



**Midwifery Council**  
Te Tatau o te Whare Kahu

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

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

### **1.1 Introduction**

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Council<sup>1</sup> must satisfy itself that the midwife is competent to practise midwifery before it issues an APC. Section 29 states when a midwife has not practised midwifery within the context of New Zealand in the previous three years and applies for an Annual Practising Certificate (APC), the Council may decline to issue an APC or include varying conditions on the midwife's scope of practice.

Under Section 29, the Council must then consider what conditions it may impose or vary before it issues an APC. The Council has decided that the way it assesses that someone is competent is through conditions on their scope and those conditions are that they are required to complete a Return to Practice (RTP) programme as outlined in this document.

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

#### **1.2.1 Midwifery Scope of Practice**

The Midwifery Scope of Practice provides a broad statement on the boundaries of what a NZ midwife can provide on her own as an autonomous practitioner. As required under the HPCAA, the Council has defined the scope of practice for registered midwives and published this in the [NZ Gazette](#).

#### **1.2.2 Competencies for Registration as a Midwife**

Under the HPCAA 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's Competencies for Entry to the Register of Midwives. The Competencies for Entry to the Register of Midwives provides detail of the skills, knowledge, and attitudes expected of a midwife to work within the NZ 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/he is expected to be capable of doing. By defining the minimum competence standards for registration as a midwife in NZ, 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 available on line.

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<sup>1</sup> Council refers to the Midwifery Council of New Zealand throughout this document  
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### 1.2.3 Competence to practise

New graduates and internationally qualified midwives seeking registration in NZ are assessed against the above Competencies for Entry to the Register of Midwives before being granted registration as a midwife. In order to be issued with a practising certificate, registered midwives must provide evidence that they are practising within the Midwifery Scope of Practice and that they are maintaining their competence to practise.

The Council defines 'maintaining competence to practise' for registered midwives as, *"the ongoing capacity to integrate knowledge, skills, understanding, attitudes and values within the professional framework of the Midwifery Scope of Practice"* (Recertification Programme: competence-based practising certificates for midwives Policy Document, 2014).

## 2. PART TWO: Return to Practice Process

The process for all midwives undertaking a RTP programme is as follows:

1. identify an appropriate category
2. provide evidence of fitness to practise
  - a. Consent to New Zealand Police vetting (form available at the Council internet site). If applicable, a current Police check from the national police organisation in any overseas country where the midwife has lived for 12 months or more. (Must be current, must be from the national police organisation, and must be an original sent direct to the Council.)
  - b. Health certificate (form available at the Council internet site)
  - c. Curriculum Vitae (CV)
  - d. References may be required depending on circumstance
3. provide a plan for completion of the education components, mentorship, and clinical practice
4. Once it is agreed that the midwife is fit and able to commence a Return to Practice programme, she will be advised to apply for a practising certificate. An Interim Practising Certificate (IPC) will be granted for the duration of the programme. The midwife will be required to practise under appropriate supervision and only as part of a return to practice programme for the duration of the programme
5. undertake courses and complete clinical practice requirements
6. provide required evidence (using Appendix 1 as a checklist) to the Council within ten days of completing course
7. Once completed, the IPC will be cancelled and replaced with an Annual Practising Certificate.

## **2.1 Categories of midwives who now wish to return to midwifery practice**

### **2.1.1 Category A: Midwives who practised midwifery following graduation and have taken a break from practice for less than three years**

Midwives in this category do not fall within the definition of a formal Return to Practice in the HPCAA criteria. Midwives in this category must complete the routine Recertification requirements and are referred to the Recertification requirements on the Midwifery Council website - <http://www.midwiferycouncil.health.nz>

### **2.1.2 Category B: Midwives who practised midwifery and have taken a break from practice for between three and five years**

Midwives are required to complete the identified education, under their specific category, in Appendix 1 within **six** months of applying for and being issued with a practising certificate, except for Midwifery Standard review which should be completed within two years of the practising certificate application. A condition will be placed on their APC until such time as the Pharmacology and Prescribing on-line course is completed.

### **2.1.3 Category C: Midwives who have been out practice for more than five but less than 10 full years**

Midwives are required to complete the identified education, under their specific category, in Appendix 1. Requirements 1-3 (Emergency Day) must be completed **before** a practising certificate is issued. Requirements 5-10 must be completed **within 12** months and the remaining within **24** months of applying for and being issued with a practising certificate. A condition prohibiting the prescribing of prescription and controlled medicines will be placed on their APC until such time as the Pharmacology and Prescribing on-line course is completed. A Gazetted process and monitoring fee applies to this category and should be paid to the Council with the application for approval of a return to practice plan. It is also worth noting that individual District Health Boards (DHBs) may also have a fee for assisting the midwife in developing and implementing the competency/clinical placement plan.

Midwives are required to have a period of supervised practice across the midwifery scope. A plan must be provided to the Council including the named preceptor for the period of time. The preceptor midwife must have completed a Council-approved preceptorship course. At the end of the clinical placement, there will be a clinical assessment using the approved Council template, and all competencies must be achieved.

#### **2.1.4 Category D: Midwives who have remained within the clinical health care environment but out of midwifery practice for ten years or more**

Midwives are required to present a portfolio of evidence to the Council<sup>2</sup>. The portfolio is to be developed and presented in a face-to-face meeting with the Midwifery Council Midwifery Advisor. The Midwifery Advisor will be able to support the midwife by presenting the midwife's portfolio on her behalf to the Council. A decision will be made which will be one of the following: (a) the midwife is to complete the Council-approved programme of education; or (b) the midwife will be referred to a midwifery school for a competence assessment leading to the development of a plan of education. The midwife will self-fund the assessment and RTP programme. A Gazetted process and monitoring fee applies to this category and should be paid to the Council with the application for approval of a return to practice plan.

#### **2.1.5 Category E: Midwives who have not remained within the clinical health care environment and out of midwifery practice for ten years or more**

Midwives who have been out of midwifery practice for greater than 10 years and not involved in the health care environment must directly contact a midwifery school of undergraduate midwifery education<sup>3</sup>. The school will undertake a clinical and theoretical assessment and develop, in partnership with the midwife, a plan for RTP. The midwife will self-fund the assessment and RTP programme. A Gazetted process and monitoring fee applies to this category and should be paid to the Council with the application for approval of a return to practice plan.

**NOTE** – The time periods and programmes ascribed to each category are indicative of what the Council expect would be appropriate for midwives in those circumstances and are a guide only. They assume that the midwife had significant experience and was working across the Midwifery Scope of Practice prior to ceasing practice. The category and the exact programme approved by Council will be based on an assessment of the midwife's qualification, midwifery practice experience, and any relevant experience since ceasing practice, and may vary from the standard programmes described here.

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<sup>2</sup> If the Council delegates this responsibility, the decision regarding category for Return to Practice **must** include midwifery professional advice

<sup>3</sup> Auckland University of Technology, Waikato Institute of Technology, Otago Polytechnic, or Christchurch Polytechnic Institute of Technology

## **2.2 Mentor**

Each midwife will have a mentor. This appointment is for the duration of the Return to Practice Programme. Mentors are expected to meet with the midwife every six weeks. Mentors are an agent of the Council and will be appointed for this purpose.

The mentor will be required to provide reports at the end of year one and the end of the Return to Practice Programme, and at any other time should they have concerns regarding the midwife's practice. The midwife is required to self-fund the cost of having a mentor.

## **2.3 Monitoring**

All midwives will have their progress through the RTP programme monitored. Midwives will be advised if their progression through the plan is not at the required level i.e. when they fall behind with any requirements.

## **2.4 Completion of Requirements**

Once the requirements have been successfully completed in any of the categories, the midwife will need to provide evidence to the Council. On receipt of successful completion of the above requirements, the midwife is issued with a full APC.

## **2.5 Previously approved Return to Practice Programmes**

All previously approved course approvals are formally withdrawn.

Those midwives on RTP programmes at the time of the policy change are able to complete the programme as approved.

## APPENDIX 1 – Course requirements – Return to practice

	Education	Category B (2.1.2)	Category C (2.1.3)
1	Maternal resuscitation refresher	< 6 months	Before
2	Neonatal resuscitation refresher		Before
3	Midwifery Emergency Skills Refresher	< 6 months	Before
4	Midwifery Standards Review (MSR)	Post two years from APC application	Post two years from APC application
5	Neonatal resuscitation full day	< 6 months	< 12 months
6	Family violence workshop		< 12 months
7	Electronic fetal monitoring education	< 6 months	< 12 months
8	Smoking cessation course		< 12 months
9	National Screening Unit 5 on-line courses, and update on the Immunisation Schedule including the Hepatitis B programme <sup>[i]</sup>		< 12 months
10	Integrated short course physiological birth		< 12 months
11	Integrated short course complicated pregnancy/birth		< 24 months
12	NZ maternity and midwifery systems on-line		< 24 months
13	Pharmacology and Prescribing on-line	< 6 months	< 24 months
14	Cultural competence for midwives on-line course		< 24 months
15	Introduction to IT systems relevant to practice setting	< 6 months	< 24 months
16	Examination of the Newborn theory and practical courses, and update knowledge on WellChild Schedule		< 24 months
17	Mentor until requirements completed	< 6 months	< 24 months