



Te Tatau o te Whare Kahu Midwifery Council

Return to Practice Programme for Midwives Policy

Refers to the following key legislation:

- Health Practitioners Competence Assurance Act 2003 Section 29

Refers to documents:

- Recertification Policy 2020

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1. Overview

1.1 Introduction

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Council¹ must satisfy itself that the midwife is competent to practise midwifery before it issues a practising certificate. Section 29 of the HPCAA states when a midwife has not practised midwifery within the context of New Zealand in the previous three years and applies for an Annual Practising Certificate (APC), the Council may decline to issue an APC or include varying conditions on the midwife's scope of practice.

Under section 29 of the HPCAA, the Council must then consider what conditions it may impose or vary before it issues an APC. The Council has decided that the way it assesses a midwife's competence is through applying conditions on their scope. Those conditions are the requirement to complete a Return to Practice (RTP) programme as outlined in this document.

1.2 Standard of competence expected of registered midwives

1.2.1 Midwifery Scope of Practice

The Midwifery Scope of Practice provides a broad statement on the boundaries of what a NZ midwife can provide on their own as an autonomous practitioner. As required under the HPCAA, the Council has defined the scope of practice for registered midwives and published this in the [NZ Gazette](#).

1.2.2 Competencies for Registration as a Midwife

Under the HPCAA, the Council is required to determine the level of competence required for a midwife to work within the Midwifery Scope of Practice. That level of competence is defined in the Council's Competencies for Entry to the Register of Midwives. The Competencies for Entry to the Register of Midwives provide detail of the skills, knowledge, and attitudes expected of a midwife to work within the NZ Midwifery Scope of Practice.

Where the Midwifery Scope of Practice provides the broad boundaries of midwifery practice, the competencies provide the detail of how a registered midwife is expected to practise and what they are expected to be capable of doing. By defining the minimum competence standards for registration as a midwife in NZ, the Council has established the minimum standard that all midwives are expected to maintain in their ongoing midwifery practice.

¹ "Council" refers to the Midwifery Council throughout this document
Return to Practice Programme Policy (ORP)

The [Competencies for Entry to the Register of Midwives](#) are available on line.

1.2.3 Competence to practise

New graduates and internationally qualified midwives seeking registration in NZ are assessed against the Competencies for Entry to the Register of Midwives before being granted registration as a midwife. In order to be issued with a practising certificate, registered midwives must provide evidence that they are practising within the Midwifery Scope of Practice and whether they are maintaining or how they will maintain their competence to practise.

The Council defines ‘maintaining competence to practise’ for registered midwives as, *“the ongoing capacity to integrate knowledge, skills, understanding, attitudes and values within the professional framework of the Midwifery Scope of Practice”* (Recertification Programme: competence-based practising certificates for midwives Policy Document, 2020).

2. Categories of midwives who plan to return to midwifery practice

2.1 Category A: Midwives who practised midwifery following graduation and have taken a break from practice for less than three years

Midwives in this category do not fall within the definition of a formal Return to Practice in the HPCAA criteria. Midwives in this category must complete the routine recertification requirements and are referred to the recertification requirements on the Midwifery Council website - <http://www.midwiferycouncil.health.nz>

2.1.2 Category B: Midwives who practised midwifery and have taken a break from practice for between three and five years

Midwives are required to complete the identified education, under their specific category, in Appendix A, within **six** months of applying for and being issued with a practising certificate, except for Midwifery Standards Review, which should be completed within two years of the practising certificate application. A condition will be placed on their APC until such time as the Pharmacology and Prescribing on-line course is completed.

2.1.3 Category C: Midwives who have been out practice for more than five but less than 10 full years

Midwives are required to complete the identified education, under their specific category, in Appendix A. Requirement 1 (Emergency Day) must be completed **before** a practising certificate is issued. Requirements 2-5 must be completed within **6 months** of a practising certificate issued. Requirements 6-12 must be completed within **12 months** and the remaining requirements within **24 months** of applying for and being issued with a practising certificate. A condition prohibiting the prescribing of prescription and controlled medicines will be placed on their APC until such time as the Pharmacology and Prescribing on-line course is completed. A Gazetted process and monitoring fee applies to this category and should be paid to the Council with the application for approval of a return to practice plan.

It is also worth noting that Te Whata Ora districts may have a fee for assisting the midwife in developing and implementing the competence/clinical course plan.

Midwives are required to have a period of supernumerary practice across the midwifery scope. A plan must be provided to the Council including the named preceptor for the period of time. The supervising midwife must have completed a Council-approved preceptorship course. At the end of the clinical placement, there will be a clinical assessment using the approved Council template, and all competencies must be achieved. Any additional education that is required must be recommended in the report to the Council.

2.1.4 Category D: Midwives who have been out of midwifery practice for ten years or more years

Midwives who have been out of midwifery practice for greater than 10 years may be directed to contact a midwifery school of undergraduate midwifery education. The school will undertake a clinical and theoretical assessment and develop, in partnership with the midwife, a plan for RTP. The midwife will self-fund the assessment and RTP programme. A Gazetted process and monitoring fee applies to this category and should be paid to the Council with the application for approval of a return to practice plan.

NOTE – The time periods and programmes ascribed to each category are indicative of what the Council expects would be appropriate for midwives in those circumstances and are a guide only. They assume that the midwife had significant experience and was working across the Midwifery Scope of Practice prior to ceasing practice. The category and the exact programme approved by Council will be based on an assessment of the midwife's qualification, midwifery practice experience, and any relevant experience since ceasing practice, and may vary from the standard programmes described here.

2.2 Supervision

Each RTP midwife will have a supervisor. That appointment is for the duration of the Return to Practice Programme. Supervisors are expected to meet with the midwife every four weeks.

The supervisor will be required to provide reports at the end of every month and the end of the Return to Practice Programme, and at any other time should they have concerns regarding the midwife's practice. Supervisors will be provided with a report template at time of appointment. The midwife may be required to self-fund the cost of having a supervisor.

While the midwife is undertaking the Return to Practice Programme, they may have student midwives observe them. However, the midwife cannot be involved in any formal assessment of the student. Before the midwife can provide preceptorship, they must have completed their RTP requirements and the required preceptorship course.

2.3 Monitoring

All midwives will have their progress through the RTP programme monitored. Midwives will be advised if their progression through the plan is not at the required level, for example when they fall behind with any requirements.

2.4 Completion of Requirements

Once the requirements have been successfully completed in any of the categories, the midwife will need to provide evidence of that completion to the Council.

2.5 Previously approved Return to Practice Programmes

Those midwives on RTP programmes at the time of any RTP policy change are able to complete their RTP programme as previously approved.

APPENDIX A – Course requirements – Return to practice

	Education	Category B (2.1.2)	Category C (2.1.3)
1	*Midwifery Emergency Skills Refresher (MESR)	Within (<) 6 months	Before
2	Growth Assessment Protocol (GAP)	< 6 months	< 6 months
3	Electronic fetal monitoring education	< 6 months	< 6 months
4	Examination of the Newborn-theory (including update knowledge on WellChild Schedule)		< 6 months
5	Examination of the Newborn-practical		< 6 months
6	Neonatal resuscitation full day	< 6 months	< 12 months
7	Intimate Partner Violence Workshop (also called VIP)		< 12 months
8	Smoking cessation course		< 12 months
9	Update on the Immunisation Schedule including the Hepatitis B programme		<12 months
10	National Screening Unit 4 on-line courses plus, HIV education (Positive Speakers Bureau)		< 12 months
11	Integrated short course-Physiological birth		< 12 months
12	Introduction to the Abortion Legislation and Midwifery Role and Responsibilities.	< 6 months	< 12 months
13	Integrated short course-Complicated pregnancy/birth		< 24 months
14	NZ Maternity and Midwifery Systems		< 24 months
15	Pharmacology and Prescribing	< 6 months	< 24 months
16	Cultural Competence for midwives'		< 24 months
17	Supervision until requirements completed	< 6 months	< 24 months
18	Midwifery Standards Review (MSR)	Post two years from APC application	Post two years from APC application

* PROMPT + NNR can be accepted in place of MESR

APPENDIX B – Process – Return to practice

Requirements: demonstration of competence to practise

No matter which category, all midwives must provide the following documents at time of APC application.

Requirements	Specification
Police Vetting	<ol style="list-style-type: none">3. Consent to New Zealand Police vetting (form available at the Council website).4. If applicable, a current Police certificate from the national police organisation in any overseas country where the midwife has lived for 12 month or more.
Health certificate	Available from the Council website and sent directly from the medical practitioner
Curriculum Vitae (CV)	
Plan for completion of the education components	
Name and contact details for two professional referees.	May be required depending on circumstance. May be asked to provide verification of employment.

Once it is agreed that the midwife is fit and able to commence a Return to Practice programme, she will be advised to apply for a practising certificate. The midwife will be required to practise under appropriate supervision and only as part of a return to practice programme for the duration of the programme:

1. undertake courses and complete clinical practice requirements
2. provide required evidence (using Appendix A as a checklist) to the Council within ten days of completing course
3. Once the RTP programme is completed, the Council will provide confirmation to the midwife