Recertification Programme for midwives consultation

Purpose

The Council is seeking feedback on the Recertification Programme for midwives

Instructions

Name of person completing consultation document: **Marilyn Head**

I am completing this consultation document as an individual: **NO**

I am completing this consultation document on behalf of an organisation: **YES**

If yes, please provide name of organisation:

New Zealand Nurses Organisation (NZNO). This submission is informed by consultation with our midwife members and professional nurse advisers. Our midwife membership comprises 541 midwives and a significant proportion of midwives employed by District Health Boards (DHBs). The consultation questions generated lively discussion and a range of opinions; the comments below represent the general consensus. However, our staff and members would be happy to provide further feedback should you wish it.

Discussion was strongly focused on the ability and opportunities midwives had to increase, as well as to maintain, their professional knowledge, skills and expertise and the role of professional development recertification in facilitating this. Recertification requirements were identified as both a motivation and a barrier to improving midwifery practise. Some members felt that while the background document correctly identified the prescriptive nature of the current recertification requirements, which can be onerous, it did not explore the employment contexts which can make it difficult for some midwives to meet both the prescriptive and elective professional development (PD) requirements.

For example it is often impossible for those employed in large tertiary teaching DHBs to access anything other than compulsory DHB-provided education in worktime. Other education, including education necessary for midwifery APC requirements, often has to be done in midwives' own time. Access to elective education and PD is

difficult and expensive, even when it has been approved by the Midwifery Council unless it is 'in-house' ie run by the DHBs. This lack of opportunity presents a considerable barrier to midwives seeking to expand their professional knowledge and skills as anticipated with the quality leadership programme.

There are significant differences in the case-mix and support available to midwives between those working in (various and diverse) communities, those in smaller DHBs and those in the larger DHBs. This provides a rationale for more flexible requirements to meet the wide range of specific needs and interests of midwives. For tertiary hospital-based midwives who are increasingly dealing almost exclusively with acute and complex cases, it also indicates the potential need for facilitating the development and recognition of interdisciplinary knowledge and skills. The alarming increase in the number of pregnant women with comorbidities - diabetes in particular – combined with staffing that is often inadequate because of workload pressure, is an ongoing cause for concern in several large DHBS.

Clearly there is a need to leverage and facilitate the development of complementary skills eg midwifery, nursing, diabetes to improve public safety and leadership in these high risk areas. Currently there is no recognition of interdisciplinary skills or credited pathway for dual scopes which made some provision for integrated learning in the manner in which universities, for example, provide for conjoint Science/Humanities degrees. It is difficult and expensive to maintain dual scopes and we recommend that the council, and other responsible authorities (RAs), consider ways to encourage rather than discourage broader knowledge and skillsets.

Finally, members noted that the awarding of points for various activities was variable and unaccountable, and was not common to other RAS. The need for Council approval of recertification activities undermines the principle of autonomy which is the basis for regulation under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). We recommend a system that allows and trusts midwives to assess their own learning.

Recertification Framework 2017-2020

Section one: The midwife is skilled in maternity emergencies

The Council is committed to ensuring that the midwifery workforce provides safe care to women and their babies. It is essential that all midwives are skilled and competent to act in any maternity emergency, no matter what their practice setting.

The current Recertification Programme requires all midwives to attend an annual update on maternity emergencies. The content of this day includes a theoretical and practical refresher on maternal and newborn resuscitation, as well as maternity emergency drills. Courses are contextualised to the midwife's clinical environment.

Compliance with this requirement can be achieved through attendance at a Combined Emergency Skills Day or at an accredited multi-disciplinary obstetric emergency course. Partial requirement can be achieved through attendance at a full day neonatal resuscitation course. Attendance at either the neonatal resuscitation or multi-disciplinary course can only be used to meet the Council's compulsory

requirement once every three years, although it will count as elective education. Therefore the midwife must attend at least two combined emergency skills days every three years.

There is an expectation that midwives will have hands on, practical experience during this day. Midwives must be active participants in all aspects of the day and they must be given feedback regarding their skills.

Recommendation one
That the emergency day remains as an annual requirement, with the Council secretariat monitoring compliance.

1. Do you support the above recommendation that the emergency day remains an annual requirement? **Agree**

Please make comment:
There is a clear expectation under the HPCA Act that public safety is protected by the competence of regulated practitioners. Midwives practise autonomously in a number of health settings where it is reasonable to expect that they will be able to deal with an urgent threat to the life of an adult or infant. Whether in a home or hospital setting, the rapid onset of an emergency situation and potentially catastrophic outcome for mother and child indicates that regular, thorough emergency education and training is essential.

2. Are there any other areas of education that you believe should become annual requirements for midwives eg fetal surveillance, cultural competence? **Undecided but probably not**

If yes, please list below with rationale and evidence
See above. We would expect fetal surveillance to be part of the annual update of life support and advanced level resuscitation for neonates and adults. Ie covered in emergency day.

We note that electronic fetal surveillance monitoring is an annual requirement in some jurisdictions(eg Ontario) and recognise that in some acute settings technical equipment is being constantly used and updated; this suggests there may be a case for an annual requirement for fetal surveillance. However, as the need for this would depend heavily on the health setting, patient needs and technology being used, we suggest that this would be better dealt with by the employer eg through certification.

In general there should be no need for *additiona*l requirements because cultural competence and fetal surveillance are intrinsic to safe practice and would be demonstrated as part of the APC process. However, there could be an expectation that they are specifically included as part of a three yearly process.

Section 2 Mandated education

Over the past 12 years, the Council has modified the Recertification Programme with the main influences being feedback at Council forums, change in clinical practice and monitoring of trends.

The Council is proposing that with the exception of **emergency skills** education **(section 1)** that the Recertification Programme moves away from the traditional compulsory education framework. This will mean that the Midwifery Practice Day and the compulsory breastfeeding education may no longer be required.

Recommendation two
That Council removes the requirement for compulsory breastfeeding education and the practice day.

1. Do you support the above recommendation that the practice day is removed from the compulsory requirements: **Disagree**

Please make comment below:
As noted elsewhere it is difficult for some midwives to access any education other than that provided by DHBs as part of their work programme, so this may increase flexibility. However, it may also preclude DHBs supporting midwives attendance of regular up to date evidence-based breastfeeding information and training and without it being compulsory it may not be provided. Accordingly, while NZNO midwives support less prescriptive recertification requirements, we **do not support** removal of compulsory breastfeeding education for midwives.

The Baby Friendly Hospital Initiative clearly indicates that if mothers are not well supported, breastfeeding rates will fall. Midwives are the health professionals that mothers rely on for breastfeeding support, both before and after birth and their knowledge, skill and competence needs to be maintained by regular education and training. New research is emerging all the time and midwives need to be aware of it.

The Ministry of Health's published data doesn't distinguish between full or partial breastfeeding after three months so it is difficult to accurately assess current breastfeeding rates in Aotearoa New Zealand. However, it is safe to assume that rates fall below the WHO recommendations of exclusive breastfeeding for six months and continued breastfeeding for two years. The Baby Friendly Hospital Initiative has worked tirelessly a number of years to ensure *all* staff working in maternity areas are educated about breastfeeding. Midwives are, and should be seen to be, leaders in this critical aspect of maternity and that preeminent role is dependent on evidence of competence and continual professional development.

2. Do you support the above recommendation that specific breastfeeding education is removed from the compulsory requirements? **Disagree**

Please make comment below:
See above. NZNO **disagrees** with the removal of compulsory breastfeeding education. Breastfeeding is fundamental to the health of mothers and infants. Lactation knowledge and expertise is fundamental to midwifery.

Section 3: Personal professional development plan

If Council is to remove these mandated activities (except emergency skills), it is proposed that the other education requirements of the Recertification Programme remain. The continuing education in the 2017-2020 Recertification Programme would be tailored to each individual midwife and could be formalised through a personal professional development plan which has identified learning goals and measurable outcomes. Midwives may be required to develop an individualised personal professional development plan which would be focussed on achieving their career plans. The individualised professional development plan would be at the heart of the Recertification Programme.

Recommendation three
That midwives are required to develop and maintain a personal professional development plan. The plan is to guide and direct their education needs in a continuous way but with goals which are to be achieved on an annual and three yearly basis.

3. Do you support the above recommendation? **Agree**

It is a good idea to have a personalised professional development plan; as indicated above, we support flexibility and guidance rather than direction and onerous requirements. We suggest that a longer, more flexible time frame is needed to support individual control over learning needs. Nurses for instance have to complete 60 hours of PD over three years without being restricted to a minimum in any year and without it being directed.

Midwife members also noted their frustration over the variability of what constitutes a point. Recently midwives who attended two full days conference were given a single CME point which they felt was not only unfair but trivialised their learning. On this basis midwives would be expected to do 10 days continuing education per year! Also, as NZNO has also said previously, we suggest that there should be scope for cross crediting recertification requirements where a midwife has a dual scope of practice.

Section 4: How much education?

In order to provide a framework around this self-directed education, it is proposed that in the interim the system of points remains. The current requirement is that midwives complete five points of education per annum.

Recommendation four
That midwives are required to complete a minimum of five points self-identified education each year

4. Do you support the above recommendation? **Disagree**

See above. We suggest a more flexible system that encourages broad self-directed learning. The points system, particularly as it is operating, is unduly restrictive and time-consuming. The thrust of recertification should be to empower and encourage midwives to reflect on their own practice and learning needs rather than add to their workload. We suggest that a number of hours amounting to a minimum of eg 6-8 days over three years would be sufficient to assure the continuing professional competence and fitness to practise of highly qualified and trained midwives.

Section 5: Professional activities

Midwives engage in a number of professional activities including attending conference, journal club, working with students and professional colleagues. Midwives currently must engage in a minimum of 15 points of professional activity each three years.

Recommendation five
That the professional activity requirements become a minimum of five points per year

5. Do you support the above recommendation that professional activity points are amended to a minimum of five points per year? **Disagree**

As above.

Section 6: The Midwifery Standards Review

The Midwifery Standards Review has been an integral part of the Recertification Programme since it began. Midwives must currently engage in this quality assurance process on a two yearly basis, unless they are required to attend a more frequent review or have an extension of time granted. One of the main outputs of a Midwifery Standards Review is a professional development plan, the purpose of which is to assist the midwife to identify the areas in which she needs to develop.

6. If the Council is to strengthen the requirement for midwives to engage in personal goal setting and career development planning, do you believe that the MSR process and the professional development plan as it currently stands would achieve these objectives? **Agree/Disagree/Undecided**

If no what suggestions can you make?

The quality leadership programme (QLP) under the Multi-Employer Collective Agreement (MECA) is now supported by the midwifery standards review evidence. The change from having to supply a separate portfolio has reduced unnecessary duplication and facilitates the process especially for transition from first year of practice.

Two examples of parts of a personal professional development plan are provided as Appendix A for your consideration.

Section 7: Midwives employed in areas of leadership education and research

Approximately 12% of the midwifery workforce is employed in areas that is neither LMC nor core midwifery based. These midwives hold roles in research, policy development, quality, leadership, education and advisory positions by virtue of their midwifery registration. The work they do impacts on the care that women and their babies receive and on practising midwives.

Over the past two years, the Council has considered the recertification requirements for this group of midwives. It has considered the stance that other health professions take with regard to "practice" and recertification. The Council has the view that with regard to the current and the proposed programme that there are two keys areas which require further work and discussion. One is in relation to midwifery practice-related work undertaken by these midwives and what they need demonstrate to hold an Annual Practising Certificate. The other is consideration to the quality assurance processes which fulfil the needs of this group of midwives. The Council believes that the framework of self-identified education should be a requirement for any midwife, regardless of what type of work they engage in.

Recommendation six
That midwives who work in relevant midwifery practice-related work streams such as research, leadership or policy remain within the overarching recertification framework. That they tailor their personal professional development plan to be in line with their self-identified training and development needs

7. Do you support the above recommendation that this cohort of midwives remain under the overarching framework but that they tailor their education to meet their midwifery work and career development needs?

Agree
If no what do you suggest?

Recommendation 7
That the MSR process be sufficiently flexible to allow the quality assurance process to be tailored to the needs of this group of midwives.

8. Do you support the above recommendation? **Agree**

How do you believe this process should be developed?

Appendix one Examples of personal professional development plans

Example: Midwife one

Jane is a LMC. She has been practising for 5 years and has a caseload of 40-50 women per annum. Jane is required by the Council to complete the emergency day and she schedules this annually. As part of her regular self-review of practice, she has identified that in order to be able to provide women with necessary information around diabetes screening, she needs to engage in some formal education on this topic. She is considering engaging in formal post-graduate study in the near future. Her local DHB provides an update course for midwives on screening and care for women with diabetes.

As part of her development plan she sets a performance goal to complete the local course in 2017. This course is accredited for 5 points so she checks that she will have met the requirement for the Council.

She also documents that she will enrol in two postgraduate papers in 2018. They are worth 20 points each. In 2019, she will continue with her postgraduate study.

Jane plans to attend a conference in 2017 and takes students each year. These are both professional activities and over the three years she will achieve 35 points.

All activities are documented on her development plan

Example Midwife two:

Helen is a midwife based in the birthing unit. She is often the midwife in charge and over the years, has developed an interest in fetal assessment. Helen is required by the Council to complete an annual Combined Emergencies Skills Day. She is also required by her employer to complete a fetal surveillance workshop every year and a full day newborn life support workshop every two years.

As part of her development plan, she sets a performance goal to complete the fetal surveillance course in 2017, 2018 and 2019. This course is accredited for 5 points so she checks that she will have met the requirement for the Council.

She also documents that she will enrol in the newborn life support course in 2018 and 2020. It is also worth 5 points.

In addition, Helen has researched course availability and decided that she will attend two courses that are focussed on growth and assessment over the next three years. Both are accredited by the Council and worth 5 points each. In summary Helen expects to achieve 35 points over the three years

She also wishes to attend a PMMRC study day. This is a professional activity that is worth 5 points. Helen regularly precepts student midwives and receives 10 professional activity points per year through this activity. In summary she expects to achieve 35 PA points also.

These activities are all documented on her development plan.