



An World Alliances

**Requirements and
Standards for the
Midwife
Registration Education
Programme**

**SECOND EDITION
FEBRUARY 2000**

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Preface

The education of midwives in Ireland has been through a period of change in response to the changing needs of the maternity services and to changes in the nurse registration education programme. Following the initiation of a pilot project in Galway in 1994, the Nurse Registration Education Programmes began to offer Registration / Diploma Programmes in linked third level institutions. Subsequently, in 1995, Schools of Midwifery began to establish links with third level institutions. Currently, all Schools of Midwifery offer Midwife Registration Education Programmes with a linked third level institution. Midwifery students following successful completion of a two year programme qualify for registration with An Bord Altranais and a Higher Diploma or Post-Graduate Diploma in Midwifery from the third level institutions.

Further changes to the Midwife Registration Education Programme are about to be implemented. In response to the recommendations of the Report of the Commission on Nursing *A Blueprint for the Future*, 1998, the theoretical content of the two-year Midwife Registration Education Programme (undertaken by students already entered in the General Nurses Division of the Register) has been increased with effect from the year 2000. A pilot programme of Direct Entry Midwife Registration Education, also a recommendation of the Report of the Commission on Nursing, will commence in 2000. The revised edition of this document will facilitate these developments.

The current developments in midwife education are happening in a complex legislative environment. The responsibilities and duties of An Bord Altranais are defined by the provisions of the Nurses Act, 1985. The third level institutions of the National University of Ireland and the University of Dublin Trinity College, Dublin City University and University of Limerick are regulated by the Universities Act, 1997. Other legislative instruments – e.g. The National Council for Educational Awards Act, 1979, the Regional Technical Colleges Act, 1992, and the Regional Technical Colleges (Amendment) Act, 1994, regulate other third level institutions. Other relevant legislative instruments include the Higher Educational Authority Act, 1971 and the recently published Qualifications (Education and Training) Bill, 1999. Quality education and standards are key features of recent legislative instruments in the education sector. Amendments to the Nurses Act, 1985 proposed by the Commission on Nursing in their Report, are currently being drafted with a view to laying them before the Oireachtas as soon as possible.

In order to meet the challenges that lie ahead for the midwifery profession, An Bord Altranais will be required to enter into a range of new partnerships and alliances. Thus, at a national level, there will be a need for new forms of cooperation and conjoint arrangements between An Bord Altranais, the National University of Ireland and constituent colleges, the University of Dublin Trinity College, Dublin City University, University of Limerick, the National Council for Educational Awards and constituent colleges, and the Department of Education and Science. At a local level, there will be a need for new partnership structures between An Bord Altranais, schools of midwifery and third level institutions. An Bord Altranais is fully committed to continuing to develop these partnerships in a spirit of consultation and co-operation.

In order to ensure that there is clarity and accountability within these new partnership structures, An Bord Altranais, having consulted widely with interested parties, wishes to provide a statement of the principles and understanding that will nurture these relationships. During this period of transition there is a need for guiding principles to manage the transition. This document is intended to act as a basis for providing that

guidance from the perspective of the duties and obligations of An Bord Altranais as the regulatory body for the profession of Midwifery in Ireland.

Introduction

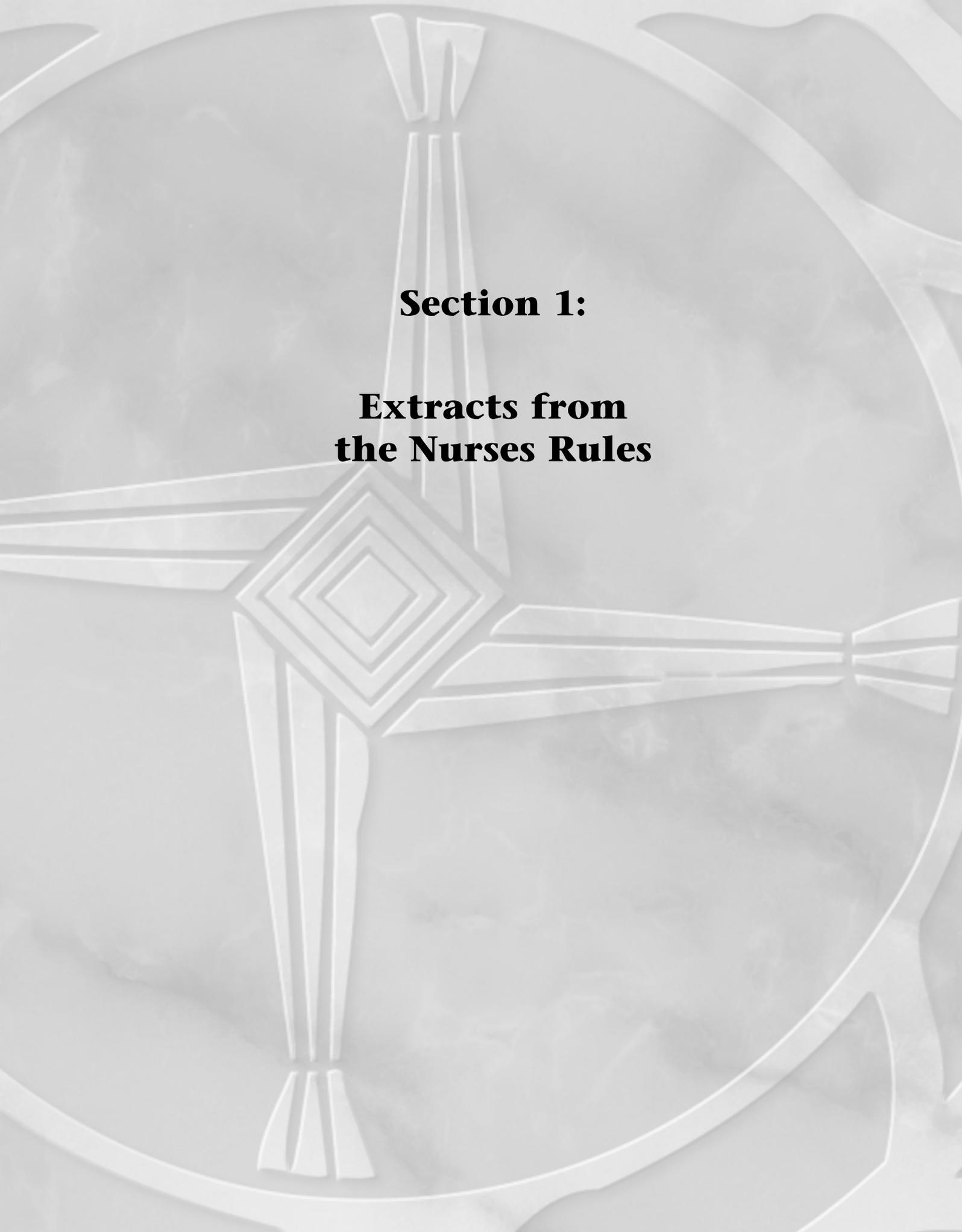
The purpose of this document is to provide guidance for the development of flexible, innovative, practice-oriented registration programmes to third level institutions and health care institutions¹ involved in the education and training of midwives. It is understood that each health care institution will be linked to a third level institution in the preparation and delivery of educational programmes leading to registration. The policies and practices of the third level institutions and health care institutions shall meet the requirements specified in this document.

Nurses Rules, 1988 (Amendment) Rules, 1998, 1999 and (Amendment Number 2) Rules, 1999 make provision for third level institutions and health care institutions to carry out assessments. The Nurses Rules also enable them to develop their own curricula including assessment systems based on a syllabus provided by An Bord Altranais. This curriculum must be validated by a committee appointed by An Bord Altranais for that purpose.

Third level institutions and health care institutions involved in the education and training of midwives are required to make a written submission to An Bord Altranais for approval. Written submissions therefore will be made jointly by the health care institution(s) and its linked third level institution(s). This document will assist them in making their submission and provides a framework aimed at ensuring that high national standards are maintained.

This document is divided into three sections. Section 1 provides extracts from the Nurses Rules, 1988 as amended by the Nurses Rules, 1988 (Amendment) Rules, 1991, 1994, 1998, 1999 and (Amendment Number 2) Rules, 1999. Section 2 outlines the requirements for the midwife education programme leading to registration. Section 3 describes the standards required for the approval of third level institutions, health care institutions and educational programmes leading to registration. Section 3 is divided into two parts. The first part provides a description of the process involved in the approval of third level institutions, health care institutions and educational programmes leading to registration. The second part provides a statement of the standards that must be met by these institutions and educational programmes. There are five categories: (1) The third level institution and health care institution, (2) Curriculum design and development, (3) Clinical practice experience, (4) Assessment process and (5) External examiners. For each category, a number of measurable criteria have been identified which can be used in determining whether the standard has been met.

¹Health care institutions in this document refers to hospitals, schools of nursing / midwifery and community care settings involved in the education and training of midwives.



Section 1:

**Extracts from
the Nurses Rules**

Section 1:

Extracts from the Nurses Rules

1.1. EXTRACTS FROM THE NURSES RULES, 1988 AS AMENDED BY THE NURSES RULES, 1988 (AMENDMENT) RULES, 1991 NURSES RULES, 1988 (AMENDMENT) RULES, 1994 NURSES RULES, 1988 (AMENDMENT) RULES, 1998 NURSES RULES, 1988 (AMENDMENT) RULES, 1999 NURSES RULES, 1988 (AMENDMENT NUMBER 2) RULES, 1999

Interpretation (Rule 2)

In these Rules, unless the context otherwise requires, the following expressions have the meanings respectively assigned to them:

“the Act” means the Nurses Act, 1985 (No. 18 of 1985);

“the Board” means An Bord Altranais established under the Act;

“candidate” means a person pursuing a training course leading to entry to a division of the register and whose name has been entered on the Candidate Register as provided for in Rule 10;

“midwife” means a person whose name is entered in the midwives division of the register;

“nurse” means a person whose name is entered in the register and includes a midwife;

“the Register” means the Register of nurses maintained by the Board pursuant to the provisions of Section 27 of the Act;

“registered general nurse” or

“registered psychiatric nurse” or

“registered sick children’s nurse” or

“registered mental handicap nurse” or

“registered midwife” or

“registered public health nurse” or

“registered nurse tutor”

means a person whose name is entered in the relevant division of the register as provided for in Rule 3.

“day” for the purpose of calculating sick leave occurring during periods of clinical experience, means the time during which the candidate is rostered for duty in any twenty four hour period commencing when the candidate takes up duty;

“week” means the standard working week in hours being applied to candidates by their approved hospital or institution applying at any given time during the candidates training course.

Candidate Register (Rule 10)

- The Board shall establish and maintain a Register of Candidates admitted for training on which the name of every such candidate shall be entered.
- Not later than fourteen days after the commencement of training a student shall apply to the Board on the appropriate form to have her name entered on the Candidate Register.
- The student's training shall be taken to have commenced on the date certified in the appropriate form by the Matron, Director of Nursing, Chief Nursing Officer, Principal Tutor or Tutor of the Training Hospital or Institution concerned.
- Each student whose name is entered on the Candidate Register shall be issued with a personal identification number and shall be supplied with a student card bearing such identification number, title of course of training for which she is registered and date of commencement of training together with copy of the syllabus for such training course.
- A candidate shall apply to have her name entered separately on the Candidate Register for each registration course undertaken.
- A fee in accordance with Section 25(e) of the Act shall be payable by a student in respect of each application for entry in the Candidate Register.
- The Matron or Director of Nursing or Chief Nursing Officer or Principal Tutor or Tutor or other appropriate person shall inform the Board when a student nurses ceases training before completion of the course and the reason therefor.

Training Courses Leading to Registration (Rule 4)

- The period of training required for admission to the Midwives Division of the Register shall be not less than of three years duration, consisting of a minimum of 4,600 hours of theoretical and clinical content and excluding public holidays and annual leave, in accordance with the syllabus of training approved by the Board for that purpose and the training shall be carried out in a third level institution and its linked health care institution(s) approved by the Board for the training of Midwives.
- In the case of a person whose name is already entered in the General Nurses Division of the Register, the period of training required for admission to the Midwives Division of the Register shall be not less than one hundred and four weeks, including public holidays and annual leave, in accordance with the syllabus of training approved by the Board for that purpose and the training shall be carried out in a third level institution and its linked health care institution(s) approved by the Board for the training of Midwives.

Examination and Assessment (Rule 8)

The Nurses Rules, 1988 (as amended) are hereby further amended by the addition of the following to Rule 8: -

“Notwithstanding the provisions of Rule 4 and the foregoing provisions of this Rule, the Board may make provision with a hospital or institution, including a third level institution, to carry out assessments of proficiency in clinical midwifery skills throughout the period of training and to hold the Registration Examination (written) for the purpose of determining whether candidates are qualified for registration in the Midwives Division of the Register, subject to the following requirements: -

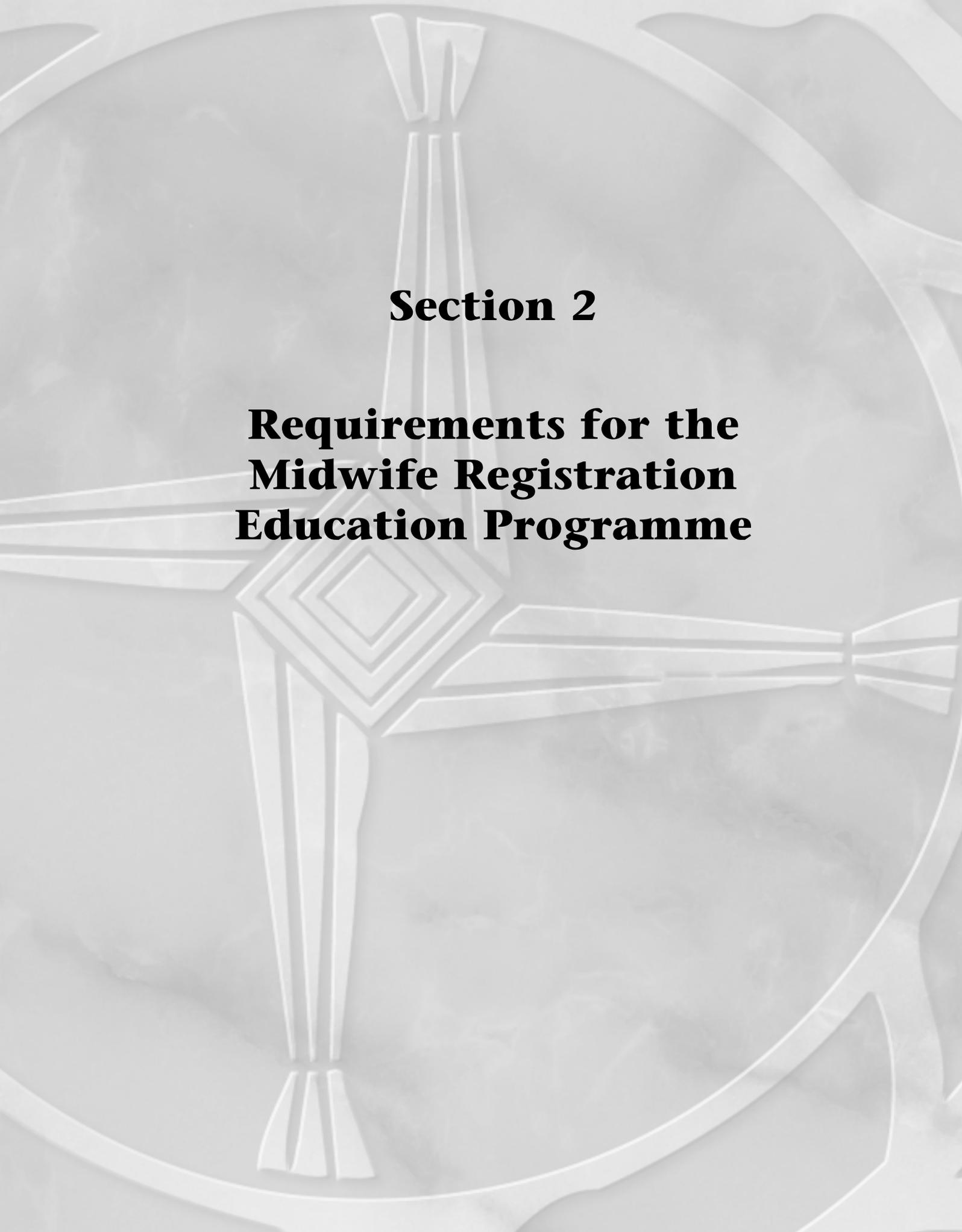
- (a) the Board must be satisfied, by adherence to the attached Schedule B, as to the adequacy and suitability of any assessments carried out by a hospital or institution for the purpose of establishing proficiency in clinical midwifery skills,
- (b) the Board must be satisfied, by adherence to the attached Schedule B, that the Registration Examination (Written) to be held by any hospital or institution is adequate and suitable to examine the theoretical content of the Syllabus of Training published by the Board in accordance with Rule 9 for admission to the Midwives Division of the Register, and
- (c) each hospital or institution with which the Board makes such provision shall be approved by the Board in accordance with Section 34 of the Nurses Act, 1985.”

Schedule B

- Each hospital or institution, including a third level institution, must submit to An Bord Altranais a curriculum for validation by a committee appointed by An Bord Altranais for that purpose. This curriculum must, inter alia, specify the structure, process and outcome of the course programme, methods of assessment, examination, teaching strategies and appeals systems. Proposed sites for clinical placements must also be submitted for approval.
- Periodic Reports on the delivery of courses/programmes including examinations and assessments will be submitted to An Bord Altranais by the hospital or institution, including a third level institution.
- An Bord Altranais will periodically review courses/programmes validated by it.
- Each hospital or institution, including a third level institution, must demonstrate quality assurance activities and outcomes aimed at ensuring continuing support for and development of their curriculum and for the development of environments approved for clinical placements.

General Provision (Rule 9)

- The Board shall prepare and publish or make provision for the preparation and publication of a syllabus for each training course.
- The starting date of the training course for each candidate shall be that entered on the Candidate Register.



Section 2

Requirements for the Midwife Registration Education Programme

Section 2:

Requirements for Midwife Registration Education Programme

2.1 Syllabus / Indicative Content

Midwifery students who are registered general nurses enter the programme with a level of knowledge that needs to be developed and applied to midwifery. It is important that previous knowledge and experience is recognised and built upon during the programme.

The indicative content of the programme as outlined should be viewed as a guide. The ever changing nature of the environment in which midwifery care is delivered means that the programme content needs to be flexible in order to be responsive to these changes thus ensuring that midwives are being prepared for contemporary and future practice.

The programme must also meet the requirements of the European Directives 80/154/EEC, 80/155/EEC and 89/594/EEC.

The sections into which the indicative content is organised should not be viewed as discrete. The manner in which the content is interlinked and interwoven is individual to each programme.

2.1.1 Knowledge Base for Midwifery Practice

- Biological, anatomical and physiological control systems necessary for health;
- Psychology and psychological well-being as applied to midwifery practice;
- Sexuality, sexual development and sexual health to include family planning and assisted conception;
- Sociology as applied to midwifery practice;
- Pharmacology and complementary therapies as applied to midwifery practice;
- Physiological, psychological and sociological adaptations to pregnancy, childbirth, puerperium and parenting;
- Development of the embryo, fetus and adaptation to extrauterine life;
- Health and health promotion as applied to midwifery practice.

2.1.2 Midwifery Practice

- Skills to assess, plan, implement and evaluate midwifery care provided to women experiencing uncomplicated pregnancy, childbirth and puerperium;
- Skills to assess, plan, implement and evaluate midwifery care provided to women who have pre-existing medical conditions and where complications arise during pregnancy, childbirth

- and puerperium, in conjunction with other health care professionals;
- Skills to make a differential diagnosis of factors which may complicate pregnancy and childbirth;
 - Prevention of and the skills to detect and manage obstetrical emergencies;
 - Understanding the boundaries of midwifery practice and referral as appropriate;
 - Knowledge of the effects medical, surgical, gynaecological and psychological conditions have on conception, pregnancy, childbirth and the puerperium and the midwifery care that is needed;
 - Providing meaningful, individualised care to women;
 - Identifying and providing care for women with special needs;
 - Providing care and counselling for women and their families who experience loss and grief during pregnancy, childbirth and puerperium;
 - Skills to assess, plan, implement and evaluate midwifery care for the healthy and sick newborn baby in partnership with the mother/family;
 - Skills to teach and educate women, their family and society about pregnancy, childbirth and parenting;
 - Using research and best available evidence to influence and inform midwifery practice;
 - Skills of reflection in and on midwifery practice;
 - Managing workload effectively and delegating appropriately;
 - Auditing and clinical risk management;
 - Communicating with pregnant women, midwife colleagues and other health care professionals;
 - Record keeping.

2.1.3 The Profession of Midwifery and Midwifery Practice

- Development of midwifery as a profession including the historical, political, social, economic and international influences;
- Legislation governing midwifery practice;
- Role of regulatory and statutory bodies;
- Professional accountability, responsibility and scope of practice;
- Ethical issues influencing midwifery practice;
- Working effectively in a multidisciplinary team.

2.1.4 Midwifery Practice and Maternity Services

- Organisation and provision of health care;
- Organisation and provision of maternity services;
- Social policy and its influence on the provision of maternity services;
- Issues relating to the accessibility, effectiveness, responsiveness of maternity services.

2.1.5 Midwifery Practice in Contemporary Society

- Meeting the needs of women and their families from different ethnic and cultural backgrounds;
- Awareness of attitudes, beliefs and values within a multicultural society;
- The form and function of the family in past and contemporary society;
- Meeting the needs of women, their babies and family in vulnerable situations i.e. violence, drug misuse etc;
- Issues of gender and power in relation to women and midwives.

2.2 Theoretical Content

2.2.1 Midwife Registration Education Programme (Direct Entry)¹

The programme must comprise of a minimum of 1,533 hours of theoretical content (one-third of 4,600 hours).

2.2.2 Midwife Registration Education Programme (for Registered General Nurses)²

The programme must comprise of 26 weeks of planned theoretical content given as follows:

- a minimum of two weeks introductory block;
- twenty four weeks of planned theoretical content organised as weeks blocks; or individual study days; or a combination of both weeks blocks and study days.
- within the planned theoretical content, the student must have a minimum of two days of protected study time immediately prior to written examination(s).

2.3 Clinical Practice Experience

2.3.1 Clinical practice experience which must be given under appropriate supervision must include:

- The advising of pregnant women, involving at least one hundred prenatal examinations at least ten of which should be undertaken in the antenatal clinic;
- Supervision and care of at least forty women in labour;

¹ As defined in Directive 80/155/EEC Article 1, Paragraph 2, 1st Indent.

² As defined in Directive 80/155/EEC Article 1, Paragraph 2, 2nd Indent.

- The student should personally carry out at least forty deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of thirty, provided that the student participates actively in twenty further deliveries; not more than two students should be present at any one delivery;
- 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 forty women at risk in pregnancy or labour or postnatal period;
- Supervision and care (including examination) of at least one hundred postnatal women and healthy newborn infants; participation in the follow-up of postnatal women and newborn infants;
- Observation and care of the newborn 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.

2.3.2 Midwife Registration Education Programme (Direct Entry)

The programme must comprise of a minimum of 2,300 hours of clinical practice experience (one-half of 4,600 hours) (to include a minimum of 30 weeks rostered clinical placement).

Clinical practice experience should include care provided in the community as well as health care institutions.

The following is the minimum number of weeks to be spent in different practice settings:

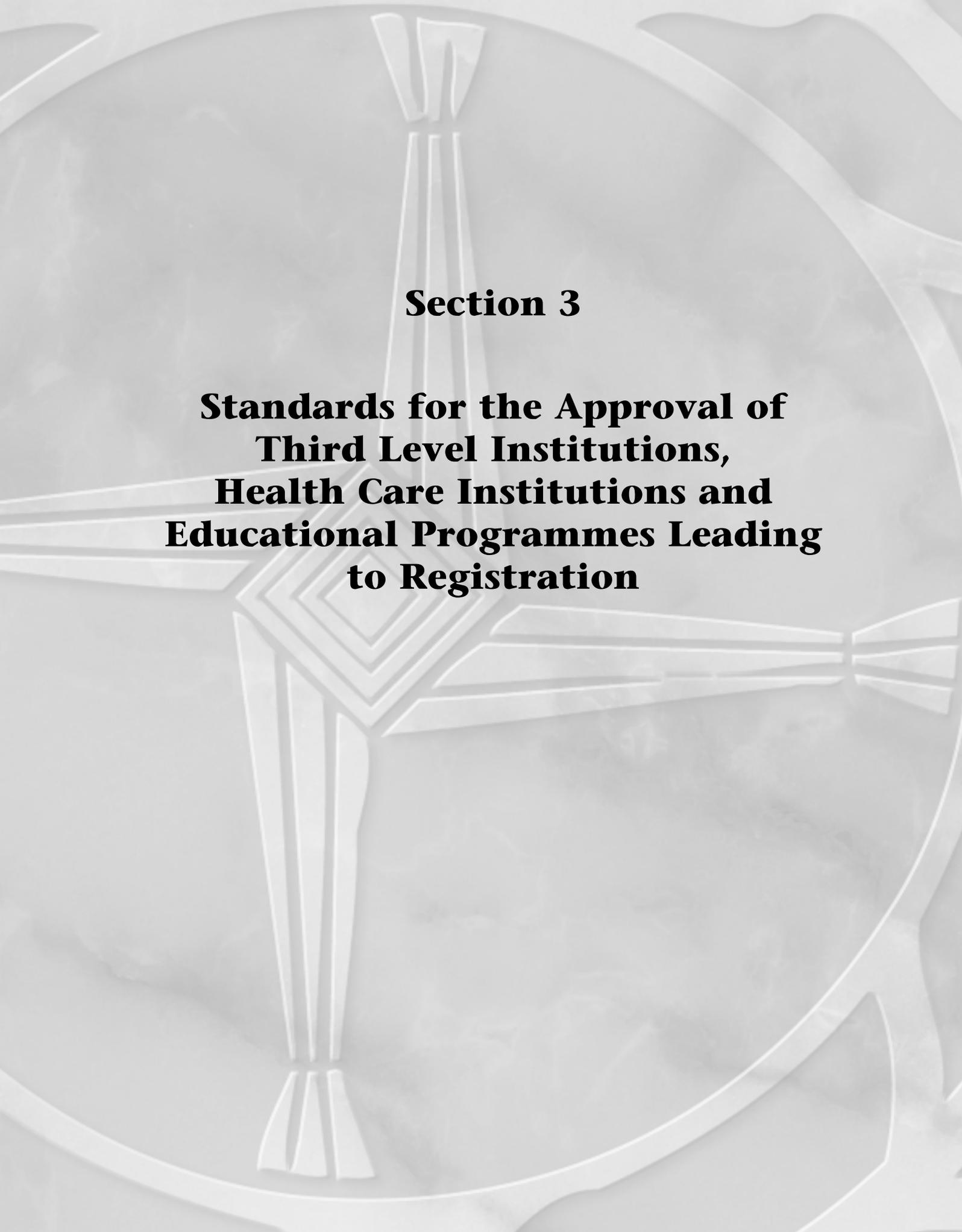
Clinical Practice Allocation	Minimum Number of Weeks / Hours
Antenatal Area	11 weeks / 385 hours
Intranatal Area	18 weeks / 630 hours
Postnatal Area	16 weeks / 560 hours
Neonatal Area (SCBU and NICU)	6 weeks / 210 hours
Community Experience	2 weeks / 70 hours
Operating Theatre	2 weeks / 70 hours
Medical and Surgical Area	4 weeks / 140 hours
Gynaecological Area	2 weeks / 70 hours

2.3.3 Midwife Registration Education Programme (for Registered General Nurses)

The following is the minimum number of weeks to be spent in different practice settings:

Clinical Practice Allocation	Minimum Number of Weeks
Antenatal Area	11
Intranatal Area	18
Postnatal Area	16
Neonatal Area (SCBU and NICU)	6

- All students must obtain a minimum of three consecutive weeks experience in Antenatal, Intranatal and Postnatal areas on day duty following their introductory block.
- Following the initial period of allocation, students should have an allocation of a minimum of four consecutive weeks in each area (Antenatal, Intranatal and Postnatal) in both Year One and Year Two of the programme.
- Allocation to the Neonatal area should not take place in the 1st 26 weeks of the programme. All students must obtain an allocation of a minimum of four consecutive weeks in this area.
- The allocation of the balance of 104 weeks is at the discretion of the approved health care institution.
- Night duty must not exceed twenty weeks during the programme. A student must not be assigned to night duty during the four weeks prior to the written examination(s) and two weeks prior to clinical practice assessment(s).



Section 3

Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration

Section 3: Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration

3.1 The Approval Process for Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration

An Bord Altranais has statutory responsibility to approve third level institutions and health care institutions in respect of educational programmes leading to registration.

The approval process consists of two separate parts:

- a) approval of the third level institution and the health care institution
- b) approval of the educational programme.

With respect to (a) approval of the third level institution and the health care institution

1. The third level institution and its linked health care institution(s) will provide a written submission to An Bord Altranais in the form of a self-assessment audit of compliance with An Bord Altranais standards.
2. The third level institution and its linked health care institution(s) must declare that it is suitable for the education of candidates for registration.
3. At least once every five years, An Bord Altranais will satisfy itself as to the suitability of third level institutions and health care institutions in respect of educational programmes leading to registration, including on-site visits.

With regard to (b) approval of the programme

1. The third level institution and its linked health care institution will make a written submission to An Bord Altranais in the form of a detailed curricular programme including evidence of its compliance with An Bord Altranais standards.
2. The third level institution and its linked health care institution(s) must declare that its curricular programme complies with the standards.
3. A validation committee appointed by An Bord Altranais will validate the curriculum. This committee will include representatives of the third level institutions and health care institutions.
4. Once approval has been given it will be maintained through annual monitoring and review.

The following general provisions regarding the process of approval apply:

1. The approval process will take place within a time-scale agreed with the third level institution and health care institution at the outset.
2. After approval has been given, any subsequent changes within the third level institution, the health care institution or in the educational programme that affect any aspect of compliance with these standards must be notified to An Bord Altranais.
3. Notification of approval of the third level institution and health care institution will be by letter from An Bord Altranais. Conditions may be attached to the approval.

3.2 Standards for the Approval of Third Level Institutions, Health Care Institutions and Educational Programmes Leading to Registration.

3.2.1 The Third Level Institution and Health Care Institution.

The third level institution and health care institution is committed to providing midwifery education programmes which demonstrate that the highest standards of professional education and training are in place.

- 3.2.1.1** All statutory and regulatory requirements of An Bord Altranais and European Directives are met.
- 3.2.1.2** The third level institution and health care institution responds to change effecting professional, educational, health, social and economic issues.
- 3.2.1.3** The third level institution and health care institution keep appropriate records including records for the conferment of professional and academic awards.
- 3.2.1.4** The process for monitoring student attendance is declared.
- 3.2.1.5** The organisation structure supporting the management of the educational programme is explicit.
- 3.2.1.6** The third level institution and health care institution has a midwife education committee, which includes representatives of the key stakeholders.
- 3.2.1.7** The role of the external examiner in relation to the educational programme is explicit.
- 3.2.1.8** The staff resource supports the delivery of the educational programme at the stated professional and academic level.
- 3.2.1.9** The ratio of registered midwife tutors to students (excluding Principal Tutors) is 1:15.
- 3.2.1.10** Midwifery tutors without a teaching qualification are employed for a maximum period of one year prior to commencing a teachers preparation programme leading to a qualification which satisfies the requirements for entry to the tutors division of the register maintained by An Bord Altranais.
- 3.2.1.11** Midwifery subjects are developed and taught by registered midwives with appropriate professional, academic qualifications and teaching expertise in the subject matter.
- 3.2.1.12** Registered midwife tutors are involved in clinical practice and its development.
- 3.2.1.13** A mechanism for staff development which prepares staff to deliver the educational programme including the provision for maintaining midwifery expertise and credibility is identified.
- 3.2.1.14** The third level institution and health care institution provides administrative and clerical support for all educational activity.

- 3.2.1.15** The third level institution and health care institution provides educational resources/facilities (including library, computer, audio-visual & accommodation) to meet the teaching and learning needs of the programme.
- 3.2.1.16** The mechanism for student admission to the educational programme ensures that the stated entry requirements are met. The mechanism and conditions for students exiting the educational programme before completion are explicit.
- 3.2.1.17** Following any interruption² in the educational programme the third level institution and the health care institution ensures that the student meets the educational programme requirements.
- 3.2.1.18** Student transfer arrangements ensure that the full requirements of the educational programme leading to registration will be completed.
- 3.2.1.19** The mechanism for student support in relation to student services, facilities and academic guidance is explicit.
- 3.2.1.20** The third level institution and health care institution provides an annual report on the educational programmes including the external examiner's report to An Bord Altranais.

3.2.2 Curriculum Design and Development.

Curriculum design and development reflect researched educational theory and health care practice. The curriculum model chosen should be dynamic and flexible to allow for changes in midwifery practice and health care delivery.

- 3.2.2.1** All statutory and regulatory requirements of An Bord Altranais and European Directives are adhered to.
- 3.2.2.2** The curriculum design and development is based on An Bord Altranais Requirements for Midwifery Registration Education Programme.
- 3.2.2.3** Curriculum design and development led by registered midwife tutors is guided by professional midwifery knowledge which is evidence/research based.
- 3.2.2.4** The curriculum development team comprises representative members of key stakeholders in midwifery education and practice.
- 3.2.2.5** The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, logical sequencing and progressive development of subjects over the educational programme.
- 3.2.2.6** The curriculum is based on a range of teaching-learning strategies to assist the development of a knowledgeable practitioner and to equip students with the life-long skills for problem-solving and self-directed learning.

² Interruption: Any leave (other than annual leave and bank holidays) including sick leave, maternity leave, parenting leave, compassionate and special leave.

- 3.2.2.7** The curriculum design reflects various methods of teaching/ learning and provides a balance between lectures, tutorials, workshops, small group interactions, demonstrations, practical work and self-directed study.
- 3.2.2.8** The curriculum equips the student with a level of knowledge, research awareness and critical analysis.
- 3.2.2.9** The curriculum design includes the assessment strategy in relation to the measurement of clinical and theoretical learning outcomes.
- 3.2.2.10** Quality assurance indicators are identified and measured in relation to:
- Sufficient registered practitioners to facilitate the supervision of student midwives;
 - Research awareness and the application of research findings;
 - Evidence of continuing professional development of all practice staff;
 - Availability of mechanisms for student support, supervision and assessment;
 - Availability of mechanisms for educational and clinical audit.
- 3.2.2.11** Opportunity for the student to experience other European Union health care systems may be provided in a clinical placement for a maximum period of twelve weeks duration. Clinical placements are based in institutions approved by the competent authority of the Member State. Any exception to this needs to be approved by an Bord Altranais. Criteria and mechanisms for international exchange students are explicit.

3.2.3 Clinical Practice Experience.

Clinical practice experience provides learning opportunities that enable the achievement of proficiency in clinical midwifery skills and stated learning outcomes.

- 3.2.3.1** Clinical placements are based in health care institutions, which are approved by An Bord Altranais.
- 3.2.3.2** The selection of areas for clinical practice experience reflects the scope of the health care settings and supports the achievement of the learning outcomes of the educational programme.
- 3.2.3.3** Student allocation to clinical placements is based on the need to integrate theory and practice and to facilitate the progressive development of clinical skills.
- 3.2.3.4** Opportunity for the student to experience direct contact with the woman should be provided early in the educational programme.
- 3.2.3.5** Clearly written learning outcomes/objectives appropriate to the clinical area are available to ensure optimal use of valuable clinical experience. The learning outcomes/objectives are revised as necessary.
- 3.2.3.6** Students and all those involved in meeting their learning needs are fully acquainted with the expected learning outcomes relating to that clinical placement.

- 3.2.3.7** Named registered midwife tutors in liaison with named preceptors and registered midwifery staff guide and support the students in ensuring that the clinical placement provides an optimum learning environment.
- 3.2.3.8** The supernumerary status of the direct entry student is explicit (see Appendix 1).
- 3.2.3.9** Clinical practice includes experience of the 24 hour cycle of caring for women. At all times there must be sufficient registered practitioners to facilitate the supervision of student midwives. It is recommended, where possible, this should be a ratio of one student to one registered practitioner.

3.2.4 Assessment Process.

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

- 3.2.4.1** Assessments are strategically planned and function to:
- Provide feedback on student progress
 - Ensure educational standards (theory and practice) are achieved before entry to the next part/year of the educational programme, as appropriate.
- 3.2.4.2** Assessments, including final assessment, are based on a variety of strategies which are aligned with the subject area, practice setting, stage of the educational programme and expected learning outcomes.
- 3.2.4.3** Assessment measures the integration and application of theory to care learned throughout the programme and requires the student to demonstrate proficiency within practice through the achievement of learning outcomes in both theory and practice.
- 3.2.4.4** Assessment strategies are established as reliable and valid measures of learning outcomes.
- 3.2.4.5** A grading criteria indicating the standard for a pass award is required for theoretical and clinical practice assessments. An award/grading mechanism which acknowledges higher achievements by the student is recorded.
- 3.2.4.6** Assessment regulations relating to compensation, supplemental and appeal mechanisms and conditions for continuance of the educational programme are explicit.
- 3.2.4.7** The assessment strategy does not allow compensation between theory and clinical practice components.
- 3.2.4.8** The mechanism whereby records maintained by the third level institution and health care institution demonstrate that each student meets the declared standards of learning outcomes in clinical and theoretical components and is eligible for registration.
- 3.2.4.9** Eligibility to register with An Bord Altranais is based on successful completion of the educational programme and the successful achievement of both the theoretical and clinical assessments.

3.2.5 External Examiners

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

3.2.5.1 External examiners are appointed by the third level institution in accordance with specified criteria (see 3.2.5.3 below).

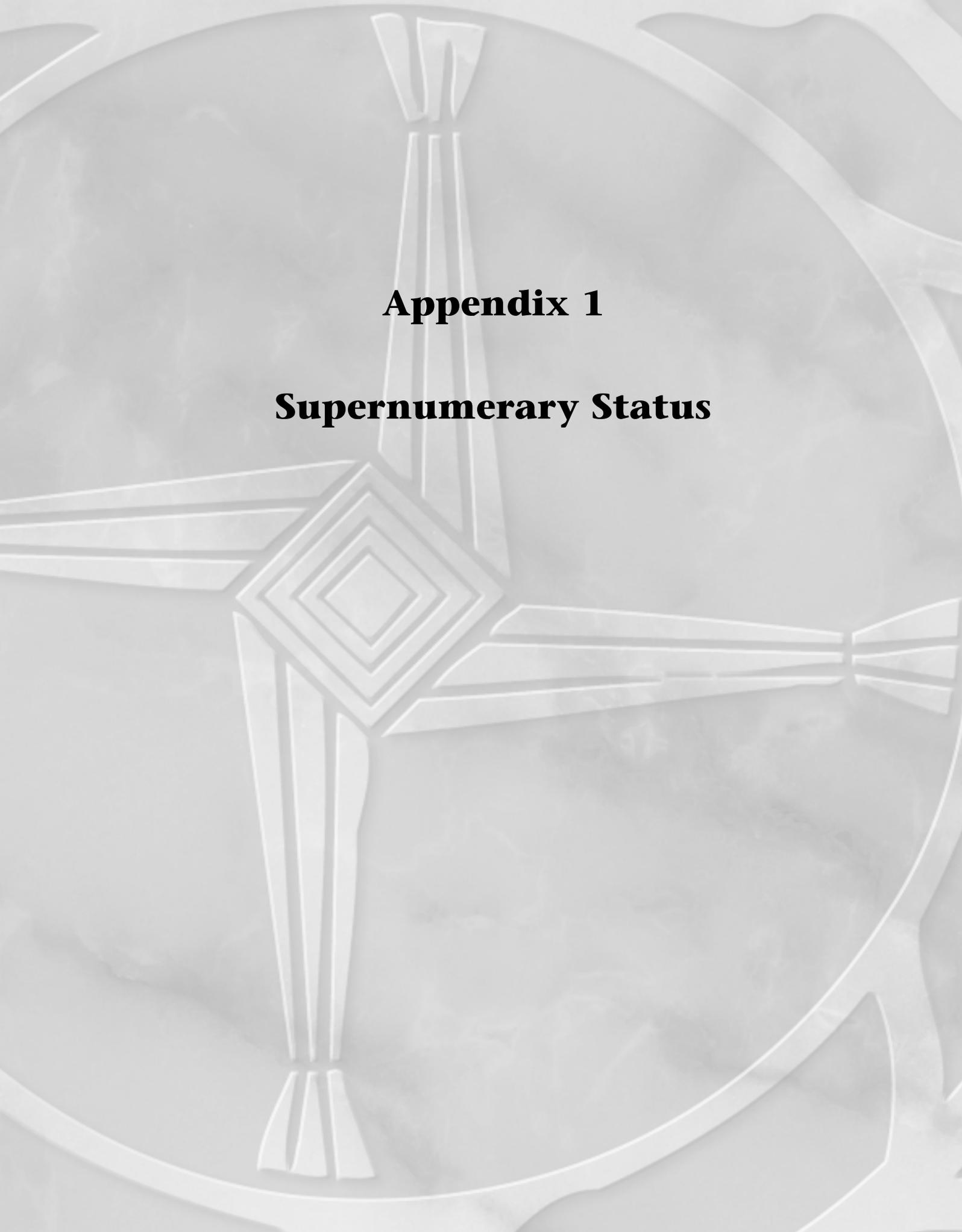
3.2.5.2 The role of the external examiner is explicit and functions to:

- Maintain the quality and standards of registration programmes
- Ensure the assessment strategies for theory and practice are reliable and equitable.
- Ensure individual students are treated fairly.

3.2.5.3 External examiners for midwifery studies:

- are registered midwives with professional qualifications appropriate to the registration programme being examined;
- hold academic and teaching qualifications and have at least 3 years full-time teaching experience in courses appropriate to the registration programme being examined;
- have experience in examining and assessing registration students;
- have experience in the development, management, delivery and evaluation of registration programmes;
- have at least 2 years full-time experience in the area of clinical practice appropriate to the registration programme being examined.

3.2.5.4 The mechanism whereby the external examiner is provided with relevant documentation, participates in decision-making concerning the programme and has membership of the examination Boards of the Institution, is explicit.



Appendix 1

Supernumerary Status

Appendix I

Supernumerary Status

1. Clinical placements provide learning opportunities which enable the achievement of the learning outcomes. 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 Allocation to a clinical placement is driven by educational needs enabling the student to achieve stated learning outcomes.
 - 2.2 The student actively participates in giving care appropriate to the student's level of knowledge and practical experience under the supervision and direction of a registered nurse/midwife.
 - 2.3 The student is surplus to the rostered complement of nurses/midwives.
 - 2.4 The clinical placement allows for purposeful/focused learning where the student applies the theoretical knowledge to health care practice and develops the integrated knowledge and skills essential to a professional practitioner.
 - 2.5 The student takes an active role in achieving the learning outcomes whilst acknowledging the interests/rights of the patient/client.