelor of Midwifery programme.

Applicants who are over 20 years and who do not have the appropriate qualifications must demonstrate equivalency or may be advised to complete an appropriate foundation or bridging programme at level 4 on the New Zealand Qualifications Framework. Providers of pre-registration midwifery education are encouraged to offer appropriate foundation or bridging programmes that can staircase into the midwifery programme.

Graduates who successfully complete an approved pre-registration midwifery education programme and pass the Midwifery Council of New Zealand National examination will need to make formal application to be entered on the Register of Midwives and be granted an annual practising certificate. This application process requires declaration of any convictions and a police check. It also requires evidence of an IELTS score of 7.5 (academic, with no less than 7 in any one band) for those for whom English is a second language. Please refer to the Midwifery Council policy on registration available on the Midwifery Council website (www.midwiferycouncil.org.nz).

3. Standard three – framework of the programme

3.1. The pre-registration midwifery education programme shall lead to a bachelor's degree upon completion.

3.2. The programme has a structured curriculum that is written and reviewed in consultation with midwifery teachers, midwives in practice, the New Zealand College of Midwives, maternity consumer organisations and Tangata Whenua.

3.3. The curriculum is congruent with the Midwifery Scope of Practice and the New Zealand College of Midwives' Midwifery Philosophy and Code of Ethics; the aims and learning outcomes are linked to the Competencies for Entry to the Register of Midwives (MCNZ 2004 and updates; NZCOM 2005 and updates).

3.4. The programme shall be three years in length and a total of 156 fulltime weeks, including 7 weeks annual leave each year.

3.5. Each year of the programme shall have a minimum of 45 programmed weeks averaging 35.5 hours per week (equivalent of 160 credits or 1600 hours).

3.6. Students must complete a minimum of 4800 hours over three years of which at least 50% (2400 hours or 240 credits) must be in midwifery practice and at least 40% (1920 hours or 192 credits) must be in midwifery theory.

3.7. At least 80% (or 1280 hours or 128 credits) of the third year of the programme must be midwifery practice.

3.8. All students (full-time and part-time) must complete the programme within four years of commencement.

3.9. Any student who requires a longer time-frame must apply in writing to the Midwifery Council describing the reasons and providing a plan for completion to be approved by the Council. This plan must show how the student has retained the required level of learning and proficiency. Any requests for a longer timeframe must be accompanied by a letter from the Head of School and a results record to date from the educational institution. Council will not automatically approve these requests and generally will not approve requests for extension of completion beyond five years.

3.10. Any student who takes more than six months leave from the programme in any year or takes six months leave or more between any years must undertake a formal assessment before rejoining the programme. This assessment must provide evidence that the student has retained the appropriate level of knowledge and skill to re-enter the programme at the same stage. If this is not demonstrated the student is required to repeat courses necessary to reach this level before progressing.

3.11. The programme document must show how the programme will be delivered flexibly to provide access to students living in rural, provincial and urban locations.

Guidance
A full-time programme containing a minimum of 156 weeks in total and must provide 45 'programmed' weeks per annum. This allows for at least 7 weeks annual leave per annum.

The 4800 total hours provide an indication of the total learning time offered to each student over 45 weeks for each of three years. 50% of the hours focus on midwifery practice and a minimum of 40% relate to theory. Total programmed weeks include theory, practice, self-paced learning and any other relevant learning opportunities.

Learning materials should be delivered flexibly and therefore the minimum 1920 theory hours does not indicate an expectation of this amount of classroom teaching. Theory hours may be provided through face-to-face sessions, online learning materials, audio conferences, study days, theoretical assessments, student managed learning and other forms of electronic learning media. Clinical skills laboratories/simulations[12] are counted as theoretical hours, not as midwifery practice hours except where being used for clinical skills assessment (see 6.3.16). Programmes should be designed to enhance access to students living outside of the main centre locations of schools of midwifery and to increase access to midwifery practice outside of main centres.

Midwifery practice hours are gained in the care of women and babies at any stage of the childbirth experience (pregnancy, labour, birth, postnatal period) and in any maternity setting including home, community, clinical, primary birthing units, secondary/tertiary maternity facility and neonatal intensive care. Council recognises the 'on call' nature of midwifery practice and the need for critical reflection and debriefing in relation to practice experiences.

4. Standard four – recognition of prior learning

4.1. Each approved midwifery programme must have a Recognition of Prior Learning (RPL) policy and process by which to assess individual student applications.

4.2. In any case where a student is granted more than 72 credits (equivalent of 15% or 720 hours) through RPL the midwifery school must submit the proposed programme of study to the Midwifery Council for approval within two months of the student entering the programme. The Council reserves the right to decline or amend the programme if it is not assured that the proposed programme will enable the student to meet the graduate profile and Competencies for Entry to the Register of Midwives. This submission must be accompanied with details of the credits granted and the supporting evidence.

4.3. No more than 200 practice hours may be credited without prior approval of the Midwifery Council.

[12] Where students learn clinical skills using models, actors, interactive role playing and interactive media.

4.4. Any credit granted through RPL must be recorded on the final programme transcript.

4.5. The Midwifery Council retains the right to seek justification of any credit given through RPL and may withhold recognition of satisfactory completion of the programme if it is not satisfied that the standards have been met.

Guidance

Recognition of prior learning involves recognising and giving credit for learning that has occurred through previous experiences. This may include qualifications, life experiences, work experiences or other educational experiences. This learning is measured against the learning outcomes and requirements of the courses/programme. Credit for practice experiences would be rare.

5. Standard five – theoretical content

5.1. Each approved pre-registration midwifery education programme must provide a minimum of 1920 theory hours covering specified content that prepares students to work in the Midwifery Scope of Practice and meet the Competencies for Entry to the Register of Midwives.

5.2. Specified content is as follows:

5.2.1. anatomy and physiology including a foundational and general systems course and an applied course.

5.2.2. integrated verbal and written communication skills including working with grief and managing conflict.

5.2.3. health and maternity system, including relevant legislation and policies, social services and community support agencies.

5.2.4. professional midwifery issues, including history and politics; professional organisation; regulatory requirements; reflective practice; professional relationships, including roles of midwives and other health professionals and processes for consultation and referral.

5.2.5. professional frameworks for practice, including Midwifery Partnership, Cultural Safety[13] and Turanga Kaupapa[14] (see Appendix One)

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[13] Cultural Safety means *"the effective midwifery care of women from other cultures by a midwife who has undertaken a process of reflection on her own cultural identity and recognises the impact of her culture on her practice"*. Unsafe cultural practice is *"any action that diminishes, demeans or dis-empowers the cultural identity and well-being of an individual"* (NZCOM, 2005, p.46)

Culture includes age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability (NCNZ, 2002b, p.7).

Cultural Safety provides an instrument that allows a woman and her family to judge whether the health service and delivery of health care is safe for them (Ramsden, 2002).

[14] Turanga Kaupapa are guidelines for cultural competence developed by Nga Maia o Aotearoa and formally adopted by both the Midwifery Council of New Zealand and the New Zealand College of Midwives.

5.2.6. integrated assessment skills, including comprehensive assessment of physical, social, cultural, emotional and spiritual dimensions and screening and diagnostic tools.

5.2.7. health promotion, pre-conceptual care and nutrition for pregnancy, birth and lactation.

5.2.8. physiology and patho-physiology of pregnancy, labour, birth and postnatal care.

5.2.9. breastfeeding,. including baby friendly policies

5.2.10. complicated pregnancy, labour, birth and postnatal care, including underlying medical conditions.

5.2.11. emergencies in childbirth

5.2.12. newborn and infant care, including assessment and care of sick newborn.

5.2.13. well woman care and well child care to six weeks post partum, including integration into well woman and well child services, screening programmes and immunisation.

5.2.14. pharmacology and prescribing relevant to scope of practice and including contraception and antibiotics.

5.2.15. the Treaty of Waitangi.

5.2.16. sociology and women's studies

5.2.17. Maori health and midwifery care/cultural competence for working with Maori women and whanau (see Appendix One)

5.2.18. women's health, including major health issues for specific cultural groups, sexual health, family violence and fertility issues

5.2.19. adult learning and teaching principles, including information sharing.

5.2.20. researching skills and evidence based practice; best practice guidelines

5.2.21. small business management

5.3. Theoretical content may be delivered through a variety of learning and teaching processes including on-line and face-to-face. These learning and teaching processes should promote self-responsibility, critical inquiry, autonomy, accountability, collaboration, integration, quality care, contextual understanding and life-long learning.

Guidance

Council recommends that theoretical components of the programme decrease in amount across the three years while practice components increase. This enables midwifery students to gain appropriate foundation midwifery knowledge and skills to enable them to gain maximum benefit from practice experiences. The third year of the programme is largely practice-based to enable students to integrate and consolidate theory and practice and develop competence as an autonomous practitioner.

6. Standard six – midwifery practice requirements

6.1. Each approved pre-registration midwifery education programme must provide a minimum of 2400 midwifery practice hours in specified practice placements (as identified in 6.2) that prepare students to work across the

Scope of Midwifery Practice and meet the Competencies for Entry to the Register of Midwives.

6.2. Midwifery practice placements include:

6.2.1. Observational follow-throughs[15]

6.2.2. Follow-throughs[16]

6.2.3. Home birth[17]

6.2.4. Placements with caseloading midwives

6.2.5. Placements in maternity units with core midwifery staff (primary, secondary and tertiary maternity units)

6.2.6. Placements in neonatal intensive care units[18]

6.2.7. Placements in community maternity/primary health services e.g. pregnancy and parenting classes; Plunket clinics and home visiting; well child services; family planning clinics, women's health clinics

6.2.8. Some placements may be selected from gynaecological assessment units or paediatric or gynaecology wards

6.2.9. Reflective practice tutorials/debriefs/praxis hours

6.2.10. Clinical tutorials

6.2.11. Clinical assessments

6.3. Each student will demonstrate competency in the following skills before completion of the programme:

6.3.1. Antenatal assessment (and at least 100 assessments must be undertaken)

6.3.2. Pelvic assessment including visualisation of cervix, swab and smear taking[19]

6.3.3. Venepuncture

6.3.4. Cannulation and management of intravenous therapy

6.3.5. Catheterisation

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[15] Observational follow-throughs are those where a student is involved with a pregnant woman through pregnancy, labour, birth and the postnatal period but in a supportive and observational role rather than with significant 'hands on' involvement. Observational follow throughs are appropriate only in the first year of the programme. In many cases first year students may be able to gain some limited 'hands on' experience in relation to support care and basic assessment provided appropriate supervision is available.

[16] Follow-throughs are where a student midwife assists a midwife in the provision of care to a pregnant woman throughout pregnancy, labour, birth and the postnatal period. There is an expectation that the student will provide 'hands on' care under the supervision of the midwife throughout the period of involvement.

[17] Ideally all students will gain experience in homebirth. However, it is accepted that this may not be possible. All programmes must include discussion of homebirth and its differences from hospital based maternity services. Attendance at homebirth preparation classes or discussion groups with women from the Homebirth Association will help promote understanding of the unique experiences of homebirth.

[18] It is accepted that any midwifery graduate working in a neonatal intensive care unit will require further education. However, placements in neonatal units are important for midwifery students to gain understanding of care of sick newborns and to gain understanding of the experience of neonatal intensive care from a family's perspective.

[19] Smear taking is important for visualisation of the cervix. Midwives are not expected to take routine smears, however it is recognised that on occasion, opportunistic smear taking may be needed.

- 6.3.6. Assessment, monitoring and interpretation of fetal heart patterns using a pinard, ultrasound and cardiotocograph equipment
- 6.3.7. Vaginal assessment
- 6.3.8. Labour assessment
- 6.3.9. Supporting women to work with pain in labour
- 6.3.10. Facilitation of normal vaginal birth
- 6.3.11. Perineal assessment and repair
- 6.3.12. Newborn assessment
- 6.3.13. Postnatal assessment of woman, including discharge examination (and at least 100 postnatal assessments must be undertaken)
- 6.3.14. Postnatal assessment of baby, including hip check, red eye reflex and auscultation of heart sounds and discharge examination (and at least 100 assessments must be undertaken)
- 6.3.15. Breastfeeding initiation and ongoing support
- 6.3.16. Emergencies of childbirth including management of post partum haemorrhage, undiagnosed breech, shoulder dystocia, eclampsia, retained placenta, neonatal resuscitation, adult resuscitation (these can be assessed through simulation)
- 6.3.17. Pre and post-operative care
- 6.3.18. Handover to Well Child services
- 6.3.19. Documentation
- 6.3.20. Prescribing and administration of medications relevant to the scope of midwifery practice and must include antibiotics and contraceptives

6.4. Each student will have at least 25 follow-through experiences, which may also lead to facilitation of birth as per 6.5

6.5. Each student will facilitate[20] at least 40 births; where this number cannot be reached owing to lack of available women in labour, it may be reduced to a minimum of 30, provided that the student actively participates in the care of at least another 20 women in labour and birth. Of these 20 experiences, no more than 10 can be assisted births such as forcep deliveries, ventouse deliveries or emergency caesarean sections.

6.6. Each student will participate in the care of at least 40 women experiencing complications in pregnancy or labour or birth or the postnatal period.

6.7. Students will maintain clinical log books that provide detailed evidence of their practice experiences

6.8. Students will not have more than two placements with the same midwife.

6.9. Students may undertake elective practice placements overseas in their final year if they are supervised by a named registered midwife and if the placement has well formulated learning outcomes and assessments that relate to the competencies; a maximum of 10 weeks may be spent in overseas practice placements.

[20] Facilitation of a birth means that the midwifery student is involved in the woman's care throughout labour, taking a major part in all assessments and midwifery decision making, and that she has a 'hands on' role in assisting the birth of the baby and the placenta.

Guidance
Midwifery practice experiences should promote women-centred care, holistic and integrated assessment, respectful care, evidence-informed care, professional autonomy, accountability, self-responsibility, professional collaboration, ethical and legal care, contextual understanding, quality care and reflective practice.

In the majority of midwifery practice placements the student is under the direct or indirect supervision of a registered and practising midwife (or other registered health professional as appropriate) when providing care to women and babies. The student is in direct contact with women and babies to plan, provide and assess the need for and extent of midwifery care on the basis of their acquired knowledge and skills.

Whilst it is essential that students are able to access a full range of practice experiences to achieve the required standards of competence, it is for the midwife to decide whether delegation of tasks is appropriate in the care of a woman or her baby. The midwife remains accountable for the appropriateness of any delegation of care.

Competence at registered midwife level must be achieved in the above skills and curricula must show the process that will support students to achieve this. It is expected that the process will include a requirement for each student to perform each skill under supervision a certain number of times and that these attempts will be documented. Robust methods of assessment of competence must be developed and implemented.

If students do not facilitate the minimum number of births but have completed all theoretical requirements and are close to achieving the birth numbers, they may apply for approval to sit the National Midwifery Examination short of experience. Applicants must provide a supporting letter from the Head of School attesting that the student has met the Competencies for Entry to the Register of Midwives and that a plan is in place for achieving the remaining experience. All required experience must be completed before a student is entered on the Register.

7. *Standard seven – assessment*

7.1 Each programme must have an integrated assessment strategy to assess the varying dimensions of midwifery knowledge, practical skills and professional behaviour
7.2 Assessments must be valid and reliable
7.3 Formative or educative assessments are used to provide feedback to students throughout the programme to aid their learning; summative assessments are used for progression and exit decisions
7.4 Assessment criteria are available to students
7.5 Each programme has a specific assessment strategy to determine that a student has demonstrated competence in each of the skills identified in standard 6.3

7.6 Each programme has a specific assessment strategy in year three to determine that a student has demonstrated the Competencies for Entry to the Register of Midwives

7.7 Theory assessments are performed by teachers skilled in assessment; midwifery practice or clinical assessments are performed by practising midwives skilled in assessment or well supported and assisted by midwifery teachers with these skills

7.8 Students may have no more than two opportunities to pass any theory course/paper or any midwifery practice course/paper in year one or two.

7.9 Students may have a second opportunity to pass a midwifery practice course/paper in year three on only one occasion, and then only in exceptional circumstances.

Guidance

The range of assessment strategies may include written assignments, presentations, tests, examinations, oral examinations, skills assessments, Objective Structured Clinical Examinations (OSCEs) and practical assessments. Assessment may include individual and group assessments and may draw on feedback from women (consumers), fellow students, practising midwives, other health professionals and midwifery lecturers.

Opportunities for failed students to repeat modules/papers/courses are limited to ensure that graduates demonstrate above average academic ability and integrated knowledge, skills and professional behaviour at the level of competency.

8. Standard eight – student support

8.1 The majority of midwife teachers in any programme and all those with course coordination or programme management roles are New Zealand registered midwives with at least five years post-registration midwifery practice experience and the minimum of a relevant post-graduate qualification[21] and will be enrolled in a master's degree within two years of appointment.

8.2 Non-midwife teaching staff possess qualifications and experience relevant to the area in which they are teaching and the minimum of a master's degree

8.3 All teaching staff hold a recognised teaching qualification or complete such a qualification within the first two years of appointment

8.4 All teaching staff complete a Treaty of Waitangi workshop and a Midwifery Council approved course in Cultural Safety and Turanga Kaupapa within one year of appointment

[21] E.G. Postgraduate Certificate or Postgraduate Diploma

8.5 Midwife teachers who are responsible for teaching midwifery practice subjects and assessing midwifery students in clinical practice must hold an Annual Practising Certificate[22]

8.6 Practising midwives who precept or supervise midwifery students in practice areas must have at least three years post-registration midwifery practice experience to precept third year students, and at least one year of post-registration midwifery practice experience to precept first and second year students

8.7 Practising midwives who precept midwifery students in medium[23] or long[24] placements must complete Midwifery Council approved courses in preceptorship and assessment and in Cultural Safety within one year of taking on this role.

Guidance

Student midwives must be supported in both academic and practice learning environments. Midwife teachers and midwife preceptors have the knowledge, skills and expertise to provide appropriate support to student midwives. As such they are able to identify appropriate learning opportunities for the student midwife and offer her advice and guidance to develop safe woman centred practice that enables the student to become a midwife.

While the majority of midwife teachers and those with course/paper coordination or programme management roles must meet the standards for qualifications and experience, schools of midwifery may choose to employ midwives without these qualifications on a part-time or casual basis as long as they are appropriately supervised and supported. For example, midwives preparing for a teaching career may wish to gain some teaching experience while also undertaking postgraduate study or gaining a teaching qualification. Council hopes that this flexibility will support midwives intending to move into teaching in the future.

The Midwifery Council of New Zealand will approve courses in both Cultural Safety and Turanga Kaupapa and preceptorship and assessment that meet its criteria for courses for midwife teachers and midwife preceptors. Standards for these courses will be provided in a separate document.

The requirement for midwife preceptors to undertake approved courses in preceptorship and assessment and Cultural Safety and Turanga Kaupapa will be

[22] For overseas midwives this may include an Interim Practising Certificate

[23] Medium placements are where a student works on a one-to-one basis with a midwife for less than six weeks and where the midwife is required to teach and assess the student (See Midwifery Council Recertification Programme Appendix Four).

[24] Long placements are those where the student is placed one-to-one with an individual midwife for a period of six weeks or more and where the midwife is required to teach and to make assessment of the student's competence (See Midwifery Council Recertification Programme Appendix Four).

phased in from 2009, with the expectation that all midwives currently providing supervision to students in a preceptor role will have completed these courses by 2014.

Midwives providing medium or long placements (as defined in the Recertification Programme) will need to undertake these courses. However, participation in such courses will be voluntary for midwives providing short placements. Short placements are those where a student is following through one or more woman over a period of time but is not involved with the midwife on a daily basis or where core midwives are supervising students on hospital placements. In these cases the midwife may be required to give verbal feedback to the student's supervisor but is not involved in planning learning experiences and assessing students.

9. Standard nine – transfer between approved tertiary education organisations

9.1 Students may transfer between approved tertiary education organisations by making a formal application in writing to the Head of School or designate of the programme the student wishes to transfer into.

9.2 The student must provide an up to date record of learning/results with the application for transfer

9.3 The Head of School of the programme to which the student is seeking to transfer must consult with the Head of School of the programme the student is transferring from to gain written confirmation that:

- 9.3.1 The Midwifery Council requirements for good health and good character can continue to be met by the student, and
- 9.3.2 The student has demonstrated the ability to meet the academic and practice requirements of the programme

9.4 The Head of School may make the decision to accept a student on transfer if there are no issues identified by the previous Head of School and if sufficient clinical placements can be assured to enable the student to complete the programme.

9.5 The student's prior learning must be assessed against the programme they wish to complete for registration to determine what credit can be granted. The proposed programme must be submitted to the Midwifery Council for approval within one month of the date of transfer.

Guidance

Approved tertiary education organisations have responsibility for deciding whether to accept an application for transfer if they can accommodate such a request. However, it is important that the Heads of both schools communicate in order to ensure that the student meets the requirements for good health and good character and that there are no concerns about the student that may impact on her ability to successfully complete the programme.

Assessment of prior learning should follow the approved RPL policy and the programme must enable the student to meet the Midwifery Council requirements as outlined in this document and the Competencies for Entry to the Register of Midwives.

10. Standard ten – completion requirements and National Midwifery Examination

10.1 Midwifery students who have satisfactorily completed the approved programme, met the hours' requirement, met the requirements in relation to skills and facilitation of births and demonstrated that they have met the Competencies for Entry to the Register of Midwives may be put forward by the Head of School to sit the National Midwifery Examination.

10.2 The Head of School must notify to the Midwifery Council ten weeks prior to the date of the National Midwifery Examination the names of students who will complete the midwifery programme requirements and apply to sit the examination.

10.3 The Head of School must provide the Midwifery Council with a signed statement of confirmation as to fitness, competence and satisfactory completion of the pre-registration programme for each student at least one week before the date of the National Midwifery Examination; this statement will be made using the template provided in Appendix Two.

10.4 The Head of School must also provide a copy of the transcript or record of learning for each student within one week after the date of the National Midwifery Examination; this transcript or record of learning is that provided by the educational institution on completion of the programme. If the institutional transcript or record of learning does not usually provide theory and practice hours for each module/paper, details of any overseas elective hours and final numbers of follow-throughs and facilitated births, a second transcript or record of learning must be provided with these details. (See example in Appendix Three).

10.5 Where for some unforeseen reason a student does not meet the completion requirements as anticipated the Head of School may withdraw the student from the National Midwifery Examination any time up to the date of the examination by phoning the Midwifery Council and following up in writing with the reasons for the withdrawal.

10.6 In the unlikely event of a student having facilitated fewer than 40 births but having met all other completion requirements, the student must apply in writing to the Midwifery Council for permission to sit the examination short of births. This application must be accompanied by a letter of support from the Head of School and an indication of how the remaining requirements will be achieved. The Midwifery Council may approve such as request at its discretion but the student will not be registered until all requirements are met.

Guidance

The HPCAA sets out requirements for registration that must be met by any applicant for registration. The Midwifery Council relies on the Head of School to confirm by statutory declaration that applicants have completed the prescribed midwifery programme, demonstrated competence to practise, demonstrated the ability to communicate appropriately in English and demonstrated fitness for registration as a midwife. Council expects that a Head of School who holds doubts about the 'fitness' f any student will communicate with Council about their concerns at the earliest opportunity.

Section Three – Standards for accreditation of provider tertiary education organisations

This section provides standards and guidance relating to accreditation of provider tertiary education organisations (TEOs). The Midwifery Council of New Zealand accreditation of TEOs seeking to provide pre-registration midwifery education programmes is both a regulatory and quality assurance process. Accreditation validates the ability of the TEO to provide an appropriate environment for providing a pre-registration midwifery education programme. Tertiary education organisations must be both accredited with the Midwifery Council of New Zealand and gain Midwifery Council of New Zealand approval for their pre-registration midwifery education programme before commencing delivery of such a programme.

The following standards are the minimum requirements for accreditation of TEOs wishing to provide pre-registration midwifery education programmes and must be identifiable in all applications for accreditation provided to the Midwifery Council for approval.

These standards apply to any education provider of programmes leading to registration as a midwife in New Zealand which may include pre-registration midwifery education programmes, return to practice programmes and programmes for midwives registering from overseas.

The Midwifery Council of New Zealand will monitor and audit midwifery programmes in relation to the standards set out in sections two and three of this document to ensure that requirements for accreditation and approval continue to be met.

There are 6 categories of standards for accreditation of provider TEOs. These cover organisational criteria; staff resources; clinical practice resources; physical resources; financial resources; and the teaching and learning environment.

1. Standard one – organisational criteria

- 1.1. The provider TEO is accredited by the relevant government agency as a tertiary education provider
- 1.2. The TEO is accredited by the relevant tertiary education quality validation agency to provide undergraduate degree level education
- 1.3. The TEO has a clearly identified midwifery school/department/section with an identified Head of School notified to the Midwifery Council
- 1.4. The Head of School must be a registered midwife with at least five years midwifery practice experience and hold the minimum of a relevant master's degree

Guidance

The Midwifery Council accredits and monitors TEOs and approves programmes in the context of educational accreditation processes undertaken by Quality Assurance Bodies and works to ensure that, as far as possible, approval and monitoring processes are not duplicated.

Accordingly the Midwifery Council will seek to establish Memoranda of Understanding with the following bodies, which are expected to include arrangements by which there will be sharing of agreed information, notification of Midwifery Council approval and accreditation processes and shared panel membership where appropriate:

- Institutes of Technology and Polytechnics Quality (ITPQ)
- New Zealand Qualifications Authority (NZQA)
- The Committee on University Academic Programmes (CUAP), a subcommittee of the New Zealand Vice Chancellor's Committee (NZVCC).

Schools of Midwifery should have a separate identity and autonomy within TEOs as reflective of the separate and autonomous identity of the midwifery profession.

2. Standard two – staff resources

2.1 The School of Midwifery has sufficient staff to ensure sustained delivery of the programme in all delivery modes and appropriate levels of student support and supervision, including individual assessment of student competence

2.2 On appointment academic staff have a minimum of:

2.2.1 a relevant post-graduate qualification and have enrolled into master's degree within two years, and

2.2.2 a recognised teaching qualification, or will achieve this within the first two years of appointment, and

2.2.3 complete a Treaty of Waitangi workshop and Midwifery Council approved Cultural Safety course within a year of appointment, and

2.2.4 those teaching midwifery must also hold New Zealand registration as a midwife and have a minimum of five years post-registration midwifery practice if holding programme management or course coordination roles.

2.3 There is a clear process to ensure that all midwifery specific content is taught/facilitated by midwives (as per 2.2); midwives teaching practice components of the programme or assessing midwifery students in clinical practice must hold an Annual Practising Certificate (APC)[25]

2.4 There is a process to ensure that midwife teachers who are required to hold an APC can meet the recertification requirements to do so

2.5 There is a clear process to ensure that all academic staff maintain currency of knowledge and skills in relation to their teaching areas

[25] Overseas midwives gaining registration in New Zealand may hold an Interim Practising Certificate

2.6 There are sufficient support staff available to ensure sustained delivery of the programme and meet required administrative functions.

Guidance
The standards for pre-registration midwifery education require a high level of one-to-one support for midwifery students, particularly in relation to reflective practice, clinical supervision and debriefing, skills assessments and assessment of competence.

Midwifery teachers must be skilled facilitators of learning and experienced practitioners in order to assist students to gain the knowledge, skills and attitudes necessary for autonomous midwifery practice.

3. Clinical practice resources

3.1 There are sufficient practice placements available to ensure that each midwifery student can gain the required number of practice hours and meet the practice requirements outlined in Part Two, Standard 6.
3.2 Each student is supervised/precepted by a named midwife in practice placements.
3.3 Midwives precepting third year midwifery students must have at least three years of post-registration midwifery practice experience; midwives who precept first and second year students must have at least one year post-registration experience; midwives who precept students on medium or long placements must complete a Midwifery Council approved course in preceptorship and assessment and Cultural Safety within one year of taking on the role (See Part Two, Standard 8.7 and guidance statement).
3.4 A formal contract exists between midwives in practice and the midwifery schools seeking placement, with written evidence that students will have access to appropriate practice experiences and outlining the roles and responsibilities of both parties.
3.5 There is evidence of strong relationships, support and information sharing between the school of midwifery and each practising midwife with whom a student is placed.
3.6 Midwife teachers provide support to students in practice placements and liaise with practising midwives in relation to the student's learning needs, practice experiences, assessment and feedback.
3.7 Students in overseas elective placements are supervised by named midwives who hold midwifery registration in that country; formal contracts exist between the school of midwifery and overseas practice placements, with written evidence that students will have access to appropriate practice experiences and outlining the roles and responsibilities of both parties.
3.8 Where concerns exist about the level of a student's clinical competence in one placement and the student is provided with the opportunity to progress to another placement, the concerns are shared with the supervising midwife in order to protect the safety of her clients.

Guidance
Practice experience is a major component of the pre-registration midwifery education programme. Access to pregnant women is gained primarily through registered midwives and these midwives need clear guidelines about the student's learning needs and current levels of competence. Well-formulated processes for gaining the informed consent of women and their families to student involvement must be in place.

As the programme progresses students need increased opportunities for 'hands on' experience in order to build competence and lead toward autonomy. However, the registered midwife supervisor is always professionally accountable for the care given and she decides whether delegation of tasks to a student is appropriate in the care of a woman or her baby.

4. Physical and online resources

4.1 The TEO and the midwifery programme have sufficient physical and online resources to support the sustained delivery of the programme in all delivery modes.
4.2 Resources supplied in the programme have current application in the practice environment
4.3 There are sufficient models and equipment to enable acquisition of clinical skills in clinical laboratories or simulated practice before consolidation in actual practice placements and with women clients.
4.4 Up to date resources held in the library cover informing disciplines (biomedical, social sciences, humanities, women's studies) and midwifery theory and practice, with a clear plan for developing and maintaining the midwifery-related collection.
4.5 Library resources, databases and on-line journals and distance student services are provided to support on-line learning and students on placement without easy access to the library.
4.6 Students have access to computers and technical support for on-line learning; access to other forms of interactive media is provided to support a variety of flexible modes of delivery.

Guidance
Education providers are encouraged to deliver the pre-registration midwifery education programme using flexible modes of delivery in order to support access to potential students in all parts of New Zealand. Creative provision of resources is required to meet student needs along with adequate and appropriate access to computers and online learning resources.

5. *Financial resources*

5.1 The School of Midwifery has a clearly defined budget sufficient to support sustained delivery of the pre-registration midwifery programme

5.2 The TEO has a continuing financial commitment to the pre-registration midwifery programme

Guidance

It is acknowledged that pre-registration midwifery programmes have practice requirements that limit the number of students who can be enrolled into the programme. This restriction, along with high staff numbers required for the intensive one to one teaching and learning and assessment requirements can impact on the financial viability of programmes[26]. Nevertheless, pre-registration midwifery programmes are of high strategic value as New Zealand's maternity system relies on a stable midwifery workforce.

6. *Teaching/learning environment*

6.1 The environment is conducive to learning and a variety of teaching/facilitation methods are used to provide opportunities to meet varying learning styles and individual learning needs.

6.2 Flexible modes of delivery are used to enhance and support access for students outside of main centres.

6.3 Students are encouraged to manage and direct their own learning.

6.4 Opportunities are provided for the sharing of knowledge and experience in all learning situations.

6.5 Consultation with colleagues in practice, consumers of midwifery care, the New Zealand College of Midwives, tangata whenua, maternity service managers, graduates and students informs programme development, implementation, evaluation and review.

6.6 Relationships exist with other midwifery schools and programmes that support collaboration and nationally consistent standards.

6.7 There are sound policies and processes governing recognition of prior learning.

6.8 There are sound policies and processes governing assessment and student appeals.

6.9 Adequate research support is available to ensure that learning resources are evidence-based and that a majority of academic staff are active in research.

[26] The Midwifery Council recognises the concerns expressed by many schools of midwifery and other stakeholder groups that the current level of funding for pre-registration midwifery education is inadequate and is working to address these issues.

Guidance
In order to address workforce shortages an increased number of midwives must be registered from New Zealand pre-registration midwifery programmes. This means that programmes must be accessible to potential students living outside of main centres who cannot move to undertake the programme. TEOs are encouraged to deliver programmes using flexible modes of delivery such as on-line learning and other forms of distance teaching. At the same time opportunities for interactive group learning must be provided as the ability to work with others is a key midwifery skill.

Close relationships must be established with all key stakeholder groups in order to ensure that programmes remain relevant, up to date and reflective of changes in the context of maternity services. It is particularly important that midwifery schools establish ongoing relationships with the New Zealand College of Midwives as the professional organisation for midwives so that students become part of the wider midwifery profession and develop their professional identity.

Educational providers are encouraged to explore opportunities for collaboration and sharing of resources in programme development and delivery in order to ensure consistent standards, improve financial viability of programmes and improve access for potential students.

Recognition of prior learning processes, assessment processes and student appeal processes must be fair and transparent whilst also ensuring that student achievement leads to attainment of the Competencies for Entry to the Register of Midwives.

Midwifery practice is informed by best evidence and new midwifery knowledge specific to New Zealand midwifery practice must be generated. It is therefore essential that evidence underpins all learning and teaching resources and that education providers support staff in research activity.

Section four – processes for accreditation, approval, monitoring and audit

Standard one – accreditation processes

1.1 Applications by TEO for accreditation to deliver a pre-registration midwifery programme must be made to the Midwifery Council of New Zealand.
1.2 The application must be in writing and must address the accreditation criteria outlined in Section Three of this document.
1.3 Where possible site visits to establish a TEO's ability to deliver the pre-registration midwifery education programme will be combined with the site visit required for initial approval of the programme.
1.4 The Midwifery Council will establish a panel to assess the written application and evidence and conduct the site visit.
1.5 Prior to the visit the Midwifery Council will determine the evidence that must be provided at the visit and the staff and other relevant persons with whom the panel will meet.
1.6 A fee will be charged for the accreditation process.
1.7 Accreditation will usually be for a period of five years; subsequent applications may be managed by papers at Council's discretion.

Standard two – approval processes

2.1 The pre-registration midwifery programme curriculum must be submitted to the Midwifery Council for approval before the programme can be delivered.
2.2 The curriculum must address the standards and criteria outlined in Sections One and Two of this document.
2.3 The Midwifery Council will establish a panel to assess the curriculum and evidence and conduct a site visit.
2.4 Visits are required for all new programme approvals, for all five yearly reviews and where any significant[27] changes are made to the programme.
2.5 Where possible site visits for approval of programmes will be combined with the approval visits of other Quality Assurance Agencies such as ITPQ (see Section Three, Standard 1).
2.6 Prior to the visit the Midwifery Council will determine the evidence that must be provided at the visit and the staff and other relevant persons with whom the panel will meet.
2.7 A fee will be charged for the approval process.
2.8 Programme approval will usually be for a period of five years; subsequent approvals may be managed by papers at Council's discretion.

[27] Definitions of a significant change are any changes that require approval by the relevant quality agency AND/ OR where there is the introduction of a new delivery mode, a new delivery site or significant changes to the structure of a programme.

Standard three – ongoing monitoring

3.1 TEOs must submit a programme review report to the Midwifery Council at the end of each academic year; this report will include a copy of any external monitoring report or any internal self-review report, and a brief description/self assessment of how the programme is meeting the standards outlined in this document.

Standard four – audit processes

4.1 The Midwifery Council will conduct audits of each midwifery programme and the relevant TEO every five years, and at any other time it determines necessary, to ensure that implementation continues to meet the standards as outlined in this document.
4.2 The Midwifery Council will appoint auditors and notify the Schools of Midwifery of the information that must be provided and the timeframe.
4.3 The auditors will conduct the audit against the standards outlined in this document.
4.4 A site visit will be required and the Midwifery Council will determine the evidence that must be provided at the visit and the staff and other relevant persons with whom the panel will meet.
4.5 Any requirements that result from the audit will be notified to the School of Midwifery with a timeframe for achievement.
4.6 A follow up visit may be required.
4.7 If the TEO is unable to demonstrate that the standards are being met, approval for the programme and accreditation as a provider may be withdrawn.
4.8 A fee will be charged for the audit process.

Guidance
Section 12, subsection 4 of the Health Practitioners Competence Assurance Act 2003 states that *'an authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose'.*

The Midwifery Council monitors the educational institutions that it accredits to provide its approved pre-registration midwifery education programmes through two processes; annual programme review reports (standard 3) and audits (standard 4).

Appendix One – Turanga Kaupapa

Nga Maia o Aotearoa me Te Waipounamu (Nga Maia) is the national organisation of midwives and whānu promoting and supporting Māori birthing. Nga Maia kiwaha or mission statement is …
"Ki te whakaohooho i te Mauri o ngā Tikanga o ia whānau o tenā o tenā"
To awaken the life-force and birthing traditions of whanau

In 2006 Nga Maia developed Turanga Kaupapa to give clear guidelines on Tangata Whenua values and provide cultural guidelines for midwifery practice to ensure that cultural requirements are met for Māori women during pregnancy and childbirth.

Turanga Kaupapa have been adopted by both the Midwifery Council of New Zealand and the New Zealand College of Midwives (NZCOM) as one mechanism to give life and meaning to midwifery's recognition of Mäori as Tangata Whenua and to midwifery's obligations under the Treaty of Waitangi .

The Midwifery Council understands cultural competence to be part of midwifery competence and therefore has integrated Turanga Kaupapa into the Competencies for Entry to the Register of Midwives so that they become part of the basic competence requirements of all practising midwives. The Midwifery Council has also integrated Turanga Kaupapa into its Standards for Pre-registration Midwifery Education so that all midwifery students understand Turanga Kaupapa as part of their broader learning of Midwifery Partnership and Cultural Safety as frameworks for midwifery practice.

The New Zealand College of Midwives has integrated Turanga Kaupapa into its Midwifery Standards for Practice[28] and as such they are now an integrated part of NZCOM's Midwifery Standards Review (MSR) process. MSR is a key component of the Midwifery Council's Recertification Programme and therefore all practising midwives will be required to regularly reflect on how they implement Turanga Kaupapa into their midwifery practice.

Turanga Kaupapa

Whakapapa

The wahine and her whānau is acknowledged

Karakia

The wahine and her whānau may use karakia

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[28] New Zealand College of Midwives, *Midwives Handbook for Practice,* NZCOM 2007.

Whanaungatanga

The wahine and her whānau may involve others in her birthing programme

Te Reo Māori

The wahine and her whānau may speak Te Reo Māori

Mana

The dignity of the wahine, her whānau, the midwife and others involved is maintained

Hau Ora

The physical, spiritual, emotional and mental wellbeing of the wahine and her whānau is promoted and maintained

Tikanga Whenua

Maintains the continuous link to land life and nourishment; and the knowledge and support of kaumatua and whānau is available

Te Whare Tangata

The wahine is acknowledged, protected, nurtured and respected as Te Whare Tangata (the "House of the People")

Mokopuna

The mokopuna is unique, cared for and inherits the future, a healthy environment, wai ū and whānau

Manaakitanga

The midwife is a key person with a clear role and shares with the wahine and her whānau the goal of a safe, healthy, birthing outcome

Glossary of terms

Wahine – woman, female gender

Tamaiti – children (born / to be born)

Kaumatua – elders (male/female)

Whānau – family (male/female/intergenerational)

Whakapapa - genealogy

Karakia – incantation / prayer

Whanaungatanga - relationships

Te Reo Māori – Māori language

Mana – prestige, standing

Hau Ora – wellbeing (holistic)

Tikanga Māori – Māori traditions

Te Whare Tangata – mother, woman, the House of the People (womb)

Mokopuna – child, grandchild, face of ancestor

Manaakitanga – actions of respect and caring

Wai ū– breast milk

Appendix Two – HOS Confirmation

HEAD OF SCHOOL CONFIRMATION AS TO FITNESS, COMPETENCE AND COMPLETION OF PRE-REGISTRATION PROGRAMME WITHIN THE SPECIFIED TIME

I hereby certify that in terms of sections 12(2)(b), 15(1) and 16 of the Health Practitioners Competence Assurance Act 2003:

____ (full name of applicant)

an applicant for Entry onto the Register of Midwives:

a) Has completed the prescribed midwifery pre-registration course of study within the prescribed period of time*; and
b) has met the theory and practice hour requirements**, and
c) has participated in 25 follow-throughs***, and
d) has performed at least 100 antenatal assessments, and
e) has performed at least 100 postnatal assessments of women, and
f) has performed at least 100 postnatal assessments of babies, and
g) has facilitated a minimum of 40 births****, and
h) is able to communicate effectively in English for the purposes of practising within the Midwifery Scope of Practice; and
i) to the best of my knowledge has no mental or physical condition which would prevent her from performing the functions required for practice as a midwife; and
j) has demonstrated she meets the Competencies for Entry to the Register of Midwives; and
k) in my opinion is fit to be registered as a midwife.

.

Signed by the Head of School of Midwifery

At _________________________________(name of tertiary education organisation)

Signature ______________________________Date ____________________

Name ____

* The prescribed time limit is 4 years unless an extension of time has been granted by the Midwifery Council of New Zealand.

** Theory hours are at least 1920; practice hours are at least 2400, unless shortened programme hours have been approved by the Midwifery Council

*** Follow-throughs are where a student midwife assists a midwife in the provision of care to a pregnant woman throughout pregnancy, labour, birth and the postnatal period. There is an expectation that the student will provide ‘hands on’ care under the supervision of the midwife throughout the period of involvement.

**** Facilitation of a birth means that the midwifery student is involved in the woman’s care throughout labour, taking a major part in all assessments and midwifery decision making, and that she has a ‘hands on’ role in assisting the birth of the baby and the placenta. Where a student has been unable to reach this number owing to lack of available women in labour, it may be reduced to a minimum of 30, provided that the student actively participates in the care of at least another 20 women in labour and birth.

Note: This form must be submitted to the Midwifery Council least one week before the date of the National Midwifery Examination.

Appendix Three - Transcript

Student Name: **Date Commenced:**
Date of Birth: **Date Completed:**
Tertiary Education Organisation: ____

FINAL TRANSCRIPT OF HOURS/NUMBERS FOR MIDWIFERY COUNCIL OF NEW ZEALAND

Theoretical content	Hours		
	Year 1	Year 2	Year 3
Anatomy & physiology (foundation/general)			
Communication (includes: verbal, written, conflict, grief)			
Health & maternity system (includes: structure, legislation, policies, funding, social & community services)			
Professional midwifery issues (includes: history, politics, regulation, professional structures, reflective practice, professional relationships, roles, responsibilities, consultation, referral)			
Professional frameworks for practice (Midwifery Partnership, Cultural Safety, Turanga Kaupapa)			
Health promotion (includes: preconceptual care, nutrition)			
Physiology of pregnancy, labour, birth, postnatal			
Integrated assessment skills (includes: comprehensive assessment; screening; diagnostic tools)			
Midwifery responsibilities & support of physiological pregnancy, labour, birth, postnatal			
Midwifery responsibilities & support of Breastfeeding (includes: Baby Friendly policies			
Newborn & infant care to six weeks			
Sick newborn			
Pathophysiology of pregnancy, labour, birth, postnatal			
Complicated pregnancy, labour, birth, postnatal; medical conditions; midwifery support			

Theoretical hours cont'd	Hours		
	Year 1	Year 2	Year 3
Sociology & women's studies			
Maori health & midwifery practice			
Adult learning and teaching; information sharing			
Researching skills; evidence based practice			
Small business management			
Total theory hours for year credited via RPL			
Total hours completed			
Total theoretical hours:			

Midwifery Practice	Hours/numbers		
Number of follow throughs completed			
Number of antenatal assessments completed			
Number of follow throughs completed			
Number of baby assessments completed			
Number of facilitated births completed			

Midwifery management of emergencies in childbirth				Number of women for whom care provided in labour (not counted in facilitated births)			
Pharmacology & prescribing in scope of practice				Number of women with complications at any stage of pregnancy, labour, birth, postnatal and for whom care provided			
Well women, well child services, screening & immunisation							
Women's health (sexual health, fertility, family violence, major health issues, cultural implications)				Overseas elective experience (please list where placed and hours completed)			
Treaty of Waitangi				**Total midwifery practice hours**			
				Other information:			
				Total theory and clinical hours			

Theoretical hours are the learning hours provided in the total programme. Midwifery practice hours and numbers are those actually achieved by the individual student.

The Midwifery Council accepts that the required theoretical hours listed above are disaggregated from integrated courses provided within each midwifery programme and may therefore differ from the courses listed in the accompanying academic transcript provided by Tertiary Education Organizations.

CR = CREDIT FOR PRIOR LEARNING

Signature:

Name:

Position:

Date of Issue:

Acknowledgements

Many thanks to Nga Maia for their willingness to share their Turanga Kaupapa. This gift to midwifery is an important step in the process of enabling and supporting all midwives to practise in ways that are congruent with the meaning of 'Midwifery Partnership' and 'Cultural safety'.

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