



NEW ZEALAND COLLEGE OF MIDWIVES

EDUCATION FRAMEWORK

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Introduction

This document provides a framework and guidelines for midwifery education at both pre-registration and post-registration levels. It is acknowledged that this framework will evolve in response to changes in the context of midwifery practice and education in New Zealand. The document will be revised and updated as necessary.

Section One sets out the role of the New Zealand College of Midwives (NZCOM) in relation to midwifery practice and education in New Zealand and the relationship of the NZCOM to other organisations with responsibilities for midwifery education. It also addresses the relationship between midwifery and nursing education in the context of the New Zealand maternity service.

Section Two provides background to the development of this Framework, including the consultation process and discussion of some of the contextual issues that have impacted on the development of this framework.

Section Three sets out the National Framework for Midwifery Education. It provides direction for midwifery educators and educational institutions offering midwifery programmes and represents the consensus view of NZCOM midwife-members throughout New Zealand of the focus they wish to see for midwifery education.

Section One

Introduction

This section describes the role of the New Zealand College of Midwives (NZCOM) in midwifery education. As the professional organisation for midwives in New Zealand, the NZCOM has a legitimate role in providing direction for midwifery education in New Zealand. This direction is set out through this National Framework for Midwifery Education.

Several other organisations also have a role at national level, in influencing midwifery education. The Nursing Council of New Zealand and the New Zealand Qualifications Authority both have legislative authority over approval of programmes and accreditation of educational institutions providing midwifery education. The Clinical Training Agency and the Ministry of Education have complementary roles in the funding of health workforce education in New Zealand. This section discusses the specific role of each of these organisations in midwifery education.

Finally, this section identifies the historical linkage between midwifery and nursing and traces the way in which the recent separation of these two professions in New Zealand has been reflected through changes to their education programmes.

1.1 New Zealand College of Midwives (NZCOM)

The New Zealand College of Midwives (NZCOM) is the recognised professional body for midwives in New Zealand. In honouring the principles of partnership, participation and protection inherent in the Treaty of Waitangi, and in acknowledgement of the essential role of women (as consumers) in midwifery, the NZCOM is founded on the principle of partnership. The partnership between women and midwives is reflected in the organisational structure of the NZCOM, in its Code of Ethics and Standards for Practice¹, in its policy development, in its Standards Review and Resolution Committee processes and in its political activity. Women consumers are members of the College at every level of the organisation. This active involvement of women as consumers within the College has strengthened midwifery at both a political and professional level. It ensures that midwifery continues to uphold the needs and wishes of women and influences the individual practice of midwives to ensure the one-to-one relationships with women are based on equality and negotiation.

Established in April 1989, the College provides a ‘voice’ for midwives, distinguishing midwifery from other professions with whom midwifery has historically been linked such

¹ New Zealand College of Midwives. 1993. Midwives handbook for practice. Dunedin: New Zealand College of Midwives.

as nursing and medicine. The College provides professional leadership to all midwives in New Zealand and provides industrial representation to self-employed midwives.

There are ten regions of the College throughout New Zealand, each with a regional chairperson and committee. Each region also has a Standards Review Committee and Resolutions Committee. The regional chair people form the National Committee along with three national consumer representatives, two national representatives from Nga Maia o Aotearoa me te Waipounamu², the President, and the National Director. In addition, the National Committee co-opts expertise from the Education Consultant and from the Midwifery Student representatives. Finally, Joan Donley, the College Elder and Mina Timu Timu, Kaumatua to the College, join the National Committee. Together they bring their partnership as Maori and Pakeha Kuia to benefit the College. The National Committee operates on a consensus model, requiring all issues to be fully discussed through the regions before any decisions are made at a national level. Consensus decision-making necessarily involves a lengthy consultation process and the College aims to involve as many members as possible in this process.

As the professional body for midwifery, the NZCOM has a legitimate role in shaping midwifery education and practice in New Zealand. Education must strengthen the profession, reflect the current context of midwifery practice and maintain a high standard of midwifery practice that meets women's needs. The National Midwifery Education Framework, described in this document, provides direction from the midwifery profession for midwifery education at both a pre-registration and post-registration level. This Framework will provide guidance to midwifery educators, midwifery practitioners and other organisations with a role in midwifery education.

1.2 Relationship with other organisations with a role in midwifery education

1.2.1 Nursing Council of New Zealand (NCNZ)

The regulatory body for Midwifery at present, the Nursing Council of New Zealand (NCNZ) has legislative authority, under the Nurses Act 1977 and Amendments, to approve education facilities and pre-registration programmes for midwives. In this role the Council has set standards for registration of midwives and standards for the educational programmes to prepare midwives. The Council audits these programmes every three years.

Since the passing of the Nurses Amendment Act in August 1990³, the NZCOM has had the right to nominate one member to the twelve-member Nursing Council. This right ceased when the Health Occupation Registration Amendment Act⁴ was passed in October 1999. This legislation reconstituted the membership of the Nursing

² Nga Maia o Aotearoa me te Waipounamu is the Maori midwives collective, established to represent the interests of Maori Midwives. The partnership between NZCOM and Nga Maia includes NZCOM financially supporting two representatives from Nga Maia to attend its National Committee meetings.

³ New Zealand Government. (1990). Nurses Amendment Act. Wellington: Government Printer.

⁴ New Zealand Government. (1999). Health Occupation Registration Amendment Act. Wellington: Government Printer.

Council to include three registered nurses, two registered midwives, two members of Nursing or Midwifery educational facilities and four others, one of who can be a midwife and one of who can be a nurse. No professional organisation has the right to nominate the nurse or midwife members and the Minister of Health appoints all members. This new Council will be appointed over a transition year between 1999 and 2000.

Perhaps in recognition of the lack of midwifery representation on Council (one or two in each year), the Council, over the past four years, has entered into collaborative projects with NZCOM over matters of interest to both organisations. In 1996 Council developed its standards and competencies for midwifery registration in partnership with NZCOM⁵. In 1998 NZCOM was well represented on the Nursing Council Working Party that developed the Competency-based Practising Certificate Policy for Registered Midwives⁶. This policy recognises the NZCOM Midwifery Standards Review Process as one mechanism by which midwives demonstrate on-going competency to practice. In 1999 Council passed a policy that determined that entry to the midwifery profession be by Bachelors degree only⁷. This policy is in line with NZCOM policy as outlined in this Midwifery Education Framework.

1.2.2 New Zealand Qualifications Authority (NZQA)

Established under the 1989 Education Act, the New Zealand Qualifications Authority (NZQA) has legislative authority to approve undergraduate and postgraduate degree programmes offered within the polytechnic sector, and to accredit the institutions offering these programmes.

Until 1999 all five pre-registration midwifery Bachelor degree programmes were offered through polytechnic educational institutions. In 1999 Massey University amalgamated with Wellington Polytechnic to become the Massey University of Wellington. The New Zealand Vice Chancellor's Committee, through its Committee on University Academic Programmes (CUAP), now takes over the approval of the Bachelor of Midwifery programme previously provided by Wellington Polytechnic⁸. This is the first undergraduate midwifery programme to come under the University system for approval and accreditation.

As the professional body for midwifery in New Zealand, the NZCOM participates in the NZQA approval and accreditation processes for all midwifery programmes. NZQA recognises the legitimate interest of the NZCOM in midwifery education and seeks representation from NZCOM for each midwifery approval panel. The New Zealand Vice Chancellor's Committee approval process does not automatically invite

⁵ Nursing Council of New Zealand. 1996. Standards for registration of midwives. Wellington: Nursing Council of New Zealand.

⁶ Nursing Council of New Zealand. 1998. Guidelines for competence-based practising certificates for registered midwives. Wellington: Nursing Council of New Zealand.

⁷ Letter from Marion Clark, Chief Executive Officer, Nursing Council to NZCOM, September 1999.

⁸ Letter from Dr Ruth Anderson, Academic Director, College of Humanities and Social Sciences, Massey University to NZCOM, September 1999.

involvement of the appropriate professional organisations and NZCOM will need to seek participation within this process.

1.2.3 Clinical Training Agency

In 1995 the four Regional Health Authorities (RHAs) jointly established the Clinical Training Agency (CTA) to take responsibility for the purchasing of post-entry level clinical training for health professionals. The CTA now performs this same role for the Health Funding Authority (HFA).

The CTA purchases post-entry level clinical training in line with its purchasing priorities and in accordance with certain criteria. These criteria include the following:

- Vocational, rather than academic and research based
- Clinically based, with a substantial clinical component where employment in a clinical setting is integral for completion of the qualification
- Post-entry, which occurs after entry to a health profession, so that a person is eligible to practise in a particular occupation
- Formal programme – trainees are formally enrolled in a training programme which leads to a recognised qualification
- Six months – the formal training programme is to be equivalent to a minimum of six full time months in length.
- Nationally recognised – recognised by the profession and/or health sector and meeting a national health service skill requirement rather than local employer need.⁹

Funding for purchasing of post-entry level education by the CTA came originally from the Government ‘unbundling’ exercise, where Crown Health Enterprises (CHEs) identified the costs of this clinical training to their budgets. Funding was then transferred from the CHE budgets to the CTA through Vote Health. Initially the CTA rolled over funding to sustain existing post-entry training activities such as medical registrar training. The CTA also discovered that the funding did not cover the cost of the activities.¹⁰ Further unbundling occurred in 1998/9 from a ‘deficit switch’ of funds from Crown Company Monitoring Agency (CCMAU) to the HFA. This made up to \$5 million available to the CTA to support CHE employed registered nurses undertaking clinical training previously funded by CHEs.¹¹

Midwifery has not had access to funding from the CTA for post-entry level clinical training programmes. Because of midwifery’s historical association as a specialty of nursing, hospitals did not provide post-entry level training programmes for midwives. A large number of hospitals did fund registered nurses to undertake midwifery education, but although this was post-entry training for nurses it provided entry level

⁹ Review of the Diploma of Obstetrics and the Diploma of Obstetrics and Medical Gynaecology. A Report commissioned by the Board of the Clinical Training Agency, Christchurch. December 1996.

¹⁰ Committee Advising on Professional Education (CAPE). 1997. Education and Development of the Health and Disability Workforce: recommendations from CAPE’s consultation with health, disability and education sectors, September.

¹¹ Letter from Winston McKean, Director CTA, to various nursing groups, 10 June , 1998.

to midwifery. This funding appears to have been lost within the unbundling exercises.

As midwifery develops its education framework and sets a direction for the future it is necessary to work with hospitals and self-employed midwives to obtain funding for post-entry level education from the CTA. The nature of midwifery and the recent changes to the maternity services means that many midwives are no longer employed in hospitals and therefore do not fit CTA funding criteria. However, all midwives are still employees of the health system whether they are paid directly by the HFA or through employment contracts with hospitals. The increasing demand of pregnant women for midwifery care is leading midwives to seek opportunities for post-entry level clinical education. The Postgraduate Certificate programme outlined in this Midwifery Education Framework is particularly designed to assist practising midwives to extend and develop their practice skills. Practising midwives need access to CTA funding for these programmes so that they can be accessible to midwives throughout New Zealand.

1.2.4 Ministry of Education

The Ministry of Education funds pre and post-registration midwifery education through its equivalent full-time student (EFT) resourcing system. The Government funds different categories of education, subsidising the cost of education to each student to certain levels. Tertiary students in New Zealand also pay fees towards their education. At the post-entry education level, the Ministry of Education funds programmes that have less than 30% focus on clinical training. The CTA is expected to fund those programmes with more than 30% clinical training. At present the Ministry of Education funds all midwifery education, both pre and post-registration.

1.3 Relationship between midwifery and nursing education

The historical linking of midwifery with nursing education led to the establishment of the one-year separate midwifery programmes within Schools of Nursing at Auckland Institute of Technology (AIT), Waikato, Wellington, Christchurch and Otago Polytechnics between 1989 and 1992 (some of these one-year programmes were preceded by the Advanced Diploma of Midwifery (ADN)/Midwifery option).¹²

¹² AIT, Waikato, Wellington and Christchurch Polytechnics all offered ADN/Midwifery options from 1979 when all nursing and midwifery education transferred into the tertiary education sector. Separate one-year midwifery programmes were approved in 1987 to commence in 1989. This was the result of extensive lobbying by the Midwives Section of NZNA and followed the release of the Department of Education (1987) report, Evaluation of the Advanced Diploma in Nursing Courses. The Working party on Midwifery, Short Courses and Related Courses was established in 1987 to make recommendations on the phasing in of these programmes, and in 1989 AIT, Wellington and Otago/Southland Polytechnics commenced one-year midwifery programmes. Waikato and Christchurch were required to continue offering the ADN/Midwifery option to provide control groups for the evaluation process. In the event student demand led to Waikato then Christchurch ceasing the ADN/Midwifery programme by 1991 and commencing one-year separate programmes in 1992. The Ministry of education review was not completed, as there was no market for the ADN/Midwifery option.

Over time, and following the passing of the 1990 Nurses Amendment Act, the recognition of midwifery and nursing as two separate professions began to be articulated through the changing of the names of Nursing departments to Nursing and Midwifery departments. From 1999 several polytechnics began to restructure using the faculty model. Within these institutions midwifery became a separate school within the Faculties of Health¹³. The separation of midwifery from nursing in this way highlights the separate nature of the two disciplines and is a further step in midwifery's aim of self-determination.

The 1990 Nurses Amendment Act demanded a re-evaluation of the role of nurses in maternity services. Over the past nine years the maternity system has changed markedly. Over 60% of pregnant women now receive care from a midwife as their Lead Maternity Carer.¹⁴ Over 80% of pregnant women have a known midwife care for them in labour and birth.¹⁵ The role of the nurse in this system has also changed. Few maternity hospitals now employ nurses. Practice nurses have less involvement in antenatal or postnatal care as most women see their own midwife for this care.

The pre-registration education of nurses has changed to reflect this changed role of nurses in maternity services. Nurses need an understanding of childbirth within the family/social model. They also need to understand the maternity system and how to help pregnant women get the information they require to access the appropriate services. However, the traditional placement of nursing students in maternity hospitals is no longer appropriate or even possible in many areas. This re-evaluation of the nurses role is reflected in the guidance given by the Nursing Council of New Zealand to polytechnics regarding the 'obstetric' component of the comprehensive nursing programme in the May 1999 Handbook for Polytechnics¹⁶. This states:

Maternal and infant health nursing (previously obstetric nursing)

Registered Comprehensive Nurses must have an understanding of their scope of practice with regard to maternal and infant health. This includes understanding of the legal framework for practice, maternity services available to women and appropriate referral options. In particular, nurses must have knowledge of reproductive/sexual health, normal fetal development and the physiology of pregnancy, health promotion, the family experience of pregnancy, birth and the postnatal period, infant feeding, normal newborn development and contraception. All students should have some follow-up experience with a family experiencing childbirth. This may take the form of discussion with women and families after birth to explore issues related to new families and postpartum care. Management

¹³ Christchurch Polytechnic and Otago Polytechnic.

¹⁴ North Health Regional Health Authority. (1997). Joint Regional Health Authority Maternity Project. Auckland: Author.

¹⁵ Guilliland, K. (1998). A demographic profile of self-employed (independent) midwives in New Zealand. Unpublished masters thesis. Victoria University of Wellington.

¹⁶ Nursing Council of New Zealand. May 1999. Nursing Department/Schools Handbook: for Tertiary Education Institutions offering Pre-registration Nursing programmes. Wellington: Nursing Council of New Zealand.

*of maternity care and deviations from the normal are not included in this interpretation.*¹⁷

Summary

This section has discussed the role of the New Zealand College of Midwives in relation to Midwifery practice and education in New Zealand. It has also examined other organisations with a statutory role in midwifery education in New Zealand, and shown the relationships between these organisations and the NZCOM.

The relationship between nursing and midwifery in New Zealand has been examined in light of their relatively recent separation through statute, practice and education.

The next section traces the development of the Midwifery Education Framework in relation to changes in the midwifery profession and maternity service context. This includes documentation of the extensive consultation that occurred amongst midwives in the development of this framework.

¹⁷ Ibid p. 12.

Section Two

Introduction

This section traces the developments in midwifery education in New Zealand from the early 1980s to the present day. Alongside these changes the NZCOM has worked through various stages in the development of this Framework for Midwifery Education. Each stage has involved considerable consultation with midwives throughout New Zealand and formal adoption as policy by NZCOM.

2.1 Background

2.1.1 Separating Midwifery from Nursing

The Midwifery Education Framework outlined in this document has evolved since the late 1980's. Midwives began lobbying for changes to their education as soon as midwifery moved from hospital-based programmes to the tertiary education sector in 1979, and was reduced to an option within the Advanced Diploma of Nursing (ADN) programmes. Midwives believed that these programmes provided inadequate preparation for midwifery practice, and each year from 1980 onwards put a remit to the New Zealand Nurses Association (NZNA) annual conference to remove midwifery from the ADN programmes and establish separate midwifery programmes. This remit was finally passed successfully in 1986. By this time other changes were also occurring in midwifery.

The years 1986 to 1990 saw an awakening understanding amongst midwives that their practice could be expanded. The majority of midwives at this time practised in hospitals as part of a fragmented maternity system controlled by medicine. The only midwives practising with a sense of autonomy and understanding of continuity of care were a very small number of domiciliary midwives in the homebirth setting.¹⁸ However, there were some consumers who were aware of what midwifery could offer and they were determined to bring about change. A consumer group, 'Save the Midwives', was established in 1986 to raise awareness of the closure of rural and small maternity hospitals and to lobby for an autonomous midwife who could provide an alternative to the dominant medical model of maternity care.¹⁹

A sub-group of Save the Midwives formed the 'Direct Entry Midwifery Taskforce'. Their main objective was to achieve direct entry midwifery. These women believed the system of midwifery training following nursing registration was both inappropriate and a waste of resources. As a profession in its own right, midwifery needed its own education programmes to produce motivated, competent and autonomous midwives.²⁰ So while

¹⁸ Donley, J. 1986 *Save the midwife*. Auckland: New Women's Press.

¹⁹ Strid, J. 1987. Maternity in revolt. *Broadsheet*, 153, 14-17.

²⁰ Strid, J. 1988. Midwifery education for the future: a joint decision. *Save the Midwives Newsletter*, 15, May, p.1.

midwives fought for separate one-year midwifery programmes for nurses to train as midwives, women challenged midwives to think beyond this to direct-entry midwifery.

The collaborative political activity of these consumer groups in partnership with midwives, culminated in the passage of the Nurses Amendment Act in August 1990. The passing of this statute meant that midwives regained their legal and social mandate for independent practice. The same legislation provided the opportunity for direct entry midwifery education. Section 39 of the Nurses Act 1977 was amended to allow the Nursing Council to approve direct entry midwifery programmes as experimental programmes in tertiary education facilities.²¹ By this time separate, one-year midwifery programmes were being offered at three tertiary education institutions, with ADN/Midwifery options available at another two.

The newly formed New Zealand College of Midwives provided a united professional voice to address midwifery education issues. The College utilised much of the work that had begun previously through the Midwives Section of the NZNA. In this forum, midwives throughout New Zealand had contributed to and endorsed the NZNA Midwifery Policy Statement.²² The request for such a policy arose from the Midwives Section of NZNA and reflected their concern that the previous policy²³ was out of date in light of professional developments and community concerns. An ad hoc committee was established by NZNA to revise and update the 1981 policy. Three, of the five-member committee, were representatives of the Midwives Section. The extensive consultation process that followed included 140 women's groups as well as midwives throughout New Zealand in midwifery's first attempt to involve women in policy development.²⁴ The resultant policy statement clearly outlined a future for midwifery based on autonomy and continuity of care and a midwifery philosophy of practice. This policy called for discontinuation of the ADN/Midwifery programmes and supported direct entry midwifery education as one route to midwifery registration.

At the same time as the policy statement was being developed, the Midwives Section of NZNA was working on the development of standards. Through an extensive and prolonged consultation process, the Midwives Section reached consensus on a philosophy of midwifery and standards for practice, education and service.²⁵ These were almost complete when, in 1989, these same midwives disbanded the NZNA Midwives Section and participated in the establishment of the New Zealand College of Midwives. The midwives took their work with them and the philosophy and standards were subsequently

²¹ Donley, J. 1990. Autonomy for Midwives. New Zealand College of Midwives Journal, November, p.7.

²² New Zealand Nurses' Association Inc. 1989. Midwifery Policy Statement. Wellington: New Zealand Nurses' Association.

²³ New Zealand Nurses Association Inc. 1981. Policy Statement on Maternal and Infant Nursing. Wellington: NZNA.

²⁴ Bickley, J. 1989. Attempting to involve consumers in midwifery policy development. New Zealand College of Midwives Journal, 1st issue, 11-13.

²⁵ New Zealand College of Midwives. 1990. Standards for Midwifery Practice, Service and Education. Dunedin: NZCOM.

adopted by the College, and later reviewed (in both 1992 and 1993) and published within the handbook for practice.²⁶

2.1.2 Developing an Education Framework

At the same time as midwifery separated itself from nursing through establishment of the NZCOM and development of a philosophy and standards that articulated midwifery as an autonomous profession, the Direct Entry Midwifery Taskforce was working towards a complete change in midwifery education. The Taskforce, with the assistance of a grant from the McKenzie Trust Foundation, distributed a discussion paper and questionnaire to assess the feasibility of establishing direct entry midwifery education programmes in New Zealand.²⁷ The 691 replies indicated strong support for direct entry.²⁸ In February 1990 the Taskforce, in conjunction with Carrington Polytechnic School of Health Studies and with the endorsement of the NZCOM, released a discussion document and draft direct entry midwifery curriculum.²⁹ 826 copies were distributed directly by the Taskforce and again the responses were positive. Common themes included: the need for input from Maori and other minority groups; the importance of emphasis on quality clinical experience with a focus on the normal and continuity of care; modular structures to enhance distance learning and flexibility; and support for an apprenticeship model of clinical experience.³⁰

In August 1990 section 39 of the Nurses Amendment Act paved the way for direct entry midwifery. Section 39 was an experimental clause that required the Nursing Council to inform educational institutions of any amendments necessary to achieve approval if the programme was initially turned down by the Council.³¹ Four polytechnics submitted curricula. The Nursing Council approved three initially and the Minister of Health later agreed to fund two programmes, one at Auckland Institute of Technology (AIT) and one at Otago Polytechnic. These programmes were to undergo extensive evaluation before funding would be approved for further programmes elsewhere in New Zealand. Both programmes were three-year programmes but AIT awarded a diploma on completion while Otago developed a Bachelor of Midwifery degree programme.

The debate between degree or diploma programmes occupied the profession in the early 1990s. The Vision 2000 conference held in Auckland in March 1991 was the first opportunity the profession had for national debate on education issues. It resulted in the development of a National Framework for Midwifery Education. This framework was developed by a 'breakaway' group of midwives and consumers when it became clear that

²⁶ New Zealand College of Midwives. 1993. Midwives Handbook for Practice. Dunedin: New Zealand College of Midwives.

²⁷ Jill White Eyres. 1988. Direct entry midwifery: the education of the future. Save the Midwives Newsletter, 15, May, 24-26.

²⁸ New Zealand College of Midwives. 1990. Direct entry midwifery update. Newsletter, 2, (5), February, p.11.

²⁹ Save the Midwives Direct Entry Midwifery Taskforce. 1990. Direct entry to midwifery. Save the Midwives Newsletter, 23, May, 12-20.

³⁰ Ibid.

³¹ Judi Strid. 1991. The need for ongoing discussion and debate. Maternity Action & Save the Midwives Newsletter, 26, Autumn, p.1.

the process of development of a nursing and midwifery education framework was not going to meet midwifery's needs.³² The National Framework for Midwifery Education identified the need for such a framework; recognised the foundation of the Treaty of Waitangi in all aspects of midwifery; identified the implications of professional autonomy on the regulation of midwifery, the role of the College and the pre-registration midwifery education curricula; set out expectations regarding the clinical experience to be offered to pre-registration midwifery students. The degree/diploma debate was identified as an area requiring further discussion by the whole profession.³³

This debate occurred in each region of the College throughout the remainder of 1991. In February 1992 the NZCOM held an Education Workshop in Wellington, bringing together midwifery educators, practitioners, regional chair people and consumers from throughout New Zealand. A number of workshops were held, one of which further developed the National Framework for Midwifery Education.³⁴ This Framework proposed that the three-year midwifery pre-registration programmes should be undergraduate degree programmes. It also set out guidelines for post-registration and postgraduate midwifery education through continuing education programmes, masters and doctoral programmes.³⁵ Following this workshop AIT moved to convert its direct entry diploma programme to a degree programme. Thus all of the first direct entry graduates in New Zealand in 1994 graduated with Bachelors degrees.

This Framework was further refined in May 1994 at the NZCOM National Education Workshop in Palmerston North. Representatives from each region of the College as well as midwifery educators, practitioners and consumers endorsed the 1992 Education Framework and developed a strategic plan to further implement the framework. At this workshop the main issues involved the following:

- Achieving entry to the midwifery profession by undergraduate degree only by 1997;
- Clarifying the relationship between NZQA and NZCOM;
- Developing competency-based practising certificates;
- Removing the experimental status of direct-entry programmes;
- Developing post-registration midwifery education, including obtaining funding;
- Funding clinical experience for pre-registration students;
- Reviewing overseas midwives registration requirements;
- Gaining midwifery representation on relevant education bodies such as the Nursing Council;
- Communicating midwifery education issues within the College.³⁶

These decisions were ratified at the NZCOM Annual General Meeting in August 1994.

³² Pairman, S. 1991. A framework for midwifery education. New Zealand College of Midwives Journal, May, 7-9.

³³ Ibid.

³⁴ New Zealand College of Midwives. 1992. A framework for Midwifery Education. Report on Education Workshop, February 1992, Wellington. Christchurch: NZCOM.

³⁵ Ibid.

³⁶ New Zealand College of Midwives. 1994. Education Workshop Discussion Papers, Palmerston North, May 1994. Christchurch: NZCOM.

The years 1994 to 1998 were years of consolidation of midwifery education. Further three-year direct entry degree programmes were commenced at Waikato and Wellington Polytechnics in 1996 and Christchurch Polytechnic in 1997. One-year diploma programmes ceased in Otago (1992), Christchurch (1996), Waikato and Wellington (1998) and in Auckland the last diploma programme is being run in 1999. Postgraduate midwifery programmes commenced at Massey University (1993), Victoria University of Wellington (1994), and at AIT (1999). Otago Polytechnic plans to commence postgraduate midwifery programmes in 2000.

The post-registration midwifery education aspect of the Framework was developed extensively through 1998. In March the NZCOM invited midwifery educators, practitioners, regional chair people, consumers, and representatives of the Nursing Council, Ministry of Health, Ministry of Education, Clinical Training Agency, and Women's Health Managers to a workshop. This workshop developed a draft, post-registration, midwifery education framework and established a small working group to carry on the project. The Framework was developed further at a meeting in April 1998, circulated to all regions of the College and ratified at the Annual General Meeting in Auckland in August 1998. Further detailed work was undertaken at a meeting of the working group in August 1998 and then again in September 1998.

The National Midwifery Education Framework presented in this document combines the earlier work on pre-registration midwifery education with the more recent developments in post-registration midwifery education. It brings together all aspects of the Framework for Midwifery Education developed and ratified by the College to date.

Section Three

Introduction

This section outlines the National Midwifery Education Framework and brings together in one document, the work done on an education framework by various midwifery groups between 1990 and the present.

The beliefs of the NZCOM in relation to midwifery education are presented. Each aspect of the programme is described, including the expectation of the NZCOM as to how these programmes will be developed and delivered. A profile of the graduates from each programme is described to demonstrate the linkage, expected by the college, between midwifery practice and education.

3.1 National midwifery education framework

The following framework proposes a pathway from pre-registration programmes that prepare for initial midwifery practice through to continuing education programmes for practising midwives, to postgraduate programmes for those midwives who wish to pursue higher education with a focus on midwifery practice. It is a cohesive framework, and one that the NZCOM hopes to see applied consistently throughout New Zealand by educational institutions offering midwifery programmes.

Underpinning this framework is the recognition by the College that all midwives are expected to work to the NZCOM Standards for Practice and Code of Ethics.³⁷ In meeting these standards midwives work in partnership with women during the childbirth experience, with each other in practice and with students when facilitating and supervising clinical experience.

The framework offers a series of programmes that build on each other and reflect aspects of midwifery practice. It sets out a variety of midwifery-specific education programmes and identifies the links between them.

Flexible entry and exit points facilitate access for all midwives and enable recognition of the knowledge midwives bring with them from practice, their previous education programmes and their wider life experiences. The framework provides a pathway for midwives planning their on-going education and allows midwives to select routes that meet their specific needs

³⁷ New Zealand College of Midwives. 1993. Midwives Handbook for Practice. Dunedin: New Zealand College of Midwives.

3.1.1 Underpinning principles/assumptions

The New Zealand College of Midwives holds certain beliefs about midwifery education. These key assumptions underpin the National Midwifery Education Framework and include beliefs that:

- Midwifery is a profession in its own right and the NZCOM, as the professional body for midwives, has a legitimate role in shaping midwifery education and practice in New Zealand.
- Midwifery is a partnership between the midwife and the woman. This partnership exists within the cultural and political context of New Zealand society.
- The partnership between women and midwives is the strength and base of the profession.
- Midwifery education has its foundation in practice and reflects the centrality of women inherent in the Midwifery Philosophy.
- Midwifery education must reflect midwifery as an independent profession.
- Midwifery education acknowledges the unique learning needs of Maori.
- Consumers must be involved in the development and on-going monitoring of all programmes. Curricula must also be developed collaboratively between the educational institution and midwifery practitioners, including representatives of NZCOM.
- Midwifery education programmes should be nationally consistent, with national standards and outcomes, and entry and exit points, but with local development within these standards to meet local needs.
- Midwifery education programmes should articulate with each other and lead to recognised qualifications.
- Midwifery education should be accessible to all midwives.
- Midwifery education programmes should be underpinned by recognition of prior learning (RPL) policies and processes that will enhance flexibility for midwives.
- All midwives are accountable for their practice and for maintaining and updating professional knowledge and skill in midwifery practice.
- Midwifery education is the interaction between students and planned learning experiences facilitated by teachers in a supportive environment.
- The midwifery education environment reflects the principles of partnership, protection and participation as identified in the Treaty of Waitangi.
- Learning is part of the students' wider education, and is the response to their total life experience within and beyond educational settings. Learning is the responsibility of the student and is enhanced by sharing experiences, critical reflection, acknowledging cultural differences and beliefs and valuing the contribution of each member to the learning of the group.
- Midwifery curricula reflect the needs of society and of women, particularly in relation to maternity services.
- Women have the right to decide where they will birth and with whom. They have the right to continuity of care from the midwife of their choice.
- As midwives are the only primary health providers who can provide continuity of care during the childbearing cycle, midwifery students must have priority of access to clinical experience with midwives.

3.1.3 Definition of the Midwife and Scope of Practice of the Midwife.

The New Zealand midwife accepts the World Health Organisation definition of a midwife, as adopted by the International Confederation of Midwives 1972, and the International Federation of Gynaecologists and Obstetricians 1973, which reads:

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 studying midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

Scope of practice of the midwife

The midwife must be able to give the necessary supervision, care and advice to women prior to, and during pregnancy, labour and the post partum period, to conduct deliveries on her own responsibility and to care for the newborn and the infant.

This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for the woman, but also within the family and community. The work should involve pre-conceptual and antenatal education and preparation for parenthood and extends to certain areas of women's health, family planning and childcare. She may practice in any setting including the home, hospital and community.

3.1.4 Pre-registration Midwifery Education

The focus of the pre-registration midwifery programme is on midwifery as an independent profession that works in partnership with women within the midwifery scope of practice. The overall aim of the programme is to prepare midwives to practice competently and independently in any maternity setting.

Each programme must provide a balanced integration of theory and clinical experience within an environment that promotes critical thinking, reflective practice and the application of research to practice. Clinical experience must encompass continuity of care and independent midwifery practice and each student must have the opportunity to experience homebirth midwifery practice as well as institutionally based secondary midwifery practice.

All pre-registration midwifery education is through a three-year Bachelors degree programme. Each programme must have sound policies and processes for recognition of

prior learning so that midwifery students can gain credit and partial exemption for the experiences they bring to midwifery education.

Registered Nurses seeking midwifery registration may receive recognition of those skills and knowledge they hold in common with midwives, through RPL policies applied within the three-year degree programme. As such registered nurses may complete the Bachelors programme within a shortened timeframe.

Entry

Entry into pre-registration midwifery programmes is for direct entry students and registered nurses who wish to move to another profession. The entry criteria should be the same for both groups and include a commitment to women-centered midwifery, maturity and life experience, and the ability to cope with the academic demands of the programme. Midwifery is committed to increasing the numbers of Maori midwives as well as those for other cultural groups. This commitment should be reflected in the entry criteria and selection processes.

Graduate profile

Midwife graduates will be able to:

- Think critically and creatively
- Practice midwifery safely and competently
- Practice autonomously and in partnership with women in any maternity setting
- Utilise research evidence in practice
- Contribute to midwifery's body of knowledge
- Actively participate in the midwifery profession
- Take responsibility for ongoing learning and maintaining competence in practice

3.1.5 Post-registration midwifery education

A variety of post-registration midwifery education programmes have been developed to meet midwives' specific needs. These programmes recognise that the depth and scope of knowledge on which professional practice is based, develops over time and in different ways. Whilst the College expects all midwives to participate in ongoing learning, each midwife must choose the education programme that best suits her learning needs, practice focus and interests.

3.1.5.1 Continuing Education Programmes

The Regions of the NZCOM offer continuing education programmes. These are short courses that cater to specific areas of interest and/or enable updating on specific skills such as infant resuscitation or breastfeeding.

Other providers include maternity hospitals that offer in-service education programmes for their midwifery staff.

Such programmes have no formal assessment and cannot award a formal qualification. They may award a certificate of attendance.

Midwives will continue to attend these programmes because of their specific nature. Indeed many midwives will attend these programmes, whilst at the same time participating in more formal ongoing education. While these programmes do not award qualifications, they may be used as evidence of professional development for portfolio applications into formal midwifery programmes or as evidence of continued competency to obtain a practising certificate.

3.1.5.2 Midwifery Standards Review

Each Region of the College provides a Midwifery Standards Review process. Any midwife-member with a caseload can present for review annually or more frequently if necessary. The review offers the midwife the opportunity to reflect on her practice over the past year with peers and consumers. The review has a supportive and educative focus and emphasises reflective and critical thinking about practice.

This process too, may be used as evidence of professional development for portfolio applications into formal midwifery programmes or as evidence of continued competency to obtain a practising certificate.

3.1.5.3 Midwifery Bachelor Degree Programmes

Undergraduate midwifery programmes are designed for pre-registration students and now provide the entry level to the midwifery profession. However, this entry level will only been consistent throughout New Zealand from 2000. There are still many registered midwives practising without an undergraduate degree.

Bachelors degree programmes sit at levels 5 (year one), 6 (year two) and 7 (year three) on the National Qualification Framework (NQF). The National Qualification Framework was designed by NZQA to attempt to provide some measure of consistency across education generally. The framework spans level 1 to level 8, with level 8 being all postgraduate programmes including both masters and doctoral programmes.

Utilising the RPL policies of the undergraduate midwifery programmes, registered midwives can be offered one-year midwifery Bachelor degree programmes. These programmes recognise that the registered midwife students have already met the registration requirements. Instead the one-year degree programme focuses on developing degree level skills such as critical thinking and reflection, research skills, academic skills and the development of discipline-specific midwifery knowledge. At level 7 on the NQF, these programmes may be particularly suited to those midwives who do not feel they possess the academic skills necessary for postgraduate study. Indeed, the education previously available to midwives has disadvantaged them in this area. The undergraduate midwifery programme for registered midwives provides a flexible way to acquire these skills while still recognising the extensive knowledge and experiences of these midwives.

The five educational institutions currently approved by the Nursing Council to offer pre-registration midwifery programmes provide undergraduate programmes.³⁸ These

³⁸ AIT, Waikato, Wellington, Christchurch and Otago Polytechnics.

institutions are accredited by NZQA or CUAP to provide degree level education and their programmes have also received NZQA or CUAP approval.

3.1.5.4 Postgraduate Certificate

The postgraduate certificate provides two papers at level 8 (Masters level) on the NQF. The NZCOM expects midwifery educators and practitioners to collaboratively develop these programmes. Accredited educational institutions, that award the qualification, provide the programmes. Teaching within the programmes should be by appropriately qualified educators and practitioners.

The main focus of these programmes is on developing clinical midwifery practice and on providing the basis for further post-graduate study.

Entry is for registered midwives with a Bachelors degree or for midwives with a portfolio that demonstrates their ability to cope with the academic demands of the programme. Midwives should be given clear guidelines by the institution to assist in the preparation of portfolio applications.

Midwives may exit from the programme with a Postgraduate Certificate qualification, or they may choose to continue on into the Postgraduate Diploma programme with credit given for two of the four required papers. Alternatively they may apply for entry into the Masters programme and be credited for two of the eight required papers.

3.1.5.5 Postgraduate Diploma

The Postgraduate Diploma provides four papers at level 8 (Masters level) on the NQF. As for the Postgraduate Certificate, midwifery educators and practitioners develop these programmes collaboratively, with input from the NZCOM and consumers. Accredited educational institutions provide the programmes and award the qualification. Teaching is by appropriately qualified educators and practitioners.

The main aim of these programmes is to expose students to a systematic review of current thinking and research relating to midwifery knowledge and practice and to prepare the student for independent scholarship.

Entry is for registered midwives with a Bachelors degree or portfolio; or for registered midwives with a Postgraduate Certificate. As above, a portfolio application must provide evidence of the midwife's ability to meet the academic requirements of the programme.

Midwives may exit from the programme with a Postgraduate Diploma, or they may choose to continue into the Masters programme with credit given for four of the eight required papers. It is likely that individual educational institutions will require some level of academic achievement for acceptance into the Masters programme. For example, a B grade in one or more papers. The individual institutions will specify these additional criteria.

3.1.5.6 Master of Midwifery

The Master of Midwifery programme provides eight papers at level 8 of the NQF. Generally there are two types of Masters programmes. The Masters by Thesis programme consists of four papers plus a four-paper thesis. The Masters by Papers programme consists of eight papers, of which a minimum of one, but up to three, relates to a research project or dissertation.

Educators, practitioners, consumers and the profession should also develop Masters programmes collaboratively. Accredited educational institutions provide the programmes and award the qualification. Teaching is by appropriately qualified educators and practitioners. Appropriately qualified staff must provide research supervision, with assistance from midwives if the supervisor is not already a midwife.

The main aim of the Masters programme is to provide the student with the opportunity to conduct independent research and scholarship in midwifery and to contribute to the knowledge base of midwifery as a discipline.

Entry is for registered midwives with a Bachelors degree, a Postgraduate Certificate, a Postgraduate Diploma or a portfolio. Individual institutions may have additional academic requirements that must be met for entry.

Exit is with a Master of Midwifery.

3.1.5.7 Doctor of Philosophy (PhD) / Professional doctorate

Registered midwives with Masters degrees may gain entry into doctoral programmes. There are currently two PhD programmes for midwives in New Zealand offered by accredited Universities that award the qualification. There are currently no Professional Doctorates available for midwives in New Zealand although one has recently begun in Australia.

Both PhD and Professional Doctorate programmes in midwifery focus on research and the development of the knowledge base of midwifery. The PhD usually requires one major research project, while the Professional Doctorate is located in practice and facilitates a number of research projects that directly relate to the practice domain of the midwife.

3.2 Graduate profiles

	Master of Midwifery	Postgraduate Diploma in Midwifery	Postgraduate Certificate in Midwifery	Bachelor Degree in Midwifery
Knowledge	Actively develops midwifery knowledge through research and scholarly enquiry.	Identifies clinical or professional issues requiring investigation and research.	Increases knowledge and understanding with which to assess and manage clinical situations.	Identifies and articulates aspects of discipline-specific knowledge base for midwifery.
	Develops theoretical propositions in relation to midwifery.	Critiques theoretical propositions in relation to midwifery.		
Practice	Acts as a change agent in the provision of midwifery practice.	Continues to develop judgement, discretion and decision-making in midwifery practice.	Uses professional judgement as a reflective and critical practitioner in midwifery practice.	Acquires knowledge and skills necessary for independent midwifery practice.
		Utilises knowledge and skills to deal with uncertainty and change in midwifery practice.	Utilises reflection and self-knowledge to change practice.	Develops professional judgement through critical reflection and practice experiences.
		Participates in development of national clinical guidelines	Maintains the midwifery focus within a collaborative and interdisciplinary context.	Utilises evidence as a basis for practice and clinical decision-making.
			Judiciously uses and critiques clinical practice guidelines to improve outcomes for women and babies.	
Profession	Develops networks at professional, regional, national and international levels		Develops creative and innovative approaches to midwifery practice. Actively participates in the midwifery profession at local and national levels	Actively participates in the midwifery profession at local and national levels
	Actively participates in the midwifery profession.			
Political	Develops and influences health policy to improve health outcomes for woman and babies.	Develops awareness of the impact of broad health policy and directions on midwifery practice.	Participates in development of national clinical practice guidelines.	Critiques and utilises nationally agreed clinical practice guidelines.
Leadership	Takes a leadership role in the midwifery profession.		Provides a positive role model of continuing professional and personal development.	Takes responsibility for own professional development.
			Provides guidance and support for midwifery colleagues and students.	Provides guidance and support for midwifery students.

3.3 The Midwifery Education Framework

