



Recertification Programme: competence-based practising certificates for midwives

Policy Document

Pursuant to Section 41 Health Practitioners Competence Assurance Act 2003

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The Health Practitioners Competence Assurance Act (2003) requires the Midwifery Council, among other things, to:

- Set standards of clinical competence, cultural competence, and ethical conduct, and
- Review and maintain the competence of midwives

A midwife may not be issued with a practising certificate unless the Midwifery Council is satisfied that the midwife meets the required standard of competence.

To meet these requirements the Midwifery Council established its Recertification Programme in April 2005. The Recertification Programme was developed following extensive consultation of midwives and with strong support for the programme and its components.

In November 2007, towards the end of the first three-year cycle (1 April 2005 – 31 March 2008), the Midwifery Council reviewed the Recertification Programme. The review included formal consultation with midwives and stakeholder groups through a survey. Council sought the perspectives of midwives and stakeholders on how the programme had worked, how it had impacted on midwifery competence in general, what worked well, what problems there might be, and what changes might be made. Council considered the findings of the surveys in its review, but also drew on the following:

- feedback received from midwives and others during the first recertification cycle
- feedback received from audits of midwives' portfolios
- feedback received at the 2007 Midwifery Council Forum
- Council's experiences with implementation of the Recertification Programme.

As a result of its review Council reconfirmed many aspects of the Recertification Programme but also made a number of minor changes to it for the next three years.

This document outlines the Midwifery Council's Recertification Programme policy for the period 1 April 2008 to 31 March 2011.

Participation in this Recertification Programme will enable registered 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 a practising certificate.

This document may be downloaded from the Midwifery Council website:

www.midwiferycouncil.org.nz

Note:

In this document the feminine pronoun includes the masculine.

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1 PART ONE: EXECUTIVE SUMMARY

The Midwifery Council's Recertification Programme must be undertaken by all midwives in order to demonstrate ongoing competence to obtain an annual practising certificate. The programme has seven essential components: annual declaration of competence and engagement in the Recertification Programme; practise across the Midwifery Scope of Practice; maintenance of a professional portfolio; compulsory education; elective education and professional activity; participation in the NZCOM Midwifery Standards Review process; and audit.

The Midwifery Council's Recertification Programme provides a single national framework for professional development. A number of District Health Boards (DHBs) integrate professional development recognition programmes (PDRP) or quality leadership programmes (QLP) with the Council's Recertification Programme. This enables midwives to use the information collected in their portfolios for the Recertification Programme for their employer's professional development programme and reduces unnecessary duplication.

The following table summarises the component requirements of the Recertification Programme.

Component	Detail	Timeframe
Declaration	Signed declaration of competence to practise within the Midwifery Scope of Practice and engagement in the Recertification Programme.	Annual
Practise within the Scope of Practice	Demonstrates competence across all areas of Scope by practise in each of its areas, for instance by case loading, by rotation through areas or by some other mechanism.	Over three years (See Appendix One for examples of practise requirements)
Maintains portfolio	Collects information about her practice, ongoing education, professional activities and her brief personal reflections on each.	Continuous

Completes compulsory education delivered by approved providers	<ul style="list-style-type: none"> • Technical Skills workshop • Neonatal resuscitation update • CPR update • Breastfeeding workshop 	<p>Once in three years Annually</p> <p>Annually Once in three years</p>
Completes total of 50 points of elective education and professional activity including: <ul style="list-style-type: none"> • elective continuing education from approved courses to minimum of 15 points, and 	E.g.: <ul style="list-style-type: none"> • Postgraduate midwifery programmes • Approved short courses from education providers and others • 10 point self-allocation to 'non-approved' courses such as Treaty of Waitangi or computer skills 	Over three years
<ul style="list-style-type: none"> • professional activities to a minimum of 15 points, and 	E.g.: Student supervision; mentoring; member of MSRC; peri-natal mortality meetings; conference attendance; clinical audit; policy guideline development; peer teaching sessions; case presentation; conference presentation; publication; self-allocation according to guidelines	Over three years
<ul style="list-style-type: none"> • an additional 20 points from either elective education or professional activity or from a combination of both 		Over three years
Undertakes NZCOM Midwifery Standards Review	<ul style="list-style-type: none"> • Presents and discusses portfolio • Discusses outcome data • Discusses Consumer/client/colleague feedback • Self-assesses against the Competencies for Entry to the Register of 	<p>Every two years except;</p> <ul style="list-style-type: none"> • New graduates who complete their first MSR at the end of the Midwifery First year of Practice Programme and then undertake MSR on two yearly cycle

	<p>Midwives/NZCOM Standards for Practice</p> <ul style="list-style-type: none"> Establishes Personal Development Plan for next three years 	<ul style="list-style-type: none"> Any midwife requested to return for review by MSR Review Panel
Audit of midwives	Provide portfolio and any other information to Midwifery Council on request	Midwifery Council will audit percentage of all midwives with APCs each year to ensure participation in Recertification Programme
Audit of NZCOM provision of Midwifery Standards Review component of Recertification Programme		Regular audit. From time to time the Midwifery Council may approach individual midwives for feedback on NZCOM's MSR process as part of this audit component.

2 PART TWO: OVERVIEW

2.1 Introduction

The Health Practitioners Competence Assurance Act (HPCAA) 2003 requires the Midwifery Council to satisfy itself that any midwife applying for a practising certificate is competent to practise within the Midwifery Scope of Practice.

Under Section 41 of the HPCAA the Midwifery Council resolved that all registered midwives must participate in its Recertification Programme in order to meet the competence requirements necessary for a practising certificate to be issued.

This policy sets out the required standard of competence expected of midwives practising within the Midwifery Scope of Practice and describes the Recertification Programme that midwives must undertake in order to demonstrate that they have maintained competence to practise. Public safety is assured through a midwifery workforce that demonstrates both professionalism and competence.

2.2 Standard of competence expected of registered midwives

2.2.1 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 defined the scope of practice for registered midwives.

The Midwifery Scope of Practice¹ is as follows:

¹ 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 adopted as the Midwifery Scope of Practice in July 2004.

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, to facilitate births and to provide care for the newborn².

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).

2.2.2 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'. The competencies were set in 2004 following consultation and were then updated in 2007 to integrate Turanga Kaupapa and Councils' expectations in relation to cultural competence.

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

² In relation to a pre-term 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. That is, Council recognises that the postpartum midwifery role for pre-term babies may extend beyond six calendar weeks.

Midwifery Council 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/wahine³ as the focus of care;
- 1.2 promotes and provides or supports continuity of midwifery care;
- 1.3 applies the principles of cultural safety⁴ to the midwifery partnership and integrates Turanga Kaupapa within the midwifery partnership and midwifery practice;
- 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.

³ Note: The word “woman” or “wahine” used throughout includes her baby/tamaiti/partner/family/whanau.

⁴ 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).

- 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.

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's⁵ "Ten Steps to Successful Breastfeeding";
- 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

⁵ World Health Organisation

- 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 midwives, 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.

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.

2.2.3 Other relevant professional standards and guidelines and legislation

The following represent best practice:

- Code of Ethics and Guidelines in the “Midwives Handbook for Practice” published by The New Zealand College of Midwives (“NZCOM”) 2008 edition; and
- “Consensus Statements” and “Standards of Practice, Service and Education” published by NZCOM. check names

Midwives are also required to be aware of and comply with the requirements of:

- Maternity Services Notice pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000
- Medicines Act 1981
- Medicines Regulations 1984
- Misuse of Drugs Act 1975
- Misuse of Drugs Regulations 1977
- Privacy Act 1993
- Health Information Privacy Code 1994
- Code of Health and Disability Services Consumers’ Rights 1996
- Injury Prevention, Rehabilitation and Compensation Act 2001
- all other relevant legislation

2.3 Maintaining competence to practise

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 midwives demonstrate their continuing competence to practise and, therefore, their competence to be issued with an annual practising certificate. Participation in the Recertification Programme requires a commitment to lifelong learning and professional development by midwives.

2.4 Background to the development of the Recertification Programme

The Health Practitioners Competence Assurance Act 2003 established a regulatory framework with the primary purpose of protecting the health and safety of the public by ensuring health practitioners are competent and fit to practise their professions. The Midwifery Council of New Zealand is responsible for setting the competence standards and establishing a process by which to determine the ongoing competence of midwives.

Since April 2005 all practising midwives have been required to demonstrate their continuing competence to practise at the minimum level required for entry to the profession.

In developing its Recertification Programme proposal the Midwifery Council considered the guidelines developed earlier by the Nursing Council⁶. The Midwifery Council consulted widely on its proposed Recertification Programme in August and September 2004. It made changes in response to feedback and finalised its Recertification Programme as policy on 11 November 2004. This policy was updated in March 2005. Midwives were notified of the requirements by newsletter and through the website.

Implementation of the Recertification Programme began on 1 April 2005. The 2006/07 practising certificate round initiated the requirement for all midwives to sign a declaration that they were participating in the Recertification Programme. The Midwifery Council commenced auditing individual midwife participation in 2006.

⁶ In June 1999 the Nursing Council of New Zealand (NCNZ) produced guidelines for competence-based practising certificates for midwives (NCNZ, 1999). These guidelines were developed in collaboration with the New Zealand College of Midwives (NZCOM) and the New Zealand Nurses Organisation (NZNO). The guidelines were developed in anticipation of changes in regulation that would require midwives to demonstrate their ongoing competence in order to continue to practise.

Council reviewed the Recertification Programme in November 2007, towards the end of the first three-year cycle (1 April 2005 – 31 March 2008). The review included formal consultation with midwives and stakeholders. Modifications were made to the programme as a result of the review.

2.5 Overview of the Recertification Programme

The Midwifery Council Recertification Programme focuses on the professional development needs of each individual midwife within a national professional framework. This professional framework is supportive and educative, not punitive. It aims to assist each individual midwife to examine her professional role in relation to the Midwifery Scope of Practice and competencies for registration as a midwife, to identify individual strengths and weaknesses and to develop an individual professional development plan that will assist the midwife to continually develop her practice. Through this process nationally, the midwifery profession will collectively engage in a process of self-reflection and professional development that will improve standards of midwifery care and contribute to ongoing quality improvement in the midwifery workforce. Public safety is assured through a midwifery workforce that demonstrates both professionalism and competence.

Participation in the Recertification Programme, and in particular, the Midwifery Standards Review component, meets the requirement for LMC midwives working under the Section 88 Notice to participate in a professional review process that is recognised by the Midwifery Council.

The provision of a single national Recertification Programme for all midwives means that all midwives are required to collect the same information, in the same way, to provide evidence of their ongoing competence and to establish their individual professional development plans. The Midwifery Council's Recertification Programme seeks to ensure national consistency and contributes to improving the standards of midwifery practice across all midwives in all practice settings.

3 PART THREE: RECERTIFICATION PROGRAMME

3.1 Components of the Recertification Programme

In summary the components of the Recertification Programme are as follows:

- a) A Declaration of competence to practise within the Midwifery Scope of Practice (annually on application for PC) (see 3.1.1);
- b) Practise across the Scope over a three-year period (see 3.1.2 and Appendix One);
- c) Maintenance of a professional portfolio containing information and evidence about practice, and education and professional activities over each three-year period (see 3.1.3);
- d) Completion of compulsory education (see 3.1.4);
- e) Completion of 15 points of elective education; (see 3.1.5)
- f) Completion of 15 points of professional activities (see 3.1.6);
- g) Completion of 20 points of either elective education or professional activities or a combination of the two
- h) Participation in New Zealand College of Midwives Midwifery Standards Review Process (MSR) once every two years (see 3.1.7).

The Midwifery Council audits:

- Individual midwives' compliance in the Recertification Programme (see 5.2), and
- NZCOM's management of the Midwifery Standards Review component of this programme (see 5.3).

3.1.1 Declaration

Each year, when applying for a practising certificate, each midwife is required to make a declaration that:

- She is competent to practise within the Midwifery Scope of Practice. The midwife will be able to make this declaration on the basis that over the previous three years

she has practised midwifery and over the previous three years she has worked across the Midwifery Scope of Practice, and,

- She is participating in the Recertification Programme

The period of three years prior to whenever a midwife applies for a practising certificate is referred to as the “Recertification period”.

3.1.2 Practises within the Midwifery Scope of Practice

In determining her competence to practise, each midwife has to make a professional judgment about her own competence.

The Midwifery Council expects that over each three-year Recertification period⁷ each midwife will make sure that she has worked across all aspects of the Midwifery Scope of Practice, i.e. antenatal, labour, birth, postnatal period and that she has undertaken any necessary updating to ensure that she is still competent in each of the four Competencies for Entry to the Register of Midwives. The Competencies set the expectation that a midwife is capable of providing care to a woman across the childbirth experience, on her own responsibility, and in partnership with the woman.

The length of time and type of practice experience required by midwives to demonstrate that they are competent to work across the Midwifery Scope of Practice will vary from midwife to midwife and is a professional judgment of each individual midwife. The Competencies for Entry to the Midwifery Register are entry level only and do not expect expertise in all areas of midwifery practice. See Appendix One for examples of how working across the Scope might be achieved.

3.1.3 Portfolio

The midwife’s portfolio is the central collection point for information about her practice and her ongoing education and professional development. The information contained in

⁷ This time frame can in effect be extended in consultation with the Midwifery Council if a midwife does not practice for a period because, for example, she takes maternity leave.

this portfolio provides evidence of the midwife's continuing competence to practise, including evidence of the application of learning to practice.

All midwives (including those who work part-time) who need to hold a practising certificate will be expected to provide evidence of their activities under each of the identified sections in the portfolio over each Recertification period. Written reflections on these activities must be provided. These may be brief (a short paragraph) as long as they make a link between the learning experience and midwifery practice.

The portfolio will contain the following elements:

a) Evidence of compulsory education:

- **compulsory** approved⁸ ongoing education from approved⁹ education providers over three years:

b) Evidence of continuing education and professional development activities.

- 15 points of **elective** approved ongoing education over three years
- 15 points of professional development activities over three years
- 20 points of either elective education or professional activity or a combination of both

c) Evidence of application of learning to midwifery practice.

This is likely to be provided through:

⁸ Of the compulsory education components of the Recertification Programme, only the Technical Skills Workshop needs to be approved by the Midwifery Council. Technical Skills Workshops are unique to practising midwives, whereas the other aspects of compulsory education can be multi-disciplinary. See Section 4 of *Information for Education Providers* for the process for approval of technical skills workshops. While other compulsory education components do not need course approval by Council, it is expected that midwives will undertake formal courses provided by recognised educators such as DHBs, NZCOM, St Johns, Red Cross, La Leche League, NZ Breastfeeding Authority. Midwives must obtain certificates of attendance.

⁹ Only NZCOM, DHBs, Polytechnic Schools of Midwifery, and University Schools of Midwifery are approved to provide the compulsory Technical Skills Workshops.

- reflection on critical incidents and exemplars of good practice;
- how new ideas and information have been incorporated into changes in practice;
- reflection about each education activity and how it contributes to the midwife's ongoing competence. Many elective education courses provide reflective activities that can be incorporated into portfolios.
- reflections can be documented through short sentences and brief paragraphs.

3.1.4 Compulsory education will consist of the following:

a) Technical Skills Workshops.

These are integrated, women centred, two-day courses that are provided by approved education providers with the criteria, content, and process set by the Midwifery Council. The focus is to enable midwives to update certain basic skills on a regular basis. Midwives must undertake at least one Technical Skills Workshop in each three-year period. Approved education providers are required to submit copies of their courses to the Midwifery Council for approval before they are offered and before providers can state that the Council has approved their course. See Appendix Two for details of the Technical Skills Workshops to be provided from 1 April 2008 – 31 March 2011.

b) Neonatal resuscitation.

Midwives must update these skills every year. The minimum requirement is a two hour update each year. However, all midwives will benefit from completing the full NZ Resuscitation Council neonatal resuscitation course (one day) on a regular basis.

Neonatal update courses are available through DHBs and other approved providers. While providers must be approved, courses do not need to be

submitted to the Council for approval. Midwives need to provide evidence of attendance in their portfolios.

c) Adult CPR.

Midwives must update these skills every year. The minimum requirement is a two hour update each year. Update courses are available through DHBs and other approved providers. While providers must be approved, courses do not need to be submitted to the Council for approval. Midwives need to provide evidence of attendance in their portfolios.

d) Breastfeeding workshops.

Midwives must attend a breastfeeding update workshop once every three years. The minimum requirement is a half day workshop that is in line with the WHO 'Ten Steps to Successful Breastfeeding' and the Baby Friendly Hospital Initiative (launched in New Zealand by the New Zealand Breastfeeding Authority in 1999). Council recognises that the BFHI requirements of DHBs exceed Council's minimum expectations and therefore some midwives are likely to be participating in more frequent breastfeeding updates. Midwives may choose to claim some courses as elective education but may not count the same breastfeeding workshop towards both compulsory and elective requirements.

The breastfeeding course that a midwife uses as her compulsory breastfeeding course may be chosen from the elective breastfeeding options BUT she will not claim elective points for this course.

Midwives, who teach compulsory or elective courses, including Technical Skills Workshops, may choose either:

- that teaching the course fulfils the compulsory or elective (as appropriate) education requirements for the course they teach; OR
- self-allocate points professional activity points (10 per presentation).

Council expects such midwives to maintain their level of knowledge in these teaching areas through continuing education and practice.

3.1.5 Elective education and professional activity

Midwives must collect a minimum of 50 points of elective education and professional activity over each three year period.

Midwives must collect a minimum of 15 points of approved **elective** continuing education over three years and a minimum of 15 points of **professional activities** over three years. A further 20 points must be obtained through either elective education or professional activity or from a combination of both.

3.1.5.1 Guidelines for elective education

All approved elective education courses with the points allocated are listed on the education pages of the Council's website www.midwiferycouncil.org.nz.

Education providers seeking approval of compulsory courses and allocation of points for elective courses should first read the Council's booklet *Information for Education Providers* for details of the criteria for approval and information required by the Council. Education providers can self-assess their courses against a Midwifery Council template and can self-allocate points. The rationale for these decisions should then be provided to Council along with the name of the course. In the early stages of implementation of this process Council will cross check education providers approval and point allocation.

“Discretionary” elective education

Midwives may allocate a maximum of 10 points to elective education that has not had points allocated through a Midwifery Council process (as outlined above). For example midwives may undertake courses in computing skills, small business, adult teaching, Treaty of Waitangi. Points should be allocated as per the guidelines in Appendix Four. Midwives are expected to include evidence of attendance in their portfolios as well as providing some brief written reflection on their learning from this education and how it has contributed to the midwife's professional development and competence.

3.1.5.2 Guidelines for Professional Development Activities

Midwives may self-allocate professional activity points according to criteria set by Council. These criteria are outlined in Appendix Five and on the Council's website.

For all activities midwives need to describe the activity and briefly reflect on their learning and professional development in their portfolios.

3.1.6 NZCOM Midwifery Standards Review Process

NZCOM has had an established Midwifery Standards Review process since the early 1990s and over this time it developed and refined the process to the quality, nationally consistent process it is today. The Midwifery Standards Review process is a professional process that focuses on professional standards. As such it is distinct from employer processes or peer review processes run by groups of midwives. Its only interest is in the improvement of midwifery standards and it achieves this through education and support that enables each individual midwife to examine her practice, identify her strengths and weaknesses, and develop her professional development plan to help her achieve her goals.

As a national process provided by the profession, the Midwifery Standards Review process provides each midwife with an individual opportunity to examine her practice with colleagues and consumer representatives.

Each midwife is required to undergo an individual review at least once every two years. The midwife takes her portfolio to the review and this is discussed with the Review Panel. The midwife provides material to the Midwifery Standards Review Panel prior to the review as required. This includes:

- a) Evidence of consumer/client/colleague feedback and evaluation
(individual and/or facility)

- b) Evidence of clinical outcomes (annual statistical data for midwife's practice or facility for core midwives)
- c) Self-assessment against the Competencies for Entry to the Register of Midwives and NZCOM Standards for Practice

On completion of each review the Midwifery Standards Review Panel assists the midwife to establish her personal Professional Development Plan for the coming years. This may include identifying areas of personal development as well as professional development or education. The midwife receives a certificate as evidence of her participation in the review and the Midwifery Council expects this to be kept in the midwife's portfolio and available as part of the Council's audit and at any other time required by the Midwifery Council.

Midwives are required to undergo review every two years as a minimum. However, some midwives are required to be reviewed at different times as follows:

- New graduate midwives are reviewed at the end of their first year in practice as part of the Midwifery First Year of Practice programme. Subsequently MSR will be on a two-year cycle.
- Midwifery Standards Review panels have discretion to increase the timeframe between reviews for certain midwives whose compliance with MSR and demonstrated level of competence is considered exemplary. Guidelines for these decisions are provided by NZCOM to its reviewers.
- Any midwife, about whose practice a Midwifery Standards Review Panel has concerns, can be required to be reviewed again the following year, and annually, until the Review Panel is satisfied that the midwife can be reviewed two-yearly.

Under Section 34 of the Health Practitioners Competence Assurance Act 2003, if any individual midwife has serious concerns about another midwife's competency such that she believes the midwife may pose a risk of harm to the public by practising below the required standard of competence, the midwife may notify the Midwifery Council in writing of these concerns and the reasons for them. In the same way, any Midwifery

Standards Review Panel that has serious concerns about a midwife's standard of competence may notify the Midwifery Council in writing of these concerns. NZCOM has its own policy and process in relation to this.

4 PART FOUR: PARTICIPANTS IN THE RECERTIFICATION PROGRAMME

All midwives who wish to practise midwifery in New Zealand (as defined by the Midwifery Scope of Practice¹⁰) must have a practising certificate¹¹. All midwives who require a practising certificate for their employment or work as a midwife must participate in the Midwifery Council's Recertification Programme.

Midwives who have not practised midwifery in the previous three years will be required to undertake a Return to Practice Programme before they can obtain a practising certificate. This is a requirement of the HPCAA. The Midwifery Council's Return to Practice policy is outlined in a separate document and can be downloaded from the Midwifery Council website www.midwiferycouncil.org.nz

4.1 Midwifery Educators

All midwifery educators who teach clinical practice must have a practising certificate. In order to demonstrate their competence to practise within the Midwifery Scope of Practice midwifery educators who teach clinical papers will need to maintain some midwifery practice. Suggestions of ways to maintain practise across the Midwifery Scope of Practice are provided in Appendix One.

¹⁰ Guidance is provided for midwives working outside of the Midwifery Scope of Practice in the Midwifery Council's document "Information for Midwives Working Outside of the Midwifery Scope of Practice" (October 2004). Further updated information is provided in the Council's document "The Midwifery Scope of Practice: further interpretation" (March 2005). These documents can be downloaded from the Midwifery Council website.

¹¹ The statutory penalty on conviction for practising without a practising certificate is a fine of up to \$10,000.

4.2 Midwives in non-clinical positions

Midwives who are in non-clinical positions, but who are actively involved in midwifery, such as some heads of schools, midwifery managers, midwifery advisors or researchers, need to consider whether they require a practising certificate for their work. If they do then they are required to participate in the Recertification Programme in the same way as all other midwives. Suggestions as to how these midwives can maintain practice are outlined in Appendix One.

4.3 Midwives in part-time practice

Part-time midwives must participate in the Recertification Programme in the same way as all other midwives.

4.4 Midwives working outside of the Midwifery Scope of Practice

Midwives working outside of the Midwifery Scope of Practice can choose whether or not they maintain their practising certificate (see footnote 10). Midwives remain on the Register of Midwives for life unless they are removed through a disciplinary process. However, midwives who do not maintain their practising certificate or who do not practise across the Midwifery Scope of Practice for three or more years are required to complete an approved Return to Practice programme before they can be issued with a practising certificate.

4.5 Direct entry midwives

Midwives who registered through a direct entry midwifery programme, and who have not subsequently gained registration as a nurse, must maintain their midwifery practising certificate in order to practise in any area. This means that even though a direct entry midwife may be employed in an area that is outside of the Midwifery Scope of Practice, such as a Family Planning Clinic or gynaecology ward, she must participate in the Recertification Programme in order to maintain her annual practising certificate (see footnote 10). In these cases midwives must find ways to maintain their competence across the full scope of midwifery practice even if this is not part of their daily work.

Employers will need to facilitate this for these employees. Suggestions as to how this experience can be obtained are provided in Appendix One.

4.6 New Zealand midwives working overseas

New Zealand midwives working as midwives overseas are not required to maintain their New Zealand practising certificate. As long as these midwives can verify they have practised midwifery within three years prior to their return home they will be eligible for a practising certificate. For these midwives, their Recertification cycle will re-commence on their return. Midwives are encouraged to keep documentation of any continuing education they undertake whilst overseas and to include this in their portfolios once they return home.

Midwives who have *not* practised midwifery in the three years preceding their return to New Zealand are required to undertake a Return to Practice programme before being issued with a practising certificate. These midwives are then required to participate in the Recertification Programme.

4.7 Overseas qualified midwives

As well as completing a Competence Programme,¹² overseas qualified midwives are required to commence participation in the Recertification Programme upon being issued with an Interim Practising Certificate.

¹² Competence Programmes for overseas qualified midwives generally include the following modules, which have to be completed within 18 months of the issue of the first practising certificate:

- NZ Maternity System
- Midwifery Partnership
- Treaty of Waitangi
- Cultural Safety
- Pharmacology and Prescribing
- The compulsory elements of the recertification programme

4.8 Midwives temporarily ceasing practice

Temporary cessation of practise for up to six months has no effect on the three year recertification time frame. Midwives who temporarily cease practice for more than six months must contact the Midwifery Council if they wish to negotiate an extension to their recertification period. The Registrar has power to make decisions on these cases based on what is fair and reasonable.

4.9 Practising certificates obtained part way through the year.

In relation to midwives whose practising certificate commences during the year the Recertification cycle commences from the previous 1 April for those renewing up to 30 September and from the following 1 April for those renewing after 30 September.

5 PART FIVE: QUALITY ASSURANCE AND AUDIT

The following processes for audit and quality assurance will be implemented to ensure that the Midwifery Council Recertification Programme is working effectively and efficiently.

5.1 Evidence of participation in the Recertification Programme

Each time a midwife applies for a practising certificate she is required to declare she is competent and is engaged in the Recertification Programme. Engagement in the Recertification Programme will be checked by way of audit.

5.2 Audit of individual midwives

Each year a percentage of the midwives holding practising certificates are audited by the Midwifery Council to ensure that they can provide evidence of their ongoing competence to practise and their participation in the Recertification Programme.

Midwives are notified of the audit and asked to send their portfolios to the Council. Refer to paragraph 3.1.3 for information as to what a portfolio should contain. In preparation for audit a midwife must complete a summary sheet which will be provided with the notice of audit (and which can also be downloaded from the Council's website).

Midwives who cannot provide satisfactory evidence of continuing competence to practise or participation in the Recertification Programme may be subject to any one or more of the following:

- Undertake Competence Review
- Undertake Competence Programme
- Conditions on Scope of Practice
- Restrictions on Annual Practising Certificate
- Suspension of Annual Practising Certificate
- Issue of an Interim Practising Certificate with conditions

5.3 Audit of NZCOM's provision of MSR as a component of the Midwifery Council's Recertification Programme

In utilising the New Zealand College of Midwives Midwifery Standards Review process as an essential component in its Recertification Programme, the Midwifery Council recognises and endorses the following quality aspects of NZCOM's Midwifery Standards Review processes:

- National standards and national consistency
- Transparent processes for selection of reviewers (midwives and consumers)
- National training programmes for all reviewers
- Profession-based rather than employer or industrial

The Midwifery Council has NZCOM's assurance that this review process will remain accessible, affordable and appropriate for all midwives, employed and self-employed. See Appendix Three for information about access and costs of MSR. Midwives should contact NZCOM direct to current information about fees for MSR.

The Midwifery Council has established a formal audit system to monitor NZCOM in its provision of the Midwifery Standards Review component of the Recertification Programme. The audit includes the following:

- Quality processes
- Nationally consistent processes
- Accessibility
- Cost
- Participant satisfaction
- Reporting
- Portfolios and levels of evidence accepted by Midwifery Standards Reviewers

Midwives may be asked to contribute to this audit process.

6 PART SIX: INFORMATION OBTAINED FROM NZCOM ABOUT MSR

NZCOM will not inform the Midwifery Council of the details of an individual midwife's Midwifery Standards Review, other than the fact that the midwife has undertaken Review. Information gathered about a midwife remains confidential to the Midwifery Standards Review Panel and the midwife. The Review Panel keeps no written documentation and the portfolio remains the property of the midwife. The Review Panel provides each midwife with a Review Certificate as verification that she has undertaken the review. The Review Panel also assists each midwife to establish and develop a Professional Development Plan. The midwife may choose to share this plan with her employer (if appropriate) and will be asked to provide this plan to the Midwifery Council for audit, for part of a Competence Review or at any other time at Council's request.

On rare occasions NZCOM Midwifery Standards Reviewers may become concerned about the competence of a midwife. This may be the result of ongoing resistance by a midwife to implementing the Professional Development Plan recommended by the Review Panel or ongoing resistance to making changes to her practice to meet competence standards. On these rare occasions NZCOM may inform the Midwifery Council in writing of its concerns as per section 43 of the HPCAA. NZCOM has its own policy for managing this situation.

From time to time the Midwifery Council may request NZCOM to follow up on particular aspects of a midwife's practice at her next Midwifery Standards Review or to conduct a Special Review. These requests would usually be made as a result of a Competence Review or Professional Conduct Committee process. NZCOM and the Midwifery Council have developed joint protocols to manage this process and to maintain confidentiality insofar as practicable.

NZCOM will provide the Midwifery Council with any non-identifiable information it gathers through the Recertification Programme in relation to trends in practice, professional development priorities, barriers to participation, and resistance to

participation. The Midwifery Council may use this information to inform the requirements for ongoing education or to make other modifications to its Recertification Programme.

7 PART SEVEN: APPENDICES

7.1 Appendix One: Working across the Midwifery Scope of Practice

As a guide only, the Midwifery Council provides the following examples of how midwives might demonstrate their competence across the Midwifery Scope of Practice. Council recognises that there may be other innovative ways that midwives will be able to demonstrate working across the Scope and encourages midwives to inform it of these innovations.

A). For midwives working in only one aspect of the scope such as postnatal:

- Approach the DHB or LMC midwife for assistance to work in supernumerary/observational capacity across other aspects of the Midwifery Scope of Practice.
- Rotation through various areas of the unit with time in antenatal clinics/ward, birthing unit and postnatal areas. Rotation times will be individual to meet needs of midwife and maternity facility.
- Spend time in a primary maternity unit if usually work in a secondary/tertiary unit, or vice versa
- Work alongside an LMC midwife colleague in the provision of care to one or more women throughout the childbirth process.
- Work with a colleague to provide care to one or two women as the LMC over a three year period

B). For midwifery educators teaching midwifery practice subjects:

- Consider locum relief work for midwife LMCs
- Consider locum relief in primary maternity units
- Negotiate with DHBs to work in supernumerary positions across all areas of the maternity facility

- Work as an LMC for a small number of women within a three-year period

C). For midwifery educators, managers, advisors, researchers and others in non-clinical positions and who are not involved in any 'hands on' midwifery practice:

- Consider if you need a practising certificate for your work (you do not lose your midwifery registration unless through a disciplinary process).
- Undertake a Return to Practice programme if you have been out of any clinical practice for more than three years or have not held a practising certificate for more than three years.
- Consider the solutions identified under (A) or (B) above.

D). For midwives working outside of the Midwifery Scope of Practice

- Consider if you need a practising certificate for your work (you do not lose your midwifery registration unless through a disciplinary process). (See footnote 10)
- Undertake a Return to Practice programme if you have been out of any midwifery clinical practice for more than three years or have not held a midwifery practising certificate for more than three years.
- Consider the solutions identified under (A) or (B) above.

7.2 Appendix Two: Technical Skills Workshop: Content 2008 – 2011 and approval criteria and process

For each three-year period the Midwifery Council sets the content areas for the compulsory Technical Skills Workshops. This content reflects identified areas of practice that need strengthening or revision by the whole profession. Other suggestions for content arise from other sources such as ACC reports, Health and Disability Commissioner referrals and reports, Competence Reviews, Midwifery Standards Reviews, government health priorities, the Ministry of Health, allied health professionals and the wider midwifery profession. Midwives are encouraged to send their ideas of areas for focus to the Council for consideration for inclusion in future workshops.

Technical Skills Workshops are two-day workshops and can be provided by any Approved Education Provider (see footnotes 8 & 9). Approved Education Providers must send course documentation (including objectives, content, process, assessments, resources, evaluation processes) to Council for approval before they can advertise it as an approved programme (see the Council's booklet *Information for Education Providers*).

All midwives must complete at least one Technical Skills Workshop in each three-year period. Midwives are responsible for meeting the costs of these workshops.

The content for the Technical Skills Workshop (2008 – 2011) is as follows:

- Documentation as evidence of midwifery practice
- Communication in relation to consultation and referral/handover
- Assessment skills in labour
- Midwifery emergency refresher, including undiagnosed breech, shoulder dystocia, cord prolapse and postpartum haemorrhage

7.3 Appendix Three: Access and Fees for NZCOM Midwifery Standards Review component of Recertification Programme

Access

The Midwifery Council contracts NZCOM to manage and provide the MSR component of the Recertification Programme.

Fee

The Midwifery Council provides a \$200 subsidy for each review.

NZCOM has entered into a formal written deed of undertaking with the Midwifery Council to hold the fees for conducting the Midwifery Standards Review Process on trust in a separate account. This enables a separate and transparent accounting system, which ensures that the fees collected are only used to meet expenses incurred in conducting the MSR. A surplus in any year goes back into the provision of MSR.

Further subsidies

As is its right NZCOM may subsidise its own members in any way it wishes. NZCOM does this in recognition of the membership fees paid by members and their commitment to their professional organisation. DHB employers or other employers might also subsidise the MSR fee for their employed midwives.

Booking your Midwifery Standards Review

Midwives need to book their reviews direct with NZCOM. NZCOM's website is www.nzcom.org.nz. The email address for MSR enquiries is admin@nzcom.org.nz and the free phone for **MSR bookings only** is 0800 738 439.

7.4 Appendix 4: Guidelines for self allocation of discretionary elective points

10 discretionary elective points can be allocated for attendance at a total of a minimum of 12 hours or 2 days of education. The points can be accrued through attendance at one course of this length or several shorter courses where the total attendance time is 12 hours or 2 days.

Midwives need to describe the course(s), provide verification of attendance and briefly reflect on their learning and application to practise in their portfolios.

7.5 Appendix Five: Guidelines for self-allocation of professional activity points

- Regular supervision of midwifery student in long¹³placements (20 points per year)
- Regular supervision of midwifery student in medium¹⁴placements (15 points per year)
- Regular supervision of midwifery student in short¹⁵placements (10 points per year)
- Mentoring¹⁶ of midwifery colleagues eg. MFYP (20 points per year)
- Competence assessment¹⁷ of overseas midwives seeking registration (20 points per assessment)
- Member of Midwifery Council Competence Review Panel¹⁸ (30 points per assessment)
- Member of NZCOM Midwifery Standards Review Panel (30 points per annum)
- Member of NZCOM Resolutions Committee (20 points per annum)
- Expert witness for HDC, ACC, Coroners Court or HPDT (30 points per annum)

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ Mentoring means entering a formal relationship with another midwifery colleague for a defined period of time for the purposes of support and guidance as the midwife colleague adjusts to a different practice context or to practice as a new practitioner

¹⁷ Competence assessment of overseas midwives means formal request from the Midwifery Council for this assessment. It is carried out over a two - six week period and involves assessment against the Competencies for Entry the Register of Midwives.

¹⁸ Competence Review means formal appointment by the Midwifery Council to carry out a review of a midwife's competence. The details of this process are available in a separate document.

- Competence Supervisor appointed by the Midwifery Council (30 points per annum)
- Competence Assessors appointed by the Midwifery Council (20 points per annum)
- DHB QLP assessor or Professional Development Programme assessor (20 points per annum)
- Attending midwifery conferences (5 points per conference)
- Attendance at regular perinatal mortality meetings (5 points per annum)
- Attendance at Adverse Events Committee meetings (5 points per annum) (5 points per annum n)
- Conducting clinical audits (10 points per audit)
- Evidence based policy and guideline development (10 points per guideline)
- BFHI Assessor (20 points per annum)
- Quality Health NZ auditor (20 points per annum)
- Presentation at seminars or formal teaching sessions (10 points per presentation)
- Informal teaching sessions for peers or students (5 points per session)
- Member of Midwifery Council Professional Conduct Committee (30 points per annum)
- Case presentations to colleagues (5 points per presentation)
- Presentation at conferences (15 points per presentation)
- Publications in midwifery journals/texts or other professional journals/texts (30 points per publication)
- Office holder as Union representative (15 points per annum)
- Office Bearer or Committee Member in NZCOM regional committee (15 points per annum)

- NZCOM Regional Chair or National Committee Member (30 points per annum)
- Midwifery book reviews for publication (10 points)
- Organising midwifery events eg. International Midwives day activities (5 points)
- Member of NZCOM Conference organising committee (15 points)
- Other activities to be allocated points as identified.