

# RETURN TO MIDWIFERY PRACTICE COURSES

Standards and requirements



Bord Altranais agus  
Cnáimhseachais na hÉireann  
Nursing and Midwifery Board  
of Ireland



These standards and requirements were originally published in October 2005 *Return to Midwifery Practice Courses, Requirements of An Bord Altranais* (First Edition).

This document was re-issued in November 2015 for the relaunch of the NMBI website. This involved reviewing the content, updating dated references and redesigning the document. However, the standards and requirements themselves reflect what is in the 2008 edition.

## **About NMBI**

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit [www.NMBI.ie/What-We-Do](http://www.NMBI.ie/What-We-Do).

## **Nurses Rules 2010**

This programme is governed by the Nurses and Midwives Act 2011 and by the Nurses Rules, which provide titles of recognised qualifications under the Register of Nurses and Midwives. For more information on the Act, and on the Nurses Rules, visit the What we Do/Legislation section of NMBI's website, [www.NMBI.ie](http://www.NMBI.ie).

## **Approval of Higher Education Institutions and associated Health Care Providers**

Details of approval of HEIs and associated HCPs along for provision of such programmes is published on our website. For more information, visit:  
[www.NMBI.ie/Education/Higher-Education-Institutions/Approvals-Nursing-Programmes](http://www.NMBI.ie/Education/Higher-Education-Institutions/Approvals-Nursing-Programmes)

## **Glossary**

A full glossary of all the terms used in this and other NMBI publications is published on our website. Visit [www.NMBI.ie/glossary](http://www.NMBI.ie/glossary).

## **References**

A list of references is included at the end of the document.

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# INTRODUCTION

Midwifery is a practice discipline and hence theory and practice are intrinsically linked. All midwives should be competent and confident practitioners of midwifery who have embraced a philosophy of life-long learning in order that they continue to deliver competent, responsive, women-centred and flexible midwifery care in a variety of clinical settings. Return to Midwifery Practice courses are provided to enable midwives returning to practice to update both their theoretical knowledge and their clinical skills so that they may become competent and confident providers of midwifery care.

The theoretical component of the course is required to allow participants to acquire the knowledge and understanding necessary to underpin clinical midwifery practice. The aim of clinical practice learning is to enable the midwife to develop the domains of competence and become safe, caring, competent decision makers willing to accept personal and professional accountability for midwifery practice that is based on the best available evidence.

## Requirements of the Nursing and Midwifery Board of Ireland (NMBI)

- a. Courses must be approved by NMBI prior to commencement. Schools of Midwifery/Higher Education Institutions or other appropriate education providers, with their partnership healthcare institutions, must apply for approval of the course from NMBI. All course details, plus supporting documentation, must be submitted. The duration of approval of the programme will be specified by NMBI but will be no longer than five years. The duration of approval will be notified by NMBI to the providing institution.
- b. Any significant changes to the course must be notified to NMBI.
- c. The course must be developed and co-ordinated by a midwife tutor; the term tutor denotes a person who is both a Registered Midwife and a Registered Nurse Tutor.
- d. Midwifery subjects must be taught by registered midwives with appropriate clinical experience and teaching expertise.
- e. Clinical placements must take place in healthcare institutions approved by NMBI for the education of midwifery students.
- f. All clinical placements must be supported and supervised by registered midwives with clinical practice experience and educational preparation that will enable them to undertake the role. Such midwives should all have undertaken a 'preceptorship course' or equivalent.
- g. If educational institutions running Midwifery Return to Practice Courses wish to utilise clinical placement sites that are not currently approved by NMBI for the education of midwifery students, they must firstly seek the approval of the Board. Evidence to support their request must be provided. The educational institution is responsible for the audit of new placement sites as regards their suitability as clinical learning environments. The document Guidelines on the Key Points that may be considered when developing a Quality Clinical Learning Environment (ABA, 2003) provides useful guidance in this regard.
- h. Participants on the course are supernumerary to normal midwifery staffing level for the duration of the course.
- i. Records of course content, clinical placements and attendance must be kept in respect of each participant on the course.

# RETURN TO MIDWIFERY PRACTICE COURSES

## Course participants

- a. Whilst NMBI currently does not have legal authority to insist upon it, NMBI strongly recommends that a registered midwife who is returning to practice after an absence of five years or more should complete a Midwifery Return to Practice Course prior to engaging in midwifery practice or being employed as a midwife. This is so that the midwife will have an opportunity to update her knowledge and clinical skills in order that she is a competent provider of midwifery care. Both the Code of Professional Conduct and Ethics for Registered Nurses and Midwives (NMBI, 2013) and the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) emphasise the need for a midwife to be competent and accountable for her practice. It falls within the remit of employers to insist that a Return to Midwifery Practice Course be completed prior to employment.

**Note:** The participant must be on the Active Register maintained by NMBI prior to commencement of the course. This must be verified by the Course Co-ordinator. It is acknowledged that not all midwives are female, but for the sake of clarity the terms 'she' and 'her' will be used to refer to midwives throughout this document.

- b. Midwives not currently registered with NMBI must firstly apply for registration. NMBI may, upon assessment of the application, direct that an individual must undertake a Midwifery Return to Practice Course, which may be followed by a specified period of adaptation and assessment as a pre-requisite to registration. Such direction will always be issued in writing by NMBI. Once such an individual has secured a place on a course;
  - i. The institution running the course must confirm to NMBI that the applicant's place on the course has been agreed and the starting date and location of the course.
  - ii. The applicant will then have her name entered on the Candidate Register maintained by NMBI and will be issued with a certificate to this effect. The institution should verify that the course participant has received this certificate from NMBI and retain a copy for their records.
  - iii. The competency of the applicant should be assessed utilising the specific competency assessment documents supplied by NMBI.
  - iv. Upon completion of the course the Director of Midwifery in the hospital should confirm to NMBI that the applicant has met the Board's requirements and recommend/not recommend the applicant for registration.

## Learning outcomes

The purpose of the Midwifery Return to Practice Course is to ensure that the midwife is equipped with the knowledge and skills necessary to practise as a competent and professional midwife. The Midwifery Return to Practice Course should enable the participant to achieve the following five learning outcomes:

- Provide competent, safe midwifery care to women, their babies and, where possible, their wider family circle.
- Demonstrate respect for the individuality of each woman and support shared decision-making throughout the woman's childbirth experience.
- Promote and support lifestyle choices that enhance the health and wellbeing of women, their families and the wider community.
- Recognise the scope of midwifery practice, initiate appropriate referrals to other healthcare providers and provide emergency care when required.
- Take responsibility for maintaining a level of knowledge and clinical skills that is based on the best available evidence.

## Course structure and duration

The course should provide the participant with learning opportunities that will support the achievement of competence in clinical practice. The course may be delivered in a full-time or part-time mode.

The minimum duration of the course shall be a minimum of six weeks full time (twelve weeks part-time). A week means the standard working week in hours being applied to midwives by an approved healthcare institution at the time of the course. The option of delivering the course as a full time or part time course is at the discretion of the course providers at local level.

### **Theoretical component:**

The theoretical component of the course shall be comprised of a minimum of one third of the course. Related clinical instruction, which may be based in a clinical skills laboratory and/or in the clinical area, may also be included in this part of the programme. The indicative content to be addressed during this time is set out in on pages 7-8 of this document.

### **Clinical component:**

This should be of a minimum of one half of the course and should be spent in clinical areas that have well established mechanisms for supporting learners. Placement in such areas facilitates support and assessment of the participant. The participant should be assigned a preceptor for the duration of each placement. The participant should work with a preceptor and/or other midwifery staff on a daily basis for the duration of the placement. This enables the participant to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.

Competence is defined as the ability of the registered midwife to practice safely and effectively fulfilling her professional responsibility within her scope of practice. During the clinical component of the course, the competence of each participant should be assessed using the Competence Assessment Tool developed by NMBI (Page 10).

It is recognised that individuals returning to midwifery practise after an absence of many years are likely to require additional support and supervised time in the clinical area in order to enable them to practice at a competent level. It should also be recognised that although individuals may have reached a level of competence in their clinical practice, they will continue to require clinical support to enable them to become confident providers of midwifery care.

Completion of Midwifery Return to Practice Course is not an end-point in itself but rather the beginning of an engagement in a process of continuing professional development. This may particularly be the case with individuals who completed a midwife registration education programme but never practised as a registered midwife. The clinical component of the Midwifery Return to Practice course may need to be extended for individual participants to facilitate the achievement of competencies and this can be negotiated at local level.

## Indicative Content

### Theoretical Content

#### Midwifery knowledge base for clinical practice:

- Key concepts in midwifery care – supporting, holism, normality, individualism, partnership, informed choice, advocacy and women-centred care.
- An introduction to the concepts of self-directed learning skills; critical thinking/reasoning skills; decision-making and problem-solving skills; and reflective practice in midwifery.
- Knowledge and skills to assess, plan, implement and evaluate midwifery care provided to women experiencing normal pregnancy, labour, birth and puerperium.
- Knowledge and skills to prevent and/or detect abnormalities in women and/or their babies.
- Knowledge and skills to assess, plan, implement and evaluate midwifery care provided, in collaboration with other healthcare professionals, to women who have pre-existing medical or psychological conditions or where complications arise during pregnancy, labour, birth or the puerperium.
- Knowledge and skills necessary to prevent, detect and manage obstetric and neonatal emergencies.
- Knowledge and skills to assess, plan, implement and evaluate care for healthy and sick or small newborn babies in partnership with their mother/parents.
- Knowledge and skills to educate women about pregnancy, childbirth and parenting.
- Promoting maternal and child health.

#### Professional, Ethical and Legal Issues:

- Role of the statutory and professional midwifery bodies/agencies.
- Life-long learning.
- The role of the midwife in the provision of maternity services.
- The scope of midwifery practice as defined by the profession, legislation and ethical codes and values.
- Cultural awareness in midwifery practice.
- Communicating and recording clinical midwifery practice.
- Effective professional relationships within the multidisciplinary team, to include primary care and community services.
- Clinical risk management.

#### Research appreciation and evidence-based practice:

- An introduction to the research process and techniques for literature searching.
- Using research and evidence-based practice in midwifery.

### Clinical skills content:

- Moving and Lifting.
- Cardio-pulmonary resuscitation (to include specifics of resuscitation of pregnant women and neonates).
- Infection control and prevention.
- Medication management including administration of intravenous fluids and blood products; epidural analgesia.
- Management of obstetric emergencies.
- Foetal monitoring, including use and analysis of cardiotocographs.
- Recording clinical practice.

## Assessment of participants' competence

Attainment of competence in clinical practice should be assessed, in respect of each participant, using the Competence Assessment Tool (Page 10).

Participants who are not seen to be developing towards a competent level of clinical practice should be identified to the Course Co-ordinator. The course participant should be informed of the concerns identified. Support and guidance should be offered and an action plan developed. Concerns about client or staff safety should be notified to the Director of Midwifery in the healthcare institution concerned. The duration of the course may need to be extended for such an individual. Ultimately, if the individual is already registered with NMBI, a decision may be taken to request NMBI to undertake an inquiry into the participant's fitness to practise. All concerns and action taken should be documented.

## Entry Procedure

Application for entry to the course should be made directly to the institution responsible for co-ordination of the course. Institutions are responsible for publicising the course and the application process.

Once approved by NMBI, course details will be placed on the web-site of the Nursing Careers Centre ([www.nursingcareers.ie](http://www.nursingcareers.ie)) and in the Nursing/Midwifery Career Development booklet produced by Nursing Careers Centre in NMBI.

It is the responsibility of the institution co-ordinating the course to determine, in consultation with partnership healthcare institutions, any occupational health requirements that must be met by applicants prior to commencing the course.

## Number of participants

The maximum number of participants on the course should be determined by the number of teaching staff available and the number of participants who can be adequately supported and supervised in the clinical area. Due consideration should be given to the number of other individuals who require support and supervision in the clinical area at the same time and the impact that may have on clients and staff. The minimum number of participants on the course is a decision to be taken at local level.

## Financial support

Financial support for individuals undertaking Return to Midwifery Practice Courses is provided through a funding agreement between the Health Service Executive and healthcare institutions.

## Participant support

It is recognised that participants on the Midwifery Return to Practice Courses may have been out of midwifery practice for very many years. Whilst they have been developing life skills and possibly experience in other areas of employment, they require support and guidance during their return to midwifery practice. It is therefore in the interests of the participant, the profession, and clients that the return to practice is facilitated in a pro-active manner. Participants are expected to actively engage in the process of returning to midwifery practice. The guidance provided by NMBI (2003) on developing a quality clinical learning environment is as applicable in relation to course participants as it is in relation to midwifery students.

Participants should be provided with a course handbook containing all relevant information about the course, the institutions, the personnel and the assessment process. The handbook should set out the participants' roles and responsibilities in undertaking the course. A learning contract may be utilised to underpin this commitment.

A named midwife in the educational institution and in the healthcare institution should be identified for the purposes of participant information and support.

It is recommended that participants who have completed a Midwifery Return to Practice Course should continue to be supported in clinical practice in the weeks and months following completion of the course. The need for such support should be assessed on an individual basis.

## Evaluation of the course

Each course should be evaluated by participants, midwife managers, preceptors, clinical staff and educators. Consideration should be given to a follow-up evaluation of all participants some months after completion of the course. Courses should be periodically reviewed, based on the findings of the evaluation. Evaluation forms should be developed at local level.

Each educational institution providing Midwifery Return to Practice Courses must submit an annual report to NMBI in respect of the course. A template for this report is provided in Appendix B. The report should be submitted by the 1st February of each year.

At the completion of each course, participants should be issued with a certificate of attendance for the course.

# COMPETENCE ASSESSMENT TOOL

The Competence Assessment Tool, which is available for download in the Registration section of the NMBI website [www.NMBI.ie](http://www.NMBI.ie), is designed to allow for a transparent assessment process that is user friendly. The focus is on facilitating learning opportunities that allow the midwife returning to practise to further develop independent learning skills and the performance criteria of competence associated with life long learning and continued professional development. Evidence of competence may be gathered by a number of methods including:

- By direct observation of the midwife's performance throughout the period of clinical placement.
- By question and answer sessions to assess underpinning knowledge.
- By reflective discussions between the midwife and the Preceptor regarding professional progress.
- By testimony from other key registered midwifery staff.
- By product evidence, e.g. documented midwifery care.
- By learning log evidence.

## Learning log

The use of a learning log during the period of clinical placement is recommended. The midwife returning to practise (hereafter known as the Return to Practice Midwife) may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence the Preceptor satisfies her/himself that the Return to Practice Midwife has achieved the learning outcomes and the learning log may assist the Preceptor in this endeavour. The log provides evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

## Attendance

Full attendance of 100% is expected of the Return to Practice Midwife during the period of the course. However, 80% is the minimal attendance recommended before final assessment can be undertaken. Full shifts should be attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Midwife Manager or Preceptor and the Course Co-ordinator should be informed.

## Assessment meetings

To facilitate the assessment process it is recommended that formal meetings take place between the Preceptor and the Return to Practice Midwife. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

### Initial meeting

- The initial meeting between the Return to Practice Midwife and the Preceptor takes place early in the first week of the period of clinical practice.
- The Competence Assessment Tool provides the framework for the discussion.
- The learning outcomes and the Domains of Competence are discussed in detail and opportunities for practice-based learning are identified.
- The Return to Practice Midwife and the Preceptor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet (page 25).

### Intermediate meeting

- The intermediate meeting between the Return to Practice Midwife and the Preceptor takes place at the mid-way point of the period of clinical practice. The decision as to when the intermediate meeting should be held is determined locally by the Preceptor in consultation with the Return to Practice Midwife.
- The progress of the Return to Practice Midwife is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor initialises each competency indicator under the column 'Progressing' or 'Not progressing'.
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- At the request of the Return to Practice Midwife or the Preceptor or in the event that the Return to Practice Midwife is not progressing in an identified area/s, a Verifier attends the meeting and the Course Co-ordinator is notified.
- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Return to Practice Midwife the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the Return to Practice Midwife, the Preceptor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
  1. Agreement on the part of the Return to Practice Midwife and the Preceptor as to the exact area/s where a problem/s are identified
  2. An agreed period of time for further supervised practice
  3. An agreed minimum contact time per week that the Preceptor and Return to Practice Midwife will practise together
  4. Specific details of how the problem area/s will be addressed in the clinical area
- A record of the meeting is made in the Intermediate Meeting Record Sheet (page 26).

### Final meeting

- The final meeting takes place during the final week of clinical placement.
- An 80% attendance record is required.
- If identified during the intermediate meeting that the Return to Practice Midwife was not progressing in certain competencies, sufficient attendance to determine that progress can be assessed is required

before this final meeting takes place.

- The Return to Practice Midwife and the Preceptor attend the meeting.
- The Verifier attends if:
  - a. either the Return to Practice Midwife or the Preceptor or both requests his/her presence at the meeting
  - b. problems are identified during the intermediate meeting
  - c. the Return to Practice Midwife is deemed not competent
- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor initials each competency indicator under the column 'Competent' or 'Not Competent'.
- If a Return to Practice Midwife is deemed not competent and a decision to extend the period of clinical practice and assessment is under consideration, this must be notified to and agreed by the Course Co-ordinator and the Director of Midwifery.
- A full review and further development of the learning contract and action plan will also be required at this point.
- A record of the meeting is made in the Final Meeting Record Sheet (page 27).

## Management of assessment documentation

The Return to Practice Midwife is responsible for managing her assessment documentation for the duration of the period of the course. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The Return to Practice Midwife holds the documentation throughout the period of clinical practice and returns all documentation to the Preceptor on completion of the period of clinical practice. The completed documentation is then held by the educational institution.

# SUMMARY OF ASSESSMENT PROGRAMME

## First week of the period of clinical practice/assessment

- Initial Meeting is held
- Return to Practice Midwife and Preceptor discuss and plan how the competencies are to be achieved.
- A learning contract is agreed

## During the period of clinical practice/assessment

- The Return to Practice Midwife works with Preceptor and /or other midwifery staff in the achievement of competencies.
- The Return to Practice midwife engages in Reflective Practice and records learning in learning log.
- The Return to Practice Midwife arranges the dates of intermediate and final meetings with the Preceptor.

## Mid-way during the period of clinical practice/assessment

- Intermediate meeting is held and Return to Practice Midwife is formally assessed
- Return to Practice Midwife, Preceptor and Verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.

## Final week of the period of clinical practice/assessment

- Return to Practice Midwife, Preceptor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out and documentation is completed, signed and submitted to the Course Co-ordinator.

# RETURN TO PRACTICE MIDWIFE DETAILS

EDUCATIONAL INSTITUTION	▶	<input type="text"/>
		<input type="text"/>
HEALTH CARE INSTITUTION	▶	<input type="text"/>
		<input type="text"/>
NAME OF CANDIDATE	▶	<input type="text"/>
DIVISION OF THE REGISTER	▶	<input type="text"/>
NMBI PIN	▶	<input type="text"/>
COMMENCEMENT DATE	▶	<input type="text"/>
COMPLETION DATE	▶	<input type="text"/>

## Domains of Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Midwife to practice safely and effectively, fulfilling his/her professional responsibility within her scope of practice (NMBI 2000).

All five Domains of Competence represent the level the Return to Practice Midwife must reach on completion of the period of clinical practice. The aim is to ensure that the return to Practice Midwife acquires the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of midwifery. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within a complex and changing healthcare environment it is essential that the best available evidence inform practice. This is reflected in the competencies.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Return to Practice Midwife's clinical practice. Each domain consists of performance criteria and their relevant indicators.

A team and partnership approach will be applied when assessing the Return to Practice Midwife as the Preceptor will consult with colleagues in determining the Return to Practice Midwife's competence.

The Return to Practice Midwife is deemed to be either competent or not and where competence has not been achieved the midwife will be given opportunities to develop competence through an action plan. There are no ratings in the verification of competence.



# DOMAINS OF COMPETENCE

## Domain 1. Professional / Ethical Practice

Please sign your initials in the relevant boxes below

### Key

**1.1** = Performance Criteria    **1.1 (a)** = Indicator

1.1	Practices in accordance with legislation and professional guidelines affecting midwifery practice.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
1.1 (a)	Fulfils the duty of care of midwifery practice in accordance with current legislation, the Code of Professional Conduct and Ethics for Registered Nurses and Midwives and professional guidelines, Scope of Practice and Practice Standards for Midwifery.						
1.1 (b)	Integrates comprehensive knowledge of ethical principles in the provision of midwifery care.						
1.1 (c)	Promotes privacy and confidentiality with respect to women and their families.						
1.1 (d)	Demonstrates knowledge, understanding and critical evaluation of local policies, protocols and guidelines.						
1.1 (e)	Responds appropriately to instances of unsafe or unprofessional practice.						
1.1 (f)	Respects and supports the rights, beliefs and cultural practices of women and their families.						

1.2	Practice is underpinned by the distinct philosophy of midwifery	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.2 (a)	Demonstrates commitment to view pregnancy and childbirth as part of the life cycle, a normal healthy event.	YES	NO	YES	NO	YES	NO
1.2 (b)	Demonstrates commitment to providing women-centered maternity care.						
1.2 (c)	Promotes autonomous midwifery practice.						
1.2 (d)	Supports empowerment of women and their families and acts as an advocate where appropriate						
1.3	Practices within the limits of own competence and develops and maintains competence	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
1.3 (a)	Critically evaluates and bases practice on the best available evidence.	YES	NO	YES	NO	YES	NO
1.3 (b)	Accepts accountability for own professional practice, including own actions and omissions.						
1.3 (c)	Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework appropriately.						
1.3 (d)	Evaluates own abilities and level of professional competence.						
1.3 (e)	Takes appropriate action if delegated roles or responsibilities beyond own competence.						

## Domain 2. Holistic Midwifery Care

Please sign your initials in the relevant boxes below

2.1	Provides safe and effective midwifery care that encompasses the full range of activities of the midwife. <sup>1</sup>	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
2.1 (a)	Utilises the best available evidence to underpin holistic midwifery care.						
2.1 (b)	Assesses and confirms the health and wellbeing of the woman throughout pregnancy and provides appropriate midwifery care.						
2.1 (c)	Assesses and confirms the health and wellbeing of the woman throughout labour and birth and provides appropriate midwifery care.						
2.1 (d)	Assesses and confirms the health and wellbeing of the woman throughout the puerperium and provides appropriate midwifery care.						
2.1 (e)	Assesses and confirms the health and wellbeing of the woman's baby/ babies and provides appropriate midwifery care						
2.1 (f)	Recognises any condition during a woman's pregnancy, labour, birth and the puerperium that necessitates consultation with or referral to another midwife and/or health professional.						
2.1 (g)	Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/ or safety of the woman and/or her baby/babies.						

<sup>1</sup> As set out in EU Directive 80/155/EEC and the Definition of the Midwife (ICM, 1990/FIGO, 1991/WHO, 1992).

2.1	Provides safe and effective midwifery care that encompasses the full range of activities of the midwife. <sup>2</sup>	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.1 (h)	Provides midwifery care, when the health of a woman necessitates management by a medical practitioner, in partnership with other members of the healthcare team.	YES	NO	YES	NO	YES	NO
2.1 (i)	Provides midwifery care, when the health of a baby necessitates management by a medical practitioner, in partnership with other members of the healthcare team						
2.1 (j)	Evaluates the outcomes of care provided and, in partnership with the woman, plans future care provision						
2.2	Works in partnership with the woman and her family throughout the maternity experience.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
2.2 (a)	Utilises midwifery skills and knowledge that support the woman in achieving her potential throughout her pregnancy, labour, birth and the puerperium.	YES	NO	YES	NO	YES	NO
2.2 (b)	Actively facilitates informed choice by the woman throughout her maternity experience.						
2.2 (c)	Participates with the woman, her family and the healthcare team in collaborative decision making.						
2.2 (d)	Recognises and respects the role of the woman's family in her experience of pregnancy, labour, birth and puerperium.						

2 As set out in EU Directive 80/155/EEC and the Definition of the Midwife (ICM, 1990/FIGO, 1991/WHO, 1992).

## Domain 3. Interpersonal Relationships

Please sign your initials in the relevant boxes below

3.1	Communicates effectively with women and their families in one-to-one and group situations.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
3.1 (a)	Reflects on the appropriateness and usefulness of personal communication techniques, taking into account the needs, context and culture of the individual woman, family or group.						
3.1 (b)	Establishes and maintains caring interpersonal relationships with women and their families.						
3.1 (c)	Facilitates women, their families and groups in the identification and communication of their needs.						
3.1 (d)	Recognises and alleviates barriers to effective communication.						
3.1 (e)	Demonstrates respect for diversity.						

3.2	Communicates effectively with other members of the healthcare team.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
3.2 (a)	Demonstrates the ability to accurately present and share information with other members of the healthcare team and actively engage in collaborative decision-making.	YES	NO	YES	NO	YES	NO
3.2 (b)	Contributes in a constructively critical way to discussions with other members of the healthcare team.						
3.2 (c)	Demonstrates the ability to record clinical practice in a clear, objective and accurate manner within a legal and ethical framework.						

## Domain 4. Organisation and Co-ordination of Midwifery Care

Please sign your initials in the relevant boxes below

4.1	Effectively co-ordinates the midwifery care of women and their families.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
4.1 (a)	Selects and utilises resources effectively and efficiently.						
4.1 (b)	Utilises time management strategies to effectively plan and prioritise own workload and works on own initiative.						
4.1 (c)	Adheres to the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) with regard to delegation.						
4.1 (d)	Demonstrates the ability to work as a member of a team.						

4.2 Supports the development and delivery of effective care for women and their families.		Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
4.2 (a)	Actively promotes continuity of care for women through pregnancy, labour, birth and the puerperium.	YES	NO	YES	NO	YES	NO
4.2 (b)	Evaluates the provision of maternity care to women, their families and communities.						
4.2 (c)	Actively participates in initiatives to improve the quality, safety, accessibility and women-centeredness or maternity care.						
4.2 (d)	Actively supports and participates in quality initiatives.						
4.2 (e)	Integrates the principles of clinical risk management and health and safety into own practice.						

## Domain 5. Personal and Professional Development

Please sign your initials in the relevant boxes below

5.1	Acts to enhance the personal and professional development of self and others.	Progressing at Intermediate Meeting		Competant at Final Meeting		Documented Evidence	
		YES	NO	YES	NO	YES	NO
5.1 (a)	Identifies and utilises potential resources to facilitate life-long learning.						
5.1 (b)	Demonstrates a commitment to on-going professional education and life- long learning in order to be a midwife.						
5.1 (c)	Displays awareness of the unique professional identify and role of the midwife.						
5.1 (d)	Engages in collaborative review of clinical practice.						
5.1 (e)	Demonstrates the ability to reflect on and improve midwifery practice.						
5.1 (f)	Acts to support and promote the development of a quality clinical learning environment.						
5.1 (g)	Contributes to the learning experience of colleagues through support, supervision and teaching.						
5.1 (h)	Educates and supports women, their families and the wider community to maintain and promote health.						





# FINAL MEETING RECORD SHEET

## To be completed by the Preceptor in the presence of the Return to Practice Midwife.

Verifier attends if Return to Practice Midwife deemed not competent or if either Preceptor/Assessor or the Return to Practice Midwife requests his/her presence.

### Competent

If learning outcomes have been achieved and Return to Practice Nurse deemed competent Preceptor signs below:

SIGNATURE  
(of Preceptor)

OR

### Not Competent

If Return to Practice Nurse deemed not competent Preceptor signs below and specifies below Domain/s of Competence not achieved:

SIGNATURE  
(of Preceptor)

### Comments




# APPENDIX

## Annual Report

### This should contain the following information

- Name of Educational institution.
- Name of Healthcare institution(s)
- Details of courses planned, but not held.

### In respect of each course

- Commencement date
- Number who successfully commenced the course
- Number who completed the course
- Number who did not complete the course
- Attach list with the following information:
  - a. Name of participants.
  - b. NMBI PIN of participants or Candidate Registration Number.
  - c. Duration of course for individual participant/Full-time or part-time.
  - d. If participant did not complete the course, the reason for this decision.
- Attach summary of course evaluation.
- Number and dates of courses planned for current year.
- Name of Course Co-ordinator

### The annual report should be sent to the:

Education Department,  
Nursing & Midwifery Board of Ireland,  
18/20 Carysfort Avenue,  
Blackrock,  
Co. Dublin.

## References

Code of Professional Conduct and Ethics for Registered Nurses and Midwives – NMBI, 2014.  
Scope of Nursing and Midwifery Practice Framework – NMBI, 2015.  
Guidelines on the Key Points that may be considered when Developing a Quality Clinical Learning Environment – NMBI, 1st Edition, April 2003.

Competence Assessment Tool may be accessed on [www.NMBI.ie/Registration](http://www.NMBI.ie/Registration).

