Midwifery Council
Te Tatau o te Whare Kahu

Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations
(3rd edition)

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Amendment: September 2023 - Section 2, Standard 2.2

December 2023 - Section 3, Standard 3.3;
Section 2 Standards 8.6 and 8.7

Overview

When, on 18 September 2004, the Midwifery Council took over responsibility for the regulation of midwives from the Nursing Council of New Zealand, 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 Council conducted a review of the existing pre-registration midwifery education programmes provided by the five tertiary education providers at that time[1]. As a result of this review the Council drafted new standards for approval of pre-registration midwifery education programmes and accreditation of education providers. The Council consulted on these standards between July and September 2006. In July 2007 the 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.

The new programmes of education were approved and implemented from 2009, with the first graduates reaching the workforce in January 2012. The Council undertook targeted reviews of the programmes at the four schools of midwifery in late 2012 and during 2013. The reviews confirmed that the desired outcomes of the 2007 standards were being achieved but that some revision was required. In addition, some external stakeholders indicated that there were areas of the programme that may require strengthening.

In April 2014, the Council brought together a steering group to oversee a review of the standards. The proposals to revise the standards were sent out for consultation, with the August 2015 amended standards taking effect from 1 January 2016.

In late 2017 and early 2018, the Council together with NZQA, when required, carried out the five yearly programme reapproval process. As a result of issues identified during the five yearly reapproval process, the Council consulted on proposed amendments, resulting in these 3rd edition standards

This document sets out the standards and processes pertaining to pre-registration midwifery education programmes and accreditation of education providers.

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

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

Introduction

The Midwifery Council 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 Council 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 Council-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 Council's 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 Council website (www.midwiferycouncil.health.nz). These processes include a personal declaration, statement from the Head of School of the relevant midwifery programme, referee statements and a police check.

This document provides the standards for pre-registration midwifery education curricula and the standards for accreditation of tertiary education organisations providing pre-registration midwifery education, as revised in 2019. The 2007 standards were developed following the 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 2019 revised standards replace all previous requirements for pre-registration midwifery education programmes. Their status is mandatory, in accordance with the 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 internationally qualified midwives. Approved pre-registration midwifery education programmes can provide a framework for such programmes and, from time to time, the 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 regarding the boundaries of what a New Zealand midwife can do on her[2] own professional responsibility.

The Midwifery Scope of Practice[3] 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[4], 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).

[2] In this document the feminine pronoun includes the masculine.

[3] 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 World Health Organisation 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.

[4] 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, the 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 Council is 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 Council *Competencies for Entry to the Register of Midwives*.

The *Competencies for Entry to the Register of Midwives* detail 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 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/wāhine 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/wāhine, the baby/tamaiti and their family/whānau. 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/wāhine has control over her own experience.

Performance Criteria

The midwife:

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

1.2 promotes and provides or supports continuity of midwifery care

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

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

[6] Tūranga 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. For Midwifery Council standard of cultural

1.4 recognises Māori as Tangata Whenua of Aotearoa and honours the principles of partnership, protection and participation as an affirmation of Te Tiriti o Waitangi

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

1.6 facilitates, clarifies and encourages the involvement of family/whānau as defined by the woman/wāhine

1.7 respects and supports the needs of women/wāhine and their families/whānau 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/wāhine and her family/whānau as defined by the woman

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

1.11 negotiates the midwifery partnership, recognising and respecting the shared responsibilities inherent within

1.12 maintains confidentiality and privacy, and

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

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.

competence, as required under s118 of the HPCAA 2003; refer to the Statement on Cultural Competence for Midwives 2011 (www.midwiferycouncil.health.nz).

Performance Criteria

The midwife:

2.1 provides, and is responsible for, midwifery care of the woman/wāhine and her family/whānau 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/wāhine health and well-being

2.3 assesses the health and well-being of the woman/wāhine 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 that facilitate the woman's/wāhine ability to achieve her natural potential throughout her childbirth experience

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

2.6 identifies factors in the woman/wāhine 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/wāhine 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 World Health Organisation's "Ten Steps to Successful Breastfeeding"

2.12 assesses the health and well-being of the woman/wāhine 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/wāhine 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/wāhine 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/wāhine with clear information about accessing community support agencies that are available to her during pregnancy and to her, the baby/tamaiti and family/whānau, when the midwifery partnership is concluded

Competency Three

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

Explanation
Midwifery is a primary health service in that it recognises childbirth as a 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 the woman/ wāhine and her family/whānau to meet their specific needs

3.2 encourages and assists the woman/wāhine and her family/whānau 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/wāhine and her family/whānau

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/wāhine and their families/whānau 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/whānau as required

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

3.7 ensures the woman/wāhine 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/wāhine and her family/whānau.

Performance Criteria

The midwife:

4.1 accepts personal accountability to the woman/wāhine, 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, the Midwifery Council Code of Conduct 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 competence 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[7] requirements for pre-registration midwifery education programmes and must be identifiable in all curricula provided to the 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, over 94.2% of women who registered with a Lead Maternity Carer (LMC) choose a midwife as their LMC (Ministry of Health, 2019). The Midwifery Scope of Practice incorporates the role of LMC as defined by the Crown[8] 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 postpartum.

Key components of the profile of the graduate midwife are that she:

- 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 and/or baby and works in collaboration with other health professionals to ensure appropriate care
- manages emergency situations appropriately
- 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

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

[8] A Lead Maternity Carer is responsible for assessing the woman's and baby's needs; planning the woman's care with her and the care of the baby; the care provided to the woman throughout her pregnancy and postpartum period, including the management of labour and birth; 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, pp.1059-1060).

While new graduate midwives demonstrate their competence to practise across the Scope upon registration, they will require orientation to all practice settings in which they will work. As confidence and expertise in their practice takes time to develop, all new graduate midwives will have support and mentoring in their first year of practice as registered midwives.

When women require care beyond the midwifery scope of practice, midwives consult with and refer to other health professionals and collaborate with these colleagues in the provision of care to women. At times, this will include being responsible for carrying out delegated tasks related to the monitoring and management of interventions implemented by specialist colleagues (and for which they remain accountable) such as for example epidural analgesia.

As competent and autonomous registered midwives, new graduates have a professional responsibility to determine the boundaries of their scope of practice, identify their individual learning needs and undertake further learning as required to ensure that they remain up to date with current evidence to support practice.

2. Standard two – Entry criteria

2.1. Those entering a pre-registration midwifery education programme at an approved educational institution shall have University Entrance as defined by the New Zealand Qualifications Authority (Appendix 1).

The Council requires that the prospective student has NCEA level 3 consisting of:

- 60 credits at level 3 or higher including:
  - a minimum of 18 credits in biology, chemistry or physics
  - a minimum of 16 credits in an English language rich subject (such as English, history, art history, classics, geography or economics, media studies)
  - a further 16 credits at level 3 or higher in two approved subjects or domains on the National Qualifications Framework
- 20 credits at level 2, including:
  - a minimum of 16 credits in biology
  - and a further 16 credits in chemistry or physics
  - 16 credits in another level 2 subject
- Literacy - 10 credits at Level 2 or above, made up of:
  - 5 credits in reading
  - 5 credits in writing
- Numeracy - 10 credits at Level 1 or above, made up of:
  - achievement standards – specified achievement standards available through a range of subjects, or
  - unit standards - package of three numeracy unit standards (26623, 26626, 26627- all three required)

For those over 20 years:

- evidence of academic equivalence of the above qualification: or
- demonstrated evidence of ability to study successfully at degree level

2.2. Applicants for whom English is a second language must complete an assessment of their English language and pass at the required standard. This is not applicable for applicants where any of the Aotearoa official languages are their first language.

This can be achieved through completion of either:

• 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. If the minimum score is not achieved in one sitting, the applicant may resit the relevant component. A pass may be achieved over several sittings not more than 12 months apart; or

• an OET test with passes at A or B level in the four areas.

2.3. Applicants must demonstrate that they have good health and good character, via a medical report, identity confirmation, a police check, referee reports sufficient for safe and effective practice as a midwife, as required by the Vulnerable Children's Act 2014.

2.4. Applicants must demonstrate strong communication skills and self-responsibility in relation to their learning and practice

2.5. 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. Applicants need to be aware that the requirements for entry to a pre-registration midwifery programme are higher than the minimum requirements for UE. Biology and chemistry will provide appropriate grounding for the study of anatomy and physiology, and of pharmacology in the midwifery degree programme. Schools of midwifery may set entry scores based on the quality of level three credits for admission to the programme. Schools should also assess the quality of the applicant's NCEA passes i.e. internal versus external credits, endorsements and achieved merit and excellence credits. Students who have completed the International Baccalaureate or Cambridge Examinations should contact the schools of midwifery for equivalence.

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 which can staircase into the midwifery programme.

Graduates who successfully complete an approved pre-registration midwifery education programme and pass the National Midwifery Examination must make a 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 a pass in a recognised English language assessment for those applicants for whom English is a second language. Applicants who cannot provide evidence of successful completion will not be eligible to sit the National Midwifery Examination until this is achieved. Please refer to the Council policy on registration available on the Council website (www.midwiferycouncil.health.nz).

3. Standard three – Framework of the programme

3.1. The pre-registration midwifery education programme shall lead to the minimum of a degree upon completion

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

3.3. The curriculum is congruent with the Midwifery Council *Midwifery Scope of Practice* (revised 2010), the Midwifery Council *Code of Conduct* (2010), the Midwifery Council *Statement on Cultural Competence for Midwives* (2011) and the New Zealand College of Midwives' *Midwifery Philosophy and Code of Ethics* (Handbook for Practice, 2008 and updates). The aims and learning outcomes are linked to the Midwifery Council *Competencies for Entry to the Register of Midwives* (2004 and updates)

3.4. The programme is a 480 point/credit (4800 hour) degree. A minimum of 50% or 2400 hours is clinical practice and at least 40% or 1920 hours is theory. At least 80% of the final year of the programme must be midwifery clinical practice

3.5. All students (full-time and part-time) are expected to complete the programme within 6 years of commencement

3.6. Any student who requires a longer time-frame must apply in writing to the Council describing the reasons (see Appendix 4). The Head of the Midwifery School must provide 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 'results record to date' from the educational institution. The Council will not automatically approve these requests and generally will not approve requests for extension of completion beyond six years.

For students requiring a sixth year the school must provide additional support to facilitate successful completion within that year.

3.7. 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 practical and theoretical assessment before re-joining 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 undertake additional education necessary to reach this level before progressing

3.8. 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

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. Schools can decide how they wish to deliver the programme over three or four years.

Learning resources should be delivered flexibly. The minimum 1920 theory hours does not indicate an expectation that this will comprise only classroom teaching. It may be delivered through a variety of mechanisms including face to face, online, student managed learning and other electronic media. A total of 240 hours of simulated practice may be counted towards midwifery practice hours. Some clinical skills may also be assessed through use of simulation.

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. The 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 75 credits (equivalent to 750 hours) through RPL, the midwifery school must submit the proposed programme of study to the 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. (See Appendix 4)

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

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

4.5. The 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. professional and cultural frameworks for practice, including Midwifery Scope of Practice, Midwifery Partnership and Cultural Competence

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

5.2.3. integrated verbal and written communication skills, including working with grief and loss and managing conflict

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

5.2.5. professional midwifery issues, including history and politics; professional organisation; regulatory requirements; reflective practice

5.2.6. professional relationships, including collaboration between midwives and other health professionals; processes for consultation and referral[9] and giving and receiving feedback; processes for supervising others and delegating tasks

5.2.7. integrated assessment skills, including comprehensive assessment of physical, mental health, social, cultural, emotional and spiritual dimensions and their impact on the woman's health (including use of screening and diagnostic tools)

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

5.2.9. physiology of pregnancy, labour, birth and postnatal care

5.2.10. breastfeeding, including baby friendly policies

5.2.11. pathophsiology of pregnancy, labour, birth and the postnatal period; complications, including underlying medical conditions, maternal mental health

5.2.12. emergencies in childbirth

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

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

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

5.2.16. Te Tiriti o Waitangi; Māori health and midwifery care/cultural competence for working with Māori women and whānau

5.2.17. sociology and women's studies

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

[9] In line with the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) (2012)

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

The Council recommends that the theoretical components of the programme decrease in relation to practice components which should increase across the programme. This enables midwifery students to gain appropriate foundation midwifery knowledge and skills to enable them to gain maximum benefit from practice experiences. The final 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), which 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:

- 6.1.1. Observational follow-throughs[10]
- 6.1.2. Follow-throughs[11]
- 6.1.3. Home birth[12]
- 6.1.4. Placements with case-loading midwives. Must include a mix of case-loading midwives who work in primary, secondary and, where possible, tertiary maternity units
- 6.1.5. Placements in maternity units with core midwifery staff. Must include a mix of primary, secondary and, where possible, tertiary maternity units
- 6.1.6. Placements in relation to the newborn requiring additional care[13]
- 6.1.7. Placements in community maternity/primary health services, e.g. pregnancy and parenting classes, well child clinics and home visiting; family planning clinics, women's health clinics, refugee clinics, prison visits, maternal mental health services
- 6.1.8. Some placements may be selected from gynaecological assessment units or paediatric or gynaecology wards
- 6.1.9. Reflective practice tutorials/debriefs, writing logs/journaling
- 6.1.10. Clinical tutorials
- 6.1.11. Clinical assessments
- 6.1.12. Simulation[14] to a maximum of 360 hours (15%) per programme.

[10] Observational follow-throughs are those where a student is involved with a pregnant woman through pregnancy, labour, birth and the postnatal period 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.

[11] 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.

[12] Ideally all students will gain experience in homebirth but it is accepted that this may not always 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.

[13] 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 newborns who require additional care, of the experience of neonatal intensive care from a family's perspective, and of the interface between maternity services and neonatal services. Placements could include follow-through of newborns requiring additional care, placements in SCBU or NICU.

[14] Simulation is a technique for practice and learning that can be applied to many different disciplines and types of training. It is a technique (not a technology) to replace and amplify real experiences with guided ones, often "immersive" in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion. "Immersive" here implies that participants are immersed in a task or setting as if it were the real world (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966567/).

6.2. Each student will demonstrate competency in the following skills before completion of the programme:
    6.2.1. Antenatal assessment (and at least 100 assessments must be undertaken)
    6.2.2. Pelvic assessment including visualisation of cervix, swab and may include smear taking[15]
    6.2.3. Venepuncture
    6.2.4. Cannulation and management of intravenous therapy
    6.2.5. Catheterisation
    6.2.6. Assessment, monitoring and interpretation of fetal heart patterns using a pinard, hand held electronic fetal heart rate monitor and cardiotocograph equipment
    6.2.7. Vaginal assessment
    6.2.8. Labour assessment
    6.2.9. Supporting women to work with pain in labour
    6.2.10. Facilitation of normal vaginal birth
    6.2.11. Perineal assessment and repair
    6.2.12. Newborn assessment
    6.2.13. Postnatal assessment of woman, including discharge examination (at least 100 postnatal assessments must be undertaken)
    6.2.14. Postnatal assessment of baby, including hip check, red eye reflex and auscultation of heart sounds and discharge examination (at least 100 assessments must be undertaken)
    6.2.15. Breastfeeding initiation and ongoing support
    6.2.16. Consultation/referral to another health professional
    6.2.17. 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)
    6.2.18. Pre and post-operative care
    6.2.19. Handover to well child services (including general practice as appropriate) upon discharge from midwifery services
    6.2.20. Documentation
    6.2.21. Prescribing and administration of medications relevant to the scope of midwifery practice and must include antibiotics, opioids and contraceptives

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

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

6.4. Each student will facilitate[16] at least 40 births; where this number cannot be reached owing to lack of available women in labour, the Head of School should approach the Midwifery Council to discuss each individual student's requirements. Ideally this approach should occur before the start of the final semester

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

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

6.7. Students will not have more than two placements with the same preceptor midwife (either self-employed or hospital employed) or within the same group practice

6.8 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

Guidance

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

In midwifery practice placements the student is under the direct supervision of a registered, practising midwife (or other registered health professional as appropriate) when providing care to women and babies. Students need direct involvement with women and babies to learn how to plan, provide and assess the need for, and extent of, midwifery care on the basis of their acquired knowledge and skills. Students are expected to be able to identify the need for referral to another health practitioner/service and to initiate the referral process. Midwives may not delegate to students the responsibility for provision of clinical care and must always maintain a supervisory role and professional accountability for the provision of clinical care.

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 it is appropriate for a student to undertake clinical tasks in the provision of care to a woman or her baby. The midwife remains accountable for the

[16] 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, at the appropriate level and that she has a 'hands on' role in assisting spontaneous vaginal birth of the baby and placenta.

appropriateness of any delegation of care and for provision of appropriate supervision and support of the student.

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.

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 the final year to determine that a student has demonstrated the *Competencies for Entry to the Register of Midwives*

7.7. Theory and midwifery practice/skills assessments are performed by teachers skilled in assessment. Midwifery practice or clinical skills assessments may also be performed by practising midwives skilled in assessment who are well supported and assisted by midwifery teachers with these skills

7.8. Students may re-enrol once in no more than two 500 or 600 level papers

7.9. Students can only re-enrol once in a 700 level course/paper and then only in extenuating circumstances

Guidance

The range of assessment strategies may include written assignments, presentations, tests, examinations, oral examinations, skills assessments, Objective Structured Clinical Examinations (OSCEs), video assessments 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. Academic and clinical teaching staff must be New Zealand registered midwives with at least five years post-registration midwifery practice experience. Academic staff must have a master's degree or be working towards this within two years of employment. Midwifery lecturers who only undertake clinical teaching must hold a relevant post-graduate qualification or commence postgraduate study within two years[17].

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 need to show engagement with adult teaching / learning education within the first two years of appointment

8.4. All teaching staff must complete a Treaty of Waitangi workshop within one year of appointment. Lecturers who identify as Māori and are affiliated to a Maori midwifery rōpū are exempt from this requirement.

8.5. All midwife academic staff and clinical teachers must hold an Annual Practising Certificate

8.6. Student midwives, in any year of their programme, can be preceptored by Registered Midwives who have completed their first year of midwifery practise.

8.7. Midwives who preceptor students are not required to complete a Council approved course in preceptorship.

Guidance

Student midwives must be supported in both academic and practice learning environments. Midwife teachers and preceptors have the knowledge, skills and expertise to provide appropriate support to student midwives. Midwife academics and clinical teachers must also be supported to develop their academic qualifications and meet research and publication expectations.

All midwives providing clinical experience to students should complete preceptor education so that they can accurately assess the student at the necessary level. The Council sets criteria and approves courses in preceptorship and assessment. Standards for these courses are provided in a separate document.
The Council has amended its requirements for midwives whose work is mainly non-clinical to enable them to meet the requirements of the Recertification Programme and thereby retain their practising certificate. A consequence of this has been that

[17] Post graduate certificate for example

the work in which these midwives engage now requires midwives to hold an Annual Practising Certificate.

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 into which the student wishes to transfer

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 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, and has met the English language proficiency requirements

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

9.6 The proposed programme must be submitted to the 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 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 all requirements 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 Council, **10 weeks prior** to the scheduled 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 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 National Midwifery Examination. This statement is to be made using the template provided in Appendix Two

10.4 The Head of School must 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 telephoning the Council and following up in writing with the reasons for the withdrawal

Guidance

The HPCAA sets out requirements for registration that must be met by any applicant for registration. The 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.

Owing to flexible delivery via the online examination, no student can sit the examination with any outstanding components. While scheduled dates will be reserved where it is expected that the majority of students will undertake the examination, students who take longer than anticipated can reschedule to sit one week after they have completed their programmes. Heads of school must not send

confirmation of fitness documents until all requirements have been met. The Council expects that a Head of School who holds doubts about the 'fitness' of any student will communicate with it about their concerns at the earliest opportunity.

As all documentation is required for the purpose of assessment of eligibility for registration, it is essential that it contains the student's full and legal name and that all fields are entered correctly. Any incorrect documentation will be automatically rejected and returned to the school for correction.

Section Three – Standards for Accreditation of Provider Tertiary Education Organisations

This section8 provides standards and guidance relating to accreditation of provider tertiary education organisations (TEOs). The Council's 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 Council and gain its 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 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 internationally qualified midwives.

The Council 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 six 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 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 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 Council will establish and maintain 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:

- 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 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

Midwifery teaching staff are expected to belong to the midwifery professional organisation

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

2.4 There is a process to ensure that midwife teachers who are required to hold an Annual Practising Certificate 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

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. Standard three - 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 Student midwives, in any year of their programme, can be preceptored by Registered Midwives who have completed their first year of midwifery practise. Midwives who preceptor students are not required to complete a Council approved course in preceptorship

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 Where students choose to undertake elective placements overseas in their final year, the Council's 1 November 2018 Guidelines for international clinical placement for students must be followed (see Appendix 5)

3.7 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. Standard four - 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

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. Standard five - 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. Nevertheless, pre-registration midwifery programmes are of high strategic value as New Zealand's maternity system relies on a stable midwifery workforce.

6. Standard six - 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 lead their own learning

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

6.5 Consultation with Tangata Whenua, colleagues in practice, consumers of midwifery care, the New Zealand College of Midwives, maternity service managers, maternity consumer organisations, 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

Guidance

In order to facilitate workforce distribution, 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. Concurrently, 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

1. Standard one – Accreditation processes

1.1 Applications by TEO for accreditation to deliver a pre-registration midwifery programme must be made to the Council

1.2 The application must be in writing and must address the accreditation criteria outlined in Section Three of this document. Any documentation must be received at least two months before any proposed site visit.

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 Council will establish a panel to assess the written application and evidence and conduct the site visit

1.5 Prior to the visit, the 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 as gazetted 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

2. Standard two – Approval processes

2.1. The pre-registration midwifery programme curriculum must be submitted to the Council for approval before the programme can be delivered. All documentation must be received two months before any proposed site visit.

2.2. The curriculum must address the standards and criteria outlined in Sections One and Two of this document. Full programme documentation which must be included.

2.3. The 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[18] changes are made to the programme

[18] 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.

2.5. Where possible, site visits for approval of programmes will be combined with the approval visits of other quality assurance agencies such as NZQA (see Section Three, Standard 1)

2.6. Prior to the visit, the 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 as gazetted 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

3. Standard three – Ongoing monitoring

3.1 TEOs must submit a programme review report to the 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

4. Standard four – Audit processes

4.1 The 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 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 may be required. The 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 as gazetted will be charged for the audit process

Guidance

Section 12, subsection 4 of the HPCAA (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 Council monitors the educational institutions which it accredits to provide its approved pre-registration midwifery education programmes through two processes; annual programme review reports (standard 3) and audits (standard 4).

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Appendix One – University Entrance

Generic University Entrance (UE) is the minimum requirement to go to a New Zealand university. Entry criteria for midwifery are higher than the minimum credits listed here.

To qualify for Generic University Entrance, the following is needed (June 2015)[19]:

- NCEA Level 3
- Three subjects – at Level 3, made up of:
    - 14 credits each, in three approved subjects
- Literacy – 10 credits at Level 2 or above, made up of:
    - 5 credits in reading
    - 5 credits in writing
- Numeracy – 10 credits at Level 1 or above, made up of:
    - achievement standards – specified achievement standards available through a range of subjects, or
    - unit standards – package of three numeracy unit standards (26623, 26626, 26627- all three required)

http://www.nzqa.govt.nz/qualifications-standards/awards/university-entrance/

https://www.nzqa.govt.nz/ncea/subjects/literacy-and-numeracy/literacy-and-numeracy-unit-standards/

[19] At the time of printing entry criteria is correct but the most current information must be sought from the NZQA website.

Appendix Two – Head of School Confirmation

This form must not be signed until the student has met all requirements a – k

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 **legal** 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 five 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 at least one week before the date of the National Midwifery Examination

Appendix Three – Transcript

BACHELOR OF MIDWIFERY/HEALTH SCIENCE (Midwifery)
STUDENT TRANSCRIPT

Student Legal Name: **Date Commenced (D/M/Y):**
Date of Birth: **Date of Completion (D/M/Y):**

FINAL TRANSCRIPT OF HOURS/NUMBERS

COURSE CODE	COURSE/PAPERNAME		HOURS	HOURS
		YEAR	THEORY HOURS	PRACTICE HOURS
TOTAL HOURS CREDITED AS RPL				
TOTAL ACTUAL HOURS COMPLETED				

Midwifery Council of New Zealand minimum required hours		1920	2400
GRAND TOTAL HOURS (THEORY & PRACTICE)			

Student Legal Name:

MIDWIFERY PRACTICE				
	Year 1	**Year 2**	**Year 3**	**Total**
Number of follow-throughs				
Number of antenatal assessments completed (min 100)				
Number of baby assessments completed (min 100)				
Number of postnatal assessments completed (min 100)				
Number of facilitated births completed				
Number of women for whom care provided in labour and birth (not counted in facilitated births)				
Number of women with complications at any stage of pregnancy, labour, birth, postnatal and for whom care provided				
Overseas elective experience (please list where placed and hours completed)				
Other comments				

Theoretical hours are the learning hours provided in the total programme. Midwifery practice hours and numbers are the minimum hours completed by each student in order to pass the course.

Signature:_____

Name:

Position: Head of School

Date of Issue:

Appendix Four – Request for Student Change of Programme

Documentation required
When a request is made to Council regarding a student, certain information is required in order that Council can assess it.

The documentation that is required is provided in the following table.

The pathway document is to list all the courses/papers in the midwifery qualification identifying those that have been credited or failed. It is to be presented in a table format that shows the year of actual and proposed enrolment.

Request	**Who**	**Letter**	**Transcript**	**Pathway of prospective study**
RPL	Head of school	X	X	X
Transfer	Head of school	X	X	X
Extension time	Head of school	X		X
	Student	X	X	
Re-entry	Head of school	X		X
	Student	X	X	

Appendix Five – Guidelines for international clinical placements for students

1 November 2018

1. Purpose of this document

The purpose of this document is to set out the guidelines for an international clinical placement when:

- A midwifery student applies to the school of midwifery for an international clinical placement
- The school of midwifery is considering the student application and deciding on appropriate international clinical placements to meet the Midwifery Council's 'Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations'(2019)

2. Background

Midwifery students may choose to undertake elective placements overseas in their final year (third year of education). The following guidelines have been developed to ensure that the student is well supported by the institution, her lecturer and to ensure that there is minimal risk to the women and the student herself. They are also to ensure that placements must also not result in stress and/or additional demands on communities which are often already under-resourced and stressed.

3. Purpose of the Placement

The purpose of the placement is to assist the student to enhance the clinical care that she provides to women by giving her the opportunity to experience midwifery in international and different cultural contexts.

Students must acknowledge that an international clinical placement is a privilege and make sure that they do not act in a way that is disrespectful to women and midwives in their host country and may damage New Zealand's midwifery reputation

4. Guidelines

4.1 It is expected that international placements are to be undertaken in the student's final year and towards the end of the programme. This must be in accordance with standard 6 - Midwifery Practice Requirements.

4.2 If the student is to credit clinical practice experience towards their midwifery practice requirements, this can only be to a maximum of 10% of the required experience[20] (ie four from the total of 40 facilitated[21] births)

4.3 Where the overseas destination has a midwifery education programme (i.e. an accredited undergraduate programme or postgraduate midwifery programme) the New Zealand midwifery student will practise within the student clinical placement guidelines. Where there is no midwifery education programme, the student will follow the Midwifery Council Standards for Pre-Registration Midwifery Education Programmes.

4.4 On site supervision of students in clinical practice is to be by a New Zealand registered midwife with a current New Zealand practising certificate The Council expects that the supervisor would be an employee of the educational institute which has negotiated access to supervise students in the international placement. The supervising midwife must also be registered and licensed to practise in the country of the placement.

4.5 All the requirements for clinical supervision/preceptorship for New Zealand are required in international placements.

4.6 All students must work within the student remit and are to practise at the standard expected in New Zealand. Students must not engage in practice they would not normally do in New Zealand.

4.7 Where English is the second language in the country of destination, the New Zealand school of midwifery must be assured that the responsibilities of the facility in the overseas clinical placement are fully understood, that the students will be able to provide safe midwifery care and that the students will be safe in this clinical practice environment.

4.8 Students who have completed the requirements of their programme of education and who are waiting to sit or to receive the results of the National Midwifery Examination cannot engage in international clinical practice as they do not have either student or registered midwife status.

[20] Standard 6 -Midwifery Practice Requirements

[21] 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, at the appropriate level and that she has a 'hands on' role in assisting spontaneous vaginal birth of the baby and placenta.