



# **Midwifery Council**

Te Tatau o te Whare Kahu

## **Recertification Programme: competence-based practising certificates for midwives**

### **Policy Document**

*Pursuant to Section 41 Health Practitioners Competence Assurance Act 2003*

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## 1. PART ONE: EXECUTIVE SUMMARY

The Midwifery Council's Recertification Programme must be undertaken by all midwives in order to demonstrate on-going competence to obtain an annual practising certificate.

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

Component	Detail	Timeframe
Declaration	Signed declaration of competence to practise within the Midwifery Scope of Practice and engagement in the Recertification Programme	- annually
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 Kaupapa<sup>1</sup> and the Council's expectations in relation to cultural competence.

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<sup>1</sup> 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.

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 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
- Code of Ethics and Guidelines in “Midwives’ Handbook for Practice” (NZCOM, 2016)

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.

### 3. PART THREE: RECERTIFICATION PROGRAMME

#### 3.1 Components of the Recertification Programme

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

- a) A declaration of competence to practise within the Midwifery Scope of Practice annually on application for a practising certificate (see 3.1.1)
- b) Practice across the Scope over a rolling three-year period (see 3.1.2 and Appendix One)
- c) Maintenance of a professional portfolio containing information and evidence about practice, and education and professional activities over each three-year period (see 3.1.3)
- d) Completion of education components:
  - Combined Emergency Skills Day
  - Minimum eight hours continuing midwifery education relating to area of midwifery practice
- f) Completion of quality assurance activities
  - Minimum eight hours professional activities
- g) 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)

##### **3.1.1 Declaration**

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”.

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.

### ***3.1.2 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 period<sup>2</sup>, 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 period. 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 are entry level only and do not expect expertise in all areas of midwifery practice.

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<sup>2</sup> 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.

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 one for examples

### **3.1.3 Portfolio**

The midwife's portfolio is the central collection point for information about their practice and their on-going education and professional development. The information contained in this portfolio provides evidence of the midwife's continuing competence to practise, including evidence of the application of learning to practice.

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. Written reflections on these activities must be provided. These must make a link between the learning experience and the midwife's practice.

The portfolio will contain the following elements:

#### **a) Evidence of continuing midwifery education activities**

- annual attendance at Combined Emergency Skills Days each year
- evidence of completion of a minimum of eight hours continuing midwifery education each year

#### **b) Evidence of engagement in quality assurance activities**

- evidence of engagement in a minimum of eight hours professional activities each year
- Completion of Midwifery Standards Review once every three years (unless new graduate, Internationally Qualified or Return to Practice midwife)

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#### **c) Evidence of application of learning to midwifery practice**

This is likely to be provided through:

- reflection on critical incidents and exemplars of good practice
- how new ideas and information have been incorporated into changes in practice
- reflection about each education activity and how it contributes to the midwife's on-going competence. Many continuing midwifery education

courses provide reflective activities which can be incorporated into portfolios

- reflections can be documented through short sentences and brief paragraphs

### **3.1.4 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 (e.g. bleeding emergencies, shoulder dystocia, breech and cord prolapse).

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

#### **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.

#### **3.1.4.1 Guidelines for continuing midwifery education**

Education providers seeking approval as providers of education or events should first read the Council's document *Approval as a provider of midwifery education for the purposes of the Recertification Programme for midwives* for details of the criteria for approval and information required by the Council.

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 (e.g. 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.

### **3.1.4.2 Professional Activities**

A schedule of activities that are considered to be “professional activities” is in Appendix two 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.

### **3.1.5 NZCOM Midwifery Standards Review Process**

NZCOM 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 professional standards. As such, it is distinct from employer processes or peer review processes run by groups of midwives. Its only interest is in the improvement of standards of midwifery practice and it achieves this through education and support which enable each individual midwife to examine their practice, identify their strengths and weaknesses, and develop their professional development plan to help them achieve their goals.

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 (as defined by the Midwifery Scope of Practice<sup>3</sup>) must have a practising certificate<sup>4</sup>. All midwives who require a practising certificate for their employment or work as a midwife must participate in the Midwifery Council's Recertification Programme.

Midwives who have not practised midwifery in the previous three years will be required to undertake a Return to Practice Programme. 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, may be required to hold a practising certificate for their work. If so, 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 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. For the purposes of applying for practising certificates, midwives in this category must provide the registrar with written evidence of how they meet this requirement.

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<sup>3</sup> Guidance is provided for midwives working outside of the Midwifery Scope of Practice in the Midwifery Council's document "Information for Midwives Working Outside of the Midwifery Scope of Practice" (October 2004). Further updated information is provided in the Council's document "The Midwifery Scope of Practice: further interpretation" (March 2005). These documents can be downloaded from the [Midwifery Council website](#).

<sup>4</sup> The statutory penalty on conviction for practising without a practising certificate is a fine of up to \$10,000.

### **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**

As well as completing the [Overseas Competence Programme](#),<sup>5</sup> Internationally Qualified Midwives are required to commence participation in the Recertification Programme upon being issued with an Annual Practising Certificate.

#### **4.6 Midwives temporarily ceasing practice**

A recertification period is a “rolling” three years. This means that when midwives apply for a practising certificate, they look back over the previous three years they have actually worked. This might be within a six year period on the basis midwives can have up to three years not working before falling into the Return to Practice category. During their three working years, midwives must complete all requirements.

These midwives will be required to undertake the Combined Emergency Skills Day as soon as possible, with their Midwifery Standards Review occurring at a negotiated time. They will also be asked to prepare a plan for education components. The registrar has delegated authority to make decisions on these cases, based on what is fair and reasonable.

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<sup>5</sup> 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 safety
- Examination of the newborn (theory and practice)
- Pharmacology and prescribing



If midwives take leave of six months or less, no adjustments are made to their recertification period. If midwives take leave of more than six months at any time then the 'look back over the last three years of actual work, up to 6 years back' guideline applies.

If midwives take leave but want a practising certificate to "do the odd postnatal visit" for example, they must fully engage in recertification.

#### **4.7 New Zealand registered midwives returning to do short term locums**

This section applies to midwives who are registered in New Zealand but who reside and work as midwives overseas and who seek to return to New Zealand to work as midwives for a few months each year, for instance as short term locums.

All midwives who wish to practise in New Zealand must hold current practising certificates and all midwives who hold practising certificates must engage in the Recertification Programme.

The registrar has delegated authority to assess overseas short courses for equivalence to the NZ context so that on-going education undertaken by midwives overseas may be credited towards recertification in New Zealand. This authority includes crediting equivalent education in emergency skills to meet the requirements for the emergency skills component of the Combined Emergency Skills Day in New Zealand. Those midwives working in Australia who engage in the ACM's peer review called 'Midplus' once every 3 years are likely to be credited with this as being equivalent to Midwifery Standards Review.

Midwives who wish to have their on-going midwifery education completed overseas considered for crediting towards recertification in New Zealand will need to contact the Council's secretariat, provide details of courses completed in the previous three years and request credit. Midwives from overseas will need to plan how they will meet recertification requirements in New Zealand.

## **5 PART FIVE: QUALITY ASSURANCE AND AUDIT**

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

### **5.1 Evidence of participation in the Recertification Programme**

Each time a midwife applies for a practising certificate, she is required to declare she is competent and is engaged in the Recertification Programme. Engagement in the Recertification Programme is verified by electronic monitoring.

### **5.2 Audit of individual midwives**

Each year there is a targeted audit of the 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.

Midwives are notified of the audit and asked to send their portfolios to the Council. Refer to paragraph 3.1.3 for information as to what a portfolio should contain. In preparation for audit, a midwife must complete a summary sheet which will be provided with the notice of audit.

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.

Following the review of the Recertification Programme in 2016, it was agreed between the Council and the College that a formal review of the Midwifery Standards Review process would occur in the 2017-2020 time frame.

## **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 One: Working across the Midwifery Scope of Practice

**As a guide only**, the Midwifery Council provides the following examples of how midwives might demonstrate their competence across the Midwifery Scope of Practice. 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 and others in non-clinical positions and who are not involved in any 'hands on' midwifery practice:*

- Consider if a practising certificate is necessary for work

- Demonstrate in writing to the registrar how their work covers the midwifery scope. This could include policy development, review of service provision, education that covers an aspect of practice
- Undertake a tailored Return to Clinical Practice programme if required or have not held a practising certificate for more than three years
- Consider the solutions identified under (a) or (b) above

*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
- Consider the solutions identified under (a) or (b) above

## **7.2 Appendix Two: 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
- Mentoring<sup>6</sup> and orientation of registered colleagues to the work environment
- Mentoring midwifery colleagues e.g. 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

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<sup>6</sup> 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

- 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 Resolutions Committee
- DHB QLP assessor or Professional Development Programme assessor
- Office holder as union representative
- Office bearer or committee member in professional organisation regional committee
- Professional organisation regional chair or National Committee Member
- Attendance at professional organisation<sup>7</sup> meetings
- Organising midwifery events e.g. 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

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<sup>7 7</sup>Professional organisation includes College of Midwives, Nga Maia Maori Midwives, Pasifika Midwives



- 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\*

#### **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 three: 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 Council<sup>8</sup>. 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.

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<sup>8</sup> 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.

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 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.