

# Return to Midwifery Practice Courses

Requirements of An Bord Altranais



- Guidance to educators, midwifery managers and clinical staff involved in the provision of courses.



An Bord Altranais

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## Return to Midwifery Practice Courses

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# Return to Midwifery Practice Courses

- Guidance to educators, midwifery managers and clinical staff involved in the provision of courses.

## 1. Introduction:

An Bord Altranais is the statutory body responsible for the regulation of the practice of midwifery in Ireland. The primary purpose of regulation is the protection of the public by ensuring that competent registered practitioners provide midwifery care. The general concern of An Bord Altranais is the promotion of high standards of education, training and professional conduct among midwives.

Midwifery is a practice discipline and hence theory and practice are intrinsically linked. All midwives should be competent and confident practitioners of midwifery who have embraced a philosophy of life-long learning in order that they continue to deliver competent, responsive, women-centred and flexible midwifery care in a variety of clinical settings. Return to Midwifery Practice courses are provided to enable midwives returning to practice to update both their theoretical knowledge and their clinical skills so that they may become competent and confident providers of midwifery care.

The theoretical component of the course is required to allow participants to acquire the knowledge and understanding necessary to underpin clinical midwifery practice. The aim of clinical practice learning is to enable the midwife to develop the domains of competence and become safe, caring, competent decision makers willing to accept personal and professional accountability for midwifery practice that is based on the best available evidence.

## 2. Requirements of An Bord Altranais.

- a) Courses must be approved by An Bord Altranais prior to commencement. Schools of Midwifery/Third Level Institutions or other appropriate education providers, with their partnership healthcare institutions, must apply for approval of the course from An Bord Altranais. All course details, plus supporting documentation, must be submitted. The duration of approval of the programme will be specified by An Bord Altranais but will be no longer than five years. The duration of approval will be notified by An Bord Altranais to the providing institution.
- b) Any significant changes to the course must be notified to An Bord Altranais.
- c) The course must be developed and co-ordinated by a midwife tutor<sup>1</sup>.
- d) Midwifery subjects must be taught by registered midwives with appropriate clinical experience and teaching expertise.
- e) Clinical placements must take place in healthcare institutions approved by An Bord Altranais for the education of midwifery students.
- f) All clinical placements must be supported and supervised by registered midwives with clinical practice experience and educational preparation that will enable them to undertake the role. Such midwives should all have undertaken a 'preceptorship course' or equivalent.
- g) If educational institutions running Return to Midwifery Practice Courses wish to utilise clinical placement sites that are not currently approved by An Bord Altranais for the education of midwifery students, they must firstly seek the approval of the Board. Evidence to support their request must be provided. The educational institution is responsible for the audit of new placement sites as regards their suitability as clinical learning environments. Guidelines on the Key Points that may be considered when developing a Quality Clinical Learning Environment (An Bord Altranais, 2003) provides useful guidance in this regard.
- h) Participants on the course are supernumerary to normal midwifery staffing level for the duration of the course.
- i) Records of course content, clinical placements and attendance must be kept in respect of each participant on the course.
- j) An annual report must be submitted to An Bord Altranais by the providing institution.

<sup>1</sup>The term 'midwife tutor' denotes an individual who is both a Registered Midwife and a Registered Nurse Tutor.

### 3. Course participants:

a) Whilst An Bord Altranais currently does not have legal authority to insist upon it, An Bord Altranais strongly recommends that a registered midwife who is returning to practice after an absence of five years or more should complete a Return to Midwifery Practice Course prior to engaging in midwifery practice or being employed as a midwife. This is so that the midwife will have an opportunity to update her<sup>2</sup> knowledge and clinical skills in order that she is a competent provider of midwifery care. Both the Code of Professional Conduct for each Nurse and Midwife (An Bord Altranais, 2000a) and the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais, 2000b) emphasise the need for a midwife to be competent and accountable for her practice. It falls within the remit of employers to insist that a Return to Midwifery Practice Course be completed prior to employment.

Note: The participant must be on the Active Register maintained by An Bord Altranais prior to commencement of the course. This must be verified by the Course Co-ordinator:

- b) Midwives not currently registered with An Bord Altranais must firstly apply for registration. An Bord Altranais may, upon assessment of the application, direct that an individual must undertake a Return to Midwifery Practice Course, which may be followed by a specified period of adaptation and assessment as a pre-requisite to registration. Such direction will always be issued in writing by An Bord Altranais. Once such an individual has secured a place on a course;
- i) The institution running the course must confirm to An Bord Altranais that the applicant's place on the course has been agreed and the starting date and location of the course.
  - ii) The applicant will then have her name entered on the Candidate Register maintained by An Bord Altranais and will be issued with a certificate to this effect. The institution should verify that the course participant has received this certificate from An Bord Altranais and retain a copy for their records.
  - iii) The competency of the applicant should be assessed utilising the specific competency assessment documents supplied by An Bord Altranais.
  - iv) Upon completion of the course the Director of Midwifery in the hospital should confirm to An Bord Altranais that the applicant has met the Board's requirements and recommend/not recommend the applicant for registration.

### 4. Learning outcomes:

The purpose of the Return to Midwifery Practice Course is to ensure that the midwife is equipped with the knowledge and skills necessary to practise as a competent and professional midwife. The Return to Midwifery Practice Course should enable the participant to achieve the following five learning outcomes:

- Provide competent, safe midwifery care to women, their babies and, where possible, their wider family circle.
- Demonstrate respect for the individuality of each woman and support shared decision-making throughout the woman's childbirth experience.
- Promote and support lifestyle choices that enhance the health and wellbeing of women, their families and the wider community.
- Recognise the scope of midwifery practice, initiate appropriate referrals to other healthcare providers and provide emergency care when required.
- Take responsibility for maintaining a level of knowledge and clinical skills that is based on the best available evidence.

### 5. Course structure and duration.

The course should provide the participant with learning opportunities that will support the achievement of competence in clinical practice. The course may be delivered in a full-time or part-time mode. The minimum duration of the course shall be a minimum of six weeks<sup>3</sup> full time (twelve weeks part-time). The option of delivering the course as a full time or part time course is at the discretion of the course providers at local level.

<sup>2</sup>It is acknowledged that not all midwives are female, but for the sake of clarity the terms 'she' and 'her' will be used to refer to midwives throughout this document.

<sup>3</sup> 'Week' means the standard working week in hours being applied to midwives by an approved healthcare institution at the time of the course.

## **THEORETICAL COMPONENT.**

The theoretical component of the course shall be comprised of a minimum of one third of the course. Related clinical instruction, which may be based in a clinical skills laboratory and/or in the clinical area, may also be included in this part of the programme. The indicative content to be addressed during this time is set out in Section 6 of this document.

## **CLINICAL COMPONENT.**

This should be of a minimum of one half of the course and should be spent in clinical areas that have well established mechanisms for supporting learners. Placement in such areas facilitates support and assessment of the participant. The participant should be assigned a preceptor for the duration of each placement. The participant should work with a preceptor and/or other midwifery staff on a daily basis for the duration of the placement. This enables the participant to develop the requisite knowledge, skills, attitudes and behaviours necessary to demonstrate the achievement of competence.

Competence is defined as the ability of the registered midwife to practice safely and effectively fulfilling her professional responsibility within her scope of practice (An Bord Altranais, 2000). During the clinical component of the course, the competence of each participant should be assessed using the Competence Assessment Tool developed by An Bord Altranais (Appendix A).

It is recognised that individuals returning to midwifery practise after an absence of many years are likely to require additional support and supervised time in the clinical area in order to enable them to practice at a competent level. It should also be recognised that although individuals may have reached a level of competence in their clinical practice, they will continue to require clinical support to enable them to become confident providers of midwifery care. Completion of a Return to Midwifery Practice Course is not an end-point in itself but rather the beginning of an engagement in a process of continuing professional development. This may particularly be the case with individuals who completed a midwife registration education programme but never practised as a registered midwife. The clinical component of the Return to Midwifery Practice course may need to be extended for individual participants to facilitate the achievement of competencies and this can be negotiated at local level.

# **6. Indicative Content.**

## **THEORETICAL CONTENT.**

### **Midwifery knowledge base for clinical practice.**

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

### **Professional, Ethical and Legal Issues.**

- Role of the statutory and professional midwifery bodies/agencies.
- Life-long learning.
- The role of the midwife in the provision of maternity services.

- The scope of midwifery practice as defined by the profession, legislation and ethical codes and values.
- Cultural awareness in midwifery practice.
- Communicating and recording clinical midwifery practice.
- Effective professional relationships within the multidisciplinary team, to include primary care and community services.
- Clinical risk management.

#### **Research appreciation and evidence-based practice**

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

#### **Clinical skills content.**

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

## **7. Assessment of participants' competence.**

Attainment of competence in clinical practice should be assessed, in respect of each participant, using the Competence Assessment Tool (Appendix A).

Participants who are not seen to be developing towards a competent level of clinical practice should be identified to the Course Co-ordinator. The course participant should be informed of the concerns identified. Support and guidance should be offered and an action plan developed. Concerns about client or staff safety should be notified to the Director of Midwifery in the healthcare institution concerned. The duration of the course may need to be extended for such an individual. Ultimately, if the individual is already registered with An Bord Altranais, a decision may be taken to request An Bord Altranais to undertake an inquiry into the participant's fitness to practise. All concerns and action taken should be documented.

## **8. Entry Procedure.**

Application for entry to the course should be made directly to the institution responsible for co-ordination of the course. Institutions are responsible for publicising the course and the application process.

Once approved by An Bord Altranais, course details will be placed on the web-site of the Nursing Careers Centre ([www.nursingcareers.ie](http://www.nursingcareers.ie)) and in the Nursing/Midwifery Career Development booklet produced by Nursing Careers Centre in An Bord Altranais.

It is the responsibility of the institution co-ordinating the course to determine, in consultation with partnership healthcare institutions, any occupational health requirements that must be met by applicants prior to commencing the course.

## **9. Number of participants.**

The maximum number of participants on the course should be determined by the number of teaching staff available and the number of participants who can be adequately supported and supervised in the clinical area. Due consideration should be given to the number of other individuals who require support and supervision in the clinical area at the same time and the impact that may have on clients and staff. The minimum number of participants on the course is a decision to be taken at local level.

## 10. Financial support.

Financial support for individuals undertaking Return to Midwifery Practice Courses is provided through a funding agreement between the Health Service Executive and healthcare institutions.

## 11. Participant support.

It is recognised that participants on Return to Midwifery Practice Courses may have been out of midwifery practice for very many years. Whilst they have been developing life skills and possibly experience in other areas of employment, they require support and guidance during their return to midwifery practice. It is therefore in the interests of the participant, the profession, and clients that the return to practice is facilitated in a pro-active manner. Participants are expected to actively engage in the process of returning to midwifery practice. The guidance provided by An Bord Altranais (2003) on developing a quality clinical learning environment is as applicable in relation to course participants as it is in relation to midwifery students.

Participants should be provided with a course handbook containing all relevant information about the course, the institutions, the personnel and the assessment process. The handbook should set out the participants' roles and responsibilities in undertaking the course. A learning contract may be utilised to underpin this commitment.

A named midwife in the educational institution and in the healthcare institution should be identified for the purposes of participant information and support.

It is recommended that participants who have completed a Return to Midwifery Practice Course should continue to be supported in clinical practice in the weeks and months following completion of the course. The need for such support should be assessed on an individual basis.

## 12. Evaluation of the course.

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

Each educational institution providing Return to Midwifery Practice Courses must submit an annual report to An Bord Altranais in respect of the course. A template for this report is provided in Appendix B. The report should be submitted by the 1st February of each year.

At the completion of each course, participants should be issued with a certificate of attendance for the course.

## References:

Code of Professional Conduct for each Nurse and Midwife – An Bord Altranais, April 2000.

Scope of Nursing and Midwifery Practice Framework – An Bord Altranais, April 2000.

Guidelines on the Key Points that may be considered when Developing a Quality Clinical Learning Environment – An Bord Altranais, 1st Edition, April 2003.





# Appendix A

## COMPETENCE ASSESSMENT TOOL

### Competence Assessment Tool.

The Competence Assessment Tool is designed to allow for a transparent assessment process that is user-friendly. The focus is on facilitating learning opportunities that allow the midwife returning to practise to further develop independent learning skills and the performance criteria of competence associated with life long learning and continued professional development. Evidence of competence may be gathered by a number of methods including:

- **By direct observation** of the midwife's performance throughout the period of clinical placement.
- **By question and answer** sessions to assess underpinning knowledge.
- **By reflective discussions** between the midwife and the Preceptor regarding professional progress.
- **By testimony** from other key registered midwifery staff.
- **By product evidence**, e.g. documented midwifery care.
- **By learning log** evidence.

### Learning log

The use of a learning log during the period of clinical placement is recommended. The midwife returning to practise (hereafter known as the Return to Practice Midwife) may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence the Preceptor satisfies her/himself that the Return to Practice Midwife has achieved the learning outcomes and the learning log may assist the Preceptor in this endeavour. The log provides evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

### Tools to assist the assessment process

*Competence Assessment. Supporting a standard through interactive learning* (An Bord Altranais 2002) CD ROM will assist both Return to Practice Midwife and Preceptor with the assessment process. The e-learning package may also be accessed on <http://www.nursingboard.ie>

### Attendance

Full attendance of 100% is expected of the Return to Practice Midwife during the period of the course. However, 80% is the minimal attendance recommended before final assessment can be undertaken. Full shifts should be attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Midwife Manager or Preceptor and the Course Co-ordinator should be informed.

### Assessment meetings

To facilitate the assessment process it is recommended that formal meetings take place between the Preceptor and the Return to Practice Midwife. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

#### Initial meeting

- The initial meeting between the Return to Practice Midwife and the Preceptor takes place early in the first week of the period of clinical practice.

- The Competence Assessment Tool provides the framework for the discussion.
- The learning outcomes and the Domains of Competence are discussed in detail and opportunities for practice-based learning are identified.
- The Return to Practice Midwife and the Preceptor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet.

### **Intermediate meeting**

- The intermediate meeting between the Return to Practice Midwife and the Preceptor takes place at the mid-way point of the period of clinical practice. The decision as to when the intermediate meeting should be held is determined locally by the Preceptor in consultation with the Return to Practice Midwife.
- The progress of the Return to Practice Midwife is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor initialises each competency indicator under the column 'Progressing' or 'Not progressing'.
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- At the request of the Return to Practice Midwife or the Preceptor or in the event that the Return to Practice Midwife is not progressing in an identified area/s, a Verifier attends the meeting and the Course Co-ordinator is notified.
- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Return to Practice Midwife the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the Return to Practice Midwife, the Preceptor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
  1. Agreement on the part of the Return to Practice Midwife and the Preceptor as to the exact area/s where a problem/s are identified
  2. An agreed period of time for further supervised practice
  3. An agreed minimum contact time per week that the Preceptor and Return to Practice Midwife will practise together
  4. Specific details of how the problem area/s will be addressed in the clinical area
- A record of the meeting is made in the Intermediate Meeting Record Sheet.

### **Final meeting**

- The final meeting takes place during the final week of clinical placement.
- An 80% attendance record is required.
- If identified during the intermediate meeting that the Return to Practice Midwife was not progressing in certain competencies, sufficient attendance to determine that progress can be assessed is required before this final meeting takes place.
- The Return to Practice Midwife and the Preceptor attend the meeting.
- The Verifier attends if:
  - a) either the Return to Practice Midwife or the Preceptor or both requests his/her presence at the meeting
  - b) problems are identified during the intermediate meeting
  - c) the Return to Practice Midwife is deemed not competent

- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor initialises each competency indicator under the column 'Competent' or 'Not Competent'.
- If a Return to Practice Midwife is deemed not competent and a decision to extend the period of clinical practice and assessment is under consideration, this must be notified to and agreed by the Course Co-ordinator and the Director of Midwifery.
- A full review and further development of the learning contract and action plan will also be required at this point.
- A record of the meeting is made in the Final Meeting Record Sheet.

## **Management of assessment documentation**

The Return to Practice Midwife is responsible for managing her assessment documentation for the duration of the period of the course. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The Return to Practice Midwife holds the documentation throughout the period of clinical practice and returns all documentation to the Preceptor on completion of the period of clinical practice. The completed documentation is then held by the educational institution.

# Summary of Assessment Programme

## First week of the period of clinical practice/assessment

- Initial Meeting is held
- Return to Practice Midwife and Preceptor discuss and plan how the competencies are to be achieved.
- A learning contract is agreed

## During the period of clinical practice/assessment

- The Return to Practice Midwife works with Preceptor and /or other midwifery staff in the achievement of competencies.
- The Return to Practice midwife engages in Reflective Practice and records learning in learning log.
- The Return to Practice Midwife arranges the dates of intermediate and final meetings with the Preceptor.

## Mid-way during the period of clinical practice/assessment

- Intermediate meeting is held and Return to Practice Midwife is formally assessed
- Return to Practice Midwife, Preceptor and Verifier (if applicable) discuss progress to date and develop an action plan to promote achievement of competencies if applicable.

## Final week of the period of clinical practice/assessment

- Return to Practice Midwife, Preceptor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out and documentation is completed, signed and submitted to the Course Co-ordinator.

# Glossary of Terms

## Action Plan

An action plan is a plan drawn up by the Assessor, the Return to Practice Midwife and the Verifier to facilitate and monitor the achievement of competence. It is initiated if necessary at the intermediate meeting if problem areas are identified.

## Assessment

Determining the extent to which an individual reaches the desired level of competence in skill, knowledge, understanding or attitudes in relation to a specified goal. Assessment measures the integration and application of theory to client care learned throughout the programme, and requires the Return to Practice Midwife to demonstrate proficiency within practice through the achievement of learning outcomes.

## Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Midwife to practice safely and effectively, fulfilling her professional responsibility within her scope of practice.

## Domains of competence

They are broad categories that represent the functions of the Registered Midwife in contemporary practice.

## Indicators

Indicators provide evidence of competence.

## Learning Contract

A learning contract is a means of reconciling the learning needs of the Return to Practice midwife with the requirements for successful completion of the period of clinical practice. This is achieved through negotiation of learning needs and objectives. The focus is on the development of competence through achievement of the learning outcomes.

## Learning Outcome

A learning outcome is a statement of what a midwife is expected to know, understand or be able to do at the end of a period of learning. It includes an indication of the evidence required to show that the learning has been achieved.

## Learning Log

The learning log represents documented evidence of learning recorded by the Return to Practice Midwife in the form of a diary/journal. It facilitates assessment in the five Domains of Competence as outlined by An Bord Altranais.

## Performance Criteria

These are statements of selected actions or behaviours that identify how achievement of competence is demonstrated.

## Preceptor

A Preceptor is a Registered Midwife. He/she is responsible for orientating, supervising and assessing the Return to Practice Midwife and is prepared to guide and direct the Return to Practice midwife during the period of clinical practice. The role involves facilitating learning opportunities and assessing the competence of the Return to Practice Midwife on a continuing basis throughout the period of supervised practice. The Preceptor is an experienced midwife who acts as a role model and resource person for the Return to Practice Midwife assigned to him/her.

## Reflection

To enable practitioners to develop the skills required in practice, Schon (1991) advocates a model of professional learning, where professionals learn by reflecting within a practice environment. Essentially, reflection involves three key stages, awareness of an issue, analysis of knowledge and feelings, and identification and integration of new learning (Atkins and Murphy 1993). Reflection may be recorded in the diary/journal/learning log.

## Reflective Time

The time spent on reflection during the period of clinical practice. The amount of time spent engaging in reflective practice is determined by the need of the Return to Practice Midwife and is agreed with the preceptor. It takes place in the clinical area.

**Verifier**

The Verifier is an independent person who ensures that the assessment is conducted fairly. If difficulties arise during the period of clinical practice the Verifier is responsible for verifying the assessment process. The Verifier attends the intermediate and final meeting if requested to do so by the Return to Practice Midwife, the Preceptor or both. The Midwife Tutor or Clinical Midwife Manager is ideally experienced to verify the assessment process.

# Learning Outcomes

Learning outcomes are specific statements about what the midwife should have achieved by the end of the course. The purpose of the Return to Practice programme is to ensure that the midwife is equipped with the knowledge and skills necessary to practice as a competent and professional midwife.

<p><b>The period of clinical practice enables the Return to Practice Midwife to achieve these five learning outcomes:</b></p>	<p><b>Provide competent, safe midwifery care to women, their babies and , where possible, their wider family circle.</b></p>
	<p><b>Demonstrate respect for the individuality of each woman and support shared decision-making throughout the woman's childbirth experience.</b></p>
	<p><b>Promote and support lifestyle choices that enhance the health and wellbeing of women, their families and the wider community.</b></p>
	<p><b>Recognise the scope of midwifery practice, initiate appropriate referrals to other healthcare providers and provide emergency care when required.</b></p>
	<p><b>Take responsibility for maintaining a level of knowledge and clinical skills that is based on the best available evidence.</b></p>



# Return to Practice Midwife Details

## COMPETENCE ASSESSMENT TOOL

**EDUCATIONAL INSTITUTION**

**HEALTH CARE INSTITUTION**

**NAME OF PARTICIPANT**

**AN BORD ALTRANAIS PERSONNEL IDENTIFICATION NUMBER OR  
CANDIDATE REGISTRATION NUMBER**

**COMMENCEMENT DATE**

**COMPLETION DATE**

# Domains of Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Midwife to practice safely and effectively, fulfilling his/her professional responsibility within her scope of practice (An Bord Altranais 2000).

All five Domains of Competence represent the level the Return to Practice Midwife must reach on completion of the period of clinical practice. The aim is to ensure that the return to Practice Midwife acquires the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of midwifery. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within a complex and changing healthcare environment it is essential that the best available evidence inform practice. This is reflected in the competencies.

<b>The competencies encompass five Domains:</b>	<b>1. Professional / ethical midwifery practice.</b>
	<b>2. Holistic Midwifery Care.</b>
	<b>3. Interpersonal relationships.</b>
	<b>4. Organisation and co-ordination of midwifery care.</b>
	<b>5. Personal and professional development.</b>

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Return to Practice Midwife's clinical practice. Each domain consists of performance criteria and their relevant indicators.

A team and partnership approach will be applied when assessing the Return to Practice Midwife as the Preceptor will consult with colleagues in determining the Return to Practice Midwife's competence.

The Return to Practice Midwife is deemed to be either competent or not and where competence has not been achieved the midwife will be given opportunities to develop competence through an action plan. There are no ratings in the verification of competence.



# Domains of Competence

Domain 1. Professional / Ethical Midwifery Practice:		Intermediate Meeting		Final Meeting		Documented Evidence	
		Progressing	Not Progressing	Competent	Not Competent	YES	NO
		ASSESSORS INITIALS		ASSESSORS INITIALS			
I.1 Practices in accordance with legislation and professional guidelines affecting midwifery practice.	I.1.1	Fulfil the duty of care of midwifery practice in accordance with current legislation, the Code of Professional Conduct for each Nurse and Midwife and professional guidelines.					
	I.1.2	Integrates comprehensive knowledge of ethical principles in the provision of midwifery care.					
	I.1.3	Promotes privacy and confidentiality with respect to women and their families.					
	I.1.4	Demonstrates knowledge, understanding and critical evaluation of local policies, protocols and guidelines.					
	I.1.5	Responds appropriately to instances of unsafe or unprofessional practice.					
	I.1.6	Respects and supports the rights, beliefs and cultural practices of women and their families.					
I.2 Practice is underpinned by the distinct philosophy of midwifery	I.2.1	Demonstrates commitment to view pregnancy and childbirth as part of the life cycle, a normal healthy event.					
	I.2.2	Demonstrates commitment to providing women-centered maternity care.					
	I.2.3	Promotes autonomous midwifery practice.					
	I.2.4	Supports empowerment of women and their families and acts as an advocate where appropriate					

Key

I.1 = Performance Criteria    I.1.1 = Indicator

Domain I. Professional / Ethical Practice:		Intermediate Meeting		Final Meeting		Documented Evidence		
		Progressing	Not Progressing	Competent	Not Competent	YES	NO	
		ASSESSORS INITIALS		ASSESSORS INITIALS				
I.3 Practices within the limits of own competence and develops and maintains competence	I.3.1	Critically evaluates and bases practice on the best available evidence.						
	I.3.2	Accepts accountability for own professional practice, including own actions and omissions.						
	I.3.3	Determines own scope of practice utilizing the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework appropriately.						
	I.3.4	Evaluates own abilities and level of professional competence.						
	I.3.5	Takes appropriate action if delegated roles or responsibilities beyond own competence.						

<b>Key</b>	<b>I.I = Performance Criteria</b> I.I.I = Indicator
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Domain 2. Holistic Midwifery Care		Intermediate Meeting		Final Meeting		Documented Evidence		
		Progressing	Not Progressing	Competent	Not Competent	YES	NO	
		ASSESSORS INITIALS		ASSESSORS INITIALS				
2.1 Provides safe and effective midwifery care that encompasses the full range of activities of the midwife as set out in EU Directive 80/155/EEC and the Definition of the Midwife (ICM, 1990/FIGO, 1991/WHO, 1992).	2.1.1	Utilises the best available evidence to underpin holistic midwifery care.						
	2.1.2	Assesses and confirms the health and wellbeing of the woman throughout pregnancy and provides appropriate midwifery care.						
	2.1.3	Assesses and confirms the health and wellbeing of the woman throughout labour and birth and provides appropriate midwifery care.						
	2.1.4	Assesses and confirms the health and wellbeing of the woman throughout the puerperium and provides appropriate midwifery care.						
	2.1.5	Assesses and confirms the health and wellbeing of the woman's baby/babies and provides appropriate midwifery care						
	2.1.6	Recognises any condition during a woman's pregnancy, labour, birth and the puerperium that necessitates consultation with or referral to another midwife and/or health professional.						
	2.1.7	Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/or her baby/babies.						
	2.1.8	Provides midwifery care, when the health of a woman necessitates management by a medical practitioner, in partnership with other members of the healthcare team.						
	2.1.9	Provides midwifery care, when the health of a baby necessitates management by a medical practitioner, in partnership with other members of the healthcare team						
	2.1.10	Evaluates the outcomes of care provided and, in partnership with the woman, plans future care provision						

Key	I.1 = Performance Criteria	I.1.1 = Indicator
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Domain 2. Holistic Midwifery Care		Intermediate Meeting		Final Meeting		Documented Evidence	
		Progressing	Not Progressing	Competent	Not Competent	YES	NO
		ASSESSORS INITIALS		ASSESSORS INITIALS			
2.2 Works in partnership with the woman and her family throughout the maternity experience.	2.2.1 Utilises midwifery skills and knowledge that support the woman in achieving her potential throughout her pregnancy, labour, birth and the puerperium.						
	2.2.2 Actively facilitates informed choice by the woman throughout her maternity experience.						
	2.2.3 Participates with the woman, her family and the healthcare team in collaborative decision making.						
	2.2.4 Recognises and respects the role of the woman's family in her experience of pregnancy, labour, birth and puerperium.						

Key	I.I = Performance Criteria    I.I.I = Indicator
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Domain 3. Interpersonal Relationships:		Intermediate Meeting		Final Meeting		Documented Evidence	
		Progressing	Not Progressing	Competent	Not Competent	YES	NO
		ASSESSORS INITIALS		ASSESSORS INITIALS			
3.1 Communicates effectively with women and their families in one-to-one and group situations.	3.1.1 Reflects on the appropriateness and usefulness of personal communication techniques, taking into account the needs, context and culture of the individual woman, family or group.						
	3.1.2 Establishes and maintains caring interpersonal relationships with women and their families.						
	3.1.3 Facilitates women, their families and groups in the identification and communication of their needs.						
	3.1.4 Recognises and alleviates barriers to effective communication.						
	3.1.5 Demonstrates respect for diversity.						
3.2 Communicates effectively with other members of the healthcare team.	3.2.1 Demonstrates the ability to accurately present and share information with other members of the healthcare team and actively engage in collaborative decision-making.						
	3.2.2 Contributes in a constructively critical way to discussions with other members of the healthcare team.						
	3.2.3 Demonstrates the ability to record clinical practice in a clear, objective and accurate manner within a legal and ethical framework.						

Key	1.1 = Performance Criteria    1.1.1 = Indicator
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Domain 4. Organisation and Co-ordination of Midwifery Care:		Intermediate Meeting		Final Meeting		Documented Evidence	
		Progressing	Not Progressing	Competent	Not Competent	YES	NO
		ASSESSORS INITIALS		ASSESSORS INITIALS			
4.1 Effectively co-ordinates the midwifery care of women and their families	4.1.1 Selects and utilizes resources effectively and efficiently.						
	4.1.2 Utilises time management strategies to effectively plan and prioritise own workload and works on own initiative.						
	4.1.3 Adheres to the Scope of Nursing and Midwifery Practice Framework (An Bord Altranais, 2000) with regard to delegation.						
	4.1.4 Demonstrates the ability to work as a member of a team.						
4.2 Supports the development and delivery of effective care for women and their families.	4.2.1 Actively promotes continuity of care for women through pregnancy, labour, birth and the puerperium.						
	4.2.2 Evaluates the provision of maternity care to women, their families and communities.						
	4.2.3 Actively participates in initiatives to improve the quality, safety, accessibility and women-centeredness or maternity care.						
	4.2.4 Actively supports and participates in quality initiatives.						
	4.2.5 Integrates the principles of clinical risk management and health and safety into own practice.						

Key	I.1 = Performance Criteria    I.1.1 = Indicator
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Domain 5. Personal and Professional Development:		Intermediate Meeting		Final Meeting		Documented Evidence	
		Progressing	Not Progressing	Competent	Not Competent	YES	NO
		ASSESSORS INITIALS		ASSESSORS INITIALS			
<b>5.1 Acts to enhance the personal and professional development of self and other</b>	5.1.1 Identifies and utilizes potential resources to facilitate life-long learning.						
	5.1.2 Demonstrates a commitment to on-going professional education and life-long learning in order to be a midwife.						
	5.1.3. Displays awareness of the unique professional identify and role of the midwife.						
	5.1.4 Engages in collaborative review of clinical practice.						
	5.1.5 Demonstrates the ability to reflect on and improve midwifery practice.						
	5.1.6 Acts to support and promote the development of a quality clinical learning environment.						
	5.1.7 Contributes to the learning experience of colleagues through support, supervision and teaching.						
	5.1.8 Educates and supports women, their families and the wider community to maintain and promote health.						

<b>Key</b>	<b>1.1 = Performance Criteria</b> 1.1.1 = Indicator
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# Appendix B

## ANNUAL REPORT - RETURN TO MIDWIFERY PRACTICE COURSES

### The Annual Report should contain the following information:

- Name of Educational institution.
- Name of Healthcare institution(s)
- Details of courses planned, but not held.

#### In respect of each course:

- Commencement date.
- Number who commenced the course.
- Number who completed the course.
- Number who did not complete the course.
- Attach list with the following information:
  - a) Name of participants.
  - b) An Bord Altranais PIN of participants or Candidate Registration No.
  - c) Duration of course for individual participant/Full-time or part-time.
  - d) If participant did not complete the course, the reason for this decision.
- Attach a copy of the course evaluation report for each cohort.
- Number and dates of courses planned for current year.
- Name of Course Co-ordinator.

The annual report should be sent to the **Education Department, An Bord Altranais, 31/32 Fitzwilliam Square, Dublin 2.**

## Notes





An Bord Altranais

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