

Recertification Programme: competence-based practising certificates for midwives

Refers to the following key legislation:

- Health Practitioners Competence Assurance Act 2003 Section 41, and refers to the following:
 - Code of Conduct
 - Competencies for Entry to the Register
 - Statement on Cultural Competence for Midwives
 - APC policy
 - All registration policies

Related documents

1. Recertification programme Operating procedures
2. Audit process and procedures
3. Application for endorsement as a midwifery continuing education provider
4. Application for endorsement as a provider of midwifery continuing education events

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1. POLICY STATEMENT

Policy statement

The Midwifery Council (the Council) exists to protect public safety. As the midwifery regulator it oversees professional standards in midwifery. The Council makes sure midwives meet and maintain professional standards of education, conduct and performance, so that midwives deliver high quality healthcare throughout their careers.

All midwives who hold an annual practising certificate will be required to engage in and meet the requirements of the recertification programme.

Midwives' engagement in this process will be monitored.

Midwives who fail to complete the requirements will be managed using a right touch regulatory approach.

This policy will enhance public confidence in midwifery as a profession by ensuring that midwives engage in and complete the necessary requirements.

The components of the recertification programme are written below

Component	Detail	Timeframe
Practise within the Scope of Practice	Demonstrates competence across all areas of Scope	Over three years
Maintains portfolio	Collects information about practice; on-going education, professional activities, and her brief personal reflections on each	Continuously
Completes education requirements	Attendance at combined emergency skills day	Annually
	Completes minimum eight hours continuing midwifery education	Annually
Completes quality assurance activities	Completes minimum eight hours professional activities	Annually
	Completes midwifery standards review	Once every three years, unless requested by reviewers to return in earlier timeframe, or if new graduate, internationally qualified midwife or midwife returning to practice

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 s41 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 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 New Zealand registered midwives can do on their own professional responsibility. As required under the HPCAA (2003), the Midwifery Council defined the [scope of practice](#) for registered midwives.

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 updated in 2007 to integrate Turanga Kaupapa¹ and the Council's 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. Whereas 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

¹ Turanga Kaupapa are guidelines for cultural competence developed by Nga Maia o Aotearoa and formally adopted by both the Midwifery Council of New Zealand and the New Zealand College of Midwives.

what they are expected to be capable of doing. By defining the minimum competence standards for registration as a midwife in New Zealand, the Midwifery Council established the minimum standard that all midwives are expected to maintain in their on-going midwifery practice.

2.2.3 Other relevant professional standards and guidelines and legislation

The following represent best practice:

- Code of Conduct, Midwifery Council of New Zealand, published December 2010
- Statement on Cultural Competence for Midwives, Midwifery Council of New Zealand, published February 2011.

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

- Health Practitioners Competence Assurance Act 2003
- Maternity Services Notice (2007) pursuant to Section 88 of the New Zealand Public Health and Disability Act 2000
- Medicines Amendment Act 2013
- Medicines Regulations 1984 Misuse of Drugs Act 1975
- Misuse of Drugs Amendment Regulations 2014
- Privacy Act 1993
- Health Information Privacy Code 1994
- Code of Health and Disability Services Consumers' Rights 1996
- Injury Prevention, Rehabilitation and Compensation Act 2001
- Vulnerable Children's Act 2014
- Health and safety at work (2015)
- Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines) 2012
- All other relevant legislation.

2.3 Maintaining competence to practise

The Midwifery Council defines maintaining competence to practise for registered midwives as, "the on-going 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 background to the development of the Recertification Programme since 2004 is set out in Appendix three.

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 their 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 which will assist the midwife to continually develop their practice.

A midwifery workforce which demonstrates both professionalism and competence contributes to assurance around public safety.

Participation in the Midwifery Standards Review component of the Recertification Programme meets the requirement for LMC midwives under Section CB11 of the Primary Maternity Notice (2007) to participate in a professional review process which is recognised by the Midwifery Council.

The provision of a single national Recertification Programme means that all midwives are required to collect the necessary information in order to provide evidence of their on-going 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.

The outline of HPCA Act provides that a regulatory authority may not issue a practising certificate if it is not satisfied that health practitioners are competent to practise in accordance with their scope of practice. The requirement to engage in a recertification programme is a cornerstone of the Act. In cases where the registrar cannot be satisfied that the midwife has maintained the required standard of competence to practise by failing to engage in the Recertification Programme, the midwife's application for the issue of practising certificate may be declined (s27). The Council may however issue an interim practising certificate to enable the midwife to become compliant with the requirements of the Recertification Programme.

3. PART THREE: RECERTIFICATION PROGRAMME

3.1 Components of the Recertification Programme

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

- a) Practice across the Scope over a rolling three-year period (see 3.1.2 and Appendix A)
- b) 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)
- c) Completion of education components:
 - Combined Emergency Skills Day
 - Minimum eight hours continuing midwifery education relating to area of midwifery practice
- d) Completion of quality assurance activities
 - Minimum eight hours professional activities
- e) Participation in New Zealand College of Midwives Midwifery Standards Review Process (MSR) once every three years).

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).

Each midwife is required to provide the Council with her recertification summary and planner before 30th September each practising year.

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

- They are 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 of practice, they have practised midwifery and has "worked" across the Midwifery Scope of Practice and,
- They are participating in the Recertification Programme.

The period of three working years prior to whenever a midwife applies for a practising certificate is referred to as the "recertification period".

3.1.1 Practises within the Midwifery Scope of Practice

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

The Midwifery Council expects that over each three-year recertification period², each midwife will make sure that they have worked across all aspects of the Midwifery Scope of Practice. That is across antenatal, labour, birth, and the postnatal care. They must have also undertaken any necessary updating to ensure that they are 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 their 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 define the standard required to enter the register and do not expect expertise in all areas of midwifery practice.

Midwives whose day-to-day role is outside of clinical practice are able to demonstrate how they achieve this requirement through the work that they undertake. See Appendix A for examples.

3.1.2 Portfolio

All midwives who need to hold a practising certificate will be expected to provide evidence of their engagement in activities under each of the identified sections in the portfolio over each recertification period. A portfolio may be a hard copy document or a e-portfolio. The form of the portfolio is the midwife's choice. Written reflections on activities must be provided. These must make a link between the learning experience and the midwife's practice.

3.1.3 Continuing education will consist of the following:

a) Combined Emergency Skills Day

The Combined Emergency Skills Day comprises updates in both maternal and newborn resuscitation as well as midwifery management of childbirth emergency skills (eg bleeding emergencies, shoulder dystocia, breech and cord prolapse)

Only accredited providers of midwifery continuing education can present the Combined Emergency Skills Day. Accredited providers are listed on the education pages of the Council's website

² This period can in effect be extended in consultation with the Midwifery Council if a midwife does not practise for a period because, for example, she takes maternity leave.

b) Continuing midwifery education

Midwives must complete a minimum of eight hours continuing midwifery education each year. This can be any education that has relevance to the midwife's practice.

3.1.3.1 Guidelines for continuing midwifery education

Education providers seeking approval as accredited providers of education or events are referred to the Council documents on approval for endorsement as a midwifery continuing education provider or a provider of events.

Midwives who teach courses including the Combined Emergency Skills Day have their teaching accredited as attendance. In addition, those who undertake this role over and above their normal employment (eg Maternal Resuscitation educators) are entitled to receive credit towards professional activity. Midwives whose employed role is as a midwifery educator are not able to receive professional activity hours for teaching in these cases.

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

3.1.3.2 Professional Activities

A schedule of activities that are considered to be “professional activities” is in Appendix B and on the [Council website](#). Providers seeking approval of further activities are requested to firstly review the list of pre-approved activities to see if the activity has approval. If it does not then they must write to the Council outlining their request, describing how the activity impacts on the midwife's practice and providing a copy of the evidence that will be issued to the midwife for their portfolio.

Midwives need to demonstrate their engagement in this activity and briefly reflect on their learning and professional development in their portfolios.

3.1.4 NZCOM Midwifery Standards Review Process

The College of Midwives has had an established Midwifery Standards Review process since the early 1990s and over this time, it has developed and refined the process which focuses on its standards. As such, it is distinct from employer processes or peer review processes run by groups of midwives.

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

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 or NZCOM Standards for Practice.

During the review, the midwife describes their practice, tables their portfolio, provides evidence of documentation and engages with the review panel. Midwives who hold midwifery roles in education and leadership describe how their work directly impacts on clinical practice across the scope although they might not engage in clinical practice. Consumer feedback in this instance may be from students or their peers and not consumers of maternity services.

On completion of each review, the Midwifery Standards Review Panel assists the midwife to establish their personal Professional Development Plan for the coming years. This may include identifying areas of personal development as well as professional development or education but it should be more than annotation of the required components of the Recertification Programme.

The midwife receives a certificate as evidence of their participation in the review and this is to be kept in their portfolio and available as part of the Council's audit and at any other time required by the Midwifery Council. The Council is advised of midwives' attendance at each review by the College.

Midwives are required to undergo review every three 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. The second MSR will be at the end of their third year of practice. Reviews will be three yearly thereafter
- International qualified midwives new to practice in New Zealand (IQMs) or returning to practice (RTP) are required to have a MSR at the end of their second year of practice. Reviews will be three yearly thereafter
- Midwifery Standards Review panels have discretion to decrease the timeframe between reviews for certain midwives. Guidelines for these decisions are provided by NZCOM to its reviewers.

Where 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 (s34 of the Health Practitioners Competence Assurance Act 2003). In the same way, any Midwifery Standards Review Panel which has serious concerns about a midwife's standard of competence may notify the Midwifery Council in writing of these concerns.

4. PART FOUR: PARTICIPANTS IN THE RECERTIFICATION PROGRAMME

All midwives who wish to practise midwifery in New Zealand must have a practising certificate³. All midwives who have a practising certificate 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. This is a requirement of the HPCAA. The Midwifery Council's [Return to Practice policy](#) is outlined in a separate document.

4.1 Midwifery Educators

All midwifery educators who teach clinical practice must have a practising certificate and must comply with the requirements of the Recertification Programme. Educators who teach clinical practice will by the nature of their role engage in practice and accordingly must ensure that this is across the scope.

4.2 Midwives in education, leadership, research and other areas

Midwives who work in areas outside of clinical practice but who are actively involved in midwifery, such as heads of schools of midwifery, midwifery managers, midwifery advisors or researchers, must also hold a practising certificate. They are required to participate in the Recertification Programme in the same way as all other midwives. However, for the purpose of practice across the scope, these midwives are able to demonstrate how through their role and the work that they do directly impacts the scope, in order to meet this requirement. Midwives in these roles therefore may not necessarily engage in direct clinical practice.

4.3 Midwives in part-time practice

Midwives who work less than one full time equivalent or with a caseload less than that considered equivalent to full time must participate in the Recertification Programme in the same way as all other midwives.

4.4 New Zealand midwives working overseas

4.4.1 Midwives practising in a country where that registering authority issues a practising certificate

In most instances, 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 to New Zealand, they will be eligible for a practising certificate. Such midwives will be required to provide information (in a CV) about what midwifery work they have done and evidence of on-going education. Requirements for return to New Zealand practice are included in the [Return to New Zealand Practice policy](#). Their Recertification Programme will re-commence on their return. Midwives may be required to produce a recertification plan which will then be monitored.

Midwives should keep documentation of any continuing education they undertake whilst overseas and include this in their portfolios once they return to New Zealand.

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 an unrestricted practising certificate. These midwives are then required to participate in the Recertification Programme.

4.4.2 Midwives working overseas where a current New Zealand practising certificate is required

In some instances, New Zealand midwives working overseas need to maintain their New Zealand practising certificate as the country in which they are practising does not issue annual practising certificates. These midwives are required to demonstrate their competence to practise in the same way, as much as is possible, as a midwife working in New Zealand.

They should undertake continuing midwifery education available in the country in which they are practising and provide evidence of this education to the Midwifery Council. It is expected that education such as maternal and neonatal resuscitation and childbirth emergencies will be accessible and attended by these midwives. If not the midwives must make arrangements to attend the necessary workshops and courses, either in New Zealand or elsewhere. They are required to undertake MSR in New Zealand within the usual timeframe. These midwives are also expected to maintain currency in evidence-informed practice. Further information on what is expected will be provided by the secretariat.

4.5 Internationally Qualified Midwives and Midwives registered under the TTMR Act

As well as completing the [Overseas Competence Programme](#),⁴ Internationally Qualified Midwives and those registered under the TTMR Act are required to commence participation in the Recertification Programme upon being issued with an Annual Practising Certificate. Completion of the cultural competence programme is required before these midwives can be issued with a practising certificate.

4.6 Midwives temporarily ceasing practice

Midwives temporarily ceasing practice for example those on maternity leave can have their status changed to inactive. This means that they cannot work and accordingly the requirements of the recertification programme are put on hold until their return to practice.

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, has engaged in the Recertification Programme and has provided the Council with a planner that demonstrates how she will do this.

5.2 Audit of individual midwives

Each year there is a targeted audit of midwives holding practising certificates to ensure that they can provide evidence of their on-going competence to practise and their participation in the Recertification Programme.

All midwives who are called back for a Midwifery Standards Review at a shorter time interval than three years will be audited.

⁴ The Overseas Competence Programme for Internationally Qualified Midwives generally include the following modules which have to be completed within 24 months of the issue of the first practising certificate:

- NZ Maternity and Midwifery systems
- Treaty of Waitangi
- Cultural competence in Midwifery Practice
- Examination of the newborn (theory and practice)
- Pharmacology and prescribing
- Gap Education

Midwives are notified of the audit and asked to send their documentation to the Council. In preparation for audit, a midwife must complete a summary sheet which will be provided with the notice of audit.

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:

- Issue of an Interim Practising Certificate with conditions
- Undertaking competence review
- Completing a competence programme
- Conditions on scope of practice
- Restrictions on Annual Practising Certificate
- Decline of application for Annual Practising Certificate.

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. Midwives should contact NZCOM direct to obtain current information about fees for MSR and to book their review.

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. Implementation of the Council's Aotearoa Midwifery project will mean that the Council will review its recertification requirements by December 2021.

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 and when she is required to return for their next 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 their 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 on-going resistance by a midwife to implementing the Professional Development Plan developed in conjunction with the review panel or on-going resistance to making changes to their practice to meet competence standards. On these occasions, NZCOM may inform the Midwifery Council in writing of its concerns as per section 34 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 their 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 on-going education or to make other modifications to its Recertification Programme.

7 PART SEVEN: APPENDICES

7.1 Appendix A: 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. The Council recognises that there may be other innovative ways 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 clinical practices:

- 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, quality and safety advisors and others in non-clinical positions and who are not involved in any 'hands on' midwifery practice:

- Evidence of how their work covers the midwifery scope should be included in their portfolio. This could include policy development, review of service provision, education that covers an aspect of practice.

d) For registered midwives not working as midwives:

- Consider if a practising certificate is necessary for work
- Undertake a Return to Practice programme if out of any midwifery clinical practice for more than three years or have not held a midwifery practising certificate for more than three years.

7.2 Appendix B: Guidelines professional activity

7.2.1 Evidence

In most situations, providers issue midwives with a certificate that provides evidence for their portfolio of engagement in professional activities. At times midwives need to consider how they can demonstrate their engagement in activities such as informal teaching. This could be through incorporation of the teaching plan or feedback from their colleagues in their portfolio, evidence of attendance at meetings.

7.2.2 Hours

These should be annotated on any certificate given to the midwife. Midwives/DHB and schools of midwifery need to establish ways to record engagement in activities.

7.2.3 Professional activities

The following provides a summary of some professional activities. The list is not extensive and can be added as required.

I. Working with colleagues

- Precepting midwifery students in both core and LMC practice
- Mentoring⁵ and orientation of registered colleagues to the work environment
- Mentoring midwifery colleagues eg MFYP, rural mentoring
- Unpaid voluntary practice overseas
- Assisting and assessing other health professionals in their maternity related teaching and learning activities.

II. National and Regional appointments

- Member of national maternity-related group eg PMMRC, NMMG
- Appointment to DHB Maternity Quality and Safety group
- Appointment to DHB maternal clinical governance group
- Participation on national or regional projects which directly impact on midwifery practice
- Expert witness for HDC, ACC, Coroners Court or HPDT
- Local PMMRC/Maternal morbidity project coordinator.

III. Engagement with the profession

- Member of NZCOM Midwifery Standards Review or Resolution Committee
- DHB QLP assessor or Professional Development Programme assessor
- Office holder as union representative
- Office bearer or committee member in professional organisation regional committee

⁵ 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

- Professional organisation regional chair or National Committee Member
- Attendance at professional organisation⁶ meetings
- Organising midwifery events eg International Midwives day activities, hui, fono
- Member of NZCOM Conference organising or scientific committee.

IV. Council appointments

- Mentor for midwife returning to practice
- Mentor for Internationally Qualified Midwife, newly registered in New Zealand
- Competence assessment of Internationally Qualified Midwives
- Seeking registration where formally requested by the Midwifery Council and involving assessment against the Competencies for Entry to the Register of Midwives
- Member of Midwifery Council Competence Review Panel
- Competence Supervisor appointed by the Midwifery Council
- Competence Assessor appointed by the Midwifery Council
- Member of Midwifery Council Professional Conduct Committee
- Midwifery Council recertification auditor.

V. Teaching and Learning

- Attendance at Journal club
- Attendance at DHB – LMC interface meetings, DHB maternal quality and safety meetings
- Attendance at Adverse Events Committee meetings
- Presentation at seminars or formal teaching sessions*
- Informal teaching sessions for peers or students*
- Case presentations to colleagues*
- Presentation at conferences
- DHB adult or neonatal resuscitation educator over and above normal role.

VI. Research participation and publication

- Publications in midwifery journals/texts or other professional journals/texts*
- Midwifery book reviews for publication*
- Advisory participation in research projects that impact on care provided to women
- Local “hands on” participation in formal ethically approved research projects which impact on care provided to women. “Hands on” refers to more than seeking the woman’s informed consent to participate
- Journal article peer review*.

⁶ Professional organisation includes College of Midwives, Nga Maia Maori Midwives, Pasifika Midwives

VII. Quality assurance activities

- Midwifery practice meetings where the focus is on presentation of cases and exemplars of good practice; administration meetings are excluded
- Conducting audits both within group practices and within the hospital clinical environment
- Evidence based policy and guideline development
- BFHI Assessor
- BFHI local coordinator – must be beyond requirements of employment
- Quality Health NZ auditor
- Other activities to be allocated points as identified.

Most activities will be able to have direct hours of engagement attributed to them. Some activities highlighted with an * will include preparation time that is completed by the midwife away from the activity. This should be included and should be at a minimum four hours.

7.3 Appendix C:

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 on-going 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 Register of Midwives.

In developing its Recertification Programme proposal in 2004, the Midwifery Council considered the guidelines developed earlier by the Nursing Council⁷. The Midwifery Council consulted widely on its proposed Recertification Programme and made changes in response to feedback, finalising 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.

The Council reviewed the Recertification Programme (1 April 2005 – 31 March 2008) in November 2007. The review included formal consultation with midwives and stakeholders. As a result of its review, the Council reconfirmed many aspects of the Recertification Programme but also made a number of minor changes to it. The programme was further reviewed following targeted consultation and was updated in August 2010 for the three-year cycle 2011 to 2014.

In May/June 2013, the Council consulted with the profession over proposed relatively minor changes to the Recertification Programme. Following the consultation, the 234 responses were analysed and were subsequently presented at the National Forum on 2 August. Taking the collated feedback as a guide, each requirement was then workshopped in groups at the forum. The recommendations of each group were then considered by the

⁷ 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 as it made its decision on the requirements for the programme between 1 April 2014 and 31 March 2017.

In 2016 the Council consulted with midwives seeking their responses to changes within the Recertification Programme. A survey was distributed to midwives and 510 responses were received. The responses were analysed and proposed changes were made and discussed with midwives at a National Forum on November 2016.

Following this consultation, the Council considered the proposals for streamlining the programme and made the required changes.