



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

Consultation

Draft Midwife Registration Programmes Standards

Fifth Edition

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1

Legislative Frameworks

Legislative Frameworks

This section includes extracts from the Nurses and Midwives Act 2011, as amended, the Nurses Rules SI 218 (2018), the subsequent amendment in 2020 and extracts from the European Directive (2013/55/EU) that informed the development of this document.

Extract: Nurses and Midwives Act 2011, Section 85

- (1) The Board shall –
 - (a) set and publish in the prescribed manner the standards of nursing and midwifery education and training for first time registration and post- registration specialist nursing and midwifery qualifications, and
 - (b) monitor adherence to the standards referred to in paragraph (a).
- (2) The Board shall, in relation to programmes of pre first time registration, post- registration leading to registration or annotation and specialist nursing and midwifery education and training–
 - (a) after it has consulted with the Minister for Education and Skills, and in accordance with the relevant criteria specified in the rules–
 - (i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval for, such programmes, and bodies which may deliver such programmes, or
 - (ii) refuse to approve a body as a body which may deliver such programmes,
 - (b) prepare guidelines on curriculum issues and content to be included in programmes approved under paragraph (a)
 - (c) set and publish in the prescribed manner standards required for registration in any division, annotation and specialist nursing and midwifery qualifications pursuant to programmes approved under paragraph (a),
 - (d) monitor adherence to the criteria referred to in paragraph (a), the guidelines referred to in paragraph (b) and the standards referred to in paragraph (c),
 - (e) inspect bodies approved under paragraph (i) in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in paragraph (ii) and the standards referred to in paragraph (iii),
 - (f) inspect, at least every 5 years, places in the State where training is provided to persons undertaking training for a nursing or midwifery qualification, for the purposes of monitoring adherence to nursing and midwifery education and training standards,
 - (g) following inspections under paragraph (f), issue recommendations to the management of any place referred to in that paragraph on any improvements in nursing or midwifery education and training standards which may be required or any other issues arising from such inspections,
 - (h) publish in the prescribed manner details of all inspections carried out under this subsection,
 - (i) prepare and publish in the prescribed manner guidelines for bodies approved under paragraph (a) on ethical standards and behaviour appropriate for nurses, midwives and candidates, and
 - (j) advise the Minister and the Minister for Education and Skills on any issues relating to its functions under this subsection.

Extract: SI 218 of 2018 - Nurses and Midwives (Education and Training) Rules 2018

Review of standards and requirements

- (1) The Board shall review the standards and requirements at reasonable and appropriate intervals, having regard to national and international advancements in the theory and practice of nursing and midwifery and national health care policies and practices.
- (2) Where the Board proposes to amend or replace the standards and requirements it shall publish its proposals for public consultation on its website, allowing a reasonable period of time for comment before publication of the amended or new standards and requirements.
- (3) Where the Board publishes amended or new standards and requirements, a body to which approval has been granted under Rule 9 to deliver an education and training programme shall make arrangements for compliance with the amended or new standards and requirements by a date not later than the commencement of the subsequent academic year or by a date as may otherwise be specified by the Board.

Applications for approval of programmes

- 9.(1) An application by a body seeking approval from the Board under section 85(2)(a) of the Act to deliver an education and training programme shall be in such form and manner as may be prescribed by the Board from time to time and shall—
 - (a) satisfy the Board that the programme will comply with the relevant standards and requirements,
 - (b) set out minimum governance requirements relating to the delivery of the programme, including long-term commitment, staffing, premises, facilities, funding, policies, procedures and organisational structures,
 - (c) incorporate an indicative syllabus that is responsive to current health care needs, and
 - (d) have regard to the National Framework of Qualifications kept and maintained in accordance with section 43 of the Qualifications and Quality Assurance (Education and Training) Act 2012 (No. 28 of 2012)
- (2) In considering an application under paragraph (1), the Board shall confirm the accuracy of the information provided and may give notice in writing to the body requesting it to provide further information in support of its application.
- (3) The Board may arrange a visit to a body which applies for approval under paragraph (1) and any associated health care provider for the purpose of ensuring compliance with the standards and requirements.
- (4) Having considered an application under paragraph (1), and consulted with the Minister for Education and Skills, the Board shall—
 - (a) refuse approval,
 - (b) grant approval, or
 - (c) grant approval with such conditions as may be relevant and necessary.
- (5) On approval, including approval with conditions, of a programme under this Rule, the Board shall publish a notice to that effect on its website.

Annual reports and material changes

- 10.(1) A body granted approval under Rule 9 to deliver an education and training programme shall, on an annual basis, provide the Board with a report in such form and manner as may be prescribed by the Board, in relation to compliance of the programme with the standards and requirements, and any conditions that the Board may have imposed under Rule 9(4).
- (2) A body granted approval under Rule 9 to deliver an education and training programme shall notify the Board of any proposed material change to the programme.

Review and monitoring of programmes

- 11.(1) Where the Board has granted approval for delivery of an education and training programme under Rule 9, it shall subsequently, and at intervals not exceeding five years, review whether the programme continues to conform to the standards and requirements, and any conditions that the Board may have imposed under Rule 9(4).
- (2) Notwithstanding paragraph (1), the Board shall monitor adherence to the standards and requirements by education and training programmes granted approval under Rule 9, and any conditions that the Board may have imposed under Rule 9(4).
- (3) Having carried out a review or monitoring of an education and training programme under this Rule, the Board may—
- (a) continue to approve the programme,
 - (b) continue to approve the programme subject to compliance with specified conditions,
 - (c) defer its decision on continued approval of the programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising, or
 - (d) withdraw approval of the programme.

Visits to bodies and health care providers

- 12.(1) The Board shall appoint a team of persons with relevant knowledge and experience (“a site visit team”) to visit bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of—
- (a) assessing applications under Rule 9,
 - (b) carrying out reviews under Rule 11(1), and
 - (c) carrying out monitoring under Rule 11(2).
- (2) A site visit team shall include—
- (a) a member of the Board,
 - (b) an officer of the Board, and
 - (c) where necessary, an external expert or health service user.
- (3) A person appointed to a site visit team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.
- (4) A site visit team shall not interfere with the delivery of the education and training programme during its visit.
- (5) A site visit team shall, having made a visit, report in writing to the Board.
- (6) A report pursuant to paragraph (5) may recommend that the Board—
- (a) grant its approval of a proposed education and training programme,
 - (b) continue its approval of an education and training programme,
 - (c) grant its approval of a proposed education and training programme subject to certain specified conditions,

- (d) continue its approval of an education and training programme subject to certain specified conditions,
- (e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,
- (f) refuse to grant approval of a proposed education and training programme based on specified reasons, or
- (g) refuse to continue its approval of an education and training programme based on specified reasons.

Responses and resolutions following reporting of visits

- 13.(1) The Board, on receipt of a report of a site visit team under Rule 12, shall forthwith send a copy of the report to the body concerned and such body may, within such period (not being less than one month) as the Board shall specify at the time it sends the report to the body, submit to the Board its comments and observations on the factual accuracy of the report.
- (2) Subject to paragraph (3), the Board may, on consideration of a report of a site visit team under Rule 12, and of any comments and observations received from the body, or any associated health care provider concerned, by resolution—
 - (a) grant its approval of a proposed education and training programme,
 - (b) continue its approval of an education and training programme,
 - (c) grant its approval of a proposed education and training programme subject to certain specified conditions,
 - (d) continue its approval of an education and training programme subject to certain specified conditions,
 - (e) defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the visit,
 - (f) refuse to grant approval of a proposed education and training programme based on specified reasons, or
 - (g) refuse to continue its approval of an education and training programme based on specified reasons.
- (3) Where the Board proposes to adopt a resolution that, for any reason arising from the requirements of these Rules, would have the effect of refusing to grant its approval of a proposed education and training programme, or of refusing to continue its approval of a previously approved education and training programme, it shall notify the body proposing to deliver, or delivering, such programme accordingly and any such notification shall include a statement that the body has the right to make representations to the Board in response to the notification, within such reasonable period of time as specified by the Board, and the Board shall, after consideration of any representations it may receive from the body concerned, decide whether to adopt the resolution as proposed or alter the proposed resolution.

Appeals

14. The Board shall inform a body the subject of a decision of the Board under Rule 9, 11 or 13 of the body's right to appeal that decision to the High Court under section 86 of the Act.
 - (a) on any issues relating to its functions under this subsection.

Extract: SI 501 of 2020 - Nurses and Midwives (Education and Training) (Amendment) Rules 2020

Amendment of Rule 12 of Principal Rules

9. The Principal Rules are amended by substituting for Rule 12 the following:

“Inspections of bodies and health care providers

- 12.(1) The Board shall appoint a team of persons with relevant knowledge, experience and expertise (“a site inspection team”) to inspect bodies delivering, or seeking to deliver, education and training programmes, and their associated training facilities and health care providers, for the purposes of—
- assessing applications under Rule 9,
 - carrying out reviews under Rule 11(1), and
 - carrying out monitoring under Rule 11(2).
- (2) A person appointed to a site inspection team under paragraph (1) shall not have an interest that is likely to influence the outcome of the application under Rule 9, the review under Rule 11(1) or the monitoring under Rule 11(2), as the case may be.
- (3) A site inspection team shall not interfere with the delivery of the education and training programme in the course of its inspection.
- (4) A site inspection team shall, having carried out an inspection, report in writing to the Board.
- (5) A report pursuant to paragraph (4) may recommend that the Board—
- grant its approval of a proposed education and training programme,
 - continue its approval of an education and training programme,
 - grant its approval of a proposed education and training programme subject to certain specified conditions,
 - continue its approval of an education and training programme subject to certain specified conditions,
 - defer its decision on continued approval of an education and training programme pending the resolution, to the satisfaction of the Board, of specified issues of concern arising from the inspection,
 - refuse to grant approval of a proposed education and training programme on the basis of specified reasons, or
 - withdraw approval of an education and training programme on the basis of specified reasons.”

Amendment of Rule 13 of Principal Rules

10. Rule 13 of the Principal Rules is amended—

- by substituting for paragraph (1) the following:

“Responses and resolutions following reporting of inspections

- 13.(1) The Board, on receipt of a report of a site inspection team under Rule 12, shall forthwith send a copy of the report to the body concerned and such body may, within such period (not being less than one month) as the Board may specify from time to time, submit to the Board its comments and observations on the factual accuracy of the report.”,
- in paragraph (2)—
- by substituting “inspection” for “visit” in both places in which it occurs, and
 - by substituting “withdraw” for “refuse to continue its”, and
- in paragraph (3), by substituting “withdrawing” for “refusing to continue its”.

Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance)

Consolidated text:

[EUR-Lex - 02005L0036-20240620 - EN - EUR-Lex](#)

02005L0036 – EN – 20.06.2024 – 018.001

- B DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications

[\(Text with EEA relevance\)](#)

(Official journal of the European Union, L255 page 22; 30.9.2005)

- M9 [DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 20 November 2013](#)

(Official journal of the European Union, L354, page 132; 28.12.2013)

Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation') Text with EEA relevance.

Midwives

Article 40

The training of midwives

1. The training of midwives shall comprise a total of at least:

- (a) specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or
- (b) specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care.

The Member States shall ensure that institutions providing midwife training are responsible for coordinating theory and practice throughout the programme of study.

▼M9

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning the amendment of the list set out in point 5.5.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the third subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.]

2. Admission to training as a midwife shall be contingent upon one of the following:

- (a) completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;
- (b) possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.'

3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:

- (a) detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;
- (b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;
- (c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;
- (d) adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;
- (e) adequate understanding of the training of health personnel and experience of working with such personnel.

▼B*Article 41*

Procedures for the recognition of evidence of formal qualifications as a midwife

▼M9

1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:

- (a) full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4,600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;
- (b) full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3,600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;
- (c) full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3,000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.

▼B

2. The certificate referred to in paragraph 1 shall be issued by the competent authorities in the home Member State. It shall certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife for a corresponding period in a hospital or a health care establishment approved for that purpose.

*Article 42***Pursuit of the professional activities of a midwife**

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2
2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:
 - (a) provision of sound family planning information and advice;
 - (b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
 - (c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
 - (d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
 - (e) caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
 - (f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;
 - (g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
 - (h) examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
 - (i) caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;
 - (j) carrying out treatment prescribed by doctors;
 - (k) drawing up the necessary written reports.

*Annex V.5.***▼B****V.5. MIDWIFE****5.5.1. Training programme for midwives (Training types I and II)**

The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts:

A. Theoretical and technical instruction**a. General subjects**

- Basic anatomy and physiology
- Basic pathology
- Basic bacteriology, virology and parasitology
- Basic biophysics, biochemistry and radiology
- Paediatrics, with particular reference to new-born infants
- Hygiene, health education, preventive medicine, early diagnosis of diseases
- Nutrition and dietetics, with particular reference to women, new-born and young babies
- Basic sociology and socio-medical questions
- Basic pharmacology
- Psychology
- Principles and methods of teaching
- Health and social legislation and health organisation
- Professional ethics and professional legislation
- Sex education and family planning
- Legal protection of mother and infant

b. Subjects specific to the activities of midwives:

- Anatomy and physiology
- Embryology and development of the foetus
- Pregnancy, childbirth and puerperium
- Gynaecological and obstetrical pathology
- Preparation for childbirth and parenthood, including psychological aspects
- Preparation for delivery (including knowledge and use of technical equipment in obstetrics)
- Analgesia, anaesthesia and resuscitation
- Physiology and pathology of the new-born infant
- Care and supervision of the new-born infant
- Psychological and social factors

B. Practical and clinical training

This training is to be dispensed under appropriate supervision:

- Advising of pregnant women, involving at least 100 pre-natal examinations.
- Supervision and care of at least 40 pregnant women.
- Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.
- Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.
- Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.
- Supervision and care of 40 women at risk in pregnancy, or labour or postnatal period.
- Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.
- Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.
- Care of women with pathological conditions in the fields of gynaecology and obstetrics.
- Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

2

Standards for Entry to the Register of Midwives with NMBI

Standards for Entry to the Register of Midwives with NMBI

The Standards for Entry to the Register Midwife Register are underpinned by the Principles of the Code of Conduct for Registered Nurses and Registered Midwives (NMBI, 2025), and set out the knowledge, skills, attitudes, behaviour and conduct for registered midwives at the point of registration, having successfully completed a programme of midwifery education.

Note: the first explanatory paragraph under each standard is a direct citation of the Code (NMBI, 2025). Consistent with the Code, the terms 'practitioner' and 'individual' are used in the introductory statements; otherwise, the terms midwife and woman and family apply.

Standard 1: Respect

Respect women and their families

"Respect is a foundational value, significantly impacting both individual care and professional relationships. Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld." (NMBI 2025, p.11)

The outlined requirements will offer a mechanism to ensure registered midwives will have the essential knowledge, skills and professional behaviour needed to uphold respect for themselves, their professional colleagues, and the women and families in their care.

- 1.1 Create conditions, for women, newborn infants and their families, to feel culturally and clinically safe and have their choices respected across the pre-conceptual and perinatal continuum.
- 1.2 Centre the woman as the focus of midwifery care, promoting woman and family-centred care by enabling meaningful conversations with women to promote partnership in decision making for healthy lifestyle choices in the pre-conceptual and perinatal continuum.
- 1.3 Centre the woman as the focus of care in supporting reproductive health by providing care and guidance throughout various stages of her reproductive life.
- 1.4 Practise ethically, with respect for dignity, privacy, confidentiality, equity and justice.
- 1.5 Promote health and wellness for women and their newborn infants in response to each woman's and family's needs, while supporting recognition of a social determinant and global health approach to care that mitigates health and social inequality (World Health Organisation).
- 1.6 Promote safe and respectful childbirth and bodily autonomy as a human right.
- 1.7 Provide evidence-based care informed by the woman's beliefs and values.
- 1.8 Apply the principles related to advocacy, as a human rights-based approach to maternity care.

Standard 2: Accountability

Accountability for professional practice

“Accountability means being responsible for one’s professional judgments, actions and omissions, and being able to explain these decisions. It involves maintaining competence, ensuring quality care, and adhering to professional standards.” (NMBI, 2025, p.13)

The following requirements outline the actions necessary for midwives to uphold responsibility and accountability for their professional judgments, decisions, actions, and omissions.

- 2.1 Act as a responsible and accountable professional, who work in partnership with women to create conditions to enable support and care across the pre-conceptual and perinatal continuum, in all care settings.
- 2.2 Demonstrate accurate and comprehensive knowledge of legislation, ethical principles, regulation and social policy pertaining to women’s reproductive health, midwifery and maternity care and use this knowledge to inform decision making in practice.
- 2.3 Accept responsibility for understanding, promoting, and protecting the physiological processes of pregnancy and childbirth.
- 2.4 Accept professional accountability to the woman and newborn infant and family in line with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2025)
- 2.5 Synthesise knowledge and develop skills to assess, and offer care informed by the best available evidence, including research and consideration of the woman’s beliefs and values.
- 2.6 Actively seek and participate in evaluation of care, contributing to quality improvement using professionally recognised standards.
- 2.7 Maintain accurate, comprehensive and timely records of clinical assessment, intervention and evaluation.
- 2.8 Be accountable for decision-making actions, omissions, behaviours and responsibilities as a midwife.
- 2.9 Accept accountability for appropriate delegation of responsibilities to others.
- 2.10 Commit to lifelong learning for continuing professional development.

Standard 3: Competence

Competence in practice

“Competence is the integration of knowledge, professional judgment, skills, ethical values and attitudes necessary for safe, accountable and effective practice. Individuals have a right to receive safe, high-quality care from competent practitioners who work within their scope of practice, adhering to their level of their education, experience, knowledge, skills and judgment to deliver safe and competent care.” (NMBI, 2025, p.16)

The outlined requirements detail the activities necessary to demonstrate competence for registered midwives at the point of registration.

- 3.1 Apply comprehensive theoretical and scientific knowledge with practical skills and behaviour to provide effective, safe and responsive midwifery care to the woman and newborn infant.
- 3.2 Protect and promote physiological birth and provide supportive midwifery care where intervention is necessary.
- 3.3 Promote and provide continuity of midwifery care.
- 3.4 Have the necessary knowledge, skills and professional behaviour to perform a comprehensive health assessment of the woman and her newborn infant and recognise any deviation from the norm with prompt and appropriate escalation and referral.
- 3.5 Employs the required evidence-based recognition and response when caring for pregnant women in the case of complications and/or additional care needs, including exacerbation of medical conditions or where surgical intervention is required.
- 3.6 Recognise and respond to the foetus at risk during the antenatal and intrapartum period.
- 3.7 Competent to assess the health and well-being of the newborn infant at birth and employ all initiatives, including resuscitation, which may be necessary to stabilise the newborn.
- 3.8 Competent to assess the health and well-being of the newborn infant and initiate necessary screening, consultation, and/or referral at birth and throughout the postnatal period.
- 3.9 Perform a comprehensive discharge assessment and plan of the woman and her newborn infant (all settings) within the six-week postnatal period in preparation for transfer of care appropriately.

Standard 4: Trust

Act as a trusted professional

“Trust is a core professional value, influencing the quality of care and the therapeutic relationship between practitioners and individuals. Open, honest and compassionate professional relationships are based on trust, and follow obligations about privacy and confidentiality. Confidentiality is an expression of the trust inherent in the therapeutic relationship with an individual. Practitioners engage with individuals respectfully, promoting open, honest, and compassionate professional relationships and ensuring confidentiality.” (NMBI, 2025, p.19)

The outlined requirements will guide midwives in understanding the core value of trust to develop a reciprocal relationship within their professional practice

- 4.1 Establish and sustain open, honest, compassionate and professional relationships with women, newborn infants and families in a way that upholds the trust of the public.
- 4.2 Practice and create conditions to maintain legal and ethical frameworks for privacy, confidentiality, informed consent, open disclosure and safeguarding while being open and honest with women in communicating these requirements.
- 4.3 Create conditions to enable formal and informal learning opportunities to women and their families in meeting their individual needs.
- 4.4 Respect and uphold a woman's right to confidentiality in all aspects of their care. The midwife is familiar with instances where disclosure may be in the woman's or infant's best interest when the benefit to her or her infant outweighs the duty of confidentiality. The midwife is aware that only necessary information should be shared with relevant authorities.
- 4.5 Responsibly use all mediums of communication with women and their families, always respecting their fundamental right to privacy and confidentiality.
- 4.6 Develop trusting professional relationships with the woman that foster partnership and encourage shared decision-making to support women centred care.
- 4.7 Report notifiable conduct of healthcare professionals that place women and/or newborn infants and families at risk.

Standard 5: Collaboration

Actively collaborate

“Collaboration takes a multi-disciplinary approach to care. Teamwork ensures consistent standards, improving individual experiences and health outcomes while maintaining accountability and safety. Practitioners communicate with individuals, healthcare professionals, colleagues and students. Effective communication enhances wellbeing, and proper record-keeping is vital for safety and continuity of care.” (NMBI, 2025, p. 21)

The outlined requirements will help midwives identify the competence needed to meet this standard.

- 5.1 Communicate empathy and evidence-based information in a way that is accessible to the woman and family and support them with informed decision-making.
- 5.2 Collaborate with women in developing a comprehensive plan of care that respects the woman's needs, preferences and decisions.
- 5.3 Identify potential or perceived risk factors that indicate the necessity for consultation with, and/or referral to another midwife or a specialist healthcare professional.
- 5.4 Support and encourage the woman to access community agencies and support networks available to her.
- 5.5 Work collegially and communicate effectively with other midwives and health professionals.
- 5.6 Maintain accurate, comprehensive and timely record of clinical assessment, intervention and evaluation to support quality care and communication.
- 5.7 Encourage open professional discussions and informed debates, respecting diverse views and opinions while maintaining professionalism and recognising the right to different perspectives.
- 5.8 Work collaboratively with the multiprofessional team (including obstetricians, maternal-foetal medicine specialists, nurses, social workers, mental health professionals, and others) to ensure holistic care for women with complex healthcare needs.

Standard 6: Leadership

Leadership through inspiring and guiding

“Leadership in nursing and midwifery means inspiring and guiding others to achieve goals, building trust among individuals, colleagues and the public. Practitioners demonstrate professionalism, adaptability, promote dignity, and support all colleagues, fostering effective teamwork and positive change.” (NMBI 2025, p. 23)

The following requirements outline the key components necessary for midwifery leadership.

- 6.1 Uphold the values of the profession of midwifery and foster the continued development of exemplary professional conduct and behaviour.
- 6.2 Promote the understanding that childbirth is a physiological process and a normal but significant life event.
- 6.3 Implement strategies to integrate and optimise the midwife as the appropriate lead professional within the midwifery scope of practice to improve care for women and their families.
- 6.4 Seek opportunities to support the continued development of the midwifery profession.
- 6.5 Act as a role model for others, recognising the power, advocacy and authority associated with the midwifery profession.
- 6.6 Establish and maintain high expectations for effective practice, inspiring excellence in maternity care and midwifery professional standards.
- 6.7 Encourage and support the principles of professional supervision, preceptorship, assessment and feedback.
- 6.8 Undertake the responsibilities of supporting midwifery students and colleagues to develop their knowledge, skills and competence through supervision, reflection and evaluation.
- 6.9 Create conditions to encourage and enable midwifery students and colleagues to reflect on their practice aligned to professional standards and best practice.
- 6.10 Act as a catalyst for change and apply the principles and methods of quality improvement to improve midwifery care outcomes.



3

Standards for Midwifery Education in Ireland

Standards for Midwifery Education in Ireland

The NMBI is required to provide guidelines on the standards of education for midwives to enter the Register in Ireland (Government of Ireland, 2011).

The education body should align curriculum standards with programme learning outcomes to ensure students meet the requirements to join the Register.

The bachelor's degree in midwifery is designed to equip students with the essential theoretical and practical knowledge required for entry onto the Midwifery Register.



Figure 1: Interdependency of the principles in the curriculum

Interdependency of the principles in the curriculum

The six principles of the Code and the corresponding Standards for Entry to the Midwife Register are the foundation pillars for the undergraduate midwifery curriculum and they are interwoven, interdependent and enacted together.

1. Respect

“Respect is a foundational value, significantly impacting both individual care and professional relationships. Practitioners respect and maintain their dignity and that of individuals in their care, where respect is mutual. They make sure that those receiving care are treated with respect, dignity and compassion, and their rights are upheld.” (NMBI, 2025 p.11)

The curriculum will equip midwifery students with the knowledge and skills to practice respectfully to promote and protect the dignity of women, infants and their families in their care and recognise every woman and infant’s right to receive compassionate treatment.

2. Accountability

“Accountability means being responsible for one’s professional judgments, actions, and omissions, and being able to explain these decisions. It involves maintaining competence, ensuring quality care, and adhering to professional standards.” (NMBI, 2025, p.13)

The curriculum will equip midwifery students with the knowledge, skills and behaviours required to make evidence-informed decisions, take responsibility for their competence and provide, and evaluate quality care in accordance with professional standards.

3. Competence

“Competence is the integration of knowledge, professional judgment, skills, ethical values and attitudes necessary for safe, accountable and effective practice. Individuals have a right to receive safe, high-quality care from competent practitioners who work within their scope of practice, adhering to their level of their education, experience, knowledge, skills and judgment to deliver safe and competent care.” (NMBI, 2025, p. 16)

The curriculum will empower midwifery students to develop competence and integrate their evidence-based knowledge and skills in practice, while adopting behaviours, ethical values and attitudes essential for providing safe, high-quality, woman-centred accountable healthcare.

4. Trust

“Trust is a core professional value, influencing the quality of care and the therapeutic relationship between practitioners and individuals. Open, honest and compassionate professional relationships are based on trust, and follow obligations about privacy and confidentiality. Confidentiality is an expression of the trust inherent in the therapeutic relationship with an individual. Practitioners engage with individuals respectfully, promoting open, honest, and compassionate professional relationships and ensuring confidentiality.” (NMBI, 2025, p. 19)

The curriculum will equip midwifery students with the knowledge, skills and professional behaviours to develop compassionate, trusting professional relationships in healthcare, while upholding the rights of women and infants to privacy and confidentiality.

5. Collaboration	<p>“Collaboration takes a multi-disciplinary approach to care. Teamwork ensures consistent standards, improving individual experiences and health outcomes while maintaining accountability and safety. Practitioners communicate with individuals, healthcare professionals, colleagues and students. Effective communication enhances wellbeing, and proper record-keeping is vital for safety and continuity of care.” (NMBI, 2025, p.)</p> <p>The curriculum will equip midwifery students with the knowledge, skills and behaviours to work effectively in healthcare teams as accountable and safe practitioners. Midwifery students will also develop the essential communication skills necessary to work in an intercultural society.</p>
6. Leadership	<p>“Leadership in midwifery means inspiring and guiding others to achieve goals, building trust among individuals, colleagues and the public. Practitioners demonstrate professionalism, adaptability, promote dignity, and support all colleagues, fostering effective teamwork and positive change.” Code (2025)</p> <p>The curriculum will equip midwifery students with the knowledge, skills and behaviours exhibiting agile professionalism and adaptability, and a commitment to respecting dignity and supporting women and their families through changes in maternity healthcare settings.</p>

Curriculum standards



Curriculum standards

1. Standards for curriculum delivery

- 1.1 The curriculum is delivered at a National Framework of Qualifications level 8 and will conclude in June of the 4th academic year.
- 1.2 The curriculum is delivered at approved academic and practice placement sites with appropriate contractual agreements in place.
- 1.3 Midwifery subjects are developed, delivered and assessed by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical experience.
- 1.4 The education body is responsible for the interpretation and compliance of the curriculum with the midwifery content of the European Directive 2013/55/EC and 2005/36/EC and that it is reflected in the curriculum delivery.
- 1.5 The education body providing the programme has an explicit governance structure that recognises the distinct autonomous identity of the profession of midwifery. The structure facilitates input of the professional lead of midwifery (or delegate) into processes impacting on the midwifery programme.

The lead is a midwife registered with NMBI and holds a relevant teaching and learning post-graduate qualification and has responsibility for academic oversight of the programme.
- 1.6 The curriculum is subjected to periodic review of the education body and practice placement areas by the regulator.
- 1.7 A collaborative annual report is submitted to the regulator from practice placement and education bodies as directed.
- 1.8 A 12-week internship programme is scheduled at the end of year 3 of the curriculum. A further 24-weeks to be completed in year 4 focusing on midwifery practice.
- 1.9 There is 12 weeks of community midwifery care included in the programme across the entire programme.
- 1.10 A learner centred teaching pedagogy and culture is embedded within the midwifery student journey from emerging professional to active professional.
- 1.11 Teaching and learning integrate contemporary midwifery, and health and education practice, and responds to evidence driven practice, technology and other forms of robust evidence.
- 1.12 There is strong evidence of public, women, stakeholder and midwifery student involvement in the curriculum development, delivery and evaluation.
- 1.13 Robust standards for assessing midwifery students are in place across the curriculum.
- 1.14 Midwifery students to be supervised over the duration of the programme.
- 1.15 The curriculum will embed learner centred reflective, discursive practice, which provides learner support and encourages the development of life-long critical thinking skills.

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| 1.16 | Resources (human and physical) are sufficient to support midwifery student achievement of the NMBI standards for entry to the Register. |
| 1.17 | The education body has processes in place to support students with additional needs, ensures robust procedures to evaluate supports on an ongoing basis, and provides reasonable accommodations across the programme as required by the learner. |
| 1.18 | Student progression policies and procedures are in place ensure that midwifery students have acquired the requisite knowledge skills and behaviours required for safe practice. |
| 1.19 | The curriculum has been subject to examination by an appropriately qualified and experienced external representative of the midwifery profession. |
| 1.20 | Quality improvement and assurance mechanisms incorporate evaluation from a variety of sources to address: <ul style="list-style-type: none"> 1.20.1 Review suitability and audit practice placements 1.20.2 Midwifery student evaluations 1.20.3 Academic and health professional evaluations 1.20.4 Policy development in health and healthcare 1.20.5 Teaching and learning development and enhancement. |
| 1.21 | Procedures are in place to facilitate students transferring to or from another education body. |
| 1.22 | Procedures for students to exit the academic program before completion are explicit with relevant exit awards. |

2. Standards for curriculum content

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|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | The content promotes the health and wellbeing of women and newborn infants; and understanding of the effects that the Social Determinants of Health have on individual health and wellbeing, health and social care policies and social justice. |
| 2.2 | The content and learning outcomes articulate the NMBI Code (2025) and midwifery registration standards for entry to the midwifery Register. |
| 2.3 | Midwifery, educational and women-centred care philosophies and their practical application are embedded in the curriculum. |
| 2.4 | The curriculum includes care for women with additional sexual health and reproductive health needs. |
| 2.5 | The curriculum content and learning outcomes integrate inter-professional learning and practice where possible. |
| 2.6 | Simulated learning experiences are incorporated into the curriculum to prepare the midwifery students for practice placement. |
| 2.7 | Physical, biopsychosocial and psychological assessments related to women's health and wellbeing are incorporated into the curriculum. |
| 2.8 | Physical, biosocial and psychological interventions related to women's health and wellbeing are embedded in the curriculum. |

- 2.9 The curriculum's content, (i.e. programme learning outcomes and module learning outcomes) ensure integrated knowledge of care across the perinatal continuum within the scope of midwifery practice including:
- 2.9.1 Care across the perinatal continuum
 - 2.9.2 Social and emotional wellbeing and support of women and newborn infant
 - 2.9.3 Preparation for labour and birth
 - 2.9.4 Complex family health, Domestic, Sexual and Gender-Based Violence (DSGBV), stillbirth and bereavement care, socioeconomic issues, poverty
 - 2.9.5 Perinatal mental health – support transition to parenthood, trauma informed care and identifying women with risk factors.
- 2.10 Integrate the application of sciences, including applied life sciences, general health, social and psychosocial factors, into health assessment, decision-making and collaborative care planning and evaluation with the woman.
- 2.11 Integrate knowledge and understanding of legal and ethical frameworks as they apply to personal, professional and clinical skills ensuring that the actions of the midwife are directed towards a safe outcome for the woman and her newborn infant.
- 2.12 The curriculum content includes communication skills accommodating the needs and requirements of women and their families.
- 2.13 Incorporate research in midwifery as an art and science-based profession.
- 2.14 Incorporate the development of research skills that include searching and evaluating evidence-based practice and other data for application and translation into practice.
- 2.15 Apply the principles of safety and risk management in all aspects of women and infant care including medication management.
- 2.16 The programme's content and subject learning outcomes embed principles of:
- 2.16.1 diversity, culture, inclusion and cultural safety for all women and their families
 - 2.16.2 advocacy, diversity of women's choices and self-determination
 - 2.16.3 evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice.
- 2.17 The content provides evidence that midwifery students are supported to achieve the skills and competence required to practice as a registered midwife across all practice locations and settings.
- 2.18 The curriculum content promotes the development of an inquiring mind related to the future of digital health for midwifery practice incorporating the NMBI digital standards.
- 2.19 The curriculum content provides evidence for fostering an appreciation for sustainability and planetary health in the context of reproductive healthcare.

3. Standards for student experience

- 3.1 Ensure that midwifery students have access to relevant programme information in a timely, transparent and accessible manner.
- 3.2 Ensure that midwifery student academic learning needs are appraised, identified and supported by the education body and clinical practice sites throughout the programme.
- 3.3 Midwifery students must be informed of, and have access to grievance and appeals processes, pastoral and or personal support services.
- 3.4 The education body must demonstrate that midwifery students are represented on programme advisory and decision-making committees.
- 3.5 The principles of equity, diversity and inclusion are embedded within the midwifery curriculum, programme delivery and midwifery student support/resources.
- 3.6 Midwifery students are supported by a ratio of suitably qualified registrants in the academic and practice placement areas.
- 3.7 Midwifery student experiences across all teaching and learning environments are, evaluated and reported to the relevant committees with outcomes mapped to inform curriculum improvement.
- 3.8 Ensure that midwifery practice experiences promote holistic, woman-cantered care that upholds and integrates the principles of professional autonomy.

4. Standards for student assessment

- 4.1 Each midwifery programme must have an integrated and inclusive assessment strategy to assess the varying dimensions of midwifery knowledge, practical skills and professional behaviour.
- 4.2 The education body is accountable for the development of a framework that incorporates an integrated approach to midwifery student assessment.
- 4.3 The NMBI standards for entry to the Midwifery Register (programme learning outcomes), professional values, the Code and assessment strategies are aligned.
- 4.4 The module learning outcomes and associated assessments are mapped to the NMBI standards for entry to the Midwifery Register.
- 4.5 The assessment strategies reflect multiple means of action and expression.
- 4.6 Formative and summative assessment and moderation informs midwifery student progression.
- 4.7 Assessments include the appraisal of competence in the management, use and administration of medicines.
- 4.8 The supervisor and assessor in practice placement must be different individuals. It is recommended that a suitably qualified registered midwife assessor, linked with the education body, completes the formative competency assessment at the end of each four-week practice placement.
- 4.9 It is recommended that a registered midwife from the practice placement area and education body conducts the summative competency presentation for the midwifery student at the end of each year.

- 4.10 It is the responsibility of the education body to ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role.
- 4.11 Assessment for midwifery students is divided proportionally across the curriculum. Midwifery students are supervised and assessed by a midwife primarily or other lead health professional (where relevant). All policies on midwifery student assessment and examination are explicit and available.
- 4.12 Compensation between theoretical and practice placement components are not permitted.
- 4.13 Processes are in place for early detection and feedback on midwifery student performance and supports are available for students at risk of not progressing.

5. Standards for supervision of students in practice placements

- 5.1 The standards for practice placement learning are assessed by the education body every 5 years (or as required).
- 5.2 The supernumerary status of the midwifery student in practice placement is explicit.
- 5.3 A nominated competent supervisor who will oversee and facilitate learning in the practice placement is agreed with the midwifery student at the beginning of each practice placement.
- 5.4 An assessor responsible for assessing the midwifery student achievement of competence is agreed with the midwifery student at the beginning of each practice placement.
- 5.5 Where a midwifery student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registered midwife.
- 5.6 The education body and practice placement partners must support midwifery students to:
 - 5.6.1 self-regulate emotions in preparation to meet the complex demands of a practice environment and to seek supports where necessary
 - 5.6.2 develop and utilise the appropriate communication skills with women and their families
 - 5.6.3 adopt a positive belief of the practice placement learning environment.
- 5.7 The practice placement environment actively promotes a sense of belonging for midwifery students.
 - 5.7.1 Embeds a culture that highly values midwifery students.
 - 5.7.2 The placements have been assessed and demonstrate a readiness and preparedness to teach, assess and feedback to midwifery students.
 - 5.7.3 Have clear pathways of communication to liaise directly with the education body.
 - 5.7.4 Have access to digital instructional materials to support midwifery students.
 - 5.7.5 Have clear learning opportunities for midwifery students across the various shift patterns available.
 - 5.7.6 Offer flexible shift patterns, where possible, within the practice placement areas.
 - 5.7.7 Enable the continuity of supervision of midwifery students.

5.7.8	Encourage autonomy and a shared sense of responsibility between the midwifery student and supervisor.
5.7.9	Facilitate peer supervision.
5.7.10	Build on constructive feedback utilising a two-way framework.
5.8	Supply a workforce that are adequately prepared and willing to supervise and support midwifery students.
5.8.1	Consistently demonstrate positive and constructive communication styles in English or Irish.
5.8.2	Be professionally competent.
5.8.3	Nurture interpersonal and interprofessional relationships.
5.8.4	Demonstrate a positive inclusive approach towards to students.
5.9	Maximise midwifery students' opportunity to become involved in care for women and infants from various backgrounds, circumstances and cultures and those with complex needs.

Indicative core content

Table 1 below outlines the indicative core content specified by the European Union (EU) which has been considered as part of the Implementation Action Group 1 (IAG) and signed off by Expert Review Body on Nursing and Midwifery (ERB) Implementation Oversight Team (IOT).

Table 1: Indicative core content
EU Directive 2005/36/EC
<p>Theoretical and technical instruction</p> <p>General subjects</p> <ul style="list-style-type: none"> • Basic anatomical and physiology. • Basic pathology. • Basic bacteriology, virology and parasitology. • Basic biophysics, biochemistry and radiology. • Paediatrics, with particular reference to new-born infants. • Hygiene, health education, preventive medicine, early diagnosis of diseases. • Nutrition and dietetics, with particular reference to women, new-born and young babies. • Basic sociology and socio-medical questions. • Basic pharmacology. • Psychology. • Principles and methods of teaching. • Health and social legislation and health organisation. • Professional ethics and professional legislation. • Sex education and family planning. • Legal protection of mother and infant.

Subjects specific to the activities of midwives

- Anatomy and physiology.
- Embryology and development of the fetus.
- Pregnancy, childbirth and puerperium.
- Gynaecological and obstetrical pathology.
- Preparation for childbirth and parenthood, including psychological aspects.
- Preparation for delivery (including knowledge and use of technical equipment in obstetrics).
- Analgesia, anaesthesia and resuscitation.
- Physiology and pathology of the new-born infant.
- Care and supervision of the new-born infant.
- Psychological and social factors.

Practical and clinical training *(see Chapter 1 for further details)*

This training is to be dispensed under appropriate supervision:

- Advising of pregnant women, involving at least 100 pre-natal examinations.
- Supervision and care of at least 40 pregnant women.
- Conduct of at least 40 deliveries.
- Active participation with breech deliveries.
- Performance of episiotomy and initiation into suturing.
- Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.
- Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.
- Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.
- Care of women with pathological conditions in the fields of gynaecology and obstetrics.
- Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

Implementation Action Group (IAG1) Action paper signed off by the Expert Review Body (ERB) Implementation Oversight Team (IOT)

- Health and wellbeing.
- Health sciences.
- Social determinants of health.
- Women's health including reproductive health.
- Equality, diversity and inclusion.
- Health assessment.
- Midwifery care planning.
- Evidence based practice.
- Medication safety.
- Gynaecological and obstetrical pathology.
- Team working.
- Integrated care systems including digital health.
- Theory of registration practice.
- Professional Code of Conduct.
- Leadership.
- Health Policy.
- Safety and risk management.
- Midwifery care according to distinct pathways (supported pathway, assisted pathway or specialised pathway).

EU theoretical and practical instructions

- Antenatal.
- Intranatal.
- Postnatal.
- Midwife-led care.
- High dependency care and care of the critically ill woman.
- Neonatal.
- Gynaecology.
- Specialist.

Midwifery subgroup response to IAG1 research findings signed off by the ERB IOT

Subjects specific to activities of midwives

- Management of obstetric emergencies.
- Recognition and responding to deterioration.
- Cultural awareness.
- Continuity of care.
- Drug and alcohol misuse across the continuum of pregnancy and postnatal care.
- Infertility.
- Adolescent reproductive health.
- Pre-conception health.

Essential competencies at point of registration agreed upon in the midwifery network workshop included

- Perineal suturing.
- Cannulation and venepuncture.
- Neonatal resuscitation care.
- Midwife prescribing.
- Breast feeding course.
- Understanding of the role of the CMM1 and CMM2.
- Exposure to both small and larger maternity units.

Specialist placement*

- Medical and surgical complexities; specifically, cardiology, endocrinology, epilepsy.
- Medical and surgical focus on conditions that could potentially affect pregnancy.
- Mental health with a focus on maternal and neonatal health.
- Ambulatory gynaecology and colposcopy.
- Domestic violence and sexual assault trauma unit.
- International protection relevant to maternity care.

See Appendix 1 for details.

*Specialist placement may be reflected in hours spent in these areas

Curriculum structure (prescribed by IAG1 and EU)

It is expected that the curriculum structure will reflect the following:

1. Learning is incremental and increasing in complexity as midwifery students' progress.
2. The curriculum standards should be applied in each year of the curriculum.
3. The standards for entry to the midwifery register are integrated throughout the curriculum.
4. Teaching and learning articulate contemporary midwifery, and health and education practice, and responds to emerging trends based on service user demands research, technology and other forms of evidence.
5. The professional values of care, compassion and commitment are integrated throughout the curriculum.
6. Reflection is discursive and case based.
7. Scope for skills development and learning are both structured and opportunistic, increasing in complexity and individualised to the midwifery student experience.
8. Learning outcomes are agreed with individual midwifery students for their placements based on a needs analysis provided by the midwifery student.
9. Competence is assessed at the end of each midwifery student year.

Theory and practice placement for midwifery education

In line with the EU Directive (European Directive 2013/55/EC and 2005/36/EC) there are 2,300 theoretical hours. There are 62 weeks (2,325 hours) minimum practice placement for registration programmes. These weeks are based on a 37.5-hour practice placement week. Aim for minimum four-week practice placement rotations at a time (as per IAG1).

To prepare for practice placements, it is recommended that core theory is reflective of each stage of the midwifery programme.

Table 2 outlines the theory and corresponding practice placement for undergraduate midwives. The complexity of women and infants' care should increase in line with the midwifery students' knowledge and experience.

Table 2: Theory and practice placements for midwifery education		
Year	Theory	Practice placement
Year 1 and 2 are specific to the midwifery register with a total of 26 weeks supernumerary placement across the two years. 12 weeks community midwifery practice incorporated across the programme.		
<i>*Specialist placement may be reflected in hours spent in the areas outlined above.</i>		
1 & 2	Professional skills and knowledge required to assess and support the health and wellness of women (including their pre pregnancy health and wellness) and newborn infants throughout the continuum of pregnancy incorporating Sexual Maternal Neonatal Adolescent Reproductive Health (SMNARH). Consider interprofessional learning.	Acute and community settings: <ul style="list-style-type: none"> • Pre-pregnancy planning • Antenatal • Intrapartum • Postnatal • Newborn Health and Wellbeing • Gynaecology • Midwife-led Care
3	Professional skills and knowledge required to care for and support the health and wellness of women and infants with pre-existing and/or pregnancy induced conditions throughout the continuum of pregnancy incorporating Sexual Maternal Neonatal Adolescent Reproductive Health (SMNARH).	Build on the previous placements, mapped to theory content. <ul style="list-style-type: none"> • Antenatal • Intrapartum • Postnatal • High Dependency Care and Care of the Critically Ill Woman • Neonatal care • Gynaecology • Exposure to both small and larger maternity units. 12 weeks paid internship (ratio 3.5:1) (IAG1)
4	Consolidation of prior learning and transitioning to autonomous midwifery practice. Professional learning. Midwifery leadership.	Build on previous placements. 24 weeks paid internship (ratio 2:1) Two internship blocks - 12 weeks each (ratio 2:1) (IAG1).

Continuity of care experiences (CoCE)

Experience in woman-centred care as part of CoCE. The midwifery student is supported to:

- a. establish, maintain, and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care.
- b. provide midwifery care within a professional practice setting and under the supervision of a midwife – in collaborative practice arrangements. Supervision by other relevant registered practitioners (senior house officer on the obstetric pathway, self-employed community midwife, public health nurse) may be appropriate if the person is the lead professional in that setting.
- c. engage with at least 5 women – engagement involves attending four antenatal and two postnatal episodes of care and, for the majority of women, the labour and birth
- d. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

Competency for midwifery student

The Standards for Entry to the Register of Midwives detail the skills, knowledge and behaviours expected of a midwife to work within the code of conduct. Where the code of conduct provides the broad boundaries of midwifery practice, the standards provide the detail of how a registered midwife is expected to practise and what she or he is expected to be capable of doing. Competency is incremental and development of competency is both structured and opportunistic.

The structure of competency is related to the attainment of formal knowledge, skill and professional behaviours. This aligns with the curriculum structure; however, it is also opportunistic depending on the practice placement and various real world learning opportunities presented to the midwifery students.

The skills related to competency are also formal and opportunistic. Formal skills learning is aligned to the curriculum structure and applied in practice placement. There are also opportunistic skills learning relative to the practice placement where real world scenarios are presented to midwifery students.

Professional behaviours in the context of competency are defined in both the Code (NMBS, 2025) and standards for entry to the register for midwives. Behaviour is developed and refined as midwifery students' progress with their learning throughout the curriculum.

The professional values of care, compassion and commitment must be applied to learning and practice across the curriculum.

The standards for entry to the Register outline the acceptable knowledge, skills and behaviours (competency) required for practice. The standards are designed to be applied to midwifery practice in a variety of clinical contexts. The standards reflect the contemporary role of registered midwives who utilise comprehensive midwifery knowledge and complex judgement to assess, plan, implement and evaluate evidence-based healthcare for women and newborn infants to support their needs. Table 3 outlines the level of competency for each year of the curriculum.

Each practice placement area, in collaboration with the education body, will develop their own suite of potential competencies that can be mapped to the standards of entry to the midwifery register. The competency can be adapted depending on the level required for the midwifery student (Table 3). Competency is attainable using a variety of evidence (Table 4). Each practice placement area can determine a combination of various evidence required to demonstrate the suite of potential competencies agreed with the education body (for example, direct observation/reflection/ simulation). Midwifery students are expected to be supervised by a registered midwife in practice. The link role between the education body and practice placement is the Midwifery Clinical Placement Coordinator (CPC). They are best placed to identify the practice placement supervisor for midwifery students. The CPC should facilitate the agreement of competency outcomes for the practice placement between the midwifery student and agreed supervisor. An objective assessor must be identified in the practice setting to complete the formative competency assessment at the end of each four-week placement minimum.

Midwifery students are assessed against all competencies on an ongoing incremental basis. A summative assessment of competency occurs at the end of each year of the curriculum and affirms the student's readiness to progress.

Midwifery students must be assessed against the standards for entry to the Midwifery Register on completion of their education programme.

The following is an outline of the required competency standards for midwifery students in each year.

Table 3: Competency for midwifery students		
Year	Standard	Supervision
1	The midwifery student must demonstrate an understanding of the standards for entry to the Midwifery Register as they apply to women and newborn infants, they encounter during their practice placement.	Direct Supervision: Midwifery students must receive direct supervision and support by registered midwives to understand the application of standards during their supervised delivery of maternity care to individuals.
2	The midwifery student must demonstrate the use of the standards for entry to the Midwifery Register in the supervised application of care during practice placement.	Frequent assistance and support: Midwifery students must receive frequent assistance and support from registered midwives and peers to apply the standards in the delivery of maternity care to women and infants.
3	The midwifery student must implement the standards of entry to the Midwifery Register in the delivery of care during practice placement under indirect supervision.	Indirect Supervision: Midwifery students must receive indirect supervision, assistance and support from a registered midwife while implementing the standards of entry to the register in the delivery of healthcare to women and infants.
4	The midwifery student must evaluate the implementation of the standards for entry to the Midwifery Register in the delivery of care during practice placement.	Work collaboratively: Midwifery students must work collaboratively to evaluate the implementation of the standards of entry to the Register in the delivery of maternity care to women, infants and their families.

The focus of competence development during practice placement is on facilitating learning opportunities that allow the midwifery student to further develop independent learning skills. The development of competence associated with lifelong learning and continuing professional development. Competency can be achieved across theory and practice settings. Table 4 outlines the acceptable evidence to demonstrate competence during the programme of study. Formative competency assessment occurs during a practice placement of four or more weeks. The summative competency assessment is at the end of the year by the education body.

The opportunity to develop competency will be outlined in each practice placement in collaboration with the CPC and the education body. The level of competency will be determined by the stage the midwifery student is at during the placement. The competency for assessment at the end of the practice placement and the appropriate level is agreed between the midwifery student and the registered midwife, facilitated by a CPC during their orientation to the placement site. The supports available to the midwifery student to achieve the agreed competencies, and at the relevant level, will be outlined and the date for competency assessment will be agreed during the orientation meeting.

It is recommended the supervisor, and the assessor, in the practice placement are not the same person. The assessor should be closely linked to the education body and have received formal training in assessments from the education body (as per assessment standards). If a midwifery student is unsuccessful in achieving the required level of agreed competency, the education body is informed by the assessor and processes to moderate or repeat the necessary competency are arranged using Table 4 below to determine the evidence required to demonstrate competence.

In preparation for the Professional Competency Scheme as a registered midwife, the midwifery student will be responsible to collect evidence in a professional competency portfolio. The portfolio will be submitted to the education body for an annual competency summative assessment which will be conducted by a practice placement representative registrant and an academic registrant in the relevant education body.

Evidence that will contribute to competence may be gathered by a number of methods including:

Table 4: Acceptable evidence to demonstrate competence

Evidence	Explanation
Direct observation by a registered midwife	Demonstration of the competency is observed by a registered midwife.
Direct observation by a nominated assessor	Demonstration of the competency is observed by a nominated assessor who is also a midwife.
By testimony	Formal written submission from other key qualified registered midwives or nurses where appropriate in specialist practice i.e. gynaecology, neonatal unit.
Discursive reflection	By reflective discussions between the student midwife and the supervisor about professional progress.
Written	The learner may demonstrate the principles and practice related to the competency in a written reflection and or learning log evidence.
Simulation	The learner may demonstrate their competency related to pre-determined midwifery clinical skill in a simulated scenario in a laboratory.

Standards for formative competency assessment

- 1 The competency assessment is performed in a reasonable time using a variety of contexts (Table 4).
- 2 The assessor should have an established relationship with the supervisors in the practice setting.
- 3 All agreed evidence will be sourced by the assessor in advance of the assessment.
- 4 The documentation to record the assessment is clear, detailed and objective.
- 5 If a midwifery student is unsuccessful at their first attempt at a competency assessment, the midwifery student is provided with an opportunity to reflect on the feedback and offered a scheduled re-assessment.
- 6 If a second assessment is unsuccessful, the assessment report is forwarded to the education body for further moderation as per policy.

Standards for summative competency assessment

(note* In addition to the standards for student assessment)

- 1 The midwifery student is responsible for gathering the required evidence for portfolio presentation in line with the guidelines provided by the education body.
- 2 Summative assessment is scheduled in the academic assessment structures of the education body.
- 3 The midwifery student presents their collated portfolio from the practice placement areas.
- 4 There should be a minimum of two assessors, one registrant representing the education body and another representing the assessors in a practice placement area.

Discursive reflection

Discourse is an interchange of ideas, usually in a formal and orderly way. It can be spoken or written, and it can cover a variety of subjects. Discursive is talking or writing about a subject. From a midwifery perspective, an integral aspect of the ongoing development of midwifery practice is the necessity for midwives to engage in critical reflection on their practice. This process is vital for enabling midwives to make informed clinical decisions and judgments, ultimately enhancing the quality of care provided to childbearing women and their families. Through reflective practice, midwives can continually refine their skills, ensuring the delivery of safe, effective, and compassionate care. Discursive reflection in practice placement is an ongoing process for midwives.

Table 5: Comparing discursive reflection versus reflection

Discursive reflection	Reflection
Based on reading about a subject area, using reason to develop an argument	Examines personal responses, experiences, ideas and information
Impersonal, objective	Personal, subjective
Examines theories, research and objective ideas	Analyses personal responses to experiences, events, thoughts and feelings
Limited to academic evidence	Not limited to academic evidence
Presents and justifies arguments	Seeks solutions to problems

Discursive reflection is both structured and opportunistic. Structured reflection occurs as part of simulated learning, opportunistic reflection occurs in practice placement and is learner specific. The clinical supervisor must support discursive reflection in practice. The discursive process is an opportunity to guide the midwifery student to complete a structured written reflection, as per guidelines from the education body, for evidence of competency (Table 4). Written reflections are included in the competency portfolio for assessment purposes.

Written reflections should use an evidence-based reflective practice framework. The midwifery student must map their written reflection to the standards of entry to the register in their portfolio presentation.

4

Essential Evidence for Accreditation of Midwifery Curriculum

Essential Evidence for Accreditation of Midwifery Curriculum

Adapted from the Australian Nursing and Midwifery Accreditation Council, Registered Midwife Accreditation Standards 2021, Essential Evidence.

1. Standards for curriculum delivery		
Standard		Evidence required
1.1	The curriculum is delivered at a National Framework of Qualifications level 8 and will conclude in June of the 4th academic year.	<ul style="list-style-type: none"> • Demonstrate learning outcomes at the relevant academic level. • Provide a programme structure that concludes in June of the 4th academic year.
1.2	The curriculum is delivered at approved academic and practice placement sites with appropriate contractual agreements in place.	<ul style="list-style-type: none"> • Provide evidence of education body approval for delivery of academic curricula. • Provide evidence that practice placements have demonstrated suitability as a quality learning environment. • Provide evidence that practice placement sites meet the standards for supervision of students in practice placement. • Provide evidence of contractual agreements with practice placement sites.
1.3	Midwifery subjects are developed, delivered and assessed by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical experience.	<ul style="list-style-type: none"> • Provide curriculum vitae of academic teaching staff. • Map the names of the module lead to the curriculum modules.
1.4	The education body is responsible for the interpretation and compliance of the curriculum with the midwifery content of the European Directive 2013/55/EC and 2005/36/EC and that it is reflected in the curriculum delivery.	<ul style="list-style-type: none"> • Map the curriculum to demonstrate compliance with European Directive 2013/55/EC and 2005/36/EC.

Standard	Evidence required
<p>1.5 The education body providing the programme has an explicit governance structure that recognises the distinct autonomous identity of the profession of midwifery. The structure facilitates the professional lead of midwifery (or delegate) into processes impacting on the midwifery programme. The lead:</p> <ul style="list-style-type: none"> • is a midwife registered with the NMBl. • holds a relevant teaching and learning post-graduate qualification and has responsibility for academic oversight of the programme. 	<ul style="list-style-type: none"> • Details of the academic governance structure of the education body. • Details of the programme governance structure. • Provide evidence that a registered midwife has oversight of the programme including quality of teaching and learning. • The lead is: <ul style="list-style-type: none"> • is a midwife registered with the NMBl. • holds a relevant teaching and learning post-graduate qualification and has responsibility for academic oversight of the programme.
<p>1.6 The curriculum is subjected to periodic review of the education body and practice placement areas by the regulator.</p>	<ul style="list-style-type: none"> • The education body prepares required evidence documents and sites for periodic review as advised by the regulator.
<p>1.7 A collaborative annual report is submitted to the regulator from practice placement and education bodies as directed.</p>	<ul style="list-style-type: none"> • The education body handles submission of the collaborative annual report as directed each year using the template provided by NMBl.
<p>1.8 A 12-week internship programme is scheduled at the end of year 3 of the curriculum. A further 24-weeks to be completed in year 4 focusing on midwifery practice.</p>	<ul style="list-style-type: none"> • Provide an outline of community midwifery focused internship placements for students at the end of year 3. • Provide an outline of midwifery community focused internship placements for students at the end of year 4.
<p>1.9 There is 12 weeks of community midwifery care included in the programme across the entire programme.</p>	<ul style="list-style-type: none"> • Show evidence that the midwifery programme will incorporate 12 weeks of community midwifery care across the entire programme.
<p>1.10 A learner centred teaching pedagogy and culture is embedded within the midwifery student journey from emerging professional to active professional.</p>	<ul style="list-style-type: none"> • Describe the learner centred teaching pedagogy. • Explain the application of the learner centred teaching pedagogy and culture across the curriculum. • Provide evidence of the application of the learner centred teaching pedagogy and culture across the curriculum including practice placements. • Provide evidence of student evaluation of the learner centred pedagogy and culture.

Standard		Evidence required
1.11	Teaching and learning integrate contemporary midwifery, and health and education practice, and responds to evidence driven practice, technology and other forms of robust evidence.	<ul style="list-style-type: none"> Provide evidence that the curriculum integrates contemporary midwifery practice in line with scientific evidence that underscores practice and relevant technology.
1.12	There is strong evidence of public, women, stakeholder and student involvement in the curriculum development, delivery and evaluation.	<ul style="list-style-type: none"> Provide evidence of PPI, stakeholder and student engagement in the development of the curriculum. Provide evidence of PPI, stakeholder and student engagement in the delivery of the curriculum. Provide evidence of PPI, stakeholder and student engagement in the evaluation of the curriculum.
1.13	Robust standards for assessing midwifery students are enforced in the curriculum.	<ul style="list-style-type: none"> Provide evidence that the education body has oversight of and accepts accountability for the assessment of midwifery students. Map the NMBI standards for entry to the Register, professional values, the Code and assessment strategies. Map the module learning outcomes and associated assessments to the NMBI standards for entry to the Register. Demonstrate how the assessment strategies enhance midwifery student centred learning. Provide examples of how the formative and summative assessments and moderation informs student progression. Document how the assessments include the appraisal of competence in the quality use and administration of medicines. Outline the processes by which the education body ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role. Map the assessments for midwifery students to show that the burden of assessment for midwifery students is divided proportionally across the curriculum.

Standard	Evidence required
<p>1.14 The standards for supervising midwifery students are applied for the duration of the programme.</p>	<ul style="list-style-type: none"> • Outline the process by which the standards for practice placement learning are assessed by the education body every 5 years (or as required). • Documented processes where the education body and practice placement partners support students to: <ul style="list-style-type: none"> • Develop the skills to self-regulate emotions in preparation to meet the complex demands of a practice environment. • Utilise the appropriate communication skills with individuals. • Adopt a positive belief of the practice placement learning environment. • Document the processes where the practice placement environment adopts a sense of belonging for midwifery students to: <ul style="list-style-type: none"> • Adopt a culture that highly values midwifery students. • The placements have been assessed and demonstrate a readiness to teach and assess midwifery students. • Have clear pathways of communication to liaise directly with the education body. • Have access to digital instructional materials to support midwifery students. • Have clear learning opportunities for midwifery students across the various shift patterns available. • Offer flexible shift patterns, if possible, within the practice placement areas.
<p>1.15 The curriculum will embed learner centred reflective, discursive practice, which provides learner support and encourages the development of life-long critical thinking skills.</p>	<ul style="list-style-type: none"> • Provide a framework that is used to guide learner centred reflective, discursive practice. • Processes outlining the levels of support for reflective practice. • A framework used to encourage and support critical thinking in reflective practice.
<p>1.16 Resources (human and physical) are sufficient to support student achievement of the NMBI standards for entry to the Register.</p>	<ul style="list-style-type: none"> • Provide the ratio of student to staff in relation to: <ul style="list-style-type: none"> • Academic • Clinical teaching • Practice placement supervision • Provide evidence of registration of curriculum team as per ratio requirements.

Standard		Evidence required
1.17	The education provider has processes in place to support students with additional needs, ensures robust procedures to evaluate supports on an ongoing basis, and provides reasonable accommodations across the programme as required by the learner.'	<ul style="list-style-type: none"> • Policies and processes for managing, monitoring and supporting midwifery students requiring additional supports in the education body and practice placement areas.
1.18	Student progression policies and procedures are in place to ensure that midwifery students have acquired the requisite knowledge skills and professional behaviours required for safe practice.	<ul style="list-style-type: none"> • Policies, procedures and guidelines to assess midwifery student competence and progression. • Course progression rules. • Complaint and appeal policy and procedures. • Student fitness to practice policy and procedures.
1.19	The curriculum has been subject to examination by an appropriately qualified and experienced external representative of the midwifery profession.	<ul style="list-style-type: none"> • Provide feedback from external examiners related to modules and the curriculum. • Map changes/amendments that have been made to the curriculum following feedback from the external examiner.
1.20	Quality improvement mechanisms incorporate evaluation from a variety of sources to address: <ul style="list-style-type: none"> • Review suitability and audit practice placements • Midwifery student evaluations • Academic and health professional evaluations • Policy development in health and healthcare • Teaching and learning development and enhancement. 	Quality improvement frameworks including: <ul style="list-style-type: none"> • Risk assessment policy or process for academic, simulated and practice placement environments. • Analysis reports arising from surveys identifying outcome and programme quality improvements. • Schedules for subject and practice placement surveys/evaluations. • Terms of reference for relevant school committees responsible for development, monitoring, reviewing the quality, or improving the programme. • Outline staff access to research databases to inform healthcare development. • Outline staff opportunities for professional development.
1.21	Procedures are in place to facilitate students transferring to or from another education body.	<ul style="list-style-type: none"> • Policy, procedure and process to facilitate midwifery students transferring to another education body. • Policy, procedure and processes to facilitate midwifery students transferring from another education body.

Standard		Evidence required
1.22	Procedures for students to exit the academic program before completion are explicit with relevant exit awards.	<ul style="list-style-type: none"> Outline procedures for midwifery students to exit the academic programme before completion. Include the procedure to inform the regulator. Map the relevant exit awards offered to midwifery students who exit the programme before completion.

2. Standards for curriculum content

Standard		Evidence required
2.1	The content promotes the health and wellbeing of women and newborn infants; and understanding of the effects that the Social Determinants of Health have on individual health and wellbeing, health and social care policies and social justice.	<ul style="list-style-type: none"> Provide evidence that the programme promotes the health and wellbeing of women and newborn infants incorporating: <ul style="list-style-type: none"> Social Determinants of health Health and social care policies and social justice.
2.2	The content and learning outcomes articulate The NMBI Code (2025) and midwifery registration standards for entry to the Midwifery Register.	<ul style="list-style-type: none"> Curriculum content include mapping to the NMBI code of conduct standards of entry to the Register.
2.3	Midwifery, educational and person-centred care philosophies and their practical application are embedded in the curriculum.	<ul style="list-style-type: none"> Curriculum document includes clearly identified and referenced midwifery and education philosophies. Explain how the philosophy will be practically implemented within the programme e.g. Subjects, content, learning outcomes, assessments.
2.4	The curriculum content includes care for women with additional sexual health and reproductive health needs.	<ul style="list-style-type: none"> The curriculum reflects the inclusion of caring for women with additional sexual health and reproductive healthcare needs.
2.5	The curriculum content and learning outcomes integrate inter-professional learning and practice where possible.	<ul style="list-style-type: none"> Curriculum document provides a definition and explanation of intraprofessional and interprofessional learning and practice within the midwifery profession, and how this is integrated into relevant subject learning outcomes and programme outcomes. Outline teaching strategies that develop knowledge, skills and attitudes that result in interprofessional team behaviours and competence.

Standard		Evidence required
		<ul style="list-style-type: none"> Complete a mapping template with examples from the curriculum to demonstrate how subject learning outcomes and content prepare midwifery students for intraprofessional and interprofessional learning and practice.
2.6	Simulated learning experiences are incorporated into the curriculum to prepare the midwifery students for practice placement.	<ul style="list-style-type: none"> Curriculum document explains how midwifery students are prepared for practice placement using simulated learning experiences. Provide a mapping document outlining the simulated learning opportunities that prepare students for practice placements.
2.7	Physical, biopsychosocial and psychological assessments related to women's health and wellbeing are incorporated into the curriculum.	<ul style="list-style-type: none"> Curriculum document outlines how midwifery students will develop skills to conduct a biopsychosocial assessment of individuals throughout the curriculum. Provide a mapping document that includes relevant learning outcomes to adequately prepare midwifery students to conduct a biopsychosocial assessment of individuals.
2.8	Physical, biosocial and psychological interventions related to women's health and wellbeing are embedded in the curriculum.	<ul style="list-style-type: none"> Curriculum explains biopsychosocial interventions and how the understanding is embedded in the relevant subject learning outcomes. Outline how midwifery students will develop skills to conduct a biopsychosocial assessment of individuals throughout the curriculum. Complete a mapping document that includes relevant learning outcomes to adequately prepare students to apply biopsychosocial interventions in practice.
2.9	<p>The curriculum's content i.e. programme learning outcomes and module learning outcomes ensure integrated knowledge of care across the perinatal continuum within the scope of midwifery practice including:</p> <ul style="list-style-type: none"> care across the perinatal continuum social and emotional wellbeing and support of women and newborn infant preparation for labour and birth complex family health, Domestic, Sexual and Gender-Based Violence (DSGBV), stillbirth and bereavement care, socioeconomic issues, poverty. 	<p>The PLOs and MLOs reflect inclusion of the following:</p> <ul style="list-style-type: none"> care across the perinatal continuum social and emotional wellbeing and support of women and newborn infant preparation for labour and birth complex family health, Domestic, Sexual and Gender-Based Violence (DSGBV), stillbirth and bereavement care, socioeconomic issues, poverty. perinatal mental health – support transition to parenthood, trauma informed care and identifying women with risk factors.

Standard		Evidence required
	<ul style="list-style-type: none"> perinatal mental health – support transition to parenthood, trauma informed care and identifying women with risk factors. 	
2.10	Integrate the application of sciences, including applied life sciences, general health, social and psychosocial factors, into health assessment of women and infants, decision-making and collaborative care planning and evaluation in partnership with the woman.	<ul style="list-style-type: none"> Curriculum document outlines the application of the sciences, including life applied science into health assessment, decision-making and care planning. Provide a mapping document of the learning outcomes integrating sciences into the programme content preparing students to complete: <ul style="list-style-type: none"> Health assessment of women and newborn infants Decision-making Care planning and evaluation in partnership with the woman.
2.11	Integrate knowledge and understanding of legal and ethical frameworks as they apply to personal, professional and clinical skills ensuring that the actions of the midwife are directed towards a safe outcome for the woman and her newborn infant.	<ul style="list-style-type: none"> Curriculum content includes the legal and ethical frameworks as they apply to the midwifery profession and midwifery practice ensuring safety for the woman and their newborn infants.
2.12	The curriculum content includes communication skills accommodating the needs and requirements of women and their families.	<ul style="list-style-type: none"> The curriculum document must explain how midwifery students are adequately prepared to apply communication skills required to accommodate the needs and requirements of women, infants and their families. A mapping document must demonstrate the learning outcomes outline of the application of communication skills accommodating the needs and requirements of women and their families.
2.13	Incorporate research in midwifery as an art and science-based profession.	<ul style="list-style-type: none"> The curriculum document must explain midwifery research and how as a science-based profession it has informed education and healthcare. A mapping document of learning outcomes outlines the incorporation of midwifery research.

Standard	Evidence required
<p>2.14 Incorporate the development of research skills that include searching and evaluating evidence-based practice and other data for application and translation into practice.</p>	<ul style="list-style-type: none"> • The curriculum document must explain how midwifery students will develop research skills and be prepared to translate research into practice. • Complete a mapping document including learning outcomes that outline support for student development with: <ul style="list-style-type: none"> • Conducting literature searches • Reviewing research and evidence • Translating research and other evidence into practice • Using research in practice.
<p>2.15 Apply the principles of safety and risk management in all aspects of women and infant care including medication management.</p>	<ul style="list-style-type: none"> • Provide a mapping document including learning outcomes to support the application of the principles of safety and risk management in all aspects of patient care including medication management.
<p>2.16 The programme's content and subject learning outcomes embed principles of:</p> <ul style="list-style-type: none"> • diversity, culture, inclusion and cultural safety for all women and their families • advocacy, diversity of women's choices and self-determination • evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice. 	<ul style="list-style-type: none"> • Curriculum document explains cultural diversity and how this understanding translates into relevant learning outcomes. • Complete content mapping including subject and curriculum learning outcomes that prepare students to work with and care for women from all backgrounds, evidence-based practice and provision of informed choice.
<p>2.17 The content provides evidence that midwifery students are supported to achieve the skills and competence required to practice as a registered midwife across all practice locations and settings.</p>	<ul style="list-style-type: none"> • Outline contractual arrangements with practice placement sites. • Curriculum document includes a detailed plan of practice placements for students to complete: <ul style="list-style-type: none"> • a minimum of 2,300 hours • across a variety of settings as outlined in the standards. • Explain how scheduled practice placements facilitate midwifery students transition to practice as a registered midwife. • Documented processes for managing practice placements including make-up hours. • Documented process for establishing and maintaining communication between practice placement and education bodies.

Standard		Evidence required
		<ul style="list-style-type: none"> Records demonstrating that each midwifery student has relevant practice placement opportunities to achieve the standards for entry to the Midwifery Register.
2.18	The curriculum content promotes the development of an inquiring mind related to the future of digital health for midwifery practice incorporating the NMBI digital standards.	<ul style="list-style-type: none"> The curriculum document outlines learning objectives that promote the development of an inquiring mind related to the future of health for midwifery and the population. A mapping document outlining the learning outcomes that promote the development of an inquiring mind related to digital healthcare.
2.19	The curriculum content provides evidence for fostering an appreciation for sustainability and planetary health in the context of reproductive healthcare.	<ul style="list-style-type: none"> Curriculum document explaining global sustainability in the context of healthcare. A mapping document outlining the learning outcomes where global sustainability in the context of healthcare is incorporated into the curriculum.

3. Standards for student experience

Standard		Evidence required
3.1	Ensure that midwifery students have access to relevant programme information in a timely, transparent and accessible manner.	<ul style="list-style-type: none"> Outline the information provided for students and how it can be accessed: <ul style="list-style-type: none"> Learning management system Student handbook Practice placement information and requirements Assessment policy and procedures Outline student progression Academic regulations Appeals policies and procedures Student support services Process for management and support of students identified at risk of poor academic and practice performance.

Standard	Evidence required
<p>3.2 Ensure that midwifery student academic learning needs are appraised, identified and supported by the education body throughout the programme.</p>	<ul style="list-style-type: none"> • Provide the process for early identification and monitoring students at academic and practice risk. • Processes and flow charts offering guidance to staff on the following: <ul style="list-style-type: none"> • Early detection of midwifery students at risk of poor academic performance • Early identification of midwifery students at risk of poor practice performance • Referral of midwifery students identified at risk of poor academic and/or practice performance to appropriate support services.
<p>3.3 Midwifery students must be informed of, and have access to grievance and appeals processes, pastoral and or personal support services.</p>	<ul style="list-style-type: none"> • Describe the process for the following services for students: <ul style="list-style-type: none"> • Grievance • Appeals • Pastoral support • Personal support
<p>3.4 The education body must demonstrate that midwifery students are represented on programme advisory and decision-making committees.</p>	<ul style="list-style-type: none"> • Terms of reference and meeting schedules for relevant committees that include midwifery student membership. • Examples of student consultation, collaboration, decision-making and implementation into the programme. • Policy and procedures to recruit and prepare students for representative roles within the school.
<p>3.5 The principles of equity, diversity and inclusion are embedded within the curriculum, programme delivery and student support / resources.</p>	<ul style="list-style-type: none"> • Policies, procedures and processes that promote equity, diversity and inclusion. • Examples of implementing principles of equity, diversity and inclusion.
<p>3.6 Midwifery students are supported by a ratio of suitably qualified midwives in the academic and practice placement areas.</p>	<ul style="list-style-type: none"> • Outline midwifery student support ratios by registered midwives in the education body. • Outline midwifery student support ratios by registered midwives in practice placement areas.
<p>3.7 Midwifery student experiences across all teaching and learning environments are monitored, evaluated and reported to the relevant committees with outcomes mapped to inform curriculum quality improvement.</p>	<ul style="list-style-type: none"> • Show evidence of evaluation and mapped outcomes.

Standard	Evidence required
3.8 Ensure that midwifery practice experiences promote holistic, woman-centred care that upholds and integrates the principles of professional autonomy.	<ul style="list-style-type: none"> Provide the supporting evidence on how the programme ensures that student midwives' practice experiences consistently promote holistic women centred care while integrating professional autonomy.

4. Standards for student assessment

Standard	Evidence required
4.1 Each midwifery programme must have an integrated and inclusive assessment strategy to assess the varying dimensions of midwifery knowledge, practical skills and professional behaviour.	<ul style="list-style-type: none"> Demonstrate how the midwifery programme maintains an integrated and inclusive assessment strategy that effectively evaluates the full scope of midwifery education, specifically: <ul style="list-style-type: none"> Midwifery knowledge (theoretical and evidence-based understanding) Practical skills (clinical competence and application in real-world settings) Professional behaviours (including communication, ethical practice, accountability, and reflective capacity).
4.2 The education body is accountable for the development of a framework that incorporates an integrated approach to student assessment..	<ul style="list-style-type: none"> Curriculum document explaining the assessment of students. Assessment policy addressing the accountability of the education body for the assessment of students. Policies and procedures for conducting assessment of students in practice placement sites. Process for communication about the assessment of students in practice placement sites. Flow chart outlining the accountability of the education body for assessments in practice placement.
4.3 The NMBI standards for entry to the Register (programme learning outcomes), professional values, the Code and assessment strategies are aligned.	<ul style="list-style-type: none"> Curriculum document explaining the alignment between programme learning outcomes, the professional values, the Code of Professional Conduct and assessment strategies. Completed mapping document demonstrating the links among the standards for entry to the Register, programme learning outcomes, the professional values, the Code of Professional Conduct and assessment strategies.

Standard	Evidence required
<p>4.4 The module learning outcomes and associated assessments are mapped to the NMBI standards for entry to the Register.</p>	<ul style="list-style-type: none"> Curriculum document explaining the alignment between programme learning outcomes and assessment strategies. Completed mapping document demonstrating the links among the standards for entry to the Register, module learning outcomes and assessments.
<p>4.5 The assessment strategies reflect multiple means of action and expression.</p>	<ul style="list-style-type: none"> Curriculum document explaining how the assessment strategies in the programme enhance student centred learning. Examples of student-centred assessment strategies in academic modules and practice placement.
<p>4.6 Formative and summative assessment informs student progression.</p>	<ul style="list-style-type: none"> Curriculum document explaining formative and summative assessments will be used to enhance learning and informs student progression. Process to inform students about formative and summative assessments and how they will be used to support and evidence student learning. Process to inform practice placement partners about formative and summative assessments and how they will be used to support and evidence student learning. Completed assessment mapping document demonstrating formative and summative assessments used across the curriculum. Examples of formative and summative assessments in academic modules and practice placement.
<p>4.7 Assessments include the appraisal of competence in the quality use and administration of medicines.</p>	<ul style="list-style-type: none"> Curriculum document explaining how students will develop the required knowledge and skills in the quality use and administration of medicines. Assessment strategies to appraise the competence in the quality use and administration of medicines. Examples of theoretical and practice placement assessments to appraise the competence in the quality use and administration of medicines. A completed assessment mapping document displaying the links between theory, practice and assessments, that appraise the quality use and administration of medicines.

Standard	Evidence required
<p>4.8 The supervisor and assessor in practice placement must be different individuals. It is recommended that a suitably qualified registered midwife, linked with the education body, completes the formative competency assessment at the end of four-week practice placement.</p>	<ul style="list-style-type: none"> • Policy, procedure and processes to allocate supervisors and supervisors to students in practice placement. • Policy, procedure and process to conduct formative competency assessments in practice placement. • Policy, procedure and process to communicate the assessment outcomes with the education body. • Outline the structure where the assessor is linked with the education body.
<p>4.9 It is recommended that a registered midwife from the practice placement area and education body conducts the summative competency presentation for the midwifery student at the end of each year.</p>	<ul style="list-style-type: none"> • Policy, procedure and process to conduct summative competency assessments at the end of each year.
<p>4.10 It is the responsibility of the education body to ensure that academic and practice placement assessors receive the appropriate education, training and continued development to carry out their role.</p>	<ul style="list-style-type: none"> • Policy, procedures and processes to educate all assessors affiliated with the programme. • Policy, procedures and processes to offer continuing professional development for assessors. • Quality appraisal processes for assessors.
<p>4.11 Assessment for midwifery students is divided proportionally across the curriculum. Midwifery students are supervised and assessed by a midwife primarily or other lead health professional (where relevant) and appropriate. All policies on student assessment and examination are explicit and available.</p>	<ul style="list-style-type: none"> • Curriculum document explaining the division of assessments for students across the curriculum. • A completed assessment mapping document outlining the division of assessments for students across the curriculum. • The process to monitor the division of assessment for students across the curriculum. • Policies on student assessment and examination.
<p>4.12 Compensation between theoretical and practice placement components are not permitted.</p>	<ul style="list-style-type: none"> • Provide evidence that the curriculum outlines clearly that: <ul style="list-style-type: none"> • students must achieve the required standard independently in both the academic (theoretical) and clinical (practice) components. • a fail in one component (e.g., practice) cannot be offset or “compensated” by higher performance in the other (e.g., theory), in line with professional regulatory requirements.

Standard	Evidence required
4.13 Processes are in place for early detection and feedback on student performance and supports are available for students at risk of not progressing.	<ul style="list-style-type: none"> Evidence of the policy and process that is in place to support students who are at risk of not progressing.

5. Standards for supervision of student in practice placements

Standard	Evidence required
5.1 The standards for practice placement learning are assessed by the education body every 5 years (or as required).	<ul style="list-style-type: none"> Policy, procedure and process to assess, monitor and report practice placement learning standards. Schedule of assessment of practice placement learning standards. Assessment reports of practice placement learning standards. The process to communicate the standards of practice placement standards to partners. The management process in the event that practice placement standards are not met.
5.2 The supernumerary status of the midwifery student in practice placement is explicit.	<ul style="list-style-type: none"> Policy, procedure and process to monitor the supernumerary status of students in practice placement. The management process in the event that the supernumerary status of the student is not maintained.
5.3 A nominated competent supervisor and assessor are agreed with the midwifery student at the beginning of each practice placement.	<ul style="list-style-type: none"> Policy, procedure and process to identify and nominate competent supervisors and assessors to students in practice placement. Outline the process of preparation of supervisors in practice placement to support student learning. The process to ensure that the student works with the nominated supervisor in practice placement. The management of the process to ensure that the practice placement supervisor and assessor must be two different individuals. Provide evidence to demonstrate that the assessor is linked with the education body. Outline the process to monitor the supervision and assessment of students in practice placement.

Standard	Evidence required
5.4 An assessor responsible for assessing the midwifery student achievement of competence is agreed with the midwifery student at the beginning of each practice placement.	<ul style="list-style-type: none"> • Policy procedure and process for assessment of the student in practice placement • Provide evidence to demonstrate the selection of the assessor has been agreed with the student at the beginning of practice placement.
5.5 Where a student is being supervised by health and social care professionals, the setting and achievement of learning outcomes is monitored by a registrant.	<ul style="list-style-type: none"> • Policy, procedure and processes for supervision by health and social care professionals, monitoring by a registrant. • Provide examples.
5.6 The education body and practice placement partners must support students to: <ul style="list-style-type: none"> • self-regulate emotions in preparation to meet the complex demands of a practice environment. • Develop and utilise the appropriate communication skills with women and their families. • adopt a positive belief of the practice placement learning environment. 	<ul style="list-style-type: none"> • Curriculum document outlining preparation of students for practice placement that includes: <ul style="list-style-type: none"> • Skills to self-regulate emotions to meet the complex demands of a practice placement environment. • Preparing students to utilise appropriate communications with individuals. • Supporting students to adopt a positive belief of practice placement learning environment. • Examples of activities that prepare students for practice placement. • Process to evaluate student preparedness for practice placement. • Process to communicate feedback related to student preparedness for practice placement.
5.7 The practice placement environment adopts a sense of belonging for students. <ul style="list-style-type: none"> • Embeds a culture that values midwifery students highly. • The placements have been assessed and demonstrate a readiness to teach and assess and feedback to midwifery students. • Have clear pathways of communication to liaise directly with the education body. • Have access to digital instructional materials to support midwifery students. • Have clear learning opportunities for midwifery students across the various shift patterns available. 	<ul style="list-style-type: none"> • Policy procedure and process for practice placement environment to orientate students. • Policy, procedure and process to prepare and support practice placement staff to teach and assess students in line with the education body policies. • Policy, procedure and process for communication between education body and practice placement environment. • Flow chart outlining clear processes of communication between practice placement and education body. • Policy, procedures and processes for students to access digital instructional materials during practice placement. • Examples of digital instructional materials available to students during practice placement.

Standard	Evidence required
	<ul style="list-style-type: none"> • Policy, procedures and process to identify, develop and evaluate appropriate learning opportunities for students in practice placement across various shift patterns. • Examples of agreed appropriate learning opportunities for students during practice placement across various shift patterns. • Policy, procedure and process to identify, manage and evaluate flexible shift patterns for students during practice placement where possible. • Examples of flexible shift patterns offered to students during practice placement. • Policy, procedure and process to enable and evaluate the continuity of supervision in practice placement. • Examples of processes to enable the continuity of supervision in practice placement. • Examples where autonomy and shared responsibility between the supervisor and student occur. • Policy, procedure and process to facilitate and evaluate peer supervision. • Examples where peer supervision has occurred and the outcomes of evaluation. • Policy, procedure and process to facilitate and evaluate a two-way feedback process between student and supervisor. • Examples of where the two-way feedback process has been facilitated.
<p>5.8 Supply a workforce that are adequately prepared and willing to supervise midwifery students.</p> <ul style="list-style-type: none"> • Consistently demonstrate positive and constructive communication styles in English or Irish. • Be professionally competent. • Nurture interpersonal and interprofessional relationships. • Demonstrate a positive inclusive approach towards to students. 	<ul style="list-style-type: none"> • Policy, procedure and process to supply a workforce that are adequately prepared and willing to supervise students. • Provide examples where positive and constructive communication styles in English or Irish are applied for student supervision. • Describe the process to ensure supervisors are professionally competent to teach the required competencies to students. • Provide examples where interpersonal and interprofessional relationships are nurtured. • Process to measure positive attitudes in practice placement to students.

Standard		Evidence required
5.9	Maximise students' involvement in care for individuals with different demographics and complex needs	<ul style="list-style-type: none">• Processes and procedures to support practice placement environment to maximise student involvement in care for individuals with different demographics and complex needs.• Provide examples where students' involvement in the care for individuals with different demographics and complex needs were maximised.

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Appendix

Appendix 1

Discourse is an interchange of ideas, usually in a formal and orderly way. It can be spoken or written, and it can cover a variety of subjects. Discursive is talking or writing about a subject. From a midwifery perspective, an integral aspect of the ongoing development of midwifery practice is the necessity for midwives to engage in critical reflection on their practice. This process is vital for enabling midwives to make informed clinical decisions and judgments, ultimately enhancing the quality of care provided to childbearing women and their families. Through reflective practice, midwives can continually refine their skills, ensuring the delivery of safe, effective, and compassionate care. Discursive reflection in practice placement is an ongoing process for midwives.

As per submission to IOT as part of IAG midwifery specific stakeholder workshop	
Maternal health specific	
Focus on women's reproductive health	Pre-conception health
Management of obstetric emergencies	Family planning
Recognition and responding to deterioration	Exposure to continuity of care/carer
Women living across geographical areas, with an emphasis on evidence-based care, informed women centred care, society impact on care, social inclusion, cultural awareness, continuity of care, lower socio-economic groups	Essential competencies at point of registration agreed upon in the midwifery network workshop included perineal suturing, IV cannulation, neonatal resuscitation care, venepuncture, midwifery care, and cultural awareness. Midwife prescribing, essential skills and competencies to support breast feeding
Integrated digital health - availability of placements	Exposure to both small and larger maternity units
Drug and alcohol misuse across the continuum of pregnancy and postnatal care	Detail examination of the newborn
Infertility	Understanding of the role of the CMM 1 & 2 (shadowing in internship)
Adolescent reproductive health	
Specialised Placement	
Medical and surgical complexities; specifically, cardiology, endocrinology, epilepsy, and mental health with a focus on maternal and neonatal health.	
Medical and surgical focus on conditions that could potentially affect pregnancy	
Ambulatory gynae and colposcopy	
Domestic violence and SATU	
Addiction treatment relevant to maternity care	
Direct provision relevant to maternity care	

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