


Midwife Registration Programme Standards and Requirements



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



Midwife Registration Programme Standards and Requirements
(Fourth Edition) comes into effect in 2016

This document replaced the Requirements and Standards for Midwife Registration
Education Programme (Third Edition 2005)

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Preface

The Nursing and Midwifery Board of Ireland (NMBI) or Bord Altranais agus Cnáimhseachais na hÉireann is the statutory body responsible for regulating the professions of nursing and midwifery. As stated in the Nurses and Midwives Act, 2011 the NMBI has two main objectives:

- to protect the public, and
- to ensure the integrity of nursing and midwifery practice.

The NMBI achieves these objectives by promoting high standards of professional education, training and practice, and professional conduct amongst nurses and midwives, and, in so doing, promoting the safety of women and babies accessing maternity services.

The Nursing and Midwifery Board of Ireland endorses and adopts the following definition of a midwife adapted from the International Confederation of Midwives' (ICM 2011) definition of a midwife:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important role in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health, and child care.

A midwife may practise in any setting including home, community, hospitals, clinics or health units.

The education of midwives in Ireland has experienced significant change over the last decade, including the introduction of a four-year pre-registration midwifery education programme in 2006. Six of the higher education institutes (HEIs) and their associated healthcare providers currently offer this programme. In addition, the HEIs and their associated healthcare providers offer Post-RGN Midwife Registration Education Programmes for individuals who are already registered general nurses. Following successful completion of either of the programmes, students are eligible for registration as midwives in the Midwives Division of the Register maintained by Nursing and Midwifery Board of Ireland. The programmes are classified as level 8 on the National Framework of Qualifications (Quality and Qualifications Ireland (QQI, 2014).

Drivers for the review of the Requirements and Standards for the Midwife Registration Education programme (An Bord Altranais, 2005) include the publication of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (Department of Health 2012), the Nurse and Midwives Act 2011 (Government of Ireland, 2011) and other pertinent reviews and reports on maternity services.

The enactment of the Nurses and Midwives Act in 2011 was a historic milestone for midwifery in Ireland which enshrined in law the uniqueness of the profession of midwifery. The revision of the Midwife Registration Programme Standards and Requirements reflects the distinctiveness of the midwifery profession, and provides guidance and direction to the HEIs and associated healthcare providers in the development and implementation of midwifery programmes. This will prepare future midwives to provide safe, effective and evidence-based practice to women, their babies, and their families in a holistic and compassionate manner. The recommendations of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes (Department of Health, 2012) are reflective of the evolving nature of health service delivery with its focus on primary care and community-based initiatives, and the need to ensure the student is fit for purpose on completion of their midwifery programme.

The Review also recommended the identification of competencies for the midwifery programme that facilitate the development of the competent practitioner in an incremental manner. The concept of inter-professional education, also recommended in the Review, continues to be endorsed by the NMBI, so that social care and health professionals can learn about and respect each other's roles, and encourage effective multidisciplinary team working in practice. The interests of no single professional group should dominate inter-professional education initiatives, and such initiatives should be planned in a collaborative manner. Inter-professional education as part of midwife registration programme should, however, occur in a way that does not compromise the development of the professional identity as a midwife.

There have been significant changes to both the standards and requirements expected of any midwifery registration programme since the third edition of the Requirements and Standards for the Midwife Registration Education Programme were published in 2005 by An Bord Altranais. These changes reflect the changing needs of women and their families accessing maternity services. In addition, the recommendations from the Report of the Review of Undergraduate

Nursing and Midwifery Degree Programmes (Department of Health 2012), the Nurses and Midwives Act 2011 (Government of Ireland, 2011), and the reports emanating from a number of national inquiries into maternity services, have also been incorporated into this revised document. This edition has also been developed following extensive consultation with all the relevant stakeholders (including representatives of consumer groups) and is informed by the relevant literature, including ICM (2010), Mongan and Farragher (2012), Renfrew et al (2014) and WHO (2009).

This revised document will replace the Requirements and Standards for the Midwife Registration Education Programme in 2005.

Developments in midwife registration education programmes have also been, and will continue to be, influenced by changes in Irish society and in the health services. Midwives must be educated to meet the challenges of these changes, in particular the need to provide responsive, high-quality maternity care, which is woman-centred, equitable across different parts of the country, accessible to all and safe and accountable (Department of Health and Children, 2001). The challenge in producing Midwife Registration Programme Standards and Requirements is to ensure that sufficient guidance and direction is provided to ensure the provision of safe and effective maternity care to women, their babies, and families in Ireland.

In order to further the development of high-quality, responsive midwife registration programmes, the NMBI operates in partnership with education institutions and associated healthcare providers. The NMBI is committed to developing these partnerships in a spirit of consultation and co-operation. However, the NMBI has as its core business an approval and monitoring role in relation to the standards of midwife registration programmes offered in Ireland. This document sets out in detail the standards and requirements that must be met in relation to approval and delivery of such programmes.

All pre-registration midwife registration programmes commencing on or after January 2016 must adhere to the standards and requirements as set out in the *Midwife Registration Programme Standards and Requirements*, 4th Edition (Nursing and Midwifery Board of Ireland 2016), and must be approved by the NMBI prior to commencement.

Acknowledgements

The Nursing and Midwifery Board of Ireland would like to acknowledge the input of all the stakeholders in the revision of the Standards and Requirements for Midwife Registration Programmes Registration Programme. This document emanated following extensive consultation with midwives, members of MPDUs, midwifery managers, midwifery students, academics teaching on undergraduate and postgraduate midwifery programmes and on nursing programmes and allocations staff. Advice and expertise was sought and provided from consumer groups, the HSE and the Dept. of Health.

A special word of thanks to Dr Ann Marie Ryan who spearheaded this project in her former position as Chief Education Officer in the NMBI; by appointing a project lead, and helping to convene a working party to oversee the development of the document. Members of the Working Party are as follows:

Jill Atkinson Head of Midwifery, Department of Nursing, Midwifery and Health Studies, School of Health and Science, Dundalk Institute of Technology

Carmel Bradshaw Project Lead and Lecturer in Midwifery, University of Limerick

Mary Brosnan Director of Midwifery & Nursing, National Maternity Hospital, Dublin

Margaret Carroll Associate Professor of Midwifery, Trinity College Dublin, Board Member and Chair of the Midwives Committee NMBI

Bernie Conolly Midwifery Advisor, Education Department NMBI

Declan Devane, Professor of Midwifery, NUI Galway & Saolta University Health Care Group

Micheal Larvin Professor and Head of Graduate Entry Medical School, University of Limerick

Janet Murphy Advanced Midwife Practitioner Midwifery Care, University Hospital Waterford

Cathriona Molloy Patient Advocacy Coordinator Patient Focus

Kathy Murphy Professor of Nursing, School of Nursing and Midwifery, National University of Ireland, Galway

Mary Wynne Area Director HSE Dublin North East

Rosaline O Donovan Assistant Director of Midwifery, Cork University Maternity Hospital.

Rose Lindsey Administrative support, NMBI

Deputies to the working party included Linda Biesty Lecturer in Midwifery NUI Galway, Olive Long Midwifery Practice Development Officer Cork University Maternity Hospital, Sally Millar, Lecturer in Midwifery NUI Galway and Linda O Callaghan, CPC Midwifery, University Hospital Waterford,

Critical readers of the document were Dr Chris Bewley formerly Head of Department, Midwifery, Child Health and Primary Care and Lead Midwife for Education, Middlesex University, London and Mary Higgins, Vice Chairperson Midwives Section INMO and formerly Assistant Director of Midwifery at Cork University Maternity Hospital and ICM Board member.

Acknowledgement to Judith Foley (Acting Chief Education Officer) and Dr John Sweeney who developed the Standards and Requirements for Nursing programmes in tandem with this document and provided valuable support and advice.

Finally the Nursing and Midwifery Board of Ireland and its entire staff must be acknowledged for the facilitation of extensive consultation in the development of the 4th Edition of the Midwife Registration Programme Standards and Requirements.

Introduction

This document sets out the standards and requirements that must be met in relation to Midwife Registration Programmes. Its purpose is to provide guidance to higher education institutes and associated healthcare providers in the development, delivery and evaluation of midwife registration education programmes. It is expected that higher education institutions and healthcare institutions will operate in a spirit of partnership in relation to the development of such programmes.

The aim of all those involved in the development of midwife registration education programmes is that students who complete these programmes are, at the point of registration, competent and confident practitioners of midwifery who have embraced a philosophy of life-long learning to ensure they continue to deliver safe, effective, responsive and flexible midwifery care in a variety of clinical settings. The development of a strong sense of professional identity as a midwife, and a commitment to high standards of professional practice founded on the philosophy and values of midwifery, should underpin all midwife registration education programmes.

This document is set out in three sections:

- Section 1** sets out the relevant provisions of the Nurses and Midwives Rules and European Union Directives.
- Section 2** sets out the requirements for pre-registration midwife registration programmes.
- Section 3** sets out the standards that must be met in order for approval of education programmes leading to registration, and approval of institutions involved in the delivery of such programmes.

Section 1

Nurses and Midwives Rules and European Union Directives

1.1 Extracts from Nurses' Rules 2013

This section provides extracts from the Nurses' Rules (2013), for the guidance of the higher education institutions and healthcare institutions involved in the provision of registration education programmes. The Nurses Rules (2013) and the European Directive (2013/55/EU) guide and inform the development of this document.

"S.I. No. 435 of 2013

NURSES AND MIDWIVES RULES, 2013

Bord Altranais agus Cnáimhseachais na h'Éireann ("The Board") in exercise of the powers conferred on it by Sections 13 of the Nurses and Midwives Act, 2011 hereby makes the following Rules:

1. Citation

- 1.1 The Nurses Rules, 2010, continue to have force arising from Section 13(9) of the Nurses and Midwives Act 2011.
- 1.2 These Rules may be cited as the Nurses and Midwives Rules, 2013 and are supplemental to the Nurses Rules, 2010 (S.I. 689/2010).

2. The Register of Nurses and Midwives — Nurses Division

- 2.1 In addition to the Divisions specified in the Nurses Rules 2010, the Nurses Division is hereby established by the Board.
- 2.2 The Nurses Division shall contain the names of persons registered in any of the following divisions referred to in Nurses Rules, 2010:
 - (1) General Nurses Division;
 - (2) Psychiatric Nurses Division;
 - (3) Children's Nurses Division;
 - (4) Intellectual Disability Nurses Division.

3. Candidate Register

3.1 The following divisions of the Candidate Register are hereby established:

- (1) Nurse Candidate Division;
- (2) General Nurse Candidate Division;
- (3) Psychiatric Nurse Candidate Division;
- (4) Children’s Nurse Candidate Division;
- (5) Intellectual Disability Nurse Candidate Division;
- (6) Midwives Candidate Division.

3.2 The Nurse Candidate Division of the Candidate Register shall contain the names of any persons registered in any of divisions of the Candidate Register referred to at 3.1.2 to 3.1.5 above.

4. Publication

4.1 These Rules will be published in the prescribed manner as defined in Section 2 of the Nurses and Midwives Act 2011.” (Extract: Nurses and Midwives Rules, 2013 [S.I. 435 / 2013])

1.2 European Union Directives on Midwifery

The relevant EU Directives are Directive 2013/55/EU, amending Directive 2005/36/EC, on the recognition of professional qualifications and regulation (Appendix B).

Extracts: EU Directive 2013/55/EC amending Directive 2005/36/EC

Article 40 of EU Directive 2013/55/EC

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,
2. Admission to training as a midwife shall be contingent upon one of the following conditions:
 - (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.‘;
- (c) paragraph 3 is replaced by the following: 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.

Article 41, (1) of EU Directive 2013/55/EC

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

- (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;

Article 42 of EU Directive 2005/36/EC

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.

Section 2

Requirements for the Midwife Registration Programme

Midwife registration education programmes should be developed in a way that reflects and has due regard for the definition of the midwife, the Scope of Midwifery Practice, the Philosophy of Midwifery and the values which midwifery is practised as outlined by the Nursing and Midwifery Board of Ireland.

2.1 Definition of a Midwife

The Nursing and Midwifery Board of Ireland endorses and adopts the following definition of a midwife adapted from the International Confederation of Midwives' (ICM 2011) definition of a midwife:

A midwife is a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

2.2 Scope of Midwifery Practice

The scope of midwifery practice is the expected range of roles, functions, responsibilities and activities that a midwife registered with the NMBI is educated for and is competent and authorised to perform. More specifically, the scope of midwifery practice is identified in the EC Directive of 2005 (2005/36/EC).

Article 42 of the Directive states that:

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 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;

An individual midwife's scope of practice is dynamic – that is, it will change and grow as they progress in their career.

The scope of practice of the individual midwife is influenced by a number of factors including:

- the practice setting;
- local guidelines, policies and evidence base;
- the midwife's educational preparation, experience and competence;
- collaborative working; and
- other factors, such as the woman and baby's safety, their needs and care outcomes.

2.3 Midwifery Philosophy

Midwives recognise pregnancy, labour and birth and the postnatal period as healthy and profound experiences in women's lives.

The ethos of midwifery care is to work in partnership with women. Midwives use knowledge, skills and professional behaviours to competently support the woman and her baby.

Midwifery protects and enhances the health of women and babies, which in turn protects and enhances the health and wellbeing of society.

2.4 Midwifery Values

'Cnáimhseachas' refers to the modern Irish term for midwifery. Historically in Ireland, 'an Bhean Ghlúine' was the midwife. The many-layered meaning of the word 'glún' includes depicting the midwife with the woman, both on their knees, one birthing and one supporting. Glún means 'knee' in this sense. It also carries the meaning of 'generations' – hence 'ó ghlúin go glúin', 'from generation to generation'. The English word 'midwife' means 'with woman'.

The NMBI believe the following values shape midwifery practice and are core to the programmes preparing midwifery students for the practice of midwifery. The values are embedded in the Midwife Registration Programme Standards and Requirements (NMBI 2015) and in the Practice Standards for Midwives (NMBI 2015), and are also shared with the International Confederation of Midwives (ICM).

Midwives hold the following beliefs:

- Having a baby is a profound experience, which carries intense meaning to the woman, her baby, her family and the community.
- The woman is the primary decision-maker in her care and she has the right to information that helps her to make decisions.
- Birth is a normal physiological process.
- Midwives are the most appropriate care providers to attend women during pregnancy, labour and birth and the postnatal period, and in collaboration with other healthcare professionals, when required.
- Midwives value empowerment of women to assume responsibility for their health and for the health of their families.
- Midwifery care combines art and science. Midwifery care is holistic in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women and based upon the best available evidence.

- Midwives have confidence and trust in, and respect for women and their capabilities in childbirth.
- Midwifery practice must always be based on principles of professional conduct as stated in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI) and on the scope of midwifery practice as stated in the Scope of Nursing and Midwifery Practice (NMBI).

2.5 Learning Outcomes

The purpose of midwife registration education programmes is to equip midwifery students with the necessary knowledge and skills and professional behaviours (ICM 2013) to practise as a competent midwife capable of autonomously carrying out all of the activities of a midwife as set out in the EC Directive of 2005 (2005/36/EC).

Upon completion of the midwife registration programme, the midwifery student should be able to:

1. Protect and promote the safety and autonomy of the woman and respect her experiences, choices, priorities, beliefs and values.
2. Protect and promote the normal physiological process of birth.
3. Practise in line with legislation and professional guidance and be responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by NMBI.
4. Use comprehensive knowledge, skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care to women and their babies before pregnancy, during pregnancy, labour and birth and the postnatal period as identified in the Scope of Nursing and Midwifery Practice (NMBI).
5. Work in equal partnership with the woman and her family and establish a relationship of trust and confidentiality.
6. Communicate and collaborate effectively with women, women's families and with the multidisciplinary healthcare team.
7. Identify, promote and support healthy lifestyle choices that enhance the health and wellbeing of the woman, fetus and baby.
8. Use skills of reflection to maintain and enhance midwifery practice.
9. Recognise deviations from the norm in childbirth, take appropriate and corrective actions (that may include referral and the need to escalate care) and provide emergency care to women and their babies when required within their scope of midwifery practice.

2.6 Competencies for Entry to the Midwives Division of the Register

Competence is defined as the ability of the registered midwife to practise safely and effectively, fulfilling their professional responsibility within their scope of practice (NMBI 2015).

The International Confederation of Midwives (2013) defines competencies as the knowledge; skills and professional behaviours required of the midwife for safe practice in any setting and indicate what a midwife is expected to know and what a midwife does.

The competencies for entry to the Midwives Division of the Register maintained by the NMBI are clearly aligned with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014) and are based on the Practice Standards for Midwives (NMBI, 2015) (see Figure 1 and Table 1).

Figure 1: The Five Principles of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives 2014

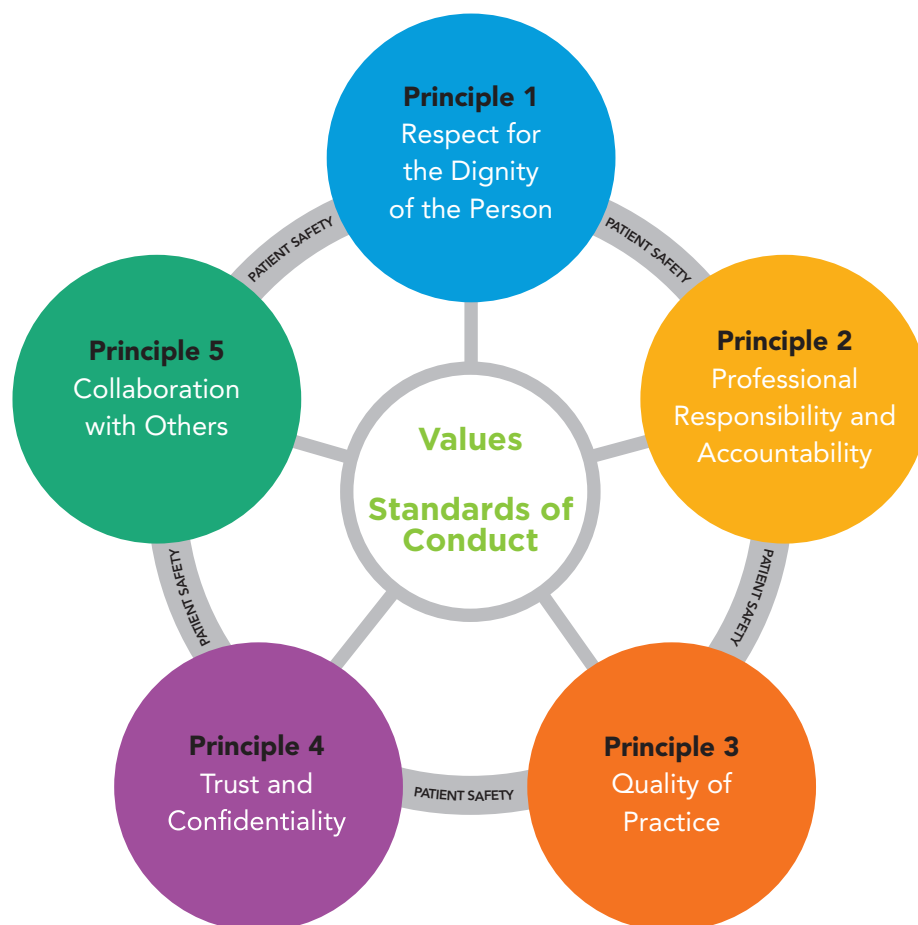


Table 1. Relationship between the Principles from the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, the Practice Standards for Midwives and the Competencies for Midwife Registration.

Principles from the Code of Professional Conduct	Practice Standards for Midwives	Competencies for Midwife Registration
Respect for the Dignity of the Person	Midwifery 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.	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.
Professional Responsibility and Accountability	Midwives practise in line with legislation and professional guidance and are 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, 2011) as adopted by the NMBI.	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 the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by NMBI.
Quality of Practice	Midwives use comprehensive professional knowledge and skills to provide safe, competent, kind, compassionate and respectful care. Midwives keep up to date with midwifery practice by undertaking relevant continuing professional development.	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.
Trust and Confidentiality	Midwives work in equal partnership with the woman and her family and establish a relationship of trust and confidentiality.	The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.
Collaboration with others	Midwives communicate and collaborate effectively with women, women’s families and with the multidisciplinary healthcare team.	The midwife communicates and collaborates effectively with women, women’s families and with the multidisciplinary healthcare team.

Competency Assessment and Process

The aim of the Competency Assessment Framework is to ensure that, on completion of their programme, midwifery students provide safe, effective, evidence-based and compassionate midwifery care to women and their babies before and during pregnancy, in labour and at birth and postnatally, as reflected in the definition of the midwife endorsed by the NMBI. The wellbeing of the mother and her baby overrules all other considerations with regard to student performance in the clinical area (Department of Health, 2012, C6.3).

The higher education institute in partnership with their associated healthcare providers will agree a competency assessment process which is fair, equitable and transparent and approved by the NMBI. A student-centred approach should be utilised within the competency assessment process. The key role of the preceptor is acknowledged as a gatekeeper to the midwifery profession. Structures should be in place to support the preceptor in their role, including support when students are challenged with or unsuccessful in achieving competencies.

The five competency statements represent a broad enabling framework to facilitate the assessment of students' clinical practice, with the emphasis on a holistic assessment of knowledge, skills and professional behaviours expected of a midwife. Each competency has a series of indicators that are specific to each year of the programme and outline what is expected of the student in practice (see pages 17 to 27). The indicators are incremental and will serve as learning outcomes aligned to each year of the programme (Department of Health 2012 C6.2). The competency documentation will be further developed locally by the higher education institutes and associated healthcare providers – for example, by devising performance criteria for each of the indicators – but local documentation must be based on the Competency Assessment Framework described in this document.

The midwife registration programme should facilitate midwifery students to acquire the skills of problem-solving, decision-making, critical analysis and reflection essential to the art and science of midwifery. Safe and effective midwifery practice requires a sound underpinning of theoretical knowledge that informs practice and is, in turn, informed by that practice. In each year of the programme, all competencies and their associated indicators must be assessed at least once and successfully achieved before the midwifery student progresses to the next year of the programme. Midwifery students are deemed to be either competent or not, and, where competence has not been achieved, the student will be given an opportunity to repeat the placement and develop competence. Following an opportunity to repeat, if competency has not been achieved the student may be asked to exit the programme.

The student is under supervision throughout the programme. The level of supervision and the scope of practice required for each year are stipulated in the table below:

Table 2: Midwifery Students' Level and Description of Supervision and Scope of Practice for Each Year

Year	Level and Description of Supervision	Scope of Practice
One	<p>Direct supervision</p> <p>Defined as the preceptor working with the student on a continuous basis whenever care is being provided to women and their babies. The student is expected to have observed and participated in practice with the preceptor and be able to describe the care provided.</p>	<p>The student is a novice to the world of midwifery and requires exposure to all aspects of practice and direct supervision by the midwife. The student will be expected to have observed and participated in the care provided by the midwife to women in pregnancy and childbirth, and to mothers and babies in the postnatal period. The student should also be able to discuss the basic concepts involved. The student may require continuous prompting in the provision of midwifery care, and considerable direction in identifying their learning needs.</p>
Two	<p>Close supervision</p> <p>Defined as the preceptor being present or in close proximity with the student whenever care is being provided to women and their babies. The student is expected to safely and effectively perform the skill and provide care with an underpinning rationale</p>	<p>The student has had some exposure to and participation in the provision of care in the practice environment. The student needs both the assistance and close supervision of the midwife while they participate in the provision of individualised care, but the practice of the student is more frequently underpinned by midwifery theory and the student can provide a rationale for care provided. Frequent prompting may be required to support the student in the provision of individualised care. The student begins to identify their learning needs through discussion with their preceptor.</p>
Three	<p>Indirect supervision</p> <p>Defined as the preceptor being accessible whenever the student is taking the lead in providing care to women and their babies. The student can safely and effectively perform the skill and provide care and can support care with evidence.</p>	<p>The student can identify the needs of women and their families, and begins to adopt a problem-solving approach to the provision of safe midwifery care. The student actively participates in the care of women and their babies and is able to demonstrate the requisite knowledge, skills and professional behaviours under the indirect supervision of the midwife. It may be difficult for the student to prioritise care in particular situations. The student demonstrates awareness of the need for best practice and supports care with evidence and can identify their learning needs from clinical experience.</p>
Four	<p>Distant supervision</p> <p>Defined as the student safely and effectively performing the skill and providing care and accepting responsibility for the provision of this care. The student is expected at all times to recognise when they need assistance from the preceptor and seek assistance in a timely manner.</p>	<p>The student will be expected to apply a systematic approach to the provision of midwifery care under distant supervision. The student must demonstrate evidence-based practice and critical thinking. The student is capable of supporting and monitoring women, their families and junior students within the clinical environment. The student 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 healthcare team, demonstrating a professional attitude and accepting responsibility for their own practice. The student at all times is expected to recognise when they need assistance from the preceptor and seek assistance in a timely manner.</p>

Competency Assessment Framework

Principle 1: Respect for the Dignity of the Person

Competency 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

Year 1	Year 2	Year 3	Year 4
Participates with the midwife in recognising pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.	Participates with the midwife in recognising pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life and provides a rationale for this.	Demonstrates ability to promote and protect pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.	Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.
Participates with the midwife in advocating on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.	Participates with the midwife in advocating on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth and provides a rationale for this.	Demonstrates the ability to advocate on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.	Advocates on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.
Participates with the midwife in respecting the diversity of women and their families including their beliefs, values, choices and priorities.	Participates with the midwife in respecting the diversity of women and their families including their beliefs, values, choices and priorities and provides a rationale for this.	Demonstrates the ability to respect the diversity of beliefs, values, choices and priorities of the woman and her family.	Respects the diversity of beliefs, values, choices and priorities of the woman and her family.

Principle 1: Respect for the Dignity of the Person				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in providing sufficient evidence-based information to the woman to empower her to make informed decisions about her care and that of her baby.	Participates with the midwife in providing sufficient evidence-based information to the woman to empower her to make informed decisions about her care and that of her baby and provides a rationale for this.	Demonstrates the ability to provide sufficient evidence-based information to the woman to empower her to make informed decisions about her care and that of her baby.	Provides the woman with sufficient evidence-based information to empower her to make informed decisions about her care and that of her baby.	
			Respects the woman's right to choose not to avail of a recommendation about her care and take appropriate action.	
		Demonstrates the ability to support women to engage with maternity care.	Support every woman to engage with maternity care.	
		Demonstrates the ability to ensure that the woman is the primary decision maker in all matters regarding her own healthcare and that of her baby.	Ensures that the woman is the primary decision maker in all matters regarding her own healthcare and that of her baby.	

Principle 2: Professional Responsibility and Accountability

Competency 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 the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by NMBI

Year 1	Year 2	Year 3	Year 4
Participates with the midwife in acting at all times within the law, and follows the rules and regulations of the NMBI and other applicable bodies.	Participates with the midwife in acting at all times within the law and follows the rules and regulations of the NMBI and other applicable bodies, and provides a rationale for this.	Demonstrates the ability to act at all times within the law and follows the rules and regulations of the NMBI and other applicable bodies.	Acts at all times within the law and follows the rules and regulations of the NMBI and other applicable bodies.
		Demonstrates the ability to be accountable for their practice to the woman, to the midwifery profession, the Nursing and Midwifery Board of Ireland (NMBI) and the wider community.	Is willing to be accountable for their practice to the woman, to the midwifery profession, the Nursing and Midwifery Board of Ireland (NMBI) and the wider community.
Works within the scope of practice for a first-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.	Works within the scope of practice for a second-year midwifery student and recognises their own level of knowledge, skills and professional behaviours	Works within the scope of practice for a third-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.	Works within the scope of practice for a fourth-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.
		Demonstrates the ability to ensure that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk.	Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk.

Principle 2: Professional Responsibility and Accountability				
Competency 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 the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by NMBI				
Year 1	Year 2	Year 3	Year 4	
		Demonstrates the ability to provide care in an emergency situation, or any situation where something occurs that is outside their scope of practice, and refer to the most appropriate healthcare professional.	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 healthcare professional.	
			Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the absence of the most appropriate healthcare professional.	
			If the student has a conscientious objection, based on religious or moral beliefs, to participating in the care of a woman or her baby, they continue to provide care to the woman and her baby until they are relieved of their duties.	
			Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	

Principle: 3 Quality of Practice				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in the provision of safe, competent, kind, compassionate and respectful professional care which is informed by the best available evidence, knowledge and the experiences, preferences and values of the woman.	Participates with the midwife in the provision of safe, competent, kind, compassionate and respectful professional care which is informed by the best available evidence, knowledge and the experiences, preferences and values of the woman and provides rationale for this.	Demonstrates the ability to provide safe, competent, kind, compassionate and respectful professional care which is informed by the best available evidence, knowledge and the experiences, preferences and values of the woman.	Provides safe, competent, kind, compassionate professional care which is informed by the best available evidence, knowledge and the experiences, preferences and values of the woman.	
Participates with the midwife in the assessment, planning, implementation and evaluation of care of women and their babies.	Participates with the midwife in assessing, planning, implementing and evaluating care using observation, history taking and clinical assessment to plan individualised care for women during pregnancy, labour and birth or the postnatal period, and provides a rationale for this.	Demonstrates the ability to assess, plan, implement and evaluate care using observation, history taking and clinical assessment to plan individualised care for women during pregnancy, labour and birth or the postnatal period.	Assesses the health and wellbeing of the woman throughout pregnancy, labour and birth and the postnatal period and provides midwifery care appropriate to that assessment.	

Principle: 3 Quality of Practice				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in the assessment of maternal and fetal wellbeing including accurate monitoring and reporting of vital signs.	Participates with the midwife in recognising and responding 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 healthcare professional during a woman's pregnancy, labour and birth or the postnatal period, and provides a rationale for this.	Demonstrates the ability to recognise and respond 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 healthcare professional during a woman's pregnancy, labour and birth or the postnatal period	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 healthcare professional during a woman's pregnancy, labour and birth or the postnatal period.	
	Participates with the midwife in recognising factors during pregnancy, labour and birth or in the postnatal period that indicates deterioration of the woman and/or baby and acts appropriately to escalate the level of care, and provides a rationale for this.	Demonstrates ability to recognise factors during pregnancy, labour and birth or in the postnatal period that indicate deterioration of the woman and/or baby and acts appropriately to escalate the level of care.	Recognises factors during pregnancy, labour, birth or in the postnatal period that indicate deterioration of the woman and/or baby, and acts appropriately to escalate the level of care.	

Principle: 3 Quality of Practice				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding, and provides a rationale for this.	Demonstrates the ability to recognise and respond in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/or her baby.	Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/or her baby.	
Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding, and provides a rationale for this.	Demonstrates the ability to act effectively as a member of the multi-disciplinary team in an emergency situation (real or simulated).	Acts effectively as a member of the multi-disciplinary team in an emergency situation (real or simulated).	
Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	Participates with the midwife in supporting and educating women with infant feeding practices which include protecting, promoting and supporting breastfeeding, and provides a rationale for this.	Demonstrates the ability to support and educate women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	
Participates with the midwife in complying with standard universal infection prevention and control measures.	Participates with the midwife in complying with standard universal infection prevention and control measures and provides rationale for this.	Demonstrates the ability to comply with standard universal infection prevention and control measures.	Complies with standard universal infection prevention and control measures.	

Principle: 3 Quality of Practice				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in the safe management of drug administration, monitoring effects and documenting appropriately in accordance with NMBI medication management guidance.	Participates with the midwife in the safe management of drug administration, monitoring effects and documenting appropriately in accordance with NMBI medication management guidance, and provides a rationale for this.	Demonstrates the ability to safely manage drug administration, monitoring effects and documenting appropriately in accordance with NMBI medication management guidance.	Safely manages drug administration, monitors effects and documents appropriately in accordance with NMBI medication management guidance	
Participates with the midwife in reflecting on their own practice and can begin to identify their own learning needs.	Participates with the midwife in reflecting on their own practice and can demonstrate learning from previous experience in midwifery and can identify future learning needs, and provides a rationale for this.	Demonstrates the ability to reflect on their own practice and learning from previous experience in midwifery and can identify future learning needs.	Reflects on their own practice and can demonstrate learning from previous experience in midwifery and can identify future learning needs.	
Participates with the midwife in identifying the importance of national and local guidelines and policies in the provision of evidence-based care.	Participates with the midwife in the appropriate use of national and local guidelines and policies in the provision of evidence-based care, and provides a rationale for this.	Demonstrates the ability to integrate appropriate national and local guidelines and policies in the provision of evidence-based care.	Integrates appropriate national and local guidelines and policies in the provision of evidence-based care.	

Principle: 3 Quality of Practice				
Competency 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				
Year 1	Year 2	Year 3	Year 4	
	Participates with the midwife in managing and organising effectively the provision of safe and evidence-based care for a caseload of women and their babies, and provides a rationale for this.	Demonstrates the ability to manage and organise effectively the provision of safe and evidence-based care for a caseload of women and their babies.	Manages and organises effectively the provision of safe and evidence-based care for a caseload of women and their babies.	
	Participates with the midwife in applying clinical risk management processes into their own practice, and provides a rationale for this.	Demonstrates the ability to apply clinical risk management processes into their own practice.	Applies clinical risk management processes into their own practice.	
	Participates with the midwife in identifying the importance of clinical audits of clinical care in practice, and provides a rationale for this.	Demonstrates the ability to participate in audits of clinical care in practice.	Participates in audits of clinical care in practice	
Demonstrates a willingness to learn from women, preceptors, midwives and colleagues.	Demonstrates a willingness to learn from women, preceptors, midwives and colleagues, and provides a rationale for this.	Demonstrates the ability to promote a quality clinical learning environment by engaging in teaching and supporting peers.	Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	

Principle 4: Trust and Confidentiality				
Competency 4: The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in ensuring that the woman and baby are the primary focus of practice.	Participates with the midwife in ensuring that the woman and baby are the primary focus of practice, and provides a rationale for this.	Demonstrates ability to ensure that the woman and baby are the primary focus of practice.	Ensures that the woman and baby are the primary focus of practice.	
Participates with the midwife in providing care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.	Participates with the midwife in providing care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family, and provides a rationale for this.	Demonstrates the ability to provide care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.	Provides care that is safe, evidence based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family	
Participates with the midwife in respecting the woman's right to privacy and confidentiality.	Participates with the midwife in respecting the woman's right to privacy and confidentiality, and provides a rationale for this.	Demonstrates the ability to respect the woman's right to privacy and confidentiality.	Respects the woman's right to privacy and confidentiality.	
		Demonstrates ability to recognise and articulate the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.	Recognises and articulates the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.	

Principle 5: Collaboration with others				
Competency 5: The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in providing information in a format that is understandable and accessible to all women and their families.	Participates with the midwife in providing information in a format that is understandable and accessible to all women and their families, and provides a rationale for this.	Demonstrates the ability to provide information in a format that is understandable and accessible to all women and their families.	Provides information in a format that is understandable and accessible to all women and their families.	
Participates with the midwife in communicating appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	Participates with the midwife in communicating appropriately and effectively with women, their families and with the multidisciplinary healthcare team, and provides a rationale for this.	Demonstrates the ability to communicate appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	Communicates appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	
	Participates with the midwife in recognising and taking appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary healthcare team, and provides a rationale for this.	Demonstrates the ability to recognise and take appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary healthcare team.	Recognises and takes appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary healthcare team.	

Principle 5: Collaboration with others				
Competency 5: The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team				
Year 1	Year 2	Year 3	Year 4	
Participates with the midwife in recording clinical practice in a manner which is clear, objective, accurate, and timely.	Participates with the midwife in collaborating with women, the women's families and other healthcare professionals using appropriate communication tools as determined by the needs of the woman and/or her baby to ensure timely referral to the appropriate healthcare professional, and provides a rationale for this.	Demonstrates the ability to collaborate with women, the women's families and multidisciplinary healthcare team using appropriate communication tools as determined by the needs of the woman and/or her baby to ensure timely referral to the appropriate healthcare professional.	Collaborates with women, the women's families and the multidisciplinary healthcare team using appropriate communication tools as determined by the needs of the woman and/or her baby to ensure timely referral to the appropriate healthcare professional.	
Participates with the midwife in recording clinical practice in a manner which is clear, objective, accurate, and timely.	Participates with the midwife in recording clinical practice in a manner which is clear, objective, accurate, and timely, and provides a rationale for this.	Demonstrates the ability to record clinical practice in a manner which is clear, objective, accurate, and timely.	Records clinical practice in a manner which is clear, objective, accurate and timely.	
Participates with the midwife in recording clinical practice in a manner which is clear, objective, accurate, and timely.	Participates with the midwife in addressing differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner, and provides a rationale for this.	Demonstrates the ability to address differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner, and prevents conflict through effective collaboration and teamwork.	Addresses differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner, and prevents conflict through effective collaboration and teamwork.	

2.7 Indicative Content

Students may enter the midwifery programme with a wide range of previous educational and life experiences. These should be acknowledged and developed.

The indicative content of the programme should be viewed as a guide. The ever-changing nature of the environment in which midwifery care is provided means that the programme content needs to be adaptable and responsive to these changes, so that midwives are prepared for contemporary and contextual practice. The sections into which the indicative content are organised does not imply that the programme should be structured in a particular way, or that any particular topic be given a particular weighting within the programme.

Knowledge base for midwifery practice

Biological sciences:

- Basic biophysics, biochemistry and radiology
- Biological systems
- Anatomical and physiological systems
- Infection prevention and control
- Biological, anatomical and physiological adaptations during pregnancy labour, birth, lactation and the postnatal period
- Nutrition and dietetics with particular reference to women and babies
- Genetics, fertilisation, embryology
- Factors supporting and influencing normal growth and development of the fetus
- Adaptation to extra-uterine life
- The effect of pathological processes on normal human structure and functions specific to women's health and pregnancy

Psychology as applied to midwifery practice:

A fundamental introduction to psychological theory, research, principles and processes and their application to midwifery which includes:

- developmental psychology throughout the life span highlighting early development and parent/baby attachment
- principles of learning and behavioural psychology
- principles of sensation, perception, cognition, consciousness, emotion, motivation, and personality
- relationships and family, sexuality, social psychology, organisational psychology
- health psychology, health promotion, and foundations of biological psychology
- psychological adaptation during pregnancy, labour, birth and the postnatal period
- pregnancy, childbirth and parenthood as significant life events
- psychological impact of adverse outcomes/trauma on women in pregnancy, labour, birth and the postnatal period
- strategies to support mental well-being including building resilience and stress management

Pharmacology:

- Overview of pharmacology including routes of administration and drug calculation skills
- Medicines management as applied to midwifery practice, for example, the use and effects of medicinal products: on women before pregnancy, during pregnancy, labour, birth, in the postnatal period and during lactation; on neonates; and for control of fertility
- Legislative framework underpinning medication management
- Risk management in medication management
- The use of intravenous fluids, blood and blood products
- Venepuncture and intravenous cannulation

Research, audit and innovation in practice:

- Identifying and accessing robust sources of midwifery knowledge
- The research process
- Research methodologies
- Academic writing and academic reference conventions
- Audit cycle and its potential impact on clinical practice
- Ethical considerations for research in maternity care settings
- Critical review and analysis of research findings and their application to midwifery practice
- Promoting and implementing evidence-based innovation in midwifery practice

Midwifery practice – knowledge, skills and professional behaviours:

- Promote key concepts in midwifery care: compassionate, women-centred care; individualised care; normality in pregnancy, labour, birth and in the postnatal period; holistic care for women throughout the continuum of pregnancy, in labour and birth and in the postnatal period; partnership; informed choice; autonomy; advocacy and the requisite skills to promote and implement these concepts
- Promote safety of women and their babies, and of colleagues and self
- Provide appropriate advice regarding fertility awareness, fertility regulation, and pre-pregnancy care, infertility and assisted reproductive technologies
- Confirm pregnancy
- Provide women with evidence-based information to enable an informed choice in relation to place of birth and model of maternity care
- Assess, plan, implement and evaluate midwifery care provided to women experiencing normal pregnancy, labour and birth, and in the postnatal period in any setting including hospital, community and home care settings
- Use comfort measures during pregnancy, labour, birth and the postnatal period
- Use complementary and alternative therapies in midwifery practice
- Assess, plan, implement and evaluate midwifery care provided, in collaboration with other healthcare professionals, to women who have pre-existing medical or psychological conditions or where complications arise during pregnancy, labour, birth and the postnatal period
- Identify, assess, plan, implement and evaluate appropriate midwifery care for women experiencing perinatal mental health issues in collaboration with other healthcare professionals

- Identify risk factors associated with obstetric and neonatal emergencies
- Detect and manage obstetric and neonatal emergencies including effective use of evidence-based early warning scoring systems
- Apply the scope of midwifery practice and recognition of the need for consultation with other members of the health and social care team
- Educate women on the importance of breastfeeding
- Support and assist women in their informed choice of feeding their babies
- Assess, plan, implement and evaluate care for healthy newborns in partnership with mothers/parents
- Assess, plan, implement and evaluate care for newborns requiring special care, in partnership with mothers/parents and in collaboration with relevant healthcare professionals
- Identify and provide midwifery care for women with particular social, physical, emotional, intellectual, educational and healthcare needs in collaboration with other healthcare professionals
- Educate women and their families about pregnancy, childbirth and parenting
- Assess, plan, implement and evaluate care for women with pre-existing complications – for example, cardiovascular disorders, endocrine conditions and neurological conditions including pre pregnancy care
- Assess, plan, implement and evaluate midwifery care for women and their families who experience grief and loss during pregnancy, labour and birth or in the postnatal period
- Provide individualised care to ensure culturally sensitive midwifery care
- Reflect in and on midwifery practice

Health promotion:

- Concepts of health
- Concepts of health promotion and public health
- The role of the midwife in health promotion
- Socio-economic, political, ethnic/race, cultural, gender and environmental factors affecting health
- A global perspective on maternal and child health
- Strategies for promoting and optimising maternal, child and community health with reference to current health strategies and in response to specific health concerns

Sociology as applied to midwifery practice:

- The relevance of sociology to women's healthcare
- The inter-relationship between the individual, the family and social structures
- The family in contemporary society
- The role and status of women in society and its impact on reproduction
- Cultural representations of the female body
- Inequalities in health and their impact on reproduction
- Economic, cultural, ethnic/race, gender, power and control issues within society and their impact on maternity care
- Domestic and sexual violence in pregnancy
- Sociological perspectives of pregnancy, childbirth and parenthood
- Competing ideologies about childbirth
- Social and medical model of childbirth
- Social policy and its effect on healthcare provision
- The politics of maternity care
- The politics of breastfeeding
- The socialisation of midwives

Communication and interpersonal skills:

- Appropriate interpersonal and communication skills for midwifery practice
- The impact of personal beliefs, values and attitudes on interactions with others
- Types of communication
- Establishing effective partnerships with women and their families
- Skills of facilitating feedback and truth telling in relationships
- Establishing and evaluating inter-professional working relationships with other members of the health and social care team and with voluntary groups
- Communicating across cultures
- Communicating and recording clinical practice, to include use of evidence-based frameworks or tools for effective communication

- Information and communication systems including the use of technology to enhance effective communication
- Communication skills for challenging and difficult circumstances.
- Strategies and skills for teaching and supporting learning for individuals and groups
- Communicating effectively and empathetically to women and their families who have been bereaved or have experienced loss

Maternal and social care services in Ireland:

- Structure and provision of healthcare and social services in Ireland
- Clinical governance in the health services
- Child protection and the role of the midwife
- The economics of healthcare provision
- Changing demographic profile of childbearing women
- Primary healthcare
- Development of maternity services in Ireland
- Human rights in childbirth
- Inter-professional collaboration in maternity care
- Innovations in midwifery practice nationally and internationally

Professional and personal issues:

- The development of midwifery as a profession
- Professional identity and role of the midwife
- Role and functions of the Nursing and Midwifery Board of Ireland
- Legislation governing the provision of maternity services
- Legislation governing midwifery registration and practice including clinical indemnity for the midwife
- Role and functions of other related statutory and professional bodies
- Professional conduct and accountability
- Scope of midwifery practice

- Relevant documentation and guidance from the Nursing and Midwifery Board of Ireland
- Reflection on practice time and professional issues
- Continuing professional development and career progression
- Clinical reasoning/problem solving skills and decision-making skills
- Facilitating and supporting students' and colleagues' learning
- Self-awareness, development of individual coping skills and emotional intelligence
- Professional and personal development incorporating an element of peer review
- Quality assurance/initiatives to include knowledge and skills to undertake clinical audit

Ethical and legal issues:

- Leadership and management skills
- Code of Professional Conduct and Ethics
- Ethical issues in professional midwifery practice to include respect for autonomy, beneficence, non-maleficence and justice consent and refusal of consent, confidentiality, truth telling
- Specific legal issues including duty of care and negligence, informed consent, informed choice, right of refusal, confidentiality and accountability
- Constitutional issues relating to enumerated and unenumerated rights including bodily integrity
- Clinical risk assessment and clinical risk management

Information and technology for Midwifery:

- Principles of information technology and its application to midwifery practice
- Management of data and data protection
- Assistive technology for healthcare
- Use of social media

2.8 Theoretical and Clinical Requirements for the Midwife Registration Programme

In order to meet the minimum requirements of European Union Council Directive 2013/55/EU, the programme must be a full-time course in midwifery of at least three years duration, or an equivalent part-time course. Also, it must be a minimum of 144 weeks as directed by the NMBI. In Ireland, the programme is delivered as a four-year honours degree programme. This programme incorporates a 36 week clinical practice internship, inclusive of annual leave and public holiday entitlements, which occurs at the latter end of the fourth year of the programme.

Having regard for EU Council Directive 2013/55/EC, the theoretical and clinical instruction shall be no less than 4,600 hours:

Essential Midwifery Programme Requirements =	144 weeks
• Minimum theoretical content (to include directed study and assessments)	58 weeks
• Minimum clinical practice content (45 weeks of supernumerary clinical placement and 36 weeks of internship clinical placement)	81 weeks
• Discretionary (Must be accounted for in the curriculum)	5 weeks
Total	144 weeks

Having regard to the requirements of EU Council Directive 2013/55/EC, the clinical practice component of the programme shall consist of clinical experience in the following areas:

Midwifery Clinical Practice Requirements	Minimum no of weeks	Clinical experience
Antenatal	16	<p>Must include:</p> <ul style="list-style-type: none"> antenatal clinics and antenatal wards <p>May include</p> <ul style="list-style-type: none"> admissions, day and fetal assessment units preparation for birth and parent education placement with Clinical Midwife Specialists and Advanced Midwife Practitioners
Intranatal	16	<p>Includes:</p> <ul style="list-style-type: none"> care of women in labour and birth which optimises the normal birth processes in any setting
Postnatal	14	Includes postnatal care in any setting
Midwife-led care placement	4	<p>Includes</p> <ul style="list-style-type: none"> any situation where the midwife is the lead professional in partnership with the woman planning, organising and delivering care to the woman, and referring to other professionals as appropriate <p>May include:</p> <ul style="list-style-type: none"> pre pregnancy clinics antenatal clinics antenatal/parenthood education classes home birth services DOMINO services midwifery led units early transfer home services postnatal care provided by midwives in the community
High Dependency Care and Care of the Critically Ill woman	2	The equivalent of two weeks' experience in the provision of care to women in pregnancy, labour, birth or in the postnatal period who have high dependency needs and/or require monitoring or intervention that may include support for a single failing organ (HSE 2014)
Neonatal unit	4	SCBU /Neonatal clinics

Specialist Practice Requirements	Minimum no of weeks	Type of experience
Gynaecology	4	May include placement in gynaecological: <ul style="list-style-type: none"> • ward • day ward • theatre or outpatients
Mental health	2	May include placement in <ul style="list-style-type: none"> • acute units • day hospitals • primary care settings • a focus on perinatal mental health where available
Theatre and recovery	2	Must include: <ul style="list-style-type: none"> • experience of obstetric theatre and recovery
Primary healthcare	2	May include placement in a: <ul style="list-style-type: none"> • primary healthcare team • child development clinics • working with PHNs • family planning clinics etc
Elective placement	2	Must be in an area relevant to midwifery practice which could be situated locally, nationally or internationally and is driven by the student and the student's learning needs

Clinical Practice Experience

Students must have the opportunity to:

- participate in the care of women with problems in early pregnancy
- participate in the care of women with pre-existing illnesses, for example, cardiovascular disorders, endocrine conditions and neurological conditions
- participate in the care of women with high dependency and/or critical care needs in pregnancy, labour birth, and the postnatal period
- participate in the care of women who have experienced grief and loss during pregnancy, childbirth or the postnatal period
- participate in the 24-hour cycle of care for women and their babies
- experience the continuum of midwifery care for women, their partners and their families on at least one occasion where the student follows the woman throughout her experience of maternity care: in pregnancy, labour and birth and the postnatal period

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

Allocation to antenatal, intranatal and postnatal placements should occur early in the programme.

Allocation should be provided in a balanced way throughout the four years of the programme and incorporate exposure to and experience of midwifery practice in each year of the programme. This ensures that midwifery students remain grounded in midwifery practice and can identify and apply learning from specialist placements to midwifery practice.

It is recommended that, where a competency assessment is being completed, the placement should be a minimum of four weeks.

The specialist experience must be completed prior to students undertaking the final placement of 36 weeks' internship. Appropriate support and supervision and clearly defined learning outcomes should be provided for the student in specialist placements.

The healthcare institutions and third level institutions should, in partnership, be cognisant of the individual student's needs, and plan the additional regulated placements to facilitate the midwifery student achieving the learning outcomes of the programme in order to meet the requirements of EC Directive 2005/36/EC.

During the internship, the student has an opportunity to develop and consolidate the requisite knowledge, skills and professional behaviours required to fulfil the role and responsibilities of the registered midwife, specifically in the care of women and their babies during pregnancy, labour and birth and in the postnatal period. As the internship progresses, the student is expected to take increasing responsibility for the care of women and babies with a concomitant reduction in the degree of supervision required, culminating in the student becoming a safe and competent practitioner at the point of qualification and registration.

The latter weeks of the student's clinical placement internship should be conducive to the student making the transition to the role of registered midwife and should include opportunities to utilise their management and clinical decision-making skills culminating in the achievement of the learning outcomes of the midwifery programme.

During the clinical placement internship, students should be allocated a minimum of three weeks and a maximum of six weeks night duty.

All clinical placements included are planned in support of the curriculum aims and enable students to achieve the learning outcomes of the midwifery programme

The midwifery student must meet the minimum clinical practice experience outlined below which includes the requirements of EC Directive 2005/36/EC (Appendix B, Section 2) and be competent in the following at the completion of their programme:

1. The student should, in a holistic manner, support, advise and assess at least 100 women during pregnancy which includes a detailed antenatal assessment and abdominal examination.
2. The student should plan and provide antenatal and/or parenthood preparation or support classes to a group of women on at least two occasions.
3. The student should, in a holistic manner, provide care and support to at least 40 women during labour including performing at least 10 vaginal examinations preceded by abdominal examinations.
4. The student should be able to assess, monitor and interpret fetal heart rates and patterns using a Pinard's stethoscope, sonicaid and cardiotocograph.
5. The student should personally care for and help at least 40 women having a spontaneous vaginal birth. 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 participates actively in 20 further births (EC Directive 2005/36/EC).
6. Where possible, the student should be present, on at least one occasion, when a woman is giving birth vaginally when the presentation is breech. The student should also obtain experience, in a simulated situation, of carrying out a breech birth.

7. The student should obtain experience of both performing an episiotomy and suturing a perineal wound following an episiotomy or a second degree tear. Simulation is acceptable only if absolutely necessary.
8. The student should obtain experience of venepuncture and cannulation. The experience of cannulation may be in a simulated situation if absolutely necessary.
9. The student should provide holistic care and support to at least 40 women at risk of or experiencing complications during pregnancy, labour and birth or the postnatal period. This should include caring for women at risk of, or experiencing, complications of pregnancy due to obstetric, gynaecological, medical or surgical conditions.
10. The student should provide holistic care, advice, education and support to at least 100 women during the postnatal period which should include a detailed postnatal assessment and examination.
11. The student should carry out a full examination and assessment of at least 100 babies which should include a detailed examination of at least 20 babies at birth.
12. The student should gain experience in the assessment and care of the newborn requiring special care including those born preterm, post term, small for gestational age or ill.
13. The student should obtain experience of the continuum of midwifery care for women, their partners and their families on at least one occasion where the student follows the woman throughout her experience of maternity care: in pregnancy, labour and birth and the postnatal period.

Section 3

Standards for the Approval of Higher Education Institutions Associated Healthcare Provider(s) and Educational Programmes Leading to Registration as a Midwife

3.1 The Approval Process for Higher Education Institutions and Associated Healthcare Providers and Education Programmes Leading to Registration as a Midwife

The Nursing and Midwifery Board of Ireland (NMBI) has statutory responsibility for approving Higher Education Institutions (HEIs) and their associated healthcare providers in respect of education programmes leading to registration. The role of NMBI in relation to the approval of professional education (in this instance midwifery education), is distinct from academic accreditation of a programme by the HEI for subject quality purposes, or by its awarding body, the Qualifications and Quality Assurance Authority of Ireland (QQAAI), for accreditation and approval of its fitness for purpose for the conferment of an academic award. Professional accreditation and approval is a judgment as to whether a programme is fit for purpose in preparing graduates to be fit for practice and for entry into a specific profession. The latter is distinguished by the existence of criteria that are specific to that profession, these having been defined in consultation with members of that profession and other relevant parties and stakeholders.

The approval process as part of NMBI's quality education framework consists of three parts:

- a) Approval of the HEI and their associated healthcare provider(s)
- b) Approval of the education programme(s)
- c) Review of annual reports

Approval of the HEI and associated healthcare provider(s)

1. The HEI and its associated healthcare provider(s) must make a written submission to NMBI in the form of a self-assessment audit of compliance with NMBI's standards and requirements, and must declare that its curricular programmes comply with these standards. This self-assessment audit must be submitted every five years.
2. The HEI and its associated healthcare provider(s) must declare that they are suitable for the education and training of candidates for registration as midwives in the self-assessment audit.
3. At least once every five years, NMBI should, by site visits, satisfy itself as to the suitability of the HEI and its associated healthcare provider(s) in respect of the capacity and capability of the institutions to provide education and clinical practice experiences leading to registration as a midwife.
4. Site visits will take place in an atmosphere of partnership and collaboration aimed at continual quality improvement congruent with the quality mechanisms and processes in place within the HEI and its associated healthcare providers.
5. The site visit team will include a Board member(s) and an Officer(s) of NMBI, both of whom must be registered midwives. An external member with relevant expertise and/or a health service user may form part of the site visit team.
6. A report on the site visit prepared by the site visit team will be forwarded to the HEI and its associated healthcare provider(s), following approval by NMBI. A copy of the report is also provided to The Office of the Nursing and Midwifery Services Director (ONMSD) and the Director General of the HSE.

Approval of the education programme(s)

1. The HEI and its associated healthcare provider(s) must submit to NMBI a detailed curriculum document, including evidence of compliance with NMBI standards and requirements for midwife registration programmes. All supporting documentation for example, competence assessment tools, clinical and educational audit tools must also be submitted at this time. A hard copy and an electronic copy of the submission are required.
2. The HEI and its associated healthcare provider(s) must make a written declaration that their curricular programme(s) complies with NMBI standards.
3. An Officer of the Board will initially review the curriculum and prepare a report. A Validation and Standards Committee, a subcommittee of the Education and Training Committee, is in place for the purpose of validating submitted curricula from HEIs and their associated healthcare provider(s). This committee will include representatives of HEIs and healthcare providers. The decision of the Validation and Standards Committee will be presented to the Education and Training Committee.

The following general provisions regarding the process of approval apply:

- Approval may be granted or withheld. Conditions, if identified, will be attached to the programme approval and must be implemented within a specified timescale. Recommendations may also be attached to approval
- After approval has been granted, any changes within the HEI and its associated healthcare provider(s) or in the education programme(s) that affect any aspect of compliance with these standards must be notified to NMBI
- Notice of the decision of the Board will be conveyed in writing to the HEI and its associated healthcare provider(s). The duration of approval of the education programme will be specified by NMBI, but will be no longer than five years
- Once approval has been granted, it will be maintained through annual monitoring by the Validation and Standards Committee as a subcommittee of the Education and Training Committee, including a review of the conditions and recommendations stated in the report on the site visit

Review of annual reports

- NMBI requires the HEIs and associated healthcare providers to produce a joint annual report. The annual report should be submitted in April of each year for the preceding year, and it is the responsibility of the HEI to submit this on behalf of the associated healthcare providers(s).
- The report should include the following information:
 - an update on conditions and recommendations in respect of approval and site visit reports
 - evidence that programmes continue to meet NMBI standards and requirements for midwife registration education programmes
 - information on the quality of the clinical practice placements including how this is monitored, and the arrangements and structures that are in place to enable students to achieve the learning outcomes of the programme
 - any concerns about the safety of clinical practice and the clinical learning environment reported by the students, and the actions arising from the investigations of these concerns
- Student numbers to include:
 - the number of places available per programme
 - the number of places accepted
 - attrition rates and
 - current numbers in each cohort

- Significant changes to curriculum structures or processes
- Significant changes to marks and standards
- A list of all midwife lecturers teaching on the programme, and a list of their NMBI professional identification numbers (PIN)
- Change of external examiner(s) to include verification of compliance with standard 3.2.5. to be included, and NMBI PIN if applicable
- The external examiner's annual report

In addition to annual reports, any significant changes that affect any aspect of compliance with the standards and requirements must be notified to NMBI with immediate effect.

New programmes leading to registration as a midwife may not commence without prior approval by NMBI.

The Appeal Process

Provision is made to appeal the decision of the Board with regard to the approval of programme(s) and/or institution(s). The appeal process gives a hearing to the HEI and its associated healthcare provider(s) in the event of a disagreement with NMBI. Any appeal must be made within 30 days of the date of receipt of the decision of the Board. The request must be made in writing by senior representative(s) of the HEI or associated healthcare provider(s) outlining the reasons why the decision is being questioned by the partnership. Upon acceptance of the appeal by the President of the Board, an Appeals Panel is appointed. The Panel will comprise the President (or delegated representative), who will act as Chair, a Board member, the Chief Education Officer (or delegated representative) and an Education Officer, at least one of whom should be a registered midwife. An education representative from a HEI offering the programme will also be appointed to the panel. NMBI Appeal's Panel will hear and review the evidence. The Chair will communicate the final outcome of the appeal in writing to the relevant stakeholders, within seven working days.

Publication

Summary details of approved programmes, including clinical sites, will be published on the NMBI website.

3.2 Standards for the Approval of Higher Education Institutes and Associated Healthcare Providers and Midwife Registration Education Programmes

3.2.1 Higher Education Institutes and Associated Healthcare Providers

The HEIs and associated healthcare providers are committed to providing midwifery education registration programmes that demonstrate that the standards of professional midwifery education and training required by NMBI are in place. The HEI and associated healthcare providers will demonstrate that:

1. All statutory and regulatory requirements of NMBI and European Directives are met.
2. The HEI and associated healthcare provider(s) respond to change affecting professional, educational, health, social and economic issues.
3. The HEI and associated healthcare provider(s) maintain records that demonstrate that each student meets the learning outcomes in the clinical and theoretical components of the programme, and records for the conferment of professional and academic awards.
4. Processes for monitoring and managing student attendance, sickness, absence and attrition are fair, accurate and transparent.
5. The organisational structure supporting the management of the educational programme is explicit.
6. The programme leader or coordinator leading each programme team is a registered midwife with appropriate academic, professional and teaching qualifications and experience .
7. A local joint working group which includes representatives from key stakeholders within the HEIs associated healthcare providers and service users should operate within an agreed memorandum of understanding.

The composition of local joint working groups should reflect health system changes and be reviewed accordingly.

The function of the local joint working group is to oversee and monitor the implementation of the midwifery programme on a continuous basis, to identify and address challenges, and to incorporate changes to the programme which reflect best practice for the care of women, their babies and their families.

8. The staff resource supports the delivery of the educational programme at the stated professional and academic level.
9. Audit of both the academic and clinical learning environment should identify the number of students that may be effectively supported on the programme.
10. Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of the Register of Nurses and Midwives as maintained by NMBI.
11. Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications including teaching expertise and clinical experience.

12. The HEI provides details of how students are supported in the clinical learning environment by the HEI. This should include an explicit description of the input of midwifery lecturers in the clinical learning environment.
13. The HEI and the associated healthcare providers have a mechanism in place for students to raise concerns about the safety of clinical practice and the clinical learning environment.
14. There is a governance structure in place within the HEI and the associated healthcare providers to ensure such reports are followed up.
15. A mechanism for staff development, including a provision for maintaining clinical credibility, which prepares staff to deliver the educational programmes, is in place.
16. Educational resources and facilities (including technological support and simulation models) to meet the teaching and learning needs of the students to complete the programme are in place for the entirety of the programme.
17. The mechanism for student admission to the programme ensures that the stated entry requirements are met. The mechanism and conditions for students exiting the educational programme before completion are explicit and are met.
18. The conditions for students continuing progression and successful completion of the programme are explicit and are made known, in writing, to students at the beginning of the programme.
19. Following any interruption¹ to the educational programme, robust arrangements, which may include a period of clinical orientation, are put in place by the HEI and associated healthcare provider(s) to facilitate the student meeting the educational requirements of the programme as set out by NMBI.
20. Student transfer arrangements ensure that the full requirements of the midwife registration programme leading to registration will be completed.
21. The mechanisms for student support, which include student services, personal and academic guidance, are explicit.
22. The Registration Department of the NMBI is notified in writing of any student who exits the programme prior to successful completion of the programme.
23. The HEIs and associated healthcare providers provide an annual report on the midwife registration programme(s), including the external examiner's annual report to NMBI.

¹ Any leave, other than annual leave and public holidays, including sick leave, maternity leave, paternity leave, parental leave, compassionate leave, 'force majeure' leave and special leave.

3.2.2. Curriculum Design and Development

The curriculum design and development should reflect current evidence-based education theory and healthcare practice. The curriculum model chosen should be dynamic and flexible to allow for changes in midwifery practice, the delivery of maternity services and the continued development of evidence-based practice.

1. All statutory and regulatory requirements of the NMBI and European Directives are met.
2. The programme of study is designed as a Level 8 Honours Bachelor's level on the National Framework of Qualifications (NQAI, 2003).
3. The programme of study makes the safety of the woman and her baby and the protection of the public an integral, explicit and continuing component within the curriculum.
4. The curriculum design and development team is led by midwife lecturers and is guided by current educational theory, professional midwifery knowledge and healthcare practices that are evidence-based.
5. The curriculum development team comprises representatives of key stakeholders in midwifery education and midwifery practice, and includes input from users of maternity services and midwifery students.
6. The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice to achieve the learning outcomes as stated by NMBI.
7. The curriculum utilises a range of teaching, learning and assessment strategies to facilitate the development of knowledgeable, competent, reflective midwife practitioners, who are equipped with skills for problem solving, critical analysis, self-direction and life-long learning.
8. The curriculum design reflects various methods of learning and teaching, and provides a balance between workshops, small group interactions, demonstrations, enquiry-based learning, practical work, lectures, tutorials, and self-directed learning.
9. The module descriptors identify the European Credit Transfer and Accumulation System credits (ECTS), aims, learning outcomes, indicative content, student contact hours, student effort/self-directed learning hours and assessment strategies.
10. The curriculum articulates opportunities for intentional, shared, interdisciplinary learning that is designed to enhance collaborative practice with other health professionals.
11. The curriculum articulates how the student is facilitated to achieve the expected learning outcomes of the programme.
12. The curriculum includes the assessment strategies in relation to the measurement of theoretical and clinical learning outcomes, and includes practice-based assessments.
13. Opportunities for midwifery students to experience a clinical placement in another system of midwifery care within or outside of the European Union may be provided for a maximum period of thirteen weeks which includes orientation. Clinical placements must be based in institutions approved by the competent authority of the host country and an agreed memorandum of understanding must be in place with the HEI. Placements must meet identified educational outcomes, and necessary support structures must be assured to the NMBI by the HEI. Criteria and mechanisms for students to avail of this opportunity are explicit.

3.2.3. Clinical Practice Experience and the Clinical Learning Environment

Clinical practice experience is an integral component of the midwife registration programme. This experience, whether in the community or hospital is the central focus of the midwifery profession and must complement theoretical input to ensure safe, quality midwifery care for women, their babies and their families.

The aim of clinical practice learning is to facilitate midwifery students to become safe, competent, kind, compassionate, respectful and reflective midwife practitioners who develop the prescribed competencies over the four-year programme. Clinical practice experience will facilitate the student to accept personal and professional accountability for evidence-based practice and equip them with the skills for problem solving, decision making, critical analysis, self-direction and life-long learning. Clinical practice experience will provide opportunities for integration of theory and practice, and the opportunity to work in collaboration with other members of the healthcare team to provide care.

Clinical placements are based in healthcare settings that are subject to audit as to their suitability as quality clinical learning environments and to ensure that the setting meets the Midwife Registration Programme Standards and Requirements as stipulated by NMBI.

1. Prior to the placement of students in new clinical placement sites, verification of an audit completed by the HEI, must be submitted to NMBI.
2. The selection of environments for clinical practice experience supports the achievement of the learning outcomes of the educational programme, and reflects the scope of the healthcare settings and the students' individual needs.
3. Clinical placements are subject to audit as to their suitability as quality clinical learning environments in accordance with the Nursing and Midwifery Board of Ireland's Midwife Registration Programme Standards and Requirements for programme approval.
4. Student allocation to clinical placements is based on the need to integrate theory and practice, and to facilitate the progressive development of clinical skills, knowledge and professional behaviours culminating in successful achievement of the prescribed competencies for the midwife registration education programme.
5. Opportunities for students to experience direct contact with women and their babies are provided early in the educational programme.
6. Clearly written, up-to-date learning outcomes appropriate to the individual clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. Learning outcomes specific to each year of the programme are available, and are reviewed and revised as necessary.
7. Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.
8. The staff resource supports the delivery of the educational programme at the stated professional and academic level. This includes a ratio of one clinical placement coordinator to every 15 midwifery students, and 0.5 of an allocated liaison officer for up to 50 students. (Department of Health and Children, 2004).

9. Each student is allocated a named primary preceptor, who is a registered midwife (or a registered nurse/midwife in a NICU placement), during midwifery clinical placements to provide support, supervision and assessment. In the absence of the primary preceptor, a named midwife or nurse must be allocated to support and supervise the student.
10. Preceptors and midwives who have a role in supporting, supervising and assessing students have completed a teaching and assessment course approved by NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery.
11. Registered midwives should undertake the role of primary preceptor when they have experience of midwifery practice and have completed a teaching and assessment course approved by NMBI.
12. Preceptors and midwives should have the opportunity to maintain and develop their competence and skills in supporting, supervising and assessing students on an ongoing basis.
13. Mechanisms are in place to facilitate preceptors to support supervise and assess students.
14. Mechanisms for supporting and evaluating preceptors are explicit.
15. Clinical practice includes experience of the 24-hour cycle of caring for women and their babies, and this must be facilitated for all students in their midwifery programme. At all times, whether the student is supernumerary or in internship, there must be sufficient registered midwives to facilitate the support and supervision of midwifery students to achieve the expected learning outcomes of the programme.
16. Named clinical placement coordinators, midwifery preceptors, registered midwives and clinical midwifery managers in liaison with named midwife lecturers, monitor the quality of clinical learning environments on an ongoing basis and guide and support students to ensure that the clinical practice placement(s) provides an optimum learning environment.
17. The supernumerary status of pre-registration midwifery students is clearly articulated and respected (see Appendix C - Supernumerary Status).
18. Specific periods of time are allocated for reflection during supernumerary placements and the clinical placement internship:
 - Structures are in place to support protected reflective practice during supernumerary placements and during the internship clinical placement. These should be agreed formally between the HEI and the associated healthcare providers and included in the memorandum of understanding.
 - Protected reflective practice time of a minimum of one hour per week should be an integral component of any supernumerary midwifery and specialist placement.
 - Protected reflective practice time of a minimum of 4 hours per week should be an integral component of the clinical placement internship to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children, 2004).

19. The responsibility rests with the HEI(s) in collaboration with the associated healthcare provider(s) for ensuring that a clinical placement site for student placement is of an appropriate standard to meet the learning outcomes of the midwife registration education programme, and is a learning environment of adequate quality.

Quality assurance indicators are identified and measured in relation to:

- the number of midwives and support healthcare staff to ensure that safe, quality care is provided to women and their babies;
- the number of preceptors, midwives and nurses to facilitate the support, supervision and assessment of students;
- the availability of multidisciplinary evidence-based practice guidelines and policies to support care;
- the availability of mechanisms for the development and review of evidence-based guidelines with multidisciplinary involvement;
- proof of application of evidence-based practice;
- evidence of individualised, woman and baby-centred care;
- the availability of policies and protocols in respect of medication management, and good practice in recording midwifery care and interventions;
- evidence of mechanisms for audit of midwifery documentation and audit of medication management;
- evidence of continuing professional development for all practice staff and education and training programmes which involve all members of the multidisciplinary team;
- evidence of clinical risk management programmes;
- the availability of mechanisms for student support, supervision and assessment.
- the availability of support mechanisms for preceptors and midwives, including continuing professional development in supporting, supervising and assessing of students;
- the availability of mechanisms for educational and clinical audit;
- the availability of mechanisms to review the quality of preceptorship;
- the availability of mechanisms to involve women and families in the development and evaluation of maternity care.

3.2.4. The Assessment Process

Assessment of learning is a continuous process and demonstrates a balanced and integrated distribution throughout the educational programme.

1. Assessments are strategically planned and function to:
 - provide feedback on student progress including identifying strengths and areas for further development;
 - help the student to identify their individual learning needs and;
 - ensure that theoretical and clinical educational standards are achieved before progressing to the next level of the programme.
2. Assessments are based on a variety of strategies that are aligned with the subject area, clinical practice setting, stage of the educational programme and expected learning outcomes.
3. Assessment measures the integration and application of theory to the care of women and their babies learned throughout the programme, and require the student to demonstrate competence within practice through the achievement of learning outcomes in both theory and practice.
4. Assessment strategies are established as reliable and valid measurements of learning outcomes.
5. Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.
6. Assessments have clear marking criteria and processes which are open and transparent, and are available to students, internal and external examiners and academic staff.
7. The assessment strategy does not allow for compensation between theoretical and clinical practice assessments.
8. Regulations relating to compensation, supplemental assessments, appeal mechanisms and conditions for continuance on the programme are explicit and made known to students and key stakeholders.
9. A mechanism exists whereby records are maintained that demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components, and is eligible to apply for registration in the Midwives Division of the Register maintained by NMBI.
10. Eligibility to apply for Registration in the Midwives Division of the Register maintained by NMBI is based on successful completion of the programmed, meeting the learning outcomes and achieving the competencies required of the programme.

3.2.5. External Examiners

External examiners have an important role in maintaining the standard of midwifery programmes by providing an independent view of the structure, content, organisation and assessment of the education programme.

1. External examiners are appointed by the HEIs in accordance with its procedures and the NMBI criteria as set out in number 3.
2. The role of the external examiner is explicit and functions to:
 - maintain the quality and standards of the midwife registration programme
 - ensure the assessment strategies for theory and practice are reliable and equitable
 - ensure individual students are treated fairly
3. External examiners for midwife registration programmes should:
 - be registered midwives who have at least 2 years full-time experience in clinical midwifery practice
 - hold academic and teaching qualifications and have at least 3 years full-time teaching experience on programmes appropriate to the programme being examined
 - have experience in examining and assessing midwifery students on midwife registration programmes
 - have experience in the development, management, delivery and evaluation of midwife registration programmes
4. The mechanism whereby the external examiner is provided with relevant documentation, participates in decision-making concerning the programmes, and has membership of the examination boards of the HEI, is explicit and auditable
5. The HEI verifies to NMBI that the external examiner meets the standard as set out in No.3 above

3.2.6. Approval Criteria for Midwife Registration Programmes

The standards for the approval of the HEIs and associated healthcare providers, curriculum design and development, clinical practice experience, assessment processes and external examiners are the benchmarks used for the programme approval criteria.

Appendix A

Extract: Nurses and Midwives Act, 2011

Duty of Board in Relation to Education and Training of Nurses and Midwives

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 (a)* in order to ensure ongoing compliance with the criteria referred to in that paragraph, the guidelines referred to in *paragraph (b)* and the standards referred to in *paragraph (c)*,
- (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.
- (3) Where the Board proposes to withdraw the approval of a body under *subsection (2)(a)(i)*, the Board shall give notice of its intention to do so to the body concerned and shall afford to it an opportunity to make representations to the Board. The Board shall take into account any such representations before making its decision.
- (4) Where the Board makes a decision under *subsection (2)(a)*, it shall give notice in writing (accompanied by a copy of *section 86*), as soon as is practicable after making the decision, to the body the subject of the decision of—
- (a) the decision,
 - (b) the date on which the decision was made, and
 - (c) the reasons for the decision.
- (5) Notwithstanding the repeal of section 34 of the Act of 1985 by *section 4*, a body which was, immediately before that repeal, approved for the delivery of a programme of nursing or midwifery education and training shall be deemed to be a body approved for the purposes of this Act unless the Board determines otherwise.
- (6) The Board may recognise a degree, diploma or other qualification awarded in a third country to be at least the equivalent of a qualification awarded following the satisfactory completion of a programme of pre first time registration nursing or midwifery education and training.
- (7) The Board shall prepare and publish in the prescribed manner guidelines on ethical considerations to be taken into account in respect of the acceptance or otherwise of any non-Exchequer funding offered or provided in relation to nursing or midwifery education and training for pre first time registration, post-registration leading to registration or annotation and specialist nursing or midwifery qualifications.
- (8) The Board shall, in consultation with the Health Service Executive and such other appropriate bodies as the Board thinks fit, make available career information on nursing and midwifery, including information on education and training.

Appendix B

Extracts: EU Directive 2013/55/EU amending Directive 2005/36/EC and Directive 2005/36/EC

Directive 2013/55/EU amending Article 40

Article 40 is amended as follows:

- (a) in paragraph 1, the third and fourth subparagraphs are replaced by the following: '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.;

- (b) paragraph 2 is replaced by the following:

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

- (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.;

(c) paragraph 3 is replaced by the following:

'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; EN 28.12.2013 Official Journal of the European Union L 354/155
- (e) adequate understanding of the training of health personnel and experience of working with such personnel.';

Directive 2013/55/EU Article 41

Article 41 amended as follows:

- (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;

Article 42 Directive 2005/36/EU

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;
- 30.9.2005 Official Journal of the European Union L 255/45 EN
- (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 postnatal 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, 5.5.1. Training programme for midwives Directive 2005/36/EU

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 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

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 postnatal 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

Appendix C

Supernumerary Status

Students undertaking the Midwife Registration Programme Standards and Requirements have supernumerary status during the programme with the exception of a period of clinical placement internship during the 4th year of the programme. The clinical practice experience during the clinical placement internship, as at other times, must adhere to the clinical practice requirements set out in this document.

1. Clinical placements provide learning opportunities that enable the achievement of the learning outcomes of the programme. The supernumerary status of the student during the period of clinical placement is an important factor in enhancing the educational value of the experience.
2. The key features of supernumerary status are:
 - 2.1 The student is in addition to the rostered complement of registered midwives.
 - 2.2 Allocation to a clinical practice placement is driven by educational needs enabling the student to achieve stated learning outcomes.
 - 2.3 The student actively participates in giving care appropriate to their level of knowledge and practical experience under the supervision and guidance of a registered midwife, whilst respecting the interests and rights of women, their partners, their babies and families.
 - 2.4 In the case of a placement on a neonatal unit, gynaecological ward, an operating theatre within the maternity care setting, or in other placements outside the maternity care setting, the student should be under the supervision and guidance of a named designated individual.
 - 2.5 The clinical placement allows for purposeful and focused learning where the student applies theoretical knowledge to midwifery practice and develops the integrated knowledge and skills essential to a professional practitioner of midwifery practice.

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

Nursing and Midwifery Board of Ireland,
18-20 Carysfort Ave, Blackrock, Co. Dublin.
Tel: (01) 639 8562
Email: professionalguidance@nmbi.ie
Web: www.nmbi.ie