

# Requirements and Standards for the Midwife Registration Education Programme

Third Edition



An tOird Aicrannais

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# Contents

<b>Preface</b>	3
<b>Introduction</b>	5
<b>Section 1: The Nurses Rules and the European Union Directives</b>	7
1.1 Nurses Rules, 2004	8
1.2 European Union Directives on Midwifery	11
<b>Section 2: Requirements for the Midwife Registration Education Programme</b>	13
2.1 A philosophy of midwifery	14
2.2 Learning outcomes	14
2.3 Competencies for Entry to the Midwives Division of the Register	15
2.4 Midwife Registration Education Programme	20
2.4.1 Syllabus/Indicative content	20
2.4.2 Theoretical and clinical requirements	25
<b>Appendix A</b>	
EU Directive 89/594/EEC - Minimum Clinical Practice Experience	27
<b>Section 3: Standards for the Approval of Educational Programmes leading to Registration as a Midwife and for the Approval of Educational Institutions and Healthcare Institutions</b>	29
<b>Appendix B</b>	
Supernumerary Status	38
<b>References</b>	39

This document sets out the requirements and standards for all midwife registration education programmes, with the following exception:

- The syllabus/indicative content and theoretical and clinical requirements for the post-RGN programme are as set out in the 2nd Edition of the Requirements and Standards for the Midwife Registration Education Programmes (February 2000).



# Preface

An Bord Altranais, the statutory regulatory body for midwives, has a remit to promote high standards of professional education and professional conduct among midwives thus promoting protection of the public.

An Bord Altranais endorses the definition of a midwife as adopted and amended by the International Confederation of Midwives in 2005.

The definition of a midwife states that

"A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise 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 task 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 the 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 gone through a period of change and it is expected that this will continue in the coming years. This is to be welcomed. These changes were influenced by a number of factors. Following the establishment of nurse registration education programmes within third level institutions, Schools of Midwifery began to establish links with third level institutions in 1995. Currently, all Schools of Midwifery offer midwife registration education programmes for individuals who are already registered general nurses in partnership with a linked third level institution. Following successful completion of the two-year programme, students are eligible for registration as midwives with An Bord Altranais and are awarded a Higher Diploma/Post-Graduate Diploma in Midwifery from the third level institution.

The Report of the Commission on Nursing (Government of Ireland, 1998) made a number of recommendations related to midwifery education that have been implemented. The theoretical component of the post-RGN midwife registration education programme was increased from thirteen to twenty-six weeks in the year 2000. This brought it more in line with the theoretical content of programmes in other European Union member states.

In September 2004 the Minister for Health and Children set up an Expert Group on Midwifery and Children's Nursing Education. The primary objective of the Expert Group was to develop a comprehensive strategy for the future of midwifery and children's nursing education. All key stakeholders, including An Bord Altranais, were represented on the Expert Group. The Report of the Expert Group was presented to the Minister in December 2004 (Department of Health and Children, 2004). The Report made fifty-one recommendations regarding midwifery and children's nursing education.

Recommendation No. 34 recommended that "... the post registration midwifery programme be changed to one of eighteen months duration ..." (p 13). An implementation group will be set up by the Department of Health and Children early in 2006 to consider this recommendation and other related matters. Until such time as this group concludes its deliberations, the 2nd Edition of *Requirements and Standards for the Midwife Registration Education Programme* (February 2000) remains in force for post-RGN midwife registration education programmes.

A pilot programme of direct entry midwife registration education commenced in June 2000 and was completed in May 2003. This was a three-year registration diploma programme. Following the evaluation and review of this programme, and taking into consideration the recommendation of the Report of the Commission on Nursing (Government of Ireland, 1998), pre-registration midwife education will be developed and offered as a four-year degree programme. From Autumn 2006, it will be offered by six third level institutions in partnership with seven healthcare institutions.

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. The increasing multicultural nature of Irish society must be addressed within the midwife registration education programmes if midwives are to be equipped with the knowledge and skills needed to meet the needs of women and their families in an individualised, culturally sensitive manner.

It is also a time of very significant changes in the health service. Quality and Fairness - A Health System for You, (Department of Health and Children, 2001a), Primary Care – a New Direction (Department of Health and Children, 2001b) and subsequent policy documents and reports set out the agenda for those changes. In particular, the role of both nurses and midwives in the community is being explored and developed as an integral part of making the health service more responsive to the needs of the population and promoting individual, family and community health and well-being. Specific changes in the provision of maternity services, including the setting up of midwife-led units and the expansion of community based midwife-led services, are providing midwives with new opportunities to develop their role within the Irish health services. Midwives must be educated to meet the challenges of the 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, safe and accountable (Department of Health and Children, 2001a, p84).

The developments in midwifery education happen within a complex legal environment. The role and responsibilities of An Bord Altranais are set out in the Nurses Act, 1985. As recommended by the Report of the Commission on Nursing (1998), significant revisions to the Act are currently being undertaken and are expected to be enacted in 2006. The third level institutions of the National University of Ireland, the University of Dublin and the University of Limerick are regulated by the Universities Act, 1997. Also of relevance is the Qualifications (Education and Training) Act, 1999, which provides the legislative framework for a national education policy of quality assurance, openness and life-long learning.

In order to further the development of high quality, responsive midwife registration education programmes, An Bord Altranais operates in partnership with educational institutions and healthcare institutions. An Bord Altranais is committed to developing these partnerships in a spirit of consultation and co-operation. However, An Bord Altranais is obligated by the Nurses Act, 1985 and Rules made pursuant to that Act, to approve and have a monitoring role in relation to the standards of midwife registration education programmes offered in Ireland. This document sets out, in detail, the requirements and standards that must be met in relation to approval and delivery of midwife registration education programmes.

In the context of developing midwifery education, An Bord Altranais supports the concept of inter-professional education so that social care and health professionals can learn about and respect each other's roles. The interests of no single professional group should dominate inter-professional education initiatives and such education initiatives should be planned in a collaborative manner. Inter-professional education as part of midwife registration education programmes should occur in a way that does not compromise the development of professional identity as a midwife. It should respect the boundary knowledge that contributes to the unique perspective and practice of the midwife.

Revision of the requirements and standards for the 3rd edition has been informed by international developments in midwifery education, changes in Irish society and the Irish healthcare system, review of the current midwife registration education programmes, review of the pilot direct entry midwifery programme and consultation with key stakeholders.

All pre-registration midwife registration education programmes commencing on or after the **1st September, 2006** must adhere to the requirements and standards as set out in *Requirements and Standards for the Midwife Registration Education Programmes, 3rd Edition* (An Bord Altranais, 2005) and must be approved by An Bord Altranais prior to commencement.

# Introduction

This document sets out the requirements and standards that must be met in relation to midwife registration education programmes. Its purpose is to provide guidance to educational institutions and healthcare institutions involved in the education of midwives in relation to the development, delivery and evaluation of midwife registration education programmes. It is expected that educational institutions and healthcare institutions operate in a spirit of partnership in relation to the development of programmes.

The aim of all those involved in the development of programmes is that students who complete midwife registration education programmes are, at the point of registration, competent and confident practitioners of midwifery who have embraced a philosophy of life-long learning in order that they continue to deliver competent, responsive and flexible midwifery care in a variety of clinical settings. The development of a strong sense of professional identity as a midwife, a commitment to high standards of professional practice, underpinned by a philosophy of midwifery, and a commitment to life-long learning 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 Rules, 2004 and the European Directives on Midwifery.

Section 2 sets out the requirements for pre-registration midwife registration education programmes.

Section 3 sets out the standards that must be met in order for approval of educational programmes leading to registration and approval of institutions involved in the delivery of such programmes.

*Please note:*

Within this document:

- The use of the word 'woman' should be taken to include her fetus/baby where appropriate.
- The use of the word 'family' refers to any significant others, identified by the woman, and not necessarily blood relatives.
- It is acknowledged that not all midwives are female but for the sake of clarity, the terms 'she' and 'her' are used to refer to midwives.





**SECTION 1**

# **Nurses Rules and European Union Directives**



An tOird Altranais

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# Section 1: Nurses Rules and European Union Directives

This sets out the relevant Rules of the Nurses Rules, 2004 and the relevant sections of the European Union Directives on Midwifery, for the guidance of the third level institutions and healthcare institutions involved in the provision of midwife registration education programmes. These Rules and the European Union Directives on Midwifery guide and inform the development of this document.

## 1.1 Nurses Rules, 2004

Extracts from the Nurses Rules, 2004.

### Part I. Rule 2 Interpretation

#### 2 Interpretation

2.1 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 or the Nursing Board established by the Act;

"candidate" means a person whose name has been entered on the Candidate Register as provided for in Rule 10;

"Chief Executive Officer" means the person who is for the time being acting as Chief Executive Officer of the Board and includes any person duly authorised to act and acting on his/her behalf;

"Member State" means a state, other than this State, which is a member of the European Union;

"midwife" means a person whose name is entered in the Midwives Division of the Register;

"the Minister" means the Minister for Health and Children;

"nurse" means a person whose name is entered in the Register and includes a midwife and "nursing" includes midwifery;

"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 Children's Nurse" or

"Registered Nurse Intellectual Disability" 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;

## Part III. Requirements and Standards

### Rule 4.1

- 4.1 The Board shall stipulate requirements and standards in respect of each education and training programme referred to in Rule 5 of these Rules containing details, including minimum duration, of theoretical and clinical instruction required to be undertaken by each candidate for satisfactory completion of such programme.

## Part IV. Education and Training Programmes

### Rule 5.7.

#### Education and Training Programmes leading to Registration

- 5.7 Subject to Rule 6 of these Rules, the education and training required for admission to the Midwives Division of the Register shall be in accordance with the requirements and standards set out by the Board for that purpose, in accordance with a curriculum approved by the Board and carried out in educational institution(s) and hospital(s) approved by the Board for that purpose.

### Rules 6.1 – 6.3.

#### Minimum requirements for Admission to Education and Training Programmes leading to Registration in the Register of Nurses

- 6.1 Before admission to a course leading to Registration in the Register of Nurses the applicant must:
- (a) have obtained in the Leaving Certificate Examination a minimum grade of C3 in two higher level papers and a minimum grade of D3 in four ordinary or higher level papers in the following subjects:
    - (i) Irish or English
    - (ii) Mathematics
    - (iii) A Laboratory Science Subject (Biology, Physics, Chemistry, Physics & Chemistry or Agricultural Science)
    - (iv) Three other subjects, or
  - (b) have achieved the equivalent minimum educational attainments to the foregoing, such equivalent attainments to be adjudicated upon by the Higher Education Authority established under the Higher Education Act, 1971 (No. 22 of 1971), or
  - (c) meet the minimum educational requirement specified by the third level institution concerned for entry to the course provided that such requirements are not of a lower standard than those set out in sub-paragraph (a) above, or
  - (d) in the case of an applicant who is 23 years of age or over on the first day of January of the year of application, satisfy the Board in such manner as may be determined by it of his or her suitability to undertake the course.
- 6.2 The minimum educational requirements referred to in the foregoing paragraph may be accumulated over any number of sittings of the Leaving Certificate Examination or an equivalent examination.

### Rules 7.1 – 7.4.

#### Approval of Healthcare Institutions and Educational Institutions for Education Purposes

- 7.1 An educational institution or hospital proposing to provide a programme of education and training leading to registration in any Division of the Register shall apply to the Board for approval and in this regard shall supply to the Board full details of how it is proposed to implement the said programme. Such details shall include
- a full description of its education facilities,
  - the amount of experience each nurse undertaking the education and training programme is assured,
  - details of education to be provided in other hospitals, institutions, or community services,
  - particulars of teachers and lecturers including their qualifications,
  - details of educational facilities available at all centres where education will take place,
  - evidence of systematic arrangements whereby the attendance of each nurse undertaking the education and training programme as required under the Board's requirements and standards for such education is assured.

- 7.2 Before granting approval to an educational institution or hospital, the Board shall satisfy itself both in regard to the educational institution or hospital and its associated bodies in which education is to be carried out
- (a) that an adequate quantity and quality of clinical practice experience is available;
  - (b) that the educational facilities for the nurses undertaking the education programme are adequate;
  - (c) that the number of teaching staff and lecturers and their qualifications are adequate;
  - (d) that the practice of nursing is of such a standard as to satisfy the Board;
  - (e) that the accommodation is of a satisfactory standard.
- 7.3 Before an educational institution or hospital is granted approval, it will be visited and reviewed by representatives of the Board.
- 7.4 The Head of the Department/School of Nursing and Midwifery in the educational institution and/or the Director of Nursing or Chief Nursing Officer in the hospital shall supply to the Board such details, as may be required by the Board, of any person undertaking the education and training programme.

#### **Rule 9.**

##### **Assessments - Registration (Midwives)**

- 9.1 Notwithstanding the provisions of Rule 5, the Board will make provision with an educational institution or hospital, to carry out written assessments of knowledge attainment and assessments of competency in clinical midwifery skills throughout the education and training programme 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 an educational institution or hospital for the purpose of establishing competency in clinical midwifery skills,
  - (b) the Board must be satisfied, by adherence to the attached Schedule B, that the assessments to be held by any educational institution or hospital are adequate and suitable to examine the theoretical content of the Syllabus stipulated by the Board in accordance with the requirements for admission to the Midwives Division of the Register, and
  - (c) each educational institution or hospital with which the Board makes such provision shall be approved by the Board in accordance with Section 34 of the Nurses Act, 1985.

#### **Rule 9.**

##### **Schedule B**

- (a) Each educational institution and hospital must submit to An Bord Altranais a curriculum for approval by a committee appointed by An Bord Altranais for that purpose. This curriculum must, inter alia, specify the structure, process and outcome of the programme, methods of assessment, examination, teaching strategies and appeals systems. Proposed sites for clinical placements must also be submitted for approval.
- (b) Annual reports on the delivery of programmes, in the format specified in the appropriate requirements and standards document, must be submitted to An Bord Altranais by the educational institution and hospital.
- (c) An Bord Altranais will review programmes approved by it at least every five years.
- (d) Each educational institution and hospital 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.

#### **Part IV. Candidate Register Rules 10.1 - 10.8.**

- 10.1 The Board shall establish and maintain a register of candidates, to be known as the Candidate Register, in which the name of every such candidate, admitted to an approved programme of education and training leading to registration in the appropriate Division of the Register, shall be entered.

- 10.2 Not later than thirty days after the commencement of the programme, a candidate shall apply to the Board on the appropriate form to have her/his name entered in the Candidate Register.
- 10.3 The student's programme of education and training shall be taken to have commenced on the date certified in the appropriate form by a designated person in the approved educational institution.
- 10.4 The Candidate Register shall show in respect of each candidate registered the following particulars:-
- (a) a personal identification number which will be assigned to each candidate
  - (b) full names
  - (c) gender and date of birth
  - (d) address
  - (e) dates of commencement of and cessation of the programme
  - (f) name of approved institution and the title and duration of the programme
- 10.5 Each candidate whose name is entered in the Candidate Register shall be issued with a student card bearing her/his personal identification number, the title of the programme for which she/he is registered and the date of commencement of the programme together with a copy of the appropriate requirements and standards for such programme.
- 10.6 A candidate shall apply to have her/his name entered separately in the Candidate Register for each registration course undertaken.
- 10.7 The designated person referred to in 10.3 above shall inform the Board when a candidate ceases to be a participant before the completion of the programme and the reason therefor.
- 10.8 Any change in the name or address of a candidate shall be notified to the Board by the candidate.

## 1.2 European Union Directives on Midwifery

The principal relevant Directives, which form part of a group called 'The Sectoral Directives', are as follows:

**80/154/EEC.** Council Directive of 21 January 1980 concerning the mutual recognition of diplomas, certificates and other evidence of formal qualifications in midwifery and including measures to facilitate the effective exercise of the right of establishment and freedom to provide services.

**80/155/EEC.** Council Directive of 21 January 1980 concerning the co-ordination of provisions laid down by law, regulation or administrative action relating to the taking up and pursuit of the activities of midwives. This Directive includes minimum requirements in relation to the entry requirements, length and content of midwife registration education programmes. It also sets out what midwives are entitled by law to do.

EU Directive 80/155/EEC states that:

"Member states shall ensure that midwives are at least entitled to take up and pursue the following activities:

1. to provide sound family planning information and advice;
2. to diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies;
3. to prescribe or advise on the examinations necessary for earliest possible diagnosis of pregnancies at risk;
4. to provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition;

5. to care for and assist the mother during labour and to monitor the condition of the fetus in utero by the appropriate clinical and technical means;
6. to conduct spontaneous deliveries including where required, an episiotomy and in urgent cases a breech delivery;
7. to recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measure in the doctor's absence, in particular the manual removal of placenta, possibly followed by manual examination of the uterus;
8. to examine and care for the newborn infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation;
9. to care for and monitor the progress of the mother in the postnatal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the newborn infant;
10. to carry out the treatment prescribed by a doctor;
11. to maintain all necessary records."

**89/594/EEC.** Council Directive of 30 October 1989. This amended eight different Directives including 80/154/EEC and 80/155/EEC. In relation to midwife registration education programmes the only change was in the wording of Part B of the Annex to Directive 80/155/EEC, which relates to the clinical practice experience that students undertake.

**SECTION 2**

**Requirements for the  
Pre-Registration Midwife  
Registration Education  
Programme**



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# Section 2:

## Requirements for the Pre-Registration Midwife Registration Education Programme

### 2.1 A Philosophy of Midwifery

Midwife registration education programmes should be developed in a way that reflects and has due regard for the philosophy of midwifery outlined by An Bord Altranais (Section 2, Guidelines for Midwives, September 2001). This states that "Midwifery practice is underpinned by values that guide the way in which midwives deliver care. An Bord Altranais considers that the following values should underpin midwifery practice and provide the basis for the formulation of a philosophy of midwifery:

1. Childbirth is viewed as part of the life cycle, a normal healthy event.
2. The focus of midwifery practice is pregnant women and their families and delivering women-centred maternity services.
3. Midwifery care is delivered in a manner that respects the uniqueness and dignity of each person, regardless of culture and religion.
4. The concept of partnership between the woman and the midwife is fundamental to midwifery practice. It is based on mutual trust, support and collaboration, which facilitates informed choice and decision-making and the empowerment of both the woman and the midwife.
5. Decisions about an individual midwife's scope of practice should always be made with the woman's and her family's best interests foremost and in the interest of promoting and maintaining best quality maternity services for women and their families.
6. Midwifery practice is based on the best available evidence.
7. Midwifery practice involves advocacy for the individual woman and her family.
8. Midwifery practice should always be based on principles of professional conduct as outlined in the latest version of *The Code of Professional Conduct for each Nurse and Midwife* and the *Guidelines for Midwives* produced by An Bord Altranais".

### 2.2 Learning Outcomes

The purpose of the registration education programmes is to equip individuals with the necessary knowledge and skills to practice as a competent midwife capable of autonomously carrying out all of the activities of a midwife as set out in EU Directive 80/155/EEC and in the definition of a midwife (ICM, 2005).

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

- 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.

## 2.3 Competencies for Entry to the Midwives Division of the Register

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

All five Domains of Competence represent the level the midwifery student must reach on completion of the education programme for entry to the Midwives Division of the Register maintained by An Bord Altranais. The aim is to ensure that students acquire the skills of critical analysis, problem-solving, decision-making and reflective skills and abilities 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. Within complex and changing healthcare environments, it is essential that practice is based on the best available evidence.

The competencies encompass five Domains:

1. Professional/Ethical Midwifery Practice.
2. Holistic Midwifery Care.
3. Interpersonal Relationships.
4. Organisation and Co-ordination of Midwifery Care.
5. Personal and Professional Development.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of students' clinical practice. Each domain consists of performance criteria and relevant indicators. For each indicator, critical elements may be further developed at local level by the third level institutions and healthcare institutions.

A partnership approach should be applied when assessing a midwifery student. The assessor will consult with professional colleagues in determining a student's competence. The third level institutions and healthcare institutions will agree in relation to the assessment process. In assessing midwifery students regarding suitability for registration, midwifery students are deemed to be either competent or not competent. There are no ratings in the verification of competence for registration purposes. When competence has not been achieved, a student of midwifery will be given a fair and just opportunity, within clearly defined parameters set out in the programme documents approved by An Bord Altranais, to develop competence. The achievement of competence is required for registration as a midwife.

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### **Glossary of Terms:**

Domains: These are defined as broad categories that represent the functions of the Registered Midwife in contemporary practice (An Bord Altranais, 2003).

Performance criteria: These are statements of selected actions or behaviours that identify how achievement of competence is demonstrated (Glover, 1999).

Indicators: Indicators provide evidence of competence. They may be further sub-divided into critical elements.

Critical Elements: They are defined as the set of single, discrete, observable behaviours that are mandatory for the designated skill at the target level of practice (An Bord Altranais, 2003).

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## Domain 1. Professional/Ethical Midwifery Practice

Performance Criteria:	Indicators:
1.1. Practices in accordance with legislation and professional guidelines affecting midwifery practice.	<p>1.1.1 Fulfils the duty of care of midwifery practice in accordance with current legislation, the <i>Code of Professional Conduct for each Nurse and Midwife</i> and professional guidelines.</p> <p>1.1.2 Integrates comprehensive knowledge of ethical principles in the provision of midwifery care.</p> <p>1.1.3 Promotes privacy and confidentiality with respect to women and their families.</p> <p>1.1.4 Demonstrates knowledge, understanding and critical evaluation of local policies, protocols and guidelines.</p> <p>1.1.5 Responds appropriately to instances of unsafe or unprofessional practice.</p> <p>1.1.6 Respects and supports the rights, beliefs and cultural practices of women and their families.</p>
1.2. Practice is underpinned by the distinct philosophy of midwifery.	<p>1.2.1 Demonstrates commitment to view pregnancy and childbirth as part of the life cycle, a normal healthy event.</p> <p>1.2.2 Demonstrates commitment to providing women-centered maternity care.</p> <p>1.2.3 Promotes autonomous midwifery practice.</p> <p>1.2.4 Supports empowerment of women and their families and acts as an advocate where appropriate.</p>
1.3. Practices within the limits of own competence and develops and maintains competence.	<p>1.3.1 Critically evaluates and bases practice on the best available evidence.</p> <p>1.3.2 Accepts accountability for own professional practice, including own actions and omissions.</p> <p>1.3.3 Determines own scope of practice utilising the principles for determining scope of practice in the <i>Scope of Nursing and Midwifery Practice Framework</i> appropriately.</p> <p>1.3.4 Evaluates own abilities and level of professional competence.</p> <p>1.3.5 Takes appropriate action if delegated roles or responsibilities beyond own competence.</p>

## Domain 2. Holistic Midwifery Care

Performance Criteria:	Indicators:
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, 2005).	<p>2.1.1 Utilises the best available evidence to underpin holistic midwifery care.</p> <p>2.1.2 Assesses and confirms the health and wellbeing of the woman throughout pregnancy and provides appropriate midwifery care.</p>

- 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.

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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.

### Domain 3. Interpersonal Relationships

#### Performance Criteria:

#### Indicators:

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.

**Performance Criteria:**

**Indicators:**

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.

## Domain 4. Organisation and co-ordination of midwifery care

**Performance Criteria:**

**Indicators:**

4.1. Effectively co-ordinates the midwifery care of women and their families.

- 4.1.1 Selects and utilises 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* 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 of 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.

## Domain 5. Personal and Professional Development

**Performance Criteria:**

**Indicators:**

5.1. Acts to enhance the personal and professional development of self and others.

- 5.1.1 Identifies and utilises 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 identity 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.

## 2.4 Pre-registration Midwife Registration Education Programme

### 2.4.1 Syllabus/ Indicative Content

Students may enter this 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 flexible in order to be responsive to these changes so that midwives are prepared for contemporary practice. The sections into which the indicative content is organised does not mean that the programme must be organised in a particular way or that any particular topic must be given a particular weighting within the programme.

#### **Knowledge base for midwifery practice:**

##### ***Biological sciences - General:***

- Biological systems necessary for health and well-being.
- Anatomical and physiological systems necessary for health and well-being.
- Microbiology and infection control.

##### ***Biological sciences - Specific:***

- Biological, anatomical and physiological adaptations during pregnancy, labour, birth, lactation and the postnatal period.
- Genetics. Fertilisation. Embryology. Factors supporting and influencing normal growth and development. Adaptation to extra-uterine life.
- Assisted reproduction.
- The effect of pathological processes on normal human structure and functions. (Gynaecological pathological processes must be included).

##### ***Psychology:***

- The normal psychological development of the person.
- Behavioural psychology.
- Social psychology.
- Stress, coping and adaptation.
- Psychological adaptation during pregnancy, labour, birth and the puerperium.
- Sexuality, sexual development and reproductive health.
- Pregnancy, childbirth and parenthood as significant life events.
- Parent/baby attachment.

##### ***Pharmacology:***

- Pharmacology – pharmaceuticals, pharmacodynamics, pharmacokinetics, pharmacotherapeutics.
- Medication management.
- Legislative framework underpinning medication management.
- Risk management in medication management.

- Medication management as applied to midwifery practice.
- The use and effects of medicinal products on women pre-conceptually; during pregnancy, labour and birth; in the puerperium; during lactation; on neonates; and for control of fertility.
- The use of blood and blood products.

### **Non-pharmaceutical approaches to symptom relief**

- Use of complementary therapies in midwifery practice.
- Use of alternative methods of pain relief.

### **Research**

- Sources of midwifery knowledge.
- Evidence-based practice –evaluating the evidence.
- The research process.
- Research methodologies.
- Ethical considerations in research in maternity care settings.
- Critical analysis of research findings and their application to midwifery practice.

### **Midwifery practice - knowledge and skills**

- Key concepts in midwifery care – supporting, holism, normality, individualisation, partnership, informed choice, advocacy and woman-centred care.
- Knowledge and skills to maximise the safety of women and their babies, colleagues and self.
- Knowledge and skills to provide appropriate advice regarding fertility awareness, fertility regulation and pre-conception care.
- Knowledge and skills to confirm pregnancy.
- Knowledge and skills to assess, plan, implement and evaluate midwifery care provided to women experiencing normal pregnancy, labour, birth and puerperium in hospital, community and home care settings.
- 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 and the puerperium.
- Knowledge and skills necessary to prevent, detect and manage obstetric and neonatal emergencies.
- Understanding of the scope of midwifery practice and the need for consultation with other members of the health and social care team.
- Knowledge and skills necessary to educate women on the importance of breastfeeding and to support and assist women in successfully breastfeeding their babies.
- Knowledge and skills to assess, plan, implement and evaluate care for healthy and sick or small newborn babies in partnership with their mother/parents.
- Identification and provision of midwifery care, where appropriate in collaboration with other healthcare professionals, for women with particular social, physical, emotional, intellectual, educational and healthcare needs.
- Knowledge and skills to educate women, their families and society about pregnancy, childbirth and parenting.
- Knowledge and skills to assess, plan, implement and evaluate midwifery care for women and their families who experience grief and loss during pregnancy, childbirth or the postnatal period. This should include the care of women whose baby is likely to have a physical or intellectual disability and care of women relinquishing their babies for adoption.



- Culturally sensitive midwifery care.
- Reflection in and on midwifery care.

### **Health promotion:**

- Differing concepts of health.
- The concepts of health promotion and public health.
- Socio-economic, political, ethnic/race, cultural, gender and environmental factors effecting health.
- A global perspective on maternal and child health.
- Strategies for promoting and achieving health at international, national, community and individual level.
- Teaching and learning strategies in health promotion.
- The role of the midwife in health promotion.
- Promoting maternal, child and community health – current issues, to include nutrition, breastfeeding promotion, metabolic screening, immunisations, sudden infant death syndrome, smoking cessation, alcohol and drug awareness, mental health, sexual health, HIV and hepatitis screening, continence, breast and cervical cancer screening.

### **Sociology and midwifery practice:**

- Fundamental sociological concepts.
- The nature of society.
- 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.
- The relevance of sociology to healthcare.
- Inequalities in health.
- Economic, cultural, ethnic/race, gender, power and control issues within society.
- Domestic and sexual violence.
- Pregnancy, childbirth, breastfeeding and parenthood – a sociological perspective.
- The social model vis-à-vis the medical model of childbirth.
- The socialisation of midwives.

### **Communication and interpersonal skills:**

- Interpersonal and communication skills.
- The impact of personal beliefs, values and attitudes on interactions with others.
- Establishing effective partnerships with women and their families.
- Establishing effective inter-professional working relationships with other members of the health and social care team and with voluntary groups.
- Communicating across cultures. The possible effects of ethnocentrism
- Communicating and recording clinical practice.
- Information and communication systems.
- Teaching individuals and groups.

### **The provision of maternal and social care services in Ireland:**

- Structure and provision of healthcare and social services in Ireland.
- Structure and provision of maternity care in Ireland – past and present.
- Structure and provision of maternity care – international perspective.
- Child protection.
- Social policy and its effect on healthcare provision.
- The politics of maternity care.
- The politics of breastfeeding.
- The economics of healthcare provision.
- The future development of health and social services in Ireland.
- Primary health care.
- The development of maternity services in Ireland – issues of woman-centred care, quality, equity, accessibility, accountability, and safety.
- Models of midwifery-led care.
- Inter-professional collaboration in maternity care.

### **Professional, personal, ethical and legal issues:**

- The development of midwifery as a profession including historical, gender and power, political, social, economic and international influences.
- Professional identity as a midwife.
- Role and functions of An Bord Altranais.
- Role and functions of other statutory and professional bodies.
- Professional conduct and accountability.
- Scope of midwifery practice.
- Self-directed learning skills, clinical reasoning/problem solving skills, decision-making skills as the foundation for maintaining competence, continuing professional development and career development.
- Facilitating student learning.
- Self-awareness and development of individual coping skills.
- Conflict resolution.
- Professional and personal development.
- Knowledge and skills to provide evidence-based care.
- Quality assurance/initiatives.
- Clinical risk management.
- Management skills.
- Current issues in international midwifery practice.
- Supporting and developing midwifery practice.

**Ethical issues:**

- Ethical principles and values.
- Ethical codes of conduct.
- Ethical issues in professional midwifery practice.

**Legal issues:**

- The Irish legal system.
- The duty of care.
- Specific legal issues – informed consent, informed choice, right of refusal, confidentiality and accountability.
- Legislation governing/under-pinning the provision of maternity services and midwifery registration and practice.

## 2.4.2 Theoretical and clinical requirements

### (Pre-registration Midwife Registration Education Programme).

In order to meet the minimum requirements of European Council Directive 80/155/EEC, the programme must comprise a minimum of a full-time course in midwifery of at least three years duration, or equivalent part-time. In Ireland, the programme is delivered as a four-year degree programme. This programme incorporates 36 weeks of internship clinical practice, inclusive of two weeks annual leave and public holiday entitlements, which occurs during the 4th year of the programme. An Bord Altranais requires that the programme be a **minimum** of 144 weeks.

Following any interruption<sup>1</sup> in the educational programme, the third level institution/school of midwifery/healthcare institution must ensure that the student meets the theoretical and clinical requirements of the programme. Rules and procedures in relation to interruptions in the programme must be set out in the curriculum document and the student handbook for the programme and must be made clear to all students at the commencement of the programme.

#### Essential requirements of the programme

• Minimum theoretical content (to include directed study, self-directed study and assessments)	58 weeks
• Minimum clinical content (40 weeks of supernumerary clinical placement and 36 weeks of internship clinical placement)	76 weeks
• Discretionary hours (Must be accounted for in the curriculum and at least half should comprise clinical practice)	10 weeks
<b>Minimum requirements</b>	<b>144 weeks</b>

**Having regard to the requirements of European Council Directives 80/155/EEC and 89/594/EEC, the clinical component of the programme shall consist of clinical experience in the following areas:**

Clinical Instruction:	Minimum No. of Weeks
Core areas of midwifery practice:	
• Antenatal (to include clinics, antenatal wards and antenatal/parenthood education).	14 weeks
• Intra-natal	16 weeks
• Postnatal	14 weeks
• Specialist placements: - Neonatal (SCBU/NICU/Neonatal clinic). - Community midwifery. - Gynaecology. - Mental health. - Medical. - Surgical, incl. Theatre. (Minimum placement of 2 weeks in each specialist area).	20 weeks
Additional regulated placements: (May be in core or specialist areas).	10 weeks.
<b>Total</b>	<b>74 weeks, plus 5 discretionary weeks</b>

The specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship clinical placement, which consolidates the completed theoretical learning and supports the achievement of clinical competence within the clinical learning environment.

The healthcare institutions and third level institutions should, in partnership, plan the additional regulated placements to facilitate the achievement by the student of the learning outcomes of the programme and in meeting the requirements of European Council Directive 89/594/EEC. The placements should embrace the diverse learning experiences available within the associated healthcare institutions.

**All placements must meet the audit requirements of An Bord Altranais and the third level institution.**

<sup>1</sup>Interruption: 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.

- Allocation to clinical placement areas should occur early in the programme and should be provided in a balanced way throughout the four years of the programme. In particular, there should not be long gaps between clinical practice placements in the core areas of midwifery practice.
- Students must obtain experience in the care of women with early pregnancy problems and pregnancy loss.
- Students must obtain experience in the care of women requiring a high-dependency level of antenatal, intra-natal or postnatal care.
- Students must obtain experience in the care of women who have been bereaved through miscarriage, stillbirth, neonatal death or neonatal disability.
- It is recommended that students obtain experience of midwifery-led care.  
Midwifery-led care is a model of maternity care provision where midwives, in partnership with the woman and her family, are the primary healthcare professionals with responsibility for identifying and meeting the woman's needs throughout pregnancy, labour, birth and the postnatal period, and for referral to other healthcare professionals if indicated.
- During the internship clinical placement, students should be allocated to night duty for a maximum of four weeks.
- The latter weeks of the student's internship clinical placement should be conducive to the student making the transition to the role of registered midwife and should include opportunities to utilise her management and clinical decision-making skills.

## Clinical Practice Experience

**The minimum clinical practice experience required must include the requirements of EU Directive 89/594/EEC (Appendix A, Section 2).**

***Clinical practice experience must always be under appropriate supervision.***

The minimum requirements, which include those set out in the EU directive, are as follows:

1. The student should support, advise and assess at least 100 women during pregnancy.
2. The student should plan and provide antenatal and/or parenthood preparation/support classes to a group of women on at least two occasions.
3. The student should provide care and support to at least 40 women during labour.
4. The student should personally care for and facilitate at least 40 women having an unassisted vaginal birth.  
[The student should personally carry out 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 participates actively in 20 further deliveries – EU Directive 89/594/EEC].
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 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 of a perineal wound following an episiotomy or a 2nd degree tear. This may be in a simulated situation if absolutely necessary.
8. The student should provide care and support to at least 40 women at risk of or experiencing complications during pregnancy, labour, birth or the postnatal period.
9. The student should provide care, advice, education and support to at least 100 women and their babies during the postnatal period.
10. The student should carry out a full examination and assessment of at least 100 babies.
11. The student should gain experience in the assessment and care of the new-born requiring special care including those born preterm, postterm, small for gestational age or ill.

## Appendix A, Section 2

### **EU Directive 89/594/EEC- Minimum Clinical Practice Experience.**

The minimum clinical practice experience required in order to meet the requirements of EU Directive 89/594/EEC is as follows:

1. Advising of pregnant women, involving at least 100 pre-natal examinations.
2. Supervision and care of at least 40 women in labour.
3. The student should personally carry out 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 participates actively in 20 further deliveries.
4. Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries practice may be in a simulated situation.
5. 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.
6. Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.
7. Supervision and care (including examination) of at least 100 post-natal women and health new-born infants.
8. Observation and care of the new-born requiring special care including those born pre-term, post-term, underweight or ill.
9. Care of women with pathological conditions in the fields of gynaecology and obstetrics.
10. Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.





## SECTION 3

# Standards for the Approval of Third Level Institutions, Healthcare Institutions and Educational Programmes leading to Registration as a Midwife



An tOird Altranais

December 2005

## 3.1 The Approval Process for Third Level Institution, Healthcare Institutions and Educational Programmes leading to Registration as a Midwife

An Bord Altranais has statutory responsibility to approve third level institutions and healthcare institutions in respect of education programmes leading to registration as a midwife. Educational quality will be achieved through partnership and collaboration between the key stakeholders utilising the principles of governance and self-assessment.

The approval process as part of An Bord Altranais' quality education framework consists of three parts:

- 3.1.1 Approval of the third level institutions and healthcare institutions.
- 3.1.2 Approval of the education programme(s).
- 3.1.3 Review of annual reports.

### 3.1.1 Approval of the Third level Institution and Healthcare Institution(s)

- a) The third level institution and its linked healthcare institution(s) must submit, in writing, to An Bord Altranais a self-assessment audit of compliance with An Bord Altranais standards and must declare that its curricular programme(s) comply with the standards. This self-assessment audit must be submitted every five years.
- b) The third level institution and its linked healthcare institution(s) must declare that they are suitable for the education and training of candidates for registration as midwives.
- c) At least once during the term of office of each Board, An Bord Altranais will, by site visits, satisfy itself as to the suitability of the third level institution/ healthcare institution(s) in respect of the capacity and capability of the institutions to deliver education and clinical practice experiences leading to registration as a midwife.
- d) Site visits will take place in an atmosphere of partnership and collaboration aimed at continuous quality improvement.
- e) The site visit team will include a Board member(s) and an Officer of the Board, at least one of whom will be a registered midwife. An external expert and/or health service user may form part of the site visit team.
- f) A report in respect of the site visits will be forwarded to the third level institution and its linked healthcare institution(s) following approval by An Bord Altranais.

### 3.1.2. Approval of the Programme

- a) The third level institution and its linked healthcare institution(s) must submit to An Bord Altranais a detailed curriculum document, including evidence of compliance with An Bord Altranais standards, in respect of each registration programme. All supporting documentation e.g. competence assessment tool, clinical and educational audit tool, must also be submitted at this time. Submissions must be in print i.e. hard copy.
- b) The third level institution and healthcare institution(s) must declare that their curricular programme(s) comply with An Bord Altranais standards.
- c) An Officer of the Board will initially review the curriculum and prepare a report. A Validation Committee appointed by An Bord Altranais will validate the curriculum. This committee will include representatives of third level institutions and healthcare institutions. The decisions of the Validation Committee require the approval of the Education and Training Committee and the Board.

The following general provisions regarding the process of approval apply:

- Approval may be granted or withheld. Conditions, to be implemented within a specified time-scale, may be attached to programme approval. Recommendations may also be attached to approval.
- After approval has been granted, any changes within the third level institution and its linked healthcare institution(s) or in the education programme(s) that affect any aspect of compliance with these standards must be notified to An Bord Altranais.
- Notice of the decision of the Board will be conveyed in writing to the third level institution and its linked healthcare institution(s).
- The duration of approval of the education programme will be specified by An Bord Altranais, but will be no longer than five years.
- Once approval has been granted, it will be maintained through annual monitoring and review.

### 3.1.3 Review of annual reports

- a) An Bord Altranais requires the third level institution and healthcare institution(s) to produce an annual report. The annual report should be submitted in February of each year. The report will be produced jointly by the third level institution and healthcare institution(s).
- b) The report should include the following information:
  - i) Update on conditions and recommendations in respect of approval and site visit reports.
  - ii) Evidence that programmes continue to meet An Bord Altranais requirements.
  - iii) Information on the quality of the clinical practice placements and the arrangements/structures that are in place to enable students achieve the learning outcomes of the programme.
  - iv) Student numbers, per cohort
    - number of places available per programme,
    - number of places accepted,
    - attrition rates,
    - current numbers.
  - v) Changes to curriculum structures or processes.
  - vi) Changes to marks and standards.
  - vii) A list of midwife lecturers, to include An Bord Altranais PIN number.
  - viii) Change of External Examiner(s) to include verification of compliance with Standard 3.2.5.3 to be included and An Bord Altranais PIN number, if applicable.
  - ix) The external examiner's annual report or a summary.
  - x) In addition to annual reports, any significant changes that affect any aspect of compliance with the requirements and standards must be notified to An Bord Altranais.

***New programmes leading to registration as a midwife may not commence without prior approval by An Bord Altranais.***

### 3.1.4 Appeal Process:

Provision is made to appeal the decision of An Bord Altranais with regard to the approval of a programme and/or institution. The appeal process gives a hearing to the third level institution and the healthcare institution(s) in the event of a disagreement with An Bord Altranais. 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 third level

institution/healthcare institution(s) outlining reasons why the decision is being questioned by the partnership. Upon acceptance of the appeal by the President of the Board, an Appeals Panel will be 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), an education officer and an education representative from a third level institution not involved in the programme. An Bord Altranais Appeal Panel will review the appeal evidence. The Chair, within seven working days, will communicate the final outcome of the appeal in writing to the relevant stakeholders.

### **3.1.5 Publication:**

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

## 3.2 Standards for the Approval of Third Level Institutions, Healthcare Institution(s) and Midwife Registration Education Programmes.

### 3.2.1 The Third Level Institution and Healthcare Institution(s):

The third level institutions and healthcare institutions are committed to providing midwifery registration education programmes that demonstrate that the highest standards of professional midwifery 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 healthcare institution(s) respond to change effecting professional, educational, health, social and economic issues.
- 3.2.1.3 The third level institutions and healthcare institutions keep appropriate records, including records for the conferment of professional and academic awards.
- 3.2.1.4 The process of monitoring student attendance with respect to the theoretical and clinical practice requirements of the programme is declared.
- 3.2.1.5 The organisational structure supporting the management of the educational programme is explicit.
- 3.2.1.6 The course leader/co-ordinator leading the programme team is a midwife tutor<sup>1</sup> with appropriate academic and professional qualifications and experience.
- 3.2.1.7 A Local Joint Working Committee, which includes representatives from key stakeholders within the third level institution and healthcare institution(s), is in operation to oversee and continually monitor programme implementation at local level so the any problems that arise can be promptly identified and properly addressed.
- 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 Audit of both the academic and clinical learning environment should facilitate the identification of the number of students that may be effectively supported within a clinical practice placement.
- 3.2.1.10 Midwifery subjects are developed and taught by registered midwives with appropriate professional and academic qualifications, teaching expertise and clinical experience.
- 3.2.1.11 Midwives involved in the delivery of the programme must have their names entered in the Midwives Division of the Active Register maintained by An Bord Altranais.
- 3.2.1.12 The methodology of the third level institution to support students in the clinical learning environment and be involved in clinical practice and its development must be made explicit.
- 3.2.1.13 A mechanism for staff development, including the provision for maintaining clinical expertise and credibility, that prepares staff to deliver the educational programmes is declared.
- 3.2.1.14 Educational resources/facilities (including technological support) to meet the teaching and learning needs of the students to complete the programme are met for the entirety of the programme.

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

- 3.2.1.15 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 met.
- 3.2.1.16 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.
- 3.2.1.17 Following any interruption<sup>1</sup> in the educational programme, the third level institution and healthcare institution(s) ensure that the student meets the educational requirements of the programme as set out by An Bord Altranais.
- 3.2.1.18 Student transfer arrangements ensure that the full requirements of the midwife education programme leading to registration will be completed.
- 3.2.1.19 The mechanism for student support in relation to student services, facilities personal and academic guidance is explicit.
- 3.2.1.20 An Bord Altranais (Registration Department) is notified in writing of any student who exits the programme prior to successful completion of the programme.
- 3.2.1.21 The third level institutions and healthcare institutions provide an annual report on the midwife registration education programme(s), including the external examiner's report, to An Bord Altranais.

### 3.2.2 Curriculum Design and Development:

The curriculum design and development should reflect current, evidence/research based educational 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 development of evidence-based practice.

- 3.2.2.1 All statutory and regulatory requirements of An Bord Altranais and European Directives are met.
- 3.2.2.2 The curriculum design and development is based on An Bord Altranais Requirements for Midwife Registration Education Programmes.
- 3.2.2.3 Curriculum design and development led by midwife tutors is guided by professional midwifery knowledge that is evidence/research based.
- 3.2.2.4 The curriculum development team is comprised of representatives of key stakeholders in midwifery education and midwifery practice.
- 3.2.2.5 The curriculum is strategically planned to demonstrate balanced distribution and integration of theory and practice, to achieve the learning outcomes as stated by An Bord Altranais.
- 3.2.2.6 The curriculum utilises a range of teaching-learning strategies to assist the development of knowledgeable, competent, reflective practitioners willing to accept personal and professional accountability for evidence-based practice and who is equipped with skills for problem-solving, critical analysis, self-directed and life-long learning.
- 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 learning. The module descriptors identify the aims, learning outcomes, syllabus content, student contact hours, student effort/self-directed learning hours and assessment strategies.
- 3.2.2.8 The curriculum articulates how the student is enabled to achieve the expected learning outcomes of the programme.
- 3.2.2.9 The curriculum includes the assessment strategies in relation to the measurement of theoretical and clinical learning outcomes.

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<sup>1</sup>Interruption: 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.

- 3.2.2.10 Opportunities for pre-registration midwifery students to experience an elective clinical placement in another European Union system of midwifery care may be provided for a maximum period of twelve weeks duration. Clinical placements must be based in institutions approved by the competent authority of the Member State. Any exception to this requirement must be approved by An Bord Altranais. Criteria and mechanisms for international exchange students are explicit.

### 3.2.3 Clinical Practice Experience and the Clinical Learning Environment

The aim of clinical practice learning is to enable students develop the domains of competence and become safe, caring, competent decision-makers willing to accept personal and professional accountability for evidence-based midwifery care. Clinical practice experience, whether in hospital or in community care settings, forms the central focus of the midwifery profession and is an integral component of the midwife registration education programme.

Clinical placements are based in healthcare institutions that are the subject of audit as to their suitability as quality clinical learning environments and An Bord Altranais standards for approval.

- 3.2.3.1 Prior to using new clinical placement sites, verification of the completed audit as endorsed by the third level institution must be submitted to An Bord Altranais.
- 3.2.3.2 The selection of areas for clinical practice experience reflects the scope of the healthcare 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, knowledge and competence.
- 3.2.3.4 Opportunities for students to experience direct contact with women and their babies is provided early in the educational programme.
- 3.2.3.5 Clearly written, up-to-date learning outcomes appropriate to the clinical practice environment are available and accessible to ensure optimal use of valuable clinical practice experience. The learning outcomes/objectives are reviewed and 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 Each student is allocated a named preceptor, who is a registered midwife, during clinical placements to provide support and supervision.
- 3.2.3.8 Preceptors/midwives who support students have completed a teaching and assessing course that enables them to support, guide and assess students in the clinical practice setting and assist students learn the practice of midwifery.
- 3.2.3.9 Clinical practice includes experience of the 24-hour cycle of caring for women and their babies. At all times, there must be sufficient registered midwives to facilitate the supervision and support of student midwives to achieve the expected learning outcomes of the programme. Pre-registration midwifery students must be supported and supervised during the final placement of 36 weeks internship, which consolidates the completed theoretical learning and supports the achievement of clinical competence on graduation and registration.
- 3.2.3.10 Named midwife tutors in liaison with named clinical placement co-ordinators/preceptors and registered midwives monitor the quality of clinical learning environments on an on-going basis, and guide and support students, ensuring that the clinical practice placement(s) provides an optimum learning environment.
- 3.2.3.11 The supernumerary status of pre-registration midwifery students is respected (see Appendix A - Supernumerary Status).
- 3.2.3.13 Specific periods of protected time are allocated, within the pre-registration midwife registration education programme, for reflection during supernumerary placements and the final internship clinical placement.



Reflective time equivalent to a minimum of 4 hours per week should be an integral component of the internship period of clinical allocation to enhance the consolidation of theory to practice (Circular 46/2004, Department of Health and Children 2004). The time allocated for reflective practice during supernumerary placements and the structures in place for the implementation of effective reflective protected time during the period of internship should be agreed formally between third-level institutions and health service providers and included in the memorandum of understanding.

3.2.3.14 Quality assurance indicators are identified and measured in relation to:

- a) Sufficient registered midwives to facilitate the supervision of student midwives.
- b) Availability of evidence-based practice guidelines to support care.
- c) Research awareness and the application of research findings.
- d) Evidence of individualised, women-centred care.
- e) Availability of policies/protocols in respect of medication management and good practice in recording midwifery care/intervention.
- f) Evidence of mechanisms of audit of midwifery documentation.
- g) Evidence of continuing professional development of all practice staff.
- h) Evidence of clinical risk management programmes.
- i) Availability of mechanisms for student support, supervision and assessment.
- j) Availability of mechanisms for educational and clinical audit.
- k) Availability of mechanisms to involve the public and clients in 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.

3.2.4.1 Assessments are strategically planned and function to:

- Provide feedback on student progress
- Ensure that theoretical and clinical educational standards are achieved before entry to the next part/year of the programme, as appropriate.

3.2.4.2 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.

3.2.4.3 Assessment measures the integration and application of theory to client care learned throughout the programme and requires the student to demonstrate competence 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 measurements of learning outcomes.

3.2.4.5 Criteria indicating the standard for a pass award is declared and made explicit for theoretical and clinical practice assessments.

3.2.4.6 The assessment strategy does not allow compensation between theoretical and clinical practice assessments.

3.2.4.7 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.

3.2.4.8 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 for registration.

3.2.4.9 Eligibility to register with An Bord Altranais is based on successful completion of the 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 structure, content, organisation and assessment of the education programme.

3.2.5.1 External examiners are appointed by the third level institution in accordance with specified criteria, as set out in 3.2.5.3.

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

- Maintain the quality and standards of the midwife registration education 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 midwife registration education programmes:

- Are 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 midwife registration students.
- Have experience in the development, management, delivery and evaluation of midwife registration education programmes.

3.2.5.4 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 third level institution, is explicit.

3.2.5.5 The third level institution verifies to An Bord Altranais that the external examiner meets the standard as set out in 3.2.5.3.

### 3.2.6 Approval Criteria for Midwife Registration Education Programmes

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

# Appendix B

## Supernumerary Status

Students undertaking the pre-registration midwife registration education programme have supernumerary status during the programme with the exception of a period of internship clinical placement during the 4th year of the programme. The clinical practice experience during the internship clinical placement, 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 Allocation to a clinical practice 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 guidance of a registered midwife. In the case of placements outside the maternity care setting, the student should be under the supervision and guidance of a named designated individual.
  - 2.3 Whilst respecting the interests and rights of the client/patient, the student takes an active role in achieving the learning outcomes.
  - 2.4 The student is in addition to the rostered complement of registered midwives.
  - 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.

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