

PROFESSIONAL
STANDARDS
MIDWIFERY

Return to Midwifery Practice Courses **Standards and Requirements**

Fourth Edition



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

Fourth edition

These standards and requirements were originally published as *Return to Midwifery Practice Programmes: Requirements of An Bord Altranais* in 2005. A second edition was published in 2008. The third edition (2015) had updated content and a revised design, but the standards and requirements remained unchanged from the 2008 edition.

Changes for the fourth edition (2020):

- Up-to-date versions of NMBI documents
- Entry criteria include persons who have been on the NMBI register
- Domains of competence updated to reflect the principles set out in *Midwife Registration Programme Standards and Requirements* (NMBI, 2016)
- The director of midwifery at the clinical site is required to confirm to NMBI whether participants met or did not meet NMBI standards and requirements for the course.

About NMBI

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation that regulates the nursing and midwifery professions in Ireland.

Return to Midwifery Practice courses are governed by the Nurses and Midwives Act 2011 and by the Nurses and Midwives Rules, which provide titles of recognised qualifications under the Register of Nurses and Midwives.

For more information on NMBI and the relevant legislation, visit www.nmbi.ie/What-We-Do.

Details about the approval of higher education institutions and associated healthcare providers, including Centres of Midwifery Education (CMEs), and Centres of Nurse and Midwifery Education (CNMEs), for provision of Return to Midwifery Practice courses is available in the Approvals section at www.nmbi.ie/Education/Higher-Education-Institutions.

For an explanation of terms used in NMBI publications, see www.nmbi.ie/Standards-Guidance/Glossary.

Purpose of the Course

All midwives should be competent and confident practitioners of midwifery and have embraced a philosophy of lifelong learning to ensure that they continue to deliver competent, responsive, women-centred and flexible midwifery care. A Return to Midwifery Practice course enables midwives returning to the profession to update their theoretical knowledge and clinical skills to become competent and confident providers of midwifery care. The course may also be considered a suitable compensation measure for overseas participants requiring further education or theory as well as clinical practice.

As midwifery is a practice discipline, theory and clinical practice are intrinsically linked. The course's theoretical component facilitates participants to acquire the knowledge and understanding necessary to underpin their clinical midwifery practice. Clinical practice learning enables participants to develop the required principles of competence (NMBI, 2016) and become safe, caring, capable decision-makers willing to accept personal and professional accountability for midwifery practice based on the best available evidence.

Requirements of Course Providers

- Courses must be NMBI approved before commencement. Higher education institutions or other appropriate education providers, with their partnership health care institutions, must apply to NMBI for course approval. They must submit full course details, plus supporting documentation. NMBI will notify the providing institution of the specific duration of approval, which will be no longer than five years.
- The course must be developed and coordinated by a midwife on the NMBI's tutor register.
- Any significant course changes must be notified to NMBI.
- Midwifery subjects must be taught by registered midwives with appropriate clinical experience and teaching expertise.
- Clinical placements must take place in NMBI-approved healthcare institutions for the education of midwifery students.
- If educational institutions wish to utilise clinical placement sites not currently approved by NMBI for the education of midwifery students, they must first seek NMBI approval. Evidence to support their request must be provided. For guidelines on the key points that may be considered when developing a quality clinical learning environment, see NMBI (2015a).
- All clinical placements must be supported and supervised by registered midwives with clinical practice experience and the educational preparation required for this role. Such midwives should have undertaken a 'preceptorship programme' or equivalent.
- Participants are supernumerary to normal midwifery staffing levels for the course's duration.
- Records of course content, clinical placements and attendance must be kept by the course provider for each participant.

Entry Criteria for Course Participants

While NMBI currently has no legal authority to insist on it, the board strongly recommends that a registered midwife returning to practice after an absence of five years or more should complete a Return to Midwifery Practice course before working as a midwife.

The course gives returning midwives an opportunity to update their knowledge and clinical skills to be competent providers of midwifery care. Both the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014) and the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015b) emphasise the need for midwives to be competent and accountable for their practice.

It falls within the employer's remit to insist that a Return to Midwifery Practice course be completed before a participant can enter employment.

Course participants must either be on the NMBI Nurses and Midwives Register (Midwives Division) before taking up the course or have been on the NMBI Nurses and Midwives Register (Midwives Division). This must be verified by the course coordinator.

Midwives not currently registered with NMBI must apply for registration before entering employment. On assessment of the application, NMBI may direct that an individual must undertake a Return to Midwifery Practice course. This course may be followed by a specified period of adaptation and assessment as a prerequisite to registration (this would usually be considered where applicants have no or limited experience in undertaking a midwifery role in any jurisdiction). NMBI will issue such a direction in writing. Once the individual has secured a course place, the relevant institution must confirm to NMBI that it has been agreed and provide the course's starting date and location. The participant's name will then be entered on the NMBI's Candidate Register and the participant will be issued with a certificate to that effect. The institution should verify that the participant has received the NMBI certificate and retain a copy for their records.

Learning Outcomes

Return to Midwifery Practice courses seek to equip participants with the necessary knowledge, skills and professional behaviours to practise as competent midwives capable of autonomously carrying out all the activities of a midwife as set down in EC Directive 2005/36/EC (NMBI, 2016).

- Protect and promote the safety and autonomy of the woman and respect her experiences, choices, priorities, beliefs and values
- Protect and promote the normal physiological process of birth
- Practise in line with legislation and professional guidance and be responsible and accountable within their scope of midwifery practice – this encompasses the midwife's full range of activities as set out in EC Directive 2005/36/EC and the adapted definition of the midwife (ICM, 2017) as adopted by NMBI

- Apply comprehensive knowledge, skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care to the woman before pregnancy, during pregnancy, labour and birth and in the postnatal period, and to her baby, as identified in the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015b)
- Work in equal partnership with the woman and her family to establish a relationship of trust and confidentiality institutions for the education of midwifery students.
- Communicate and collaborate effectively with the woman and her family and with the multidisciplinary health care team
- Identify, promote and support healthy lifestyle choices that enhance the health and wellbeing of the woman, foetus and baby
- Use skills of reflection to maintain and enhance midwifery practice
- Recognise deviations from the norm in childbirth, take appropriate and corrective actions (which may include referral and the need to escalate care) and provide emergency care to the woman and her baby when required within their scope of midwifery practice.

Course Duration

The course may be delivered in a full-time or part-time mode at the discretion of the course provider and depending on the availability of clinical placement sites at local level.

The course's duration shall be a minimum of eight weeks full time. A week means the standard full-time working week in hours being applied to midwives by the approved health care institution at the time of the course.

The course may need to be extended for participants requiring further opportunities to gain clinical or theoretical experience to reach the required competence. However, the duration of the course should not exceed 16 weeks.

Attendance

Full attendance (100 per cent) is expected of each participant throughout the course. However, final assessment may be undertaken with an attendance of at least 80 per cent. Full shifts should be attended to enable the achievement of the learning outcomes. Any deviation should be negotiated locally with the clinical midwife manager or preceptor and the course coordinator should be informed.

On completion of the course, participants should be issued with a certificate of attendance.

Course structure

The course should be designed to provide participants with the theoretical and practical learning opportunities that support the achievement of competence in clinical practice. Competence is defined as the ability of the registered midwife to practise safely and to fulfil their professional responsibility effectively within their scope of practice (NMBI, 2015a).

- The theoretical component shall make up at least 25 per cent of the course. Related clinical instruction, which may be based in a clinical skills laboratory and/or in the clinical area, may also be included in this part of the course.
- The clinical component shall be at least 50 per cent of the course and should be spent in clinical areas with well-established mechanisms for supporting learners. Placement in such areas facilitates support and assessment of the participant. The participant will be assigned a preceptor for the duration of each placement and should work with that preceptor and/or other midwifery staff on a daily basis. Such contact enables the participant to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence. During the clinical component, each participant's competence should be assessed using the NMBI's Competence Assessment Tool.

The indicative content to be addressed during the course is set out below.

Additional support

Participants returning to midwifery practice after an absence are likely to require additional support and supervised time in the clinical area to enable them to achieve competence. It should also be recognised that although participants may reach a level of competence in their clinical practice, they will continue to require clinical support to enable them to become confident providers of midwifery care.

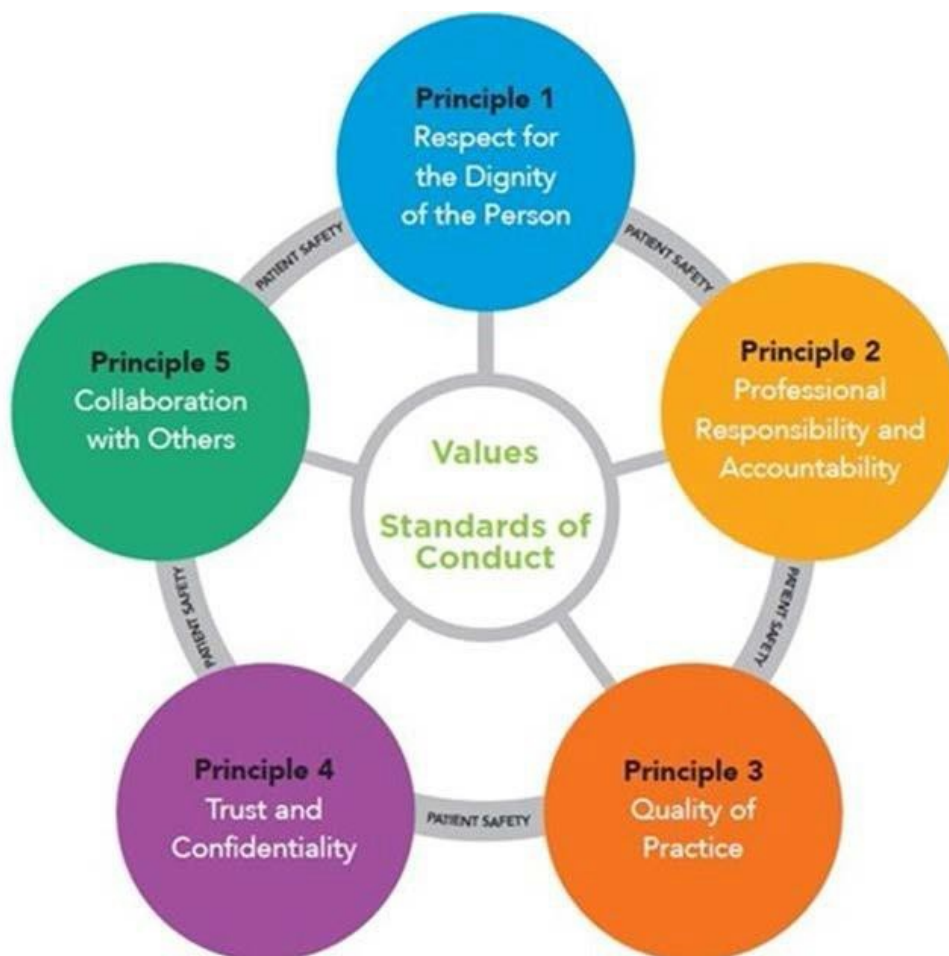
Thus, completion of a Return to Midwifery Practice course is not an end-point but rather the beginning of a process of continuing professional development. This may particularly be the case with participants who completed a midwife registration education programme but never practised as a registered midwife. When the course's clinical component needs to be extended to facilitate a participant to achieve competence, this should be negotiated at local level.

Indicative Content

The indicative content set out below should be viewed as a guide. Participants entering the Return to Midwifery Practice course have a wide range of previous educational, clinical and life experiences, which should be acknowledged and developed. Course content also needs to be adaptable and responsive to the ever-changing nature of the environment in which midwifery care is provided so that midwives are prepared for contemporary and contextual practice. The organisation of the indicative content below does not imply the course should be structured in a particular way, or that any particular topic should be given a particular weighting within it.

Principles of professional conduct and ethics

The course's indicative content is based on the principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014), Midwife Registration Programme Standards and Requirements (NMBI, 2016) and the Practice Standards for Midwives (NMBI, 2015a).



Principles of professional conduct and ethics

Principle 1: Respect for the dignity of the person

- Diversity of the women and their families engaging with Irish maternity services
- Providing the woman with evidence-based information to make informed choices
- Respecting the woman as the primary decision-maker
- Respecting the woman's right not to follow advice
- Cultural, ethnic/race and gender differences and their impact on maternity care
- Role of the midwife as an advocate.

Principle 2: Professional responsibility and accountability

- Scope of midwifery practice
- Code of professional conduct and ethics
- Legislation covering registration and practice, including clinical indemnity of the midwife
- Legislation governing the provision of maternity services
- Specific legal issues, including duty of care and negligence, informed consent, informed choice, right of refusal, confidentiality and accountability
- Ethical issues in professional midwifery practice, including respect for autonomy, beneficence, non-maleficence, justice, consent and refusal of consent, confidentiality and truth telling
- Clinical risk and risk management
- Development of midwifery as a profession
- Role and function of NMBI.

Principle 3: Quality of practice

- Key concepts in midwifery care: compassionate, women-centred care; individualised care; normality in pregnancy, labour, birth and the postnatal period; holistic care for the woman throughout the continuum of pregnancy, labour and birth and in the postnatal period; partnership; informed choice; autonomy; advocacy; and the requisite skills to promote and implement these concepts
- Safety of the woman and her baby and of colleagues and self
- Assessing, planning, implementing and evaluating midwifery care provided to women who experience normal pregnancy, labour and birth, including in their postnatal period, in hospital, community and home care settings
- Comfort measures during pregnancy, labour, birth and the postnatal period
- Complementary and alternative therapies in midwifery practice
- Assessing, planning, implementing and evaluating midwifery care provided to any woman who has a pre-existing medical or psychological condition, or where complications arise during pregnancy, labour, birth or in the postnatal period, in collaboration with other health care professionals
- Identifying, assessing, planning, implementing and evaluating appropriate midwifery care for any woman experiencing perinatal mental health issues, in collaboration with other health care professionals

- Identifying risk factors associated with obstetric and neonatal emergencies
- Detecting and managing obstetric and neonatal emergencies, including the effective use of evidence-based early warning scoring systems
- Applying the scope of midwifery practice and recognising the need for consultation with other members of the health and social care team
- Educating the woman on infant feeding to support her to make an informed choice
- Assessing, planning, implementing and evaluating care for healthy newborns, in partnership with mothers/parents
- Assessing, planning, implementing and evaluating care for newborns requiring special care, in partnership with mothers/parents and in collaboration with other health care professionals
- Identifying and providing midwifery care for any woman with particular social, physical, emotional, intellectual, educational or health care needs, in collaboration with other health care professionals
- Educating the woman and her family about pregnancy, childbirth and parenting
- Assessing, planning, implementing and evaluating care for any woman with a pre-existing complication (for example, cardiovascular disorder, endocrine condition or neurological condition), including pre-pregnancy care
- Assessing, planning, implementing and evaluating midwifery care for any woman who experiences grief and loss during pregnancy, labour and birth or in the postnatal period, and for her family
- Provision of individualised care to ensure culturally sensitive midwifery practice
- Reflecting in and on midwifery practice
- Practising in line with national and local policies, protocols and guidelines.

Principle 4: Trust and confidentiality

- Child protection and the role of the midwife
- Working in partnership with women and their babies
- Keeping the woman and her baby as the primary focus of care
- Respecting the woman's right to privacy and confidentiality
- Using professional judgment to disclose and share information
- Managing data and data protection.

Principle 5: Collaboration with others

- Dealing with conflict
- Record keeping and associated technology
- Effective communication strategies
- Supervision of students.

Midwifery knowledge base for clinical practice

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

Professional, ethical and legal issues

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

Research-based practice

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

Clinical skills content

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

Clinical Practice Experience

All clinical placements should encompass the diverse learning experiences available within the associated health care institutions with due regard to capacity issues in the clinical environment, the degree of support and supervision available to participants and the achievement of learning outcomes.

In partnership, the health care institution(s) and course provider should be cognisant of the individual participant's needs and should plan additional regulated placements to facilitate each participant to achieve the course's learning outcomes.

Level of supervision

Participants will be supernumerary to staff in clinical areas and will work under a midwife's supervision. They will require direct supervision at the start, but as they refresh their skills and regain confidence, they should progress through close supervision and indirect supervision to distant supervision. By the end of the course, each participant must be practising with only distant supervision.

Learning log

The use of a learning log during the period of clinical placement is recommended. The participant may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence, the preceptor must be satisfied that the participant has achieved the learning outcomes and the learning log may assist the preceptor in this endeavour. The log provides evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant principles.

Competence

Each participant's attainment of competence in clinical practice should be assessed using the Competence Assessment Tool (see NMBI, 2020).

Any participant who is not seen to be developing towards a competent level of clinical practice should be identified to the course coordinator. The participant should be informed of the concerns identified. Support and guidance should be offered and a development plan devised to help the participant to successfully complete the relevant competence/competencies over the remaining time of the clinical placement. This plan should reflect the Pre-Registration Year 4 Student Midwife Competence Assessment Tool. The course's duration may need to be extended for such an individual. It should not, however, extend beyond 16 weeks. If the individual is already registered with NMBI, a decision may be taken to request the board to undertake an inquiry into the participant's fitness to practise. All concerns and action taken should be documented.

Concerns about client or staff safety must be notified to the director of midwifery at the health care institution concerned.

Participant support

Participants are expected to actively engage in the process of returning to midwifery practice.

Participants may be returning to midwifery after a prolonged absence. Although they will have developed life skills and possibly experience in other areas of employment during that absence, it is recognised that they will require support and guidance in returning to the practice. It is in the interests of participants, clients and the profession that their return is facilitated proactively.

Participants should be provided with a course handbook containing all relevant information on the course, institutions, personnel and the assessment process. It should set out the participant's role and responsibilities in undertaking the course. A named midwife in the educational and health care institutions should be identified for the purposes of the participant's information and support.

It is recommended that participants should continue to be supported in clinical practice in the weeks and months after their completion of the course. The need for such support should be assessed on an individual basis.

Assessment Process

The participant's competence should be assessed utilising the specific competency assessment documents supplied by NMBI: the Competency Assessment Tool. On completion, the maternity service's director of midwifery should inform NMBI whether the participant has met/not met the NMBI's requirements and is recommended/not recommended for registration.

A team and partnership approach will be applied when assessing the participant, and the preceptor will consult with colleagues in determining the participant's competence.

Summary of assessment process

First week of clinical practice/assessment:

- First meeting is held
- Participant and preceptor discuss and plan how competencies will be achieved
- A learning contract is agreed
- Participant arranges the date of the midpoint meeting with the preceptor.

During the period of clinical practice/assessment:

- Participant works with preceptor and/or other midwifery staff in the achievement of competencies
- Participant engages in reflective practice and records learning in a learning log.

Midpoint of clinical practice/assessment:

- Midpoint meeting is held and participant is formally assessed
- Participant, preceptor and co-preceptor (if applicable) discuss progress to date and agree a development plan to promote achievement of competencies if applicable
- Participant arranges the date of the final meeting with the preceptor.

Final week of clinical practice/assessment:

- Participant, preceptor and co-preceptor (if applicable) hold a final meeting
- Final assessment is carried out and documentation is completed, signed and submitted to the course coordinator.

Competence

Each participant is deemed to be either competent or not competent. Where competence has not been achieved, the participant will be given the opportunity to develop it through an action plan.

The Competence Assessment Tool (NMBI, 2020) is available for download from: www.nmbi.ie/Registration. This tool is designed to allow for a user-friendly, transparent assessment process. Its focus is on facilitating learning opportunities that allow the returning midwife to further develop independent learning skills and the performance criteria of competence associated with lifelong learning and continued professional development.

Evidence of a participant's competence may be gathered in several ways, including:

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

There are no ratings in the verification of competence.

Management of assessment documentation

Participants are responsible for managing their assessment documentation for the course's duration. Details of meetings held are documented on record sheets in the Competence Assessment Tool. Each participant holds their documentation throughout clinical practice and returns all documentation to the preceptor when the placement has concluded. The completed documentation is then held by the CME/CNME.

Appeals

Should a participant wish to appeal a decision, then the appeals process as laid out by the course provider applies.

Course evaluation

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

Each educational institution providing a Return to Midwifery Practice course must submit an annual evaluation report to NMBI within six months of course completion. Guidance for this report is provided in Appendix 1.

Appendix 1: Annual Evaluation Report

The report should contain the following information:

- Name of educational institution
- Name of health care institution(s)
- Details of courses planned but not held
- Details of each course held, including:
 - Commencement date
 - Number who successfully commenced the course
 - Number who completed the course
 - Number who did not complete the course
- Attach a list with the following information:
 - Names of participants
 - NMBI PINs of participants or candidate registration numbers
 - Duration of course for individual participants (full time or part time)
 - If any participant did not complete the course, the reason for this decision
 - Summary of the course evaluation
 - Number and dates of courses planned for current year
 - Name of course coordinator.

The report should be sent to:

Director of Midwifery
NMBI
18/20 Carysfort Avenue
Blackrock
Co. Dublin

References

International Confederation of Midwives (ICM)

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

Nursing and Midwifery Board of Ireland (NMBI)

– (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin: NMBI

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

– (2015b) Scope of Nursing and Midwifery Practice Framework. Dublin: NMBI

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

– (2020) National Return to Midwifery Practice Competence Assessment Tool.
Dublin: NMBI



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Board of Ireland

Nursing and Midwifery Board of Ireland (NMBI)

18/20 Carysfort Avenue | Blackrock | Co. Dublin | A94 R299

T +353(0)1 639 8500 www.nmbi.ie