1. Fitness to Practise

These components must be provided by ALL returning midwives at the time of APC application. An APC will not be granted until these are all received. Once all documents are received, a practising certificate will be issued within three to five working days.

- Police check
- Health Certificate
- Your CV
- Plan for completion of education requirements

2. Midwifery Education Requirements

Continuing education courses* are required following the issuing of a practising certificate. These will vary depending on how long the midwife has been out of practice. If the midwife believes that she should have exemption from completing any of these courses, she should contact the Council with her reasons.

NB: times given are completion timeframes from the time of commencing practice. Category A is not within the formal Return to Practice programme as it is for midwives who have been out of practice less than three years.

**Category B**
(Not practised for three to five years)
- Combined Emergency Skills day <6 months
- Midwifery Standards Review (MSR) post two years APC Application
- Neonatal Resuscitation full day < six months
- Electronic fetal monitoring education < six months
- Pharmacology and Prescribing** < six months
- Introduction to IT systems relevant to practice setting

**Category C**
(Not practised for five to ten years)
- All of category B, plus
- Family Violence Workshop** <12 months
- Smoking Cessation Course** <12 months
- National Screening Unit 5 Courses** <12 months
- Integrated short course physiological pregnancy/birth** <12 months
- Integrated short course complicated pregnancy/birth** <24 months
- NZ Maternity and Midwifery Systems** <24 months
- Cultural competence for midwives** <24 months
- Examination of newborn theory** and practical courses <24 months
- Supernumerary time with preceptor <24 months

* Also satisfies the Continuing Midwifery Education requirements of the Recertification Programme

** Available online
3. Midwives who have been out of midwifery practice for 10 years or more

These are split into two categories, those who have remained within the clinical health care environment and those who have not.

<table>
<thead>
<tr>
<th>Category D</th>
</tr>
</thead>
<tbody>
<tr>
<td>(not practised for 10+ years but remained in the health care environment)</td>
</tr>
<tr>
<td>Midwives are required to present a portfolio of evidence to the Council. This is to be developed and presented in a face to face meeting with the Deputy Registrar Midwifery Regulation who will then present the portfolio on behalf of the midwife to the Council. There are two possible outcomes:</td>
</tr>
<tr>
<td>• The midwife is to complete the Council-approved programme of education; or</td>
</tr>
<tr>
<td>• The midwife will be referred to a midwifery school for a competence assessment leading to the development of a plan of education</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Category E</th>
</tr>
</thead>
<tbody>
<tr>
<td>(not practised for 10+ years and have not remained in the health care environment)</td>
</tr>
<tr>
<td>• Midwives who have been out of midwifery practice for &gt; 10 years and not involved in the health care environment should contact the Council in the first instance where they will be directed to a school of midwifery</td>
</tr>
<tr>
<td>• The school will undertake a clinical and theoretical assessment and develop in partnership with the midwife a plan for return to practice which is to be submitted to the Council for approval</td>
</tr>
</tbody>
</table>

In addition to these requirements, every return to practice midwife will also have in place:

- **Mentor**
  Each midwife will have a mentor approved by the Council for the duration of the return to practice programme

- **Monitoring**
  All midwives will have their progress in the return to practice programme monitored

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**The Midwifery Council**

The Midwifery Council is the guardian of professional standards in midwifery. It makes sure midwives meet and maintain professional standards of education, conduct and performance so that they deliver high quality healthcare throughout their careers. The safety of mothers and babies comes first.