

**DISTRICT HEALTH BOARDS  
QUALITY AND LEADERSHIP  
PROGRAMME FOR MIDWIVES COVERED  
BY THE MERAS AND NZNO EMPLOYMENT  
AGREEMENTS**

## 1.0 Introduction

All midwives have a professional responsibility to provide care, which is consistent with the accepted standards, philosophy and ethics of the profession. They also have a responsibility to maintain their competence, regularly review their practice and develop professionally as midwives.

DHBs, as the primary employers of midwives also have a responsibility to support the professional development of their midwifery workforce. The development, support and recognition of midwifery expertise by DHB employers promotes excellence in the care of women and their babies throughout the childbirth process.

This Midwifery Quality and Leadership Programme (QLP) provides a framework for employed midwives and midwifery employers to meet their respective responsibilities in a manner which models partnership between employer and employee. It is based on the standards of the profession which apply to all midwives regardless of practice setting or employment status.

The QLP:

- is a structured framework which supports and, assists midwives to further develop knowledge and skills necessary to provide safe and effective care for women and their babies.
- acknowledges and develops a range of transferable clinical and personal skills which can be used throughout a midwife's career in a variety of practice settings
- encourages and values professionalism in midwifery practice within DHBs
- provides a mechanism through which an organisation can value, recognise and encourage the professional development of midwives.
- helps to identify and prepare midwives for leadership roles
- provides a framework for midwives to contribute to DHB quality activities

### Scope of this document

This document:

- provides rationale for the need for a nationally consistent framework for a midwifery QLP for employed midwives
- places the employer based QLP in the context of other professional review activities required of midwives
- describes the components of the QLP and a framework for applying it

The QLP should not be confused with usual staff employment and HR practices and orientation processes for new staff members. These processes are important but distinctly different to the QLP which focuses on the professional development of midwifery practice.

## 2.0 Background

Midwifery is a profession with a distinct body of knowledge and scope of practice related to women, childbearing and their babies until six weeks after birth. Within midwifery there are recognized areas in which a registered midwife can practice: clinical midwifery practice, and within this, case loading and core midwifery roles; education and research; management and professional advisory work.

The reality of the midwifery workforce is that women\* move in and out of it depending on their personal circumstances. There are times in a midwife's professional life when she will choose to work full or part time; she will choose between practising as a midwife on the core staff of a maternity facility or as a case loading midwife and she also can choose between employment and self employment. Midwives will also move between clinical to management to education and back again. The profession supports each midwife to make these decisions taking cognisance of her life circumstances as well as her professional development goals.

The professional development pathway for midwives is midwifery. Midwifery is the scope of practice and within "midwifery" there are a variety of paths a midwife can take depending on the experience she wants to gain as a midwife. This makes it even more critical that a QLP for midwifery crosses these realms of practice and incorporates a way of recognising the value of the different roles the midwife takes on in her professional life. Such a programme must recognise the professional development of a midwife within the scope of practice of midwifery. It also must recognise the achievement of identified professional development goals across the roles that a midwife assumes over time.

Professional recognition programmes generally aim to engage the workforce of a particular discipline in order that professional development occurs and is recognised by both the individual and the organisation. The value for the individuals participating in such a process should be evident at both a personal and professional level. There should also be value for the organisations that support a well-developed process that meets the needs of the particular discipline, in this case midwifery. The New Zealand College of Midwives and the New Zealand Nurses' Organisation consider that a successful QLP for midwives would assist with recruitment and retention issues within DHBs. There is sufficient evidence which reinforces that where a workforce feels valued and is enabled to function to its full capacity within the identified scope of practice, that the individuals are happier, the quality of the care provided increases and outcomes are improved.

It was identified in 2003 by NZCOM that there are only a small number of midwives working for District Health Boards (DHB) who are on a Clinical Career Pathway (CCP)/ Professional Development & Recognition Programme (PDRP) that has been specifically developed for midwives. Many of those programmes were developed from the nursing profession's adoption of the Dreyfus skill acquisition model researched by Benner (1984). Competencies were adapted from nursing competencies rather than being specifically for midwifery.

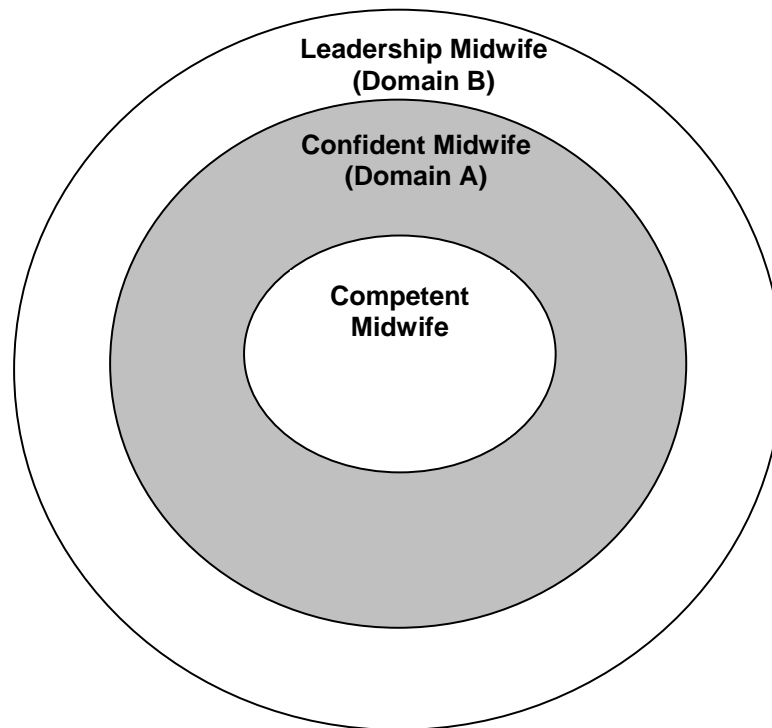
\*in this document the feminine gender is deemed to include the male gender

The Nurses Amendment legislation (1990) returned professional autonomy to midwives. Since that time there have been various degrees of acceptance of this professional autonomy, not only by individual midwives but also organisations. This has been demonstrated by the restrictions placed on some employed midwives by the organisations which employ them e.g. prescribing. The Health Practitioners Competency Assurance Act- HPCA (2003) categorically reinforced that nursing and midwifery are two separate professions. Midwifery now has its own regulatory authority- the Midwifery Council of New Zealand. The Midwifery Council determines the competencies that each midwife who wishes to hold an Annual practising Certificate (APC) needs to demonstrate.

The philosophy behind the development of this QLP for midwives reflects the key issues for the midwifery profession at this stage of the debate. A professional recognition programme for midwives would:

- reflect the Philosophy, Scope of Practice, Code of Ethics and Standards of Practice of the midwifery profession in New Zealand
- reflect that working in partnership with women in whatever setting is intrinsic to the practice of midwifery
- recognise that 'a midwife is a midwife' in whatever setting she chooses to practise - her scope of practice should always be recognised
- recognise that ongoing professional development is integrally linked to the framework of the midwifery profession
- support and nurture the development of leadership and capacity within the profession
- recognise and reward leadership, education, research, clinical practice development and reflective practice, commitment to the development of maternity services within the organisation, and team building attributes
- be a national framework which is transportable and could be used whether a midwife was employed/ self employed, core/ case loading
- incorporate and build into the requirements for an annual practising certificate of the regulatory body, the Midwifery Council of New Zealand
- have appropriate resources available
- have programme processes which enable transferability and transportability.

### 3.0 Domains of Practice for employed midwives



**The circles in the diagram parallel the growth and maturity that is marked within a tree. These circles contain the domains of practice for midwifery professional development.**

**Each Domain builds on the one previous; each practitioner adds value to the service and the organisation.**

Midwives develop their midwifery skills and knowledge through experience and ongoing learning. The domains identified are intended to show this development. All midwives are competent to practice on registration and with increasing midwifery experience, become more confident as practitioners.

The Midwifery Council require midwives to demonstrate ongoing competence. A Competent midwife, reflects these requirements and the support that is required by the employer to assist midwives they employ to achieve the Recertification requirements and retain an annual practising certificate.

The midwife is responsible for initiating her own assessment for transfer from one Domain to the next. Movement from one domain to another does not just happen over time. To move from one domain to another, midwives need to show that they are actively thinking about their practice and developing their knowledge and skills in response to practice experiences.

## **4.0 Participation in the QLP for Midwives covered by the MERAS and NZNO Employment Collectives**

### **New Staff**

New graduate midwives will remain on the competent Domain for 12 months from the commencement of their employment before they can apply to move to the Confident Domain.

All other midwives would normally be required to have completed orientation requirements of the unit as a DHB employed midwife prior to making an application to be assessed under the Confident or Leadership Domains of the QLP. Midwives who have participated in the QLP at another DHB in NZ will be transferred onto the same domain upon employment and be assessed as to maintenance of that level in accordance with the DHB's performance appraisal system.

### **Transition for holders of current PDRP or CCP payments**

Midwives who currently receive PDRP or CCP payments will continue to receive these payments, as a consequence of having achieved them under the previous agreement, until such time as they can be assessed as to maintenance of that level in accordance with the DHB's QLP assessment process.

### **Existing Staff**

Registered midwives with a current annual practising certificate and over 12 months experience of being either self employed or employed may apply to be assessed for Confident or Leadership Domain at any time.

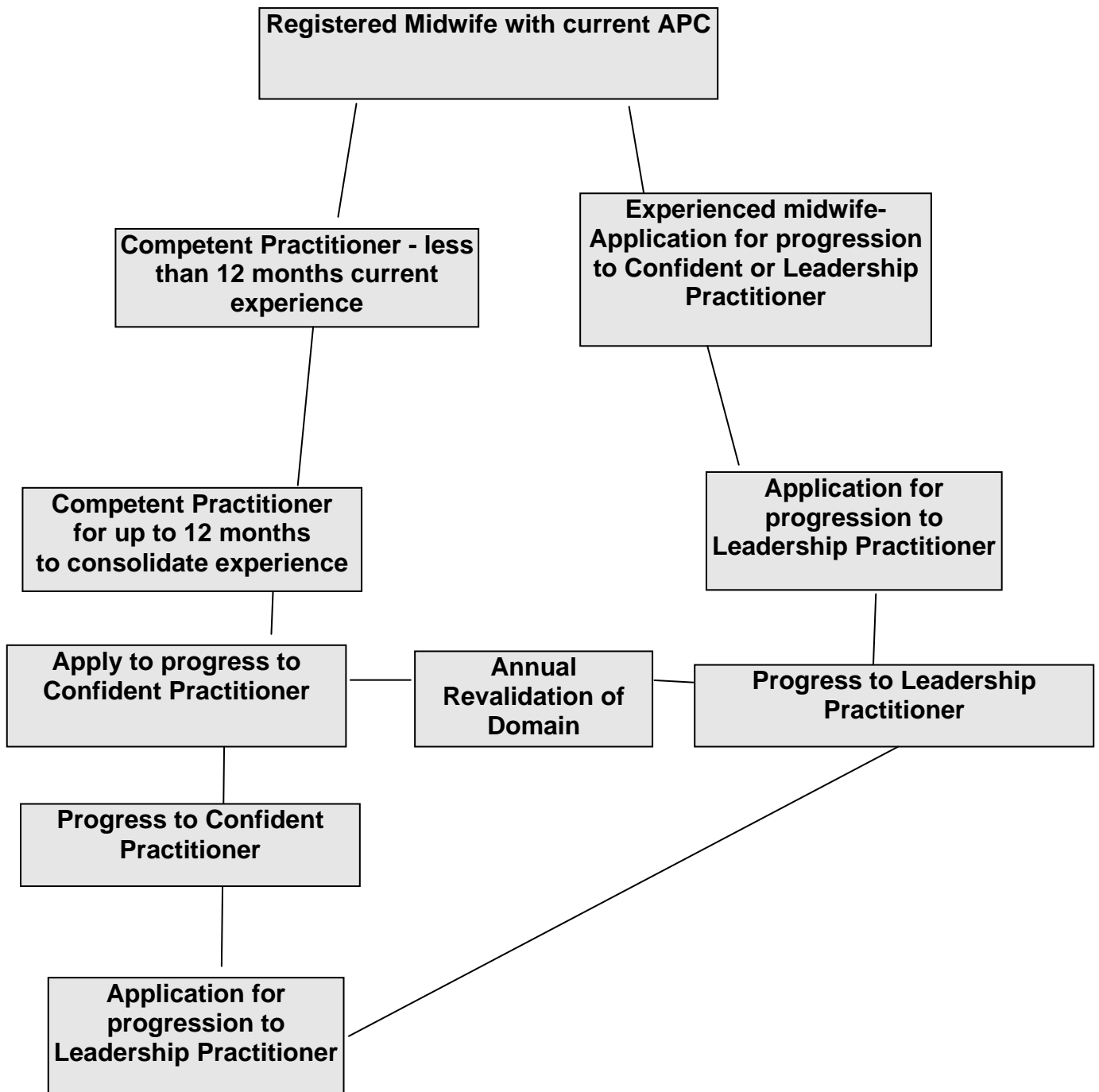
All midwives in their first year of practice will remain on the Competent Domain for a total period of 12 months from the date of the commencement of their employment before they can apply for a Domain Review.

### **Ongoing Practice**

Demonstration of competence for an annual practising certificate and meeting the requirements of the position description includes the following:

- update their portfolio (as per Midwifery Council Recertification programme),
- review their progress towards meeting the 3 yearly Recertification requirements,
- revalidate current Domain annually or,
- apply to change Domain.

## **5.0 Flowchart between Domains**



**6.0 Maintaining Current Domain/Level: re-validation**

- ☑ The midwife's portfolio provides evidence that her practice is consistent with the stated Domain
  
- ☑ The performance appraisal reflects that the midwife is meeting the requirements of the Domain she is within and the position description requirements.
  - Discussion at the yearly performance review will include:
    - feedback about progress with the recertification requirements
    - the applicant's ability as a clinical and professional role model
    - professional development activities undertaken
    - professional development goals set at Midwifery Standards Review (MSR) and previous performance appraisal and how the midwife is planning to achieve them
    - how the employer may be able to support the midwife to achieve the goals
    - how the service can assist the midwife to continue to develop further
  
- ☑ The midwife updates her portfolio and presents this to the QLP assessor to re-validate her current Domain of practice. This process is undertaken 3 yearly at the time of Domain Review. Application needs to include record of endorsement of application by line manager to ensure portfolio is consistent with actual observed practice.

See Appendix B for the requirements or contents of the **Portfolio**.

Revalidation is recorded on the midwife's employment records.

## 7.0 Progression

Progression from each Domain occurs where a midwife asks to be assessed and a successful Domains Review and Performance Appraisal has been undertaken.

### **Progression from Competent to Confident Domain**

If the midwife wishes to progress from Competent to Confident Domain the midwife:

- needs to have 12 months experience as a registered midwife with an APC
- needs to have demonstrated consolidation of practice that is reflected in her portfolio which meets the criteria for the next domain
- prior to April 2006 has made arrangements to participate in a Midwifery Standards Review as per Midwifery Council Recertification requirements.

### **Application for Domain Review**

The Domain Review consists of the midwife:

- Presenting her portfolio which demonstrates her experience and provides evidence of her consistent practice in relation to the criteria for the Domain she is applying for
- Present Midwifery Standards Review Certificate or evidence of an appointment made prior to April 2006 and Professional Development Plan
- Undertake an interview with the QLP assessor
- Have completed a performance appraisal that has not indicated any areas of concern for the employer

### **Progression from Confident to Leadership Domain**

In order to apply for progression from Confident to Leadership Domain the midwife:

- needs to have Consolidation of practice in a manner which meets the criteria for Leadership Domain
- portfolio reflects requirements of this Domain
- Participated in Midwifery Standards Review or evidence of an appointment made prior to April 2006
- Have demonstrated consistent demonstrated clinical leadership and behaviour which reflects significant practice experience

Domain Review occurs as above

## **8.0 Assessment Process**

The assessment process is valid and reliable. Confidentiality is maintained throughout this process.

### **Assessor criteria**

- Acknowledged for consolidated midwifery knowledge and skills
- Committed to the QLP for midwives
- Respected by peers
- Credibility within the midwifery profession
- Committed to their own professional development

### **Assessor selection process**

- A nomination and selection process will be developed
- The nomination process will include peer nomination
- There will be a sufficient number of assessors to enable timely assessment of applications avoiding unnecessary delays

### **Assessor training**

- Assessors will undertake a formal assessment training programme which will have an evaluation of competence to assess evidence of practice component.
- Examples of suitable training programmes include the New Zealand Qualifications unit standard 4098 or the NZCOM Midwifery Standards Review training programme.

### **Application assessment process**

- **Confident**  
Portfolio assessment by trained QLP assessor(s)
- **Leadership – Portfolio assessment plus interview**  
Portfolio assessment plus interview by trained QLP assessor(s)

### **Timeframes**

- The assessment process is to be completed within six weeks of presentation of an application.
- Assessors will do the assessments within paid working time.

### **Moderation**

- **Internal**  
There will be an internal moderation process developed an example being that every fifth application assessed will be moderated by another assessor.  
A moderation report will be prepared annually by the co-ordinator.
- **External**  
Over time an external moderation process is to be developed. This may be an inter District Health Board process.

### **Evidential Guidelines**

Those District Health Boards without a QLP for midwives may find the information about evidential guidelines in Appendix A useful in their implementation of a programme.

## **9.0 Appeal process**

An appeals policy is developed and made available to all midwives. The policy is sent to all applicants who have been unsuccessful in their application, along with the notification of the QLP assessor decision and rationale for that decision.

An appeal may be requested in writing within 14 days of the applicant receiving notification of the assessment decision.

Appeals of the decision made by the Assessors may be made on the grounds of either process or outcome, or both.

The request for an appeal is made to the QLP programme co-ordinator.

A Review Panel will be convened by the Midwifery Leader(1) to consider the submission and the documentation of the original decision to decline progression. Both parties may present their case to the Review Panel. The Review Panel will comprise a senior midwife nominated by the Midwifery Leader and two trained assessors not involved in the original decision.

The panel will review the documented evidence, interview the applicant and interview the original assessors. The applicant may choose to have a support person present. The Review Panel will meet within 14 days of the request for an appeal.

On completion of the appeal review, a written report and decision will be sent to the applicant within 7 days. Copies shall be forwarded to the original assessors.

The decision of the Appeals Panel is final and binding.

(1) Midwifery Leader means the most senior midwife in the organisation, such as the Director of Midwifery/Midwifery Advisor.

## **10. 0 Notes**

### **Moving towards a national framework for a midwifery QLP**

#### **DHBs which currently have a QLP for Midwives**

A joint DHB/NZNO/MERAS group shall be formed. The group shall ensure alignment with the principles and the national framework outlined in this document. Alignment shall be completed within 3 months of release of the finalised national framework document (1 October 2005).

#### **DHBs which currently do not have a QLP for midwives**

DHBs without a QLP for midwives need to implement a model immediately. Templates to assist DHBs establish tools to assist midwives in compiling their portfolio applications are appended.

The Midwifery PDRP Subgroup comprising representation from DHBs, DHBNZ, NZNO, MERAS, NZCOM and Midwifery Service Managers recommended to the DHB/NZNO PDRP Working Group that a joint DHB/NZNO/MERAS group shall be formed by 1 July 2005 to confirm the model and processes and to implement systems allowing access to the QLP. This may involve a variation to the current MECAs and the feasibility of that is being explored currently.

#### **Position descriptions and Performance Appraisals**

It is recommended that over the next six months, DHBs review and update position descriptions for midwives, incorporating the Midwifery Council scope of practice and competencies. Alongside that review it is recommended that performance appraisal forms reflect the position descriptions and include a professional development plan. This will enhance and streamline evidential requirements for midwives for both the Council and the DHB processes.

#### **Midwives employed by DHBs in two positions – Registered Midwife and Registered Nurse**

It is recognised that some DHBs may have employees who are employed in two roles - midwife and nurse. The regulatory authorities now require two distinctly different sets of requirements in order that an annual practising certificate can be held in both of these professions. DHBs also need to ensure that they articulate clearly in position descriptions why they may require a midwife/nurse to have two APCs when the scopes of practice and requirements are now distinctly different. It is unlikely that an applicant will be applying for both a nursing and a midwifery progression as one of the roles will take precedence within the work environment. It is recommended that a parallel and seamless process is facilitated for these employees, should they seek recognition on the QLP in both professions. This would include the applicant for an assessment of both their nursing and their midwifery practice holding a single portfolio for both purposes, but selecting information relevant to each discipline to present for domain/level application. Some evidence may be relevant for both disciplines but other evidence may be specific to one or the other, for example, some education and skills training. The requirements for each assessment would need to be met in this case.

#### **Formal Review of QLP**

A formal review of the QLP Programme shall be undertaken between August-December 2006.

This review would include an evaluation of the programme and its processes, including:

- Identification of any unreasonable barriers to uptake
- Reviewing the restriction of 12 months practice for new midwives prior to accessing Confident practitioner
- The requirement to have an interview for Leadership practitioner
- DHB alignment to the national framework
- The need to modify any terminology.

## National Framework for a Midwifery Quality and Leadership Programme

- The development of practice is a cumulative process, building on the previous domain competencies through experience (i.e.: a Leadership Practitioner midwife demonstrates the competencies as listed for previous domain of practice). Midwives will consistently demonstrate the ability to meet the practitioner criteria at each domain.

### General Requirements

Competent Practitioner	Confident Practitioner (Domain A)	Leadership Practitioner (Domain B)
<ul style="list-style-type: none"> <li>i. Meets Midwifery Council requirements for an Annual Practising Certificate as a midwife.</li> <li>ii. Meets the requirements of the position description.</li> <li>iii. Practises autonomously on the basis of evidence-informed practice.</li> <li>iv. Is learning the responsibilities, priorities, policies, standards and practices of the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>i. Is a midwife with consolidated knowledge and skills over a minimum period of 12 months.</li> <li>ii. Is confident in handling complex clinical situations and demonstrates situational leadership skills.</li> <li>iii. Is confident in all areas of the midwifery scope of practice which may be achieved through rotation.</li> <li>iv. Is likely to be engaged in formal ongoing midwifery education.</li> <li>v. Participates in Quality Assurance activities.</li> <li>vi. Participates in professional activities (e.g.: undertakes peer teaching sessions, acts as a mentor/preceptor to other midwives/students, acts as a Midwifery Standards Reviewer or QLP Assessor).</li> </ul>	<ul style="list-style-type: none"> <li>i. Provides evidence of ongoing formal post-Registration midwifery-related education.</li> <li>ii. Has significant midwifery experience in all aspects of the scope of midwifery practice and is able to communicate/demonstrate this clinically and to colleagues.</li> <li>iii. Demonstrates deep contextual knowledge and professional understanding.</li> <li>iv. Is a role model and resource for the midwifery service.</li> <li>v. Influences change in practice.</li> <li>vi. Has a leadership role in practice and practice development.</li> </ul>

This chart represents the agreed national framework for a QLP for midwives.







## **GLOSSARY OF TERMS**

**Continuity of Care Midwife:** means a registered midwife who provides continuity of care throughout the antenatal, labour, birth and postnatal period for a number of individual women.

**Core Midwife:** means a registered midwife who provides midwifery care for women for the duration of her shift and may liaise with either their Lead Maternity Carer and/or any specialist service.

**Domain:** The development of midwifery practice is seen in the context of the scope of midwifery practice. The development of practice is likened to the growth of tree rings or circular and expanding knowledge and skill. The midwife's scope of practice and the relationship or partnership which she has with the women whom she cares for is central to her professional development. For the purpose of this document, "domain" describes a depth of engagement in midwifery care. It should not be confused with the use of the term domain in PDRPs for nurses, where it is used to describe a generic area of practice such as communication.

**Domain Review:** The process of progression from one Domain to the next and the process of annual re-validation of the midwife's current Domain of practice.

**MECA:** Multi Employer Collective Agreement

**MERAS:** Midwifery Representation and Advisory Services

**NZCOM:** New Zealand College of Midwives

**NZNO:** New Zealand Nurses Organisation

**Midwife:** means a person who is on the New Zealand Register of Midwives, holds an annual practising certificate and thereby meets all the requirements of the Midwifery Council of New Zealand recertification program for midwives.

**Midwifery Council of New Zealand Recertification Programme:** this can be viewed on the Midwifery Council of New Zealand web site- [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

**Midwifery Standards Review:** The New Zealand College of Midwives Midwifery Standards Review process is a process of reflection, assessment and education using the framework defined by the New Zealand College of Midwives Philosophy, Code of Ethics, and Standards for Midwifery Practice. The Midwifery Council has determined that midwives are required to undertake Midwifery Standards Review at least every three years as part of the Recertification requirements.

**Performance Appraisal:** This is the annual meeting held between a midwife and her manager to consider her role in relation to her performance against the job description.

**Professional Development Plan:** A Professional Development plan is developed as a result of the midwife's participation in the Midwifery Standards Review process and her performance appraisal. It identifies issues which require ongoing or further development. It may include specific goals, long or short term which will be undertaken by the midwife

**QLP:** Quality and Leadership Programme as required in the MERAS employment agreement

**QLP Assessor:** A midwife who is employed within the DHB midwifery service who is acknowledged for having consolidated midwifery knowledge and skills, is respected by peers, has credibility within the midwifery profession and is committed to her own professional development.