



## **Return to Practice Programme for Midwives**

### **Policy Document**

**Approved by Council on 3 December 2004**

**Updated March 2005**

## **Introduction**

The Health Practitioners Competence Assurance Act (2003) s27 requires the Midwifery Council, among other things, to restrict the issue of an annual practising certificate if there are reasonable grounds to believe that the applicant:

- Has not held an annual practising certificate within the three years immediately preceding the date of the application, or
- The applicant has not, within the three years immediately preceding the date of application, lawfully practised midwifery.

The Midwifery Council may decline to issue an annual practising certificate until the applicant has met certain conditions (s 29).

This document outlines the Midwifery Council's policy on 'return to practice' requirements for midwives who have not practised in the Midwifery Scope of Practice for three or more years or who have not held a Midwifery Annual Practising Certificate (APC) within the preceding three years from the date of application for an APC.

Successful completion of the Midwifery Council's Return to Practice Programme will enable midwives to demonstrate that they are competent to practise within the Midwifery Scope of Practice and thereby satisfy the Midwifery Council that they meet the standards to be issued with an APC.

Further copies of this document can be downloaded from the Midwifery Council website: [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

### Note:

In this document the feminine pronoun includes the masculine.

## Table of Contents

1.	PART ONE: OVERVIEW.....	4
1.1	Introduction.....	4
1.2	Standard of competence expected of registered midwives .....	4
1.2.1	Midwifery Scope of Practice .....	4
1.2.2	Competencies for Registration as a Midwife.....	5
1.3	Competence to practise .....	7
1.4	Background to the development of the Return to Practice Programme.....	8
2.	PART TWO: COMPONENTS OF THE RETURN TO PRACTICE PROGRAMME	
	9	
2.1.	Categories of midwives.....	9
2.1.1	Category One .....	10
2.1.2	Category Two.....	10
2.1.3	Category Three.....	10
2.2	Individual assessment process .....	11
2.3.	Personal Learning Plan .....	11
2.4.	Approval of Plan .....	13
2.5.	Completion of Requirements .....	13
2.6.	Fees .....	13

## **1. PART ONE: OVERVIEW**

### **1.1 Introduction**

Under the Health Practitioners Competence Assurance Act 2003 (s27), midwives who have not practised as a midwife in the previous three years, can upon application for an annual practising certificate, be required to undergo a competence assessment.

The Midwifery Council has determined that this assessment will be carried out through a Return to Practice Programme. This document outlines the details of the Midwifery Council's Return to Practice programme and the process by which the programme will be implemented.

### **1.2 Standard of competence expected of registered midwives**

#### *1.2.1 Midwifery Scope of Practice*

The Midwifery Scope of Practice provides a broad statement of the boundaries of what a New Zealand midwife can do on her own professional responsibility. As required under the HPCAA (2003) the Midwifery Council has defined the scope of practice for registered midwives and published this in the New Zealand Gazette.

The Midwifery Scope of Practice<sup>1</sup> 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<sup>2</sup>, 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*

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<sup>1</sup> 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.

<sup>2</sup> 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.

*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).*

### 1.2.2 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'<sup>3</sup>.

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.

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<sup>3</sup> 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.

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

### **Competency One**

***“The midwife works in partnership with the woman 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, the baby, 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 has control over her own experience.

### **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.

### **Competency Three**

***“The midwife promotes practices that enhance the health of the woman 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.

### **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 and her family/whanau.

Please note that each of these competencies has accompanying criteria for measurement. The full Competencies for Entry to the Register of Midwives, with the associated criteria, can be downloaded from the Midwifery Council website: [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz).

### **1.3 Competence to practise**

New graduates and midwives seeking registration in New Zealand will be assessed against the above Competencies for Entry to the Register of Midwives before being granted registration as a midwife. Once registered, midwives will have to demonstrate that they are practising within the Midwifery Scope of Practice and are maintaining their competence to practise in order to be issued with an APC.

The Midwifery Council defines ‘maintaining competence to practise’ for registered midwives as, *“the ongoing capacity to integrate knowledge, skills, understanding, attitudes and values within the professional framework of the Midwifery Scope of Practice”*.

Through participation in the Midwifery Council’s Recertification Programme all midwives demonstrate their continuing competence to practise and therefore, their competence to be issued with an APC. Participation in the Recertification Programme requires a commitment to lifelong learning and professional development by midwives.

Midwives who have not held an APC within the previous three years or who have not practised in the Midwifery Scope of Practice within the last three years will first need to demonstrate their competence to practise by completing the Midwifery Council’s Return to Practice Programme. Once the midwifery APC has been issued those midwives will need to participate in the Midwifery Council’s Recertification programme in order to be issued with the APC each year.

#### **1.4 Background to the development of the Return to Practice Programme**

Although various discussions about return to practice requirements have been held over recent years there was no existing policy when the HPCAA was enacted and the Midwifery Council was established in 2003.

The Midwifery Council was aware of some return to practice programmes that had been developed collaboratively between Schools of Midwifery and DHBs and it sought information about these programmes from the providers. Other information was gathered through two consultations carried out in 2004 in relation to the Midwifery Scope of Practice, registration requirements and the Recertification Programme.

From this information Council drafted its Return to Practice Programme and this was then presented and discussed at the inaugural Midwifery Council Forum in December 2004. The final Return to Practice Programme policy was released in mid-December 2004 and modified slightly in March 2005.

## **2. PART TWO: COMPONENTS OF THE RETURN TO PRACTICE PROGRAMME**

The main components of the Return to Practice Programme are as follows:

1. Categorisation of midwives
2. Individual self-assessment against the Competencies for Entry to the Register of Midwives and identification of any gaps in knowledge or practice
3. Submission of evidence to support self-assessment
4. Personal Learning Plan of individual theory and practice opportunities required to achieve competence
5. Approval of plan by Midwifery Council
6. Evidence of having completed plan
7. Midwifery Practising Certificate issued.
8. Ongoing participation in the Recertification Programme

### **2.1. Categories of midwives**

Council is aware that there will be a range of experience and competence amongst midwives who have been out of midwifery practice for three or more years depending on their particular circumstances. Feedback from Schools of Midwifery indicates that midwives who have been out of practice for more than eight years are likely to require significant amounts of retraining, whereas those with substantial practice experience and who have taken only a short break may need only a small amount of refresher education. Therefore Council has identified three broad categories of midwives and has identified a different pathway through the Return to Practice Programme for each category. Please note that any midwife can make an individual case as to why she should be considered in one category as compared with another. The main differences in the categories are the amount of guidance and assistance that Council considers midwives may need when undertaking self-assessment of competence and developing Personal Learning Plans.

### *2.1.1 Category One*

Midwives who practised midwifery for more than two years and then took a break from practice for between three and eight years, and who now wish to return to midwifery practice, will be asked to undertake a self-assessment of their competence against the Competencies for Entry to the Register of Midwives. Midwives in this category will then design their own Personal Learning Plans to meet their identified individual learning needs. These plans will need to be approved by the Council.

### *2.1.2 Category Two*

Midwives who practised for less than two years and then took a break for more than three years will be directed to an approved provider of a midwifery pre-registration programme or a DHB for an individual assessment of competence. The education provider or DHB will then assist the midwife to develop a Personal Learning Plan and may provide a programme to meet this plan and bring the midwife up to the required level of competence for re-entry to the midwifery profession. Midwives in this category may make a case as to why they should be able to complete a self-assessment, but the Council will make the final determination based on the midwife's circumstances and case.

### *2.1.3 Category Three*

Midwives who have been out of practice for more than eight full years will be directed to an approved provider of a midwifery pre-registration programme for an individual assessment of competence. The education provider will then provide a programme to bring that midwife up to the required level of competence for entry to the midwifery profession. Midwives in this category must recognise that such a programme may take up to three years (full-time) depending on their original midwifery programme, their subsequent experience and the length of time in which they have been out of midwifery practice. It is very likely that the most appropriate Personal Learning Plan for this group will involve completion of some of the current pre-registration midwifery education programme, including an extended period of clinical placement and formal assessment against the Competencies for Registration.

## **2.2 Individual assessment process**

In carrying out an assessment against the Competencies for Entry to the Register of Midwives (available on the Midwifery Council website), the individual midwife will need to consider what knowledge, skills, attitudes and experiences she has that enable her to demonstrate that she can meet the competencies. Midwives are advised to download the self-assessment template from the Midwifery Council website.

Where the competency criteria can be met the midwife will need to provide evidence or rationale that supports her assessment of competence.

All criteria that cannot be met must be identified; along with the theory and practice experiences the midwife believes will be required in order to meet the gap(s) in her competence.

## **2.3. Personal Learning Plan**

Where the midwife or the competence assessor (midwifery educator) has identified gaps in competence, a Personal Learning Plan must be developed. This plan will recommend educational courses and/or clinical experiences that the midwife should undertake in order to update her knowledge, skills, or experience and be able to demonstrate the required level of competence.

Council expects that likely areas requiring update will include:

- Midwifery Scope of Practice
- Update on current NZ maternity system (structures, specifications, funding)
- Midwifery Standards for Practice and professional frameworks
- Legislation
- Pharmacology and Prescribing
- Treaty of Waitangi
- Midwifery Partnership
- Cultural Safety
- Midwifery clinical skills

- Physiology
- Evidence-based midwifery practice

Examples of courses already available are as follows:

- Pharmacology and Prescribing Courses for Registered Midwives (currently approved by Council and usually accessed by overseas midwives meeting registration requirements through registration competence programmes)
- New Zealand Midwifery for Registered Midwives (currently approved by Council and usually accessed by overseas midwives meeting registration requirements through registration competence programmes)
- Technical Skills workshops (offered by DHBs, NZCOM, Schools of Midwifery and other approved providers)
- Breastfeeding Workshops (offered by DHBs, NZCOM, Schools of Midwifery and other approved providers)
- Papers/courses within existing approved pre-registration midwifery education programmes (offered by five approved Schools of Midwifery)
- Approved continuing education courses such as:
  - Schools of Midwifery Short Courses (e.g. clinical skills updates; introduction to evidence-based practice; prescribing updates)
  - Emergency Skills workshops (currently offered by some DHBs, ALSO, and other providers)
- Treaty of Waitangi Workshops offered by DHBs, Schools of Midwifery and other providers.

Other courses will become available as education providers develop courses for midwives engaged in the Recertification Programme. Some of these courses may well meet the learning needs of midwives under the Return to Practice Programme. Midwives are advised to refer to the education pages of the Midwifery Council website where new courses are listed as they are approved.

## **2.4. Approval of Plan**

Information about the rationale and evidence for the assessment against the competencies will need to be sent to the Council along with the Personal Learning Plan.

Council's Education Committee will review the information and confirm the plan. It will also set any other requirements it feels necessary in each case. Midwives are advised to send as much supporting documentation as possible so as not to cause any unnecessary delays to the approval process.

The Education Committee may advise the Council to:

- a) Withhold the Practising Certificate until the Personal Learning Plan has been successfully completed, or
- b) Grant a Practising Certificate with conditions on the Scope of Practice until the Personal Learning Plan has been successfully completed. In this case there will be a timeframe determined in which the midwife must satisfactorily complete the Personal Learning Plan. The timeframe will be no longer than one year but may be shorter.

## **2.5. Completion of Requirements**

Once the Personal Learning Plan has been successfully completed the midwife will need to provide evidence of this to the Midwifery Council. The Council's Education Committee will review the information and if satisfied that the midwife can now demonstrate competence against all the Competencies for Entry to the Register of Midwives, a Practising Certificate may be granted. If the midwife was practising with conditions on the scope she will need to apply to have these conditions lifted.

## **2.6. Fees**

The Council has set a 'Return to Practice' Assessment Fee of \$200 for those midwives first applying for a Midwifery APC after a break of three or more years. This fee, which is in addition to the fee (or part thereof) for a practising certificate, covers Council's consideration of the midwife's individual assessment against the competencies and

supporting evidence, its approval of the Personal Learning Plan and its final determination in regard to competence and the issuing of an APC. Once midwives are issued with an APC they will pay the usual APC fee in succeeding years.

The midwife will meet any other costs associated with the assessment process. If the assessment is to be carried out by a midwifery educator then the midwife will be responsible for meeting any fees that may be set by the midwifery education institution or the DHB.

The midwife will be responsible for meeting any fees set by other providers for any courses or experience required to fulfil her Personal Learning Plan.