

MIDWIFERY

National Return to Midwifery Practice

Competence Assessment Tool



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

This document remains the property of the Return to Midwifery Practice course provider and its care is the responsibility of the Return to Midwifery Practice course participant.

Participant name (as per candidate register):	
Participant ID number:	
Higher education institution:	
Course coordinator:	

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Introduction

Developed by the Nursing and Midwifery Board of Ireland (NMBI) in consultation with the relevant course providers and associated health care providers, this document contains the Competence Assessment Tool (CAT) for the Return to Midwifery Practice course and guidance on its use.

Clinical practice is an integral part of the Return to Midwifery Practice course, reflecting the practice-based nature of the midwifery profession. In keeping with the Return to Midwifery Practice Course Standards and Requirements (NMBI, 2020) and the Midwife Registration Programme Standards and Requirements (NMBI, 2016), the CAT serves as a record of ongoing achievements during a clinical placement.

Participants will be assessed at incremental stages in their core midwifery clinical placements by their preceptor/co-preceptor and the registered midwives who support, supervise and assess them throughout the placement. The guidance below will help participants and preceptors/co-preceptors to complete the CAT. It is recommended that this document be read along with the academic regulations and procedures of the relevant higher education institution (HEI) and any specific guidance provided by the midwifery team within the Centre of Nurse and Midwifery Education (CNME), Centre of Midwifery Education (CME) or HEI and/or the midwifery practice development team responsible for the course.

The guidance that follows is intended to help participants and preceptors/co-preceptors to familiarise themselves with their respective roles and responsibilities and with the processes and procedures associated with the assessment of competence and the documenting of these in the CAT.

Competence

Refreshing skills, knowledge and professional behaviours is essential for participants to successfully attain the competence to practise as registered midwives (Midwives Division of the Nurses and Midwives Register maintained by the NMBI). Competence is defined as 'the ability of the registered midwife to practise safely and to fulfil their professional responsibility effectively' (NMBI, 2015).

The competencies listed in this document specify the knowledge, understanding and skills a midwife must demonstrate when caring for women, newborns, infants, partners and families across all types of care setting. They are based on the International Definition of the Midwife (ICM, 2017) and indicate what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind and compassionate midwifery care.

The five competencies identified in Practice Standards for Midwives (NMBI, 2015) are clearly aligned with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014). These competencies represent a broad enabling framework to facilitate the assessment of a participant's clinical practice, emphasising a holistic assessment of the knowledge, skills and professional behaviours expected of a midwife. The CAT associates each competence with a series of assessment criteria that outline what is expected of participants in core clinical midwifery placements. Clinical placements begin with direct supervision and culminate in distant supervision (see Appendix 1 for definitions of supervision levels). **Distant supervision** applies in this document.

Assessment of competence

The CAT aims to ensure that participants who complete the Return to Midwifery Practice course can provide safe, effective midwifery care in partnership with the woman during pregnancy, labour, birth and the postnatal period and can provide care for newborns and infants. All competencies and their associated assessment criteria and skills must be assessed and successfully achieved in each core clinical placement. On completion of assessment, the participant is deemed to have either passed or failed each competence.

Where one competence or more has not been achieved, the participant will have an opportunity to repeat the entire clinical placement and assessment. Following an opportunity to repeat, any participant who fails the assessment may be asked to exit the Return to Midwifery Practice course. Regulations on repeat attempts will be agreed and managed by course providers.

Assessment Process

While the CAT was developed and published by the NMBI along with relevant stakeholders, governance of the competence assessment process remains with the course provider.

Successful completion of the CAT facilitates the achievement of competence in midwifery practice on completion of the Return to Midwifery Practice course. It is the participant's responsibility to ensure that the CAT document is: (i) available on clinical placement; (ii) completed accurately; and (iii) submitted as per course provider guidelines on prescribed submission dates. It must be presented on request to the preceptor/co-preceptor or members of the midwifery practice development team and to the relevant CNME/CME/course provider personnel.

Preparation

Before starting a clinical placement, participants should review their learning needs and any relevant earlier experience of clinical settings to identify specific learning outcomes for the placement. They should also review the learning opportunities specific to the clinical placement setting. If it is their first clinical placement, participants are advised to discuss potential learning outcomes with the clinical placement coordinator in midwifery (Practice Development Department), clinical placement module leader or course coordinator.

Preceptors

Preceptors are midwives who have completed a teaching and assessment course that enables them to support, guide and assess midwifery course participants during a clinical placement. Each participant will be allocated a named preceptor/co-preceptor at the outset of the placement. This information should be recorded on the duty roster.

On day one of a clinical placement, the allocated preceptor/co-preceptor should ideally be available for the participant's orientation to the placement. Where this is not possible, a named midwife should be allocated to work with the participant and details of the preceptor/co-preceptor should be provided to the participant.

First interview

The initial interview will take place as early as possible in the first week of the clinical placement and will be facilitated by the preceptor/co-preceptor. At this interview, the participant and preceptor/co-preceptor shall:

- Identify learning needs, opportunities, resources and outcomes specific to the placement
- Acknowledge the degree of supervision expected, as prescribed by the Return to Midwifery Practice Course Standards and Requirements (NMBI, 2020)
- Discuss the competencies, assessment criteria and associated skills that should be achieved by completion of the placement
- Recognise the importance of participant feedback and encourage it throughout the placement
- Agree and record the date for the midpoint interview.

Ongoing feedback

The feedback pages should be used throughout the clinical placement to:

- Support the participant to achieve the level of competence required to pass the Return to Midwifery Practice course
- Facilitate communication between the preceptor/co-preceptor and any other supervising midwives where continuity of preceptor/co-preceptor is not possible
- Identify and document renegotiated learning outcomes.

Midpoint interview

An intermediate interview takes place midway through each core clinical placement to:

- Review and record the participant's progress to date
- Provide and document guidance and feedback for future learning and competence attainment
- Agree and record the date for the final interview.

Concerns about progress

Where there are concerns about a participant's progress, the preceptor/co-preceptor, in consultation with the participant, should consult the clinical placement coordinator in midwifery (Practice Development Department) and a development plan must be put in place to support the participant's efforts to successfully attain the relevant competence/competencies over the remaining time of the clinical placement. Course coordinators also need to be informed and may provide advice and support regarding the development plan.

The development plan must be:

- Recorded on the feedback sheet and referred to over the course of the remaining clinical placement
- Explicit in detailing what the participant must do to successfully complete the assessment of competence.

Final interview

In the final interview at the end of each core clinical placement:

- The participant and preceptor/co-preceptor review the competencies, assessment criteria and associated skills that the participant is expected to have achieved by completion of the placement
- The participant is deemed to have passed or failed in the assessment of competence
- Feedback is provided by the preceptor/co-preceptor and the participant
- Documentation is completed, and the participant and preceptor/co-preceptor make written comments on the overall process and the result of the assessment of competence to guide future learning needs.

Participant assessment includes:

- Observation of relevant knowledge, skills and professional behaviours in the provision of care
- Demonstration through participation in the provision of care
- Demonstration in a simulated situation where demonstration in practice is not possible
- Exploration with the participant of the rationale for care
- Discussion with other midwives who have supervised and supported the participant in practice
- Reference to comments on feedback sheet and to development plans if used during the clinical placement
- Review of participant's attendance during the clinical placement.

Failure to attain competence

The preceptor/co-preceptor must document the reason(s) for a failed assessment of competence and complete an action plan in consultation with the participant, the Practice Development Department and, where appropriate, the course coordinator.

The written action plan must:

- Reinforce the participant's understanding of the reason for failing
- Provide specific guidance on what is required to successfully complete the assessment of competence on the second attempt
- Be explicit should a new preceptor/co-preceptor be completing the repeat assessment.

Any participant who is unsuccessful in any element of the assessment of competence will have a minimum of three weeks' clinical placement to repeat the complete assessment. Procedures specific to each course provider for a failed assessment of competence (such as informing the relevant personnel in the CME/CNME and arranging a clinical placement to facilitate reassessment) will be provided locally by the course provider and must be adhered to. The participant will normally be given one opportunity to repeat the competence assessment.

Roles and responsibilities

Midwifery participant

The participant must be familiar with their individual role and responsibilities and with the processes and procedures associated with the assessment of competence and its documentation in the CAT.

The participant is responsible for completion of the CAT and its submission to the course provider on prearranged submission dates and at the end of the course.

If operational difficulties arise in arranging to work with a named preceptor/co-preceptor or organising clinical assessment during the placement, the participant must consult the clinical midwifery manager (CMM2) or deputy. If the difficulty cannot be resolved, the participant should then contact the Practice Development Department.

Preceptor/co-preceptor

- The preceptor/co-preceptor must be familiar with their individual role and responsibilities and with the processes and procedures associated with the assessment of competence and the completion of competence assessment documentation in the CAT.
- The preceptor/co-preceptor must be a registered midwife on the Midwives Division of the Register of Nurses and Midwives maintained by the NMBI and have completed a teaching and assessment programme.

- The preceptor/co-preceptor acts as a gatekeeper to the profession, ensuring that professional standards in midwifery are maintained.
- The preceptor/co-preceptor acts as a role model demonstrating evidence-based midwifery care and assists course participants to upskill in the interpersonal, technical, reflective and analytical skills that underpin midwifery care.
- The preceptor/co-preceptor actively involves and supervises participants in the assessment, planning, implementation and evaluation of midwifery care.
- The preceptor/co-preceptor will facilitate participants in arranging their first, midpoint and final interviews and use these interviews to:
 - Review and discuss learning outcomes specific to the clinical placement area
 - Identify and mutually agree the learning opportunities and learning resources that will facilitate the achievement of learning outcomes
 - Assess learning needs in consultation with the participant
 - Identify competencies to be achieved, including assessment criteria and associated skills
 - Provide ongoing constructive feedback, identifying the participant's strengths and weaknesses
 - Complete the competence assessment documentation.
- If a participant has been absent in a clinical placement where he/she is being assessed, the preceptor/co-preceptor may decide not to allow the assessment to proceed. Consultation in relation to this decision will take place with the Practice Development Department.
- If at any stage the preceptor/co-preceptor, in consultation with the Practice Development Department, has concerns about a participant achieving their learning outcomes and competence, they may contact the course coordinator to discuss the issues. The participant must be informed of this communication. A development plan must be put in place. The course coordinator will provide guidance and support as appropriate.
- If a participant is unsuccessful in achieving competence, the preceptor/co-preceptor and the participant will complete an action plan.

Competence Assessment Tool for the Return to Midwifery Practice Course

Assessment criteria

Principle 1: Respect for the dignity of the person			
Competence 1: The midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values.			
Level: DISTANT SUPERVISION	Assessment criteria	Date and sign Pass	Date and sign Fail
1.1 Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in the woman's life.	<ul style="list-style-type: none"> Utilises health promotion opportunities to promote pregnancy as a healthy and normal physiological event. 		
1.2 Advocates on behalf of the woman and her baby to ensure their rights and interests are protected, including the woman's right to choose how and where to give birth.	<ul style="list-style-type: none"> Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Promotes options and choices in maternity care for the woman based on current evidence. 		
1.3 Respects the diversity, beliefs, values, choices and priorities of the woman and her family.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates culturally sensitive care on an individual basis. 		
1.4 Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.	<ul style="list-style-type: none"> Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby. 		
1.5 Respects the woman's right to choose not to avail of a recommendation about her care and takes appropriate action.	<ul style="list-style-type: none"> Demonstrates support for the woman's choices, and aims to respect her rights while informing her of best practice. Accurately documents all information and care provided. 		

<p>1.6 Supports the woman to engage with maternity care.</p>	<ul style="list-style-type: none"> Educates the woman on the importance of engaging in her own maternity care based on her individual needs. 		
<p>1.7 Ensures that the woman is the primary decision-maker in all matters regarding her own health care and that of her baby.</p>	<ul style="list-style-type: none"> Involves the woman in all decisions about her and her baby's health care. 		

<p align="center">Principle 2: Professional responsibility and accountability</p>			
<p>Competence 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in EC Directive 2005/36/EC and the adapted definition of the midwife (ICM, 2017) as adopted by the Nursing and Midwifery Board of Ireland (NMBI).</p>			
<p>Level: DISTANT SUPERVISION</p>	<p>Assessment criteria</p>	<p>Date and sign Pass</p>	<p>Date and sign Fail</p>
<p>2.1 Acts at all times within the law and follows the rules and regulations of NMBI and other applicable bodies.</p>	<ul style="list-style-type: none"> Provides midwifery care in accordance with current legislation and NMBI guidance. 		
<p>2.2 Is willing to be accountable for their practice to the woman, the midwifery profession, NMBI and the wider community.</p>	<ul style="list-style-type: none"> Demonstrates a clear understanding of their professional accountability. 		
<p>2.3 Works within the scope of practice for a fourth-year midwifery participant and recognises their own level of knowledge, skills and professional behaviours.</p>	<ul style="list-style-type: none"> Practises within a participant midwife's scope of practice and identifies own limitations. Demonstrates self-awareness and self-assessment skills. 		
<p>2.4 Ensures that no act or omission by the participant places the woman, her baby, her family, the participant's colleagues or the participant at unnecessary risk.</p> <p>2.5 Provides care in an emergency situation, or any situation where something occurs that is outside their scope of practice, and refers to the most appropriate health care professional.</p>	<ul style="list-style-type: none"> Ensures that no act or omission by the participant places anyone at unnecessary risk. Recognises situations that are outside their scope of practice and makes appropriate referrals. 		

<p>2.6 Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the absence of the most appropriate health care professional.</p>	<ul style="list-style-type: none"> • Describes and records the reasons why they decided to take emergency measures in the absence of the most appropriate health care professional. 		
<p>2.7 If the participant has a conscientious objection, based on religious or moral beliefs, to participating in the care of the woman or her baby, they continue to provide care to the woman and her baby until they are relieved of their duties.</p>	<ul style="list-style-type: none"> • The participant has made known to their manager any conscientious objection they may have to participating in the care of a woman or her baby. In the absence of another caregiver, the participant provides care until they are relieved of their duties, regardless of their conscientious objection. 		
<p>2.8 Provides the rationale for having adequate clinical indemnity insurance in place for their area of practice.</p>	<ul style="list-style-type: none"> • Understands the need to have adequate clinical indemnity insurance in place for practice. 		

<p align="center">Principle 3: Quality of practice</p>			
<p>Competence 3: The midwife uses comprehensive knowledge, skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development.</p>			
<p>Level: DISTANT SUPERVISION</p>	<p>Assessment criteria</p>	<p>Date and sign Pass</p>	<p>Date and sign Fail</p>
<p>3.1 Provides safe, competent, kind, compassionate and professional care, which is informed by the best available evidence and knowledge and by the experiences, preferences and values of the woman.</p>	<ul style="list-style-type: none"> • Provides safe, competent, kind, compassionate and professional care, which is informed by the best available evidence and knowledge and by the experiences, preferences and values of the woman. 		

<p>3.3 Recognises and responds appropriately in a timely manner to any condition (pre-existing or otherwise) and/or event that necessitates consultation with or referral to another midwife and/or other health care professional during the woman's pregnancy labour, birth and postnatal period.</p>	<ul style="list-style-type: none"> Recognises and responds to any condition and/or event that necessitates consultation with or referral to another health care professional during a woman's pregnancy, labour, birth or postnatal period. 		
<p>3.4 Recognises factors during pregnancy, labour or birth or in the postnatal period that indicate deterioration of the woman and/or her baby and acts appropriately to escalate the level of care.</p>	<ul style="list-style-type: none"> Recognises any deterioration of the woman and/or her baby and takes appropriate action in response. 		
<p>3.5 Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/or her baby.</p>	<ul style="list-style-type: none"> Recognises emergencies affecting the health and/or safety of the woman and/or her baby and takes appropriate action in response. 		
<p>3.6 Acts effectively as a member of a multidisciplinary team in an emergency (real or simulated).</p>	<ul style="list-style-type: none"> Participates as an effective team member in the management of an emergency. 		
<p>3.7 Supports and educates the woman with infant-feeding practices that include protecting, promoting and supporting breastfeeding.</p>	<ul style="list-style-type: none"> Supports the woman in her choice on infant feeding. Provides advice and information on breastfeeding. Assists in establishing and maintaining breastfeeding. 		
<p>3.8 Complies with standard universal infection prevention and control measures.</p>	<ul style="list-style-type: none"> Implements standard universal infection prevention and control measures. 		
<p>3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with NMBI medication management guidance.</p>	<ul style="list-style-type: none"> Safely manages drug administration, monitors effects and documents appropriately in accordance with NMBI and local medication management guidance. 		

3.10 Reflects on their own practice, can demonstrate learning from previous experience in midwifery and can identify future learning needs.	<ul style="list-style-type: none"> Reflects on the effectiveness of their own practice. Identifies future learning needs. 		
3.11 Integrates appropriate national and local guidelines and policies in the provision of evidence-based care.	<ul style="list-style-type: none"> Provides care based on national and local guidelines and policies. 		
3.12 Manages and organises effectively the provision of safe and evidence-based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Demonstrates the ability to prioritise, organise, co-ordinate and evaluate care for women and their babies. 		
3.13 Applies clinical risk-management processes in their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks in practice. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Describes the relevance of clinical audit. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Participates in teaching and learning opportunities in the clinical area. 		

Principle 4: Trust and confidentiality			
Competence 4: The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.			
Level: DISTANT SUPERVISION	Assessment criteria	Date and sign Pass	Date and sign Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> Plans all care with the woman. 		
4.2 Provides care that is safe, evidence based, supportive, responsive and compassionate, taking into account the needs of the woman, her baby and her family.	<ul style="list-style-type: none"> Provides care that is safe, evidence based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family. 		

<p>4.3 Respects the woman's right to privacy and confidentiality.</p>	<ul style="list-style-type: none"> • Maintains privacy and confidentiality. • Facilitates the disclosure of sensitive information in a safe setting. 		
<p>4.4 Recognises and articulates the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.</p>	<ul style="list-style-type: none"> • Describes the circumstances where confidential information can be breached in accordance with legislation and the woman's safety. 		

<p align="center">Principle 5: Collaboration with others</p>			
<p>Competence 5: The midwife communicates and collaborates effectively with the woman and her family and with the multidisciplinary health care team.</p>			
<p>Level: DISTANT SUPERVISION</p>	<p>Assessment criteria</p>	<p>Date and sign Pass</p>	<p>Date and sign Fail</p>
<p>5.1 Provides information in a format that is understandable and accessible to the woman and her family.</p>	<ul style="list-style-type: none"> • Provides clear and accurate information in a way that the woman and her family can understand. 		
<p>5.2 Communicates appropriately and effectively with the woman and her family and with the multidisciplinary health care team.</p>	<ul style="list-style-type: none"> • Uses professional language to communicate clearly and consistently with the woman, her family and members of the multidisciplinary health care team. • Provides clinical handover that is accurate and relevant. 		
<p>5.3 Recognises and takes appropriate actions to challenge and reduce barriers to effective communication with the woman and her family and with the multidisciplinary health care team.</p>	<ul style="list-style-type: none"> • Identifies barriers to effective communication and responds appropriately. • Identifies the need for a professional interpreter where appropriate and can describe the process to access an interpreter. 		

<p>5.4 Collaborates with the woman and her family and with the multidisciplinary health care team using appropriate communication tools as determined by the needs of the woman and/or her baby to ensure timely referral to the appropriate health care professional.</p>	<ul style="list-style-type: none"> • Uses appropriate communication tools to facilitate effective communication and make timely and appropriate referrals. 		
<p>5.5 Records clinical practice in a manner that is clear, objective, accurate and timely.</p>	<ul style="list-style-type: none"> • Documents clinical practice in a clear, concise, accurate and timely manner. 		
<p>5.6 Addresses differences of professional opinion with colleagues through discussion and informed debate in a professional and timely manner and prevents conflict through effective collaboration and teamwork.</p>	<ul style="list-style-type: none"> • Respects the views of others and their right to hold and express their views through informed discussion and debate of the evidence. Collaborates with the multidisciplinary team. 		

First interview placement area:		
Oriented to the clinical area: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Discussion of assessment criteria and skills (preceptor/co-preceptor and participant):		
Specific opportunities that are available during this clinical placement (identified by the preceptor/co-preceptor):		
Signature of preceptor/ co-preceptor:	Signature of participant:	Date:
Print name:	Print name:	
Date set for midpoint interview:	Practice Development Department signature (review of document):	
Course coordinator's comments and signature (where appropriate):		

Ongoing feedback from other midwives, commenting on key areas of progress and identifying areas for development from the assessment criteria.

Please sign and print name and date each entry.

Signature:	Print name:	Date:
Feedback:		
Signature:	Print name:	Date:
Feedback:		
Signature:	Print name:	Date:
Feedback:		

Midpoint interview placement area:		
Participant's review of progress to date:		
Preceptor's/co-preceptor's review of participant's progress to date:		
Signature of preceptor/ co-preceptor:	Signature of participant:	Date:
Print name:	Print name:	
Date set for final interview:	Practice Development Department signature (review of document):	
Course coordinator's comments and signature (where appropriate):		

Ongoing feedback from other midwives, commenting on key areas of progress and identifying areas for development from the assessment criteria.

Please sign and print name and date each entry.

Signature:	Print name:	Date:
Feedback:		
Signature:	Print name:	Date:
Feedback:		
Signature:	Print name:	Date:
Feedback:		

Final interview placement area:		
Participant's review of progress to date:		
Preceptor's/co-preceptor's review of participant's progress to date:		
Signature of preceptor/ co-preceptor:	Signature of participant:	Date:
Print name:	Print name:	
All assessment criteria and skills achieved: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Director of midwifery signature (review of document):		
Course coordinator's comments and signature (where appropriate):		

Signature bank

Print name:	Signature	Designation	NMBI PIN

Appendix 1: Levels of Supervision

Direct supervision	Scope of practice
<p>Defined as the preceptor/ co-preceptor working with the participant on a continuous basis whenever care is being provided to women and their babies. The participant is expected to observe and participate in practice with the preceptor/ co-preceptor and to be able to describe the care provided.</p>	<p>The participant is a novice in the world of midwifery and requires exposure to all aspects of practice with direct supervision by a midwife. The participant will be expected to observe and participate in the care provided by the midwife to women in pregnancy and childbirth, and to mothers and babies in the postnatal period. The participant should be able to discuss the basic concepts involved. The participant may require continuous prompting in the provision of midwifery care and considerable direction in identifying their own learning needs.</p>

Close supervision	Scope of practice
<p>Defined as the preceptor/ co-preceptor being present or in close proximity to the participant whenever care is being provided to women and their babies. The participant is expected to perform the skill safely and effectively and to provide care with an underpinning rationale.</p>	<p>The participant has had some exposure to and participation in the provision of midwifery care in the practice environment. The participant needs both the assistance and close supervision of a midwife when participating in the provision of individualised care, but the practice of the participant is more frequently underpinned by midwifery theory and the participant can provide a rationale for the care provided. Frequent prompting may be required to support the participant in the provision of individualised care. The participant is beginning to identify their own learning needs through discussion with their preceptor/co-preceptor.</p>

Indirect supervision	Scope of practice
<p>Defined as the preceptor/ co-preceptor being accessible whenever the participant is taking the lead in providing care to women and their babies. The participant can safely and effectively perform the skill and provide care and can also support care with evidence.</p>	<p>The participant can identify the needs of women and families, and is beginning to adopt a problem-solving approach to the provision of safe midwifery care. The participant actively participates in the care of women and their babies and can demonstrate the requisite knowledge, skills and professional behaviours under the indirect supervision of a midwife. It may still be difficult for the participant to prioritise care in particular situations. The participant demonstrates awareness of the need for best practice and supports care with evidence. The participant can identify their own learning needs from clinical experience.</p>

Distant supervision	Scope of practice
<p>Defined as the participant safely and effectively performing the skill and providing care and also accepting responsibility for the provision of this care. The participant is expected at all times to recognise when they need assistance from the preceptor/co-preceptor and to seek that assistance in a timely manner.</p>	<p>The participant will be expected to apply a systematic approach to the provision of midwifery care under distant supervision. The participant must demonstrate evidence-based practice and critical thinking. The participant is capable of supporting and monitoring women, their families and junior participants within the clinical environment. The participant possesses many attributes, including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to practise as part of the health care team, demonstrating a professional attitude and accepting responsibility for their own practice. The participant at all times is expected to recognise when they need assistance from the preceptor/co-preceptor and to seek that assistance in a timely manner.</p>

References

International Confederation of Midwives (ICM)

– (2017) *International Definition of the Midwife*. The Hague: ICM

Nursing and Midwifery Board of Ireland (NMBI)

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– (2015) *Practice Standards for Midwives*. Dublin: NMBI

– (2016) *Midwife Registration Programme Standards and Requirements*. Dublin: NMBI

– (2020) *Return to Midwifery Practice Course Standards and Requirements*. Dublin: NMBI



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