

# 1/B53: MIDWIFERY FIRST YEAR OF PRACTICE PROGRAMME INTERIM SPECIFICATION Next Minimum Review Date - 2013

## 1.0 PREAMBLE

- 1.1 The vision for the Midwifery First Year of Practice (MFYP) programme is that: graduate midwives enthusiastically commence their careers in New Zealand - well-supported, safe, skilled and confident in their practice. The MFYP programme will support graduate midwives to meet the needs of maternity service consumers, providers and communities, and the programme will build a sustainable base for the New Zealand registered midwives workforce in the future.
- 1.2 This specification outlines the requirements for the MFYP programme. It describes the resources and processes which must be dedicated to the MFYP programme.
- 1.3 The MFYP programme is a nationally delivered and recognised programme that will provide graduate midwives with a supportive environment and will result in graduate midwives who successfully complete the programme being issued a Certificate of Achievement by the Midwifery Council and the New Zealand College of Midwives (NZCOM). To successfully complete the programme the graduate midwife must undertake the MFYP Midwifery Standards Review<sup>1</sup> within the twelve month programme period and be assessed as having attained the "Confident Midwife Profile". See *Appendix 1 for the "Confident Midwife Profile"*.

## 2.0 PROGRAMME OUTCOMES

- 2.1 The MFYP programme will contribute to the following:
- a. the provision of a safe, supportive and professional environment for graduate midwives
  - b. promotion of confidence, acquisition and consolidation of knowledge and further development of midwifery practice skills<sup>2</sup>
  - c. improved job satisfaction for graduate midwives
  - d. improved retention rates of graduate midwives
  - e. graduate midwives are supported to manage in busy, complex workplaces including community settings
  - f. enhanced consumer and maternity service outcomes by facilitating the provision of high quality, appropriate and effective midwifery care.

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<sup>1</sup> A national process provided by the profession, the Midwifery Standards Review improves midwifery standards through education and support that enables each individual midwife to examine her practice, identify her strengths and weaknesses, and develop her professional development plan and help her achieve her goals.

<sup>2</sup> Midwifery practice skills are defined as clinical skills and activities undertaken during the practice of midwifery, based on comprehensive assessment, with reference to the theoretical basis for midwifery practice, and the midwifery scope of practice, code of ethics and philosophy.

- 2.2 The graduate midwife will undertake the MFYP Midwifery Standards Review in the 12 months of the programme. The MSR will assess whether the graduate midwife has attained the confident midwife profile. Results from the MSR will be provided by the training provider for each cohort in the month following completion of their MFYP training year (see section 12).
- 2.3 An annual, mandatory questionnaire is jointly developed (by the CTA and the training provider) to independently survey programme participants regarding their experience of the programme. This information will provide some of the outcome information detailed in this section. Other outcome information will be provided via the Report 2 reporting requirements.

### 3.0 PROGRAMME OVERVIEW AND GENERAL PROVISIONS

- 3.1 The key components of the MFYP programme are:
- a. mentoring of graduate midwife (this includes professional development and support; and a level of clinical support appropriate to the graduate midwife's support needs)
  - b. education, development and clinical release time
  - c. graduate midwife familiarisation<sup>3</sup> with and experience across the Midwifery Scope of Practice in different settings<sup>4</sup>. But note that the MFYP programme is not meant to substitute for the employer's role and obligations regarding orientation to their facilities and services, and for any training which would be usually provided by the employer's orientation programme
  - d. education, development and support provided to mentors
  - e. development of midwifery practice skills and application of critical thinking and reflective practice
  - f. work which will contribute to the successful completion of the Midwifery Standards Review and attainment of the "Confident Midwife Profile"
  - g. it is a 12 month programme, with two intakes per year.
- 3.2 The MFYP programme includes the following **for graduate midwives**:
- a. Mentor support  
Mentor support consists of a minimum of 32 hours (and maximum of 56 hours), including eight face to face (two hour) sessions.  
Mentor support is used for:
    - i. preparation of the graduate midwife's Education and Professional Development Plan (EPDP) and her Support and Development Partnership Agreement (SDPA)

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<sup>3</sup> Familiarisation with, for example meeting/knowing the key personnel, being aware of the facility/unit layout, systems and processes, as distinct from experience in the facility/setting.

<sup>4</sup> Midwifery Scope of Practice settings are defined as '... any setting, including the home, the community, hospitals or any other maternity service. In all settings, the midwife remains responsible and accountable for the care she provides.'

- ii. identifying, defining and provision of any ongoing midwifery practice skills support (and education), as required and appropriate, including attendance at births when requested by the graduate midwife
    - iii. formalised documented reflective practice sessions with mentor
    - iv. preparation for the MFYP Midwifery Standards Review process
  - b. mandatory and elective education and development activities or courses as specified in Tables 1 and 2, page 9
  - c. clinical/practice experiences which are individually negotiated by the graduate midwife in conjunction with her mentor and group practice or District Health Board (DHB) employer as appropriate
  - d. experiential practice learning and self-study through application of critical thinking, self reflection and feedback
  - e. the Support and Development Partnership Agreement between the mentor and the graduate midwife will include but not be limited to:
    - i. well defined goals including specific education and development outcomes
    - ii. identified support needs, including cultural support needs and a reasonable level of clinical support
    - iii. mutual responsibilities including frequency and method of mentor/graduate midwife contact
    - iv. accountability mechanisms including relationship ground rules, confidentiality safeguards, boundaries and processes for conflict resolution and / or addressing stumbling blocks.
- 3.3 The MFYP programme **National Programme Co-ordination** includes the following:
- a. provision of training and workshops
  - b. graduate midwife and mentor co-ordination and support
  - c. programme management (including financial management), administration, and reporting
  - d. disbursement to graduate midwives and mentors of MFYP payments.
- 3.4 The MFYP programme will promote equity of outcomes for Maori and Pacific and facilitate practice in a culturally safe manner with all consumer groups.

## 4.0 DESCRIPTION OF THE MFYP PROGRAMME

### 4.1 Learning Framework

The programme's learning framework builds on the Midwifery Council's Competencies for Entry to the Register of Midwives and the Midwifery Scope of Practice [Midwifery Council of New Zealand 2004], the Standards of Midwifery Practice and Midwifery Standards Review [New Zealand College of Midwives (NZCOM) 2008], and the 'Confident Midwife Profile'.

All MFYP programme education and development activities will be focused on the learning framework and are auditable.

4.2 The MFYP programme is designed specifically for new graduates of New Zealand under-graduate midwifery education programmes. It builds on the knowledge, skills and clinical competencies acquired as under-graduates.

#### 4.3 Practice Settings

Graduate midwives undertaking the MFYP programme will negotiate individual practice experiences in their own work setting which provide them with the experience and development opportunities they require. This will be negotiated in conjunction with the mentor and group practice or DHB employer as appropriate. The rationale for practice experience decisions will be articulated in the professional development and support partnership agreement. The following will be taken into consideration:

- a. Midwifery Scope of Practice settings
- b. pre-registration midwifery education programme elective experiences.

#### 4.4 Programme Inputs for Graduate Midwives

4.4.1 The programme will allow for graduate midwives to be available from their practice setting for the hours of mentor support and mandatory and elective professional education and development (see Tables 1 and 2) over the twelve month programme duration.

4.4.2 In addition to the eight formal face-to-face meetings, graduate midwives will require regular access to/contact with the mentor during the MFYP programme. Access/contact will be as agreed in the professional development and support partnership agreement, must be documented and may include face-to-face, telephone, fax or email.

4.4.3 Mentors will be provided with regular and consistent access to the graduate midwife during the MFYP programme.

4.4.4 Mentors in the MFYP programme must:

- i. Provide formalised face to face reflective practice sessions (at least eight) with the graduate midwife to review the Support Development and Partnership Agreement (SDPA) and progress to date (each session should be not less than two hours duration). See also 3.2; 4.3.5; 4.3.6 and 'Summary Table of Programme Components' on final page.
- ii. Assist the graduate midwife to identify her professional development and support needs/plan for the first year of practice. This must include any clinical skills which require development and how the graduate midwife will access the support required to gain these skills.

**Note:** Following entry to the register, a graduate midwife's mentor is only one option for providing midwifery practice skills support.

Depending on the circumstances, other sources of support may be more appropriate. Graduate midwives may seek support from colleagues in their practice setting when encountering clinical issues for the first time e.g. first instrumental birth, first induction, first epidural insertion. If a particular clinical situation is identified as a significant confidence issue, the graduate midwife can request her mentor to be present to provide support.

While the mentor may provide a reasonable level of midwifery practice skills support and advice in relation to clinical decision-making, the graduate midwife remains responsible and accountable for the decisions she makes and the care she provides at all times.

- iii. Discuss the graduate midwife's caseload / workload and client selection on a regular basis to consider the following:- whether the selection of clients is appropriate for her level of experience; whether any additional support is required by the graduate midwife; whether the client's complexity requires onward referral.
- iv. Regularly seek feedback from the graduate midwife regarding the graduate's experience of the mentoring partnership and whether it is meeting the graduate's support needs.
- v. Support the graduate midwife to access practice experiences across the Midwifery Scope of Practice as detailed in the professional development and support partnership agreement.
- vi. Support the graduate midwife to access education directly related to programme requirements and identified development needs.
- vii. Attend and facilitate the feedback sessions to support the graduate midwife to liaise with an appropriate midwife in the DHB maternity facility or LMC in a community practice (i.e. the opposite setting to the graduate midwife's primary practice setting). Feedback sessions are where the graduate midwife, mentor and an appropriate midwife from the DHB maternity facility or community (depending on the graduate midwife's primary practice context) meet and formal and constructive feedback is given on the graduate midwife's communication and practice processes across the interface between primary/secondary and tertiary care. If required, remedial needs will be identified and an action plan agreed.
- viii. Provide written feedback for the MFYP Midwifery Standards Review in relation to the mentor's perceptions of the development of the graduate midwife.
- ix. Assist the graduate midwife to prepare for the MFYP Midwifery Standards Review.
- x. Participate in the mentoring development and support programme.
- xi. Participate in any programme processes which require the provision of information (for example, programme reporting requirements; and evaluation or outcome measures information).

## 4.5 Education and Development

4.5.1 The elective education and professional development hours must fit within the learning framework and be used for courses which directly assist the graduate midwife to achieve the Confident Midwife Profile. Elective education and professional development hours must relate to the needs identified in her Education and Development Plan and Support and Development Partnership agreement and be specific to her practice setting.

4.5.2 Education and development activities will involve structured teaching and group learning by:

- i. New Zealand Qualifications Authority (NZQA), Committee on University Academic Programmes (CUAP) or Institutes of Technology & Polytechnics Quality (ITPQ) accredited educators and will be documented, or
- ii. Midwifery Council approved education providers.

### 4.5.3 Table 1: Mandatory education and development activities for all graduate midwives (irrespective of type)

| Activity   | Minimum & Maximum hours                   |
|--|---|
| Introductory workshop                                      | 8   |
| Neonatal Resuscitation                                     | 2 - 4                                     |
| Adult Resuscitation  | 2 – 4                                     |
| Technical Skills Workshop <sup>5</sup>                     | 14 – 16 (dependent on education provider) |
| At least one Perinatal Mortality Review meeting            | 1 - 2                                     |
| Familiarisation with opposite setting                      | 4 - 8                                     |
| Mid year workshop for graduate midwives to prepare for MSR | 8   |
| Undertaking MFYP MSR                                       | 2   |
| <b>Mandatory components total hours</b>                    | <b>41 - 52</b>                            |

### 4.5.4 Table 2: Total programme hours by all inputs

**Note:** that a graduate midwife's total maximum programme hours cannot exceed 136 and must fall within the respective minimum and maximum range for each of the components listed below.

| Activity   | Minimum hours          | Maximum hours        |
|--|------------------------|----------------------|
| Mentoring hours  | 32                     | 56                   |
| Mandatory education components                           | 41                     | 52                   |
| Elective education and professional development          | 28                     | 39                   |
| <b>Total programme hours (including mentoring hours)</b> | <b>101 (12.6 days)</b> | <b>136 (17 days)</b> |

<sup>5</sup> Each three year period the MCNZ set the content areas for the compulsory Technical Skills Workshop. The content for the 2009 - 2011 Technical Skills Workshop are: Communication, documentation and referral; assessment in labour; and management of PPH, shoulder dystocia and undiagnosed breech.

#### 4.6 Feedback sessions

In order to obtain formal, constructive and facilitated feedback (i.e. feedback collated from a range of sources) on her communication and practice, the graduate midwife and her mentor will meet with an appropriate midwife in either the DHB or community (i.e. the opposite setting to her own primary practice setting) so that formal, constructive, facilitated feedback is given at three months and again at nine months. Each feedback session is expected to take about two hours.

#### 4.7 Familiarisation sessions must be undertaken by the graduate midwife. These should include the following:

- a. Documented familiarisation for Lead Maternity Carers<sup>6</sup> (LMCs) to the maternity services provided by the DHB in the DHB/geographical area in which the graduate midwife is practising. This may take 4 – 8 hours.
- b. Documented familiarisation for DHB employed midwives to a group practice or primary unit in the DHB area in which the graduate midwife is practising. This may take 4 – 8 hours.

All graduate midwives must complete and submit a mandatory questionnaire to the Clinical Training Agency at the end of the programme.

#### 4.8 Mentorship

4.8.1 Mentorship is a supportive and educational relationship intended to provide role modelling, clinical support and development, and socialisation into the work environment. Mentors must have successfully completed the NZCOM Preliminary Mentoring workshop and must meet the following:

- i. be registered with the Midwifery Council ‘in good standing’ and with no restrictions on that registration that would negatively impact on her ability to be a mentor
- ii. have a current annual practising certificate in the Midwifery Scope of Practice
- iii. have significant midwifery experience across the midwifery scope of practice i.e. have practised as a midwife for at least three years and preferably at (or equivalent of) the level of a Quality Leadership Programme-Professional Development Recognition Programme (QLP-PDRP)<sup>7</sup> leadership midwife

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<sup>6</sup> A lead Maternity Carer takes responsibility for the care provided to the woman throughout her pregnancy and postpartum period including the management of labour and birth. It is expected that from the time of Registration all Modules of Lead Maternity Care will be the responsibility of one Lead Maternity Carer who has been chosen by the woman in order to achieve continuity of caregiver (Ministry of Health, 2002)

<sup>7</sup> The DHB/NZ/MERAS/NZNO QLP-PDRP lists the leadership midwife competencies as: provides evidence of ongoing formal post-registration midwifery related education, has significant midwifery experience in all aspects of the scope of midwifery practice and is able to communicate/demonstrate this clinically and to colleagues, demonstrates deep contextual knowledge and professional understanding, is a role model and resource for the midwifery service, influences change in practice and has a leadership role in practice and practice development.

- iv. have met all requirements of the Midwifery Council Recertification programme over the previous three years as set out by the Midwifery Council (including completion of the MSR process). However, if the midwife has not been practising in New Zealand (for example, if previously working overseas or having had a break from practicing) in the three years prior to joining the programme then she must be working towards meeting all the requirements of the Midwifery Council Recertification programme.
- v. have well established and collegial working relationships with midwifery and other health professional colleagues within the region / DHB area
- vi. be able to promote equity of outcomes for Maori and practise in a culturally safe manner with all consumer groups
- vii. be willing and committed to supporting and encouraging a graduate midwife through her role as a mentor and to receiving feedback on her performance as a mentor
- viii. be in a position to make the required time commitment and reduce her own caseload or employment FTE as necessary.

4.8.2 Education and support inputs to mentors: mentors will participate in a mentoring development and support programme provided by the MFYP programme. For mentors participating in the programme for the first time this will consist of a 16 hour mentor development workshop. For mentors returning to the programme this will consist of an eight hour mentor development workshop. In addition to the development workshops, all mentors participating in the programme attend an eight hour mentor support meeting mid year.

Mentors will be available from their practice settings for the equivalent of 32 - 56 hours development and support (mentoring) time over the twelve month programme duration. This is in addition to the time needed to participate in mentor education and support.

4.8.3 The mentor programme will include the following:

- i. the concept and application of the MFYP programme learning framework
- ii. the concepts and applications of mentorship
- iii. the concepts and applications of adult teaching and learning principles (e.g. facilitation of critical and reflective practice)
- iv. cultural safety principles.

4.8.4 The National Co-ordinator will ensure that appropriate support, peer review and feedback are provided to all mentors.

## 5.0 CULTURAL ASPECTS

5.1 The programme recognises that the midwifery degree includes a comprehensive component on the importance of cultural competency. The

MFYP programme's practice and educational components will provide opportunities for practical application and demonstration of cultural competency within the graduate midwife's practice.

- 5.2 The cultural competence expectations of all midwives are included in the Midwifery Council's Competencies for Entry to the register of Midwives. Cultural competencies form a key aspect of the MFYP programme's learning framework. The MFYP programme will provide the resources and support required to enable graduate midwives to be able to promote equity of outcomes for Maori, and practise in a culturally safe manner with all consumer groups.
- 5.3 The National Co-ordinator will ensure mentors and graduate midwives are aware of the cultural support resources available to them, and facilitate access to these resources.
- 5.4 Where the graduate midwife has particular cultural support needs, the national coordinator will assist in identifying the required resources, including flexible mentoring arrangements (where possible) which meet the needs of the graduate midwife.

## **6.0 ELIGIBILITY**

### **6.1 Graduate Midwife Eligibility**

To be eligible for CTA funding, the graduate midwife must:

- a. be a New Zealand citizen or Permanent Resident
- b. hold a midwifery degree from a pre-registration midwifery education programme accredited by the Midwifery Council, awarded no longer than 18 months prior to commencement on the MFYP programme
- c. hold registration with the Midwifery Council within the Midwife Scope of Practice and have a current annual practising certificate
- d. have practised as a registered midwife for no more than four months before commencing the MFYP programme – or have deferred commencing practise for no more than 18 months
- e. be working as a publicly funded LMC (either employed or self employed), or employed as a core midwife by a maternity provider
  - i. If employed by a DHB or private maternity provider, the graduate midwife must be working a minimum of 32 hours per week (0.8 FTE). Note that graduate midwives who are working 0.6 – 0.8 FTE, will be considered on a case by case basis.
  - ii. If working as an LMC, the graduate midwife must have a minimum caseload of one on programme commencement and the total recommended caseload of approximately 30<sup>8</sup> across the programme duration

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<sup>8</sup> Total caseload means women for whom midwifery care is still occurring or has been completed over the twelve month programme duration – it does not include women for whom midwifery care is yet to commence.

- f. any graduate midwife who does not meet the above eligibility criteria (or any other programme criteria) will be considered by the National Coordinator and the CTA on a case by case basis.

## **7.0 NATIONAL PROGRAMME PROVIDER AND NATIONAL PROGRAMME COORDINATION SECTION**

### **7.1 General Requirements**

The national programme provider is responsible for the overall delivery of the MFYP programme.

As part of delivering the programme nationally, the role of national co-ordination must be provided.

### **7.2 National co-ordination will include:**

- a. providing information and support to graduate midwives to identify a suitable mentor and confirm the partnership arrangements where required (for example, by matching graduate midwives to mentor midwives)
- b. liaising with graduate and mentor midwives, group practice / maternity service providers, District Health Boards New Zealand (DHBNZ), pre and post registration midwifery education providers and other key stakeholders as appropriate. This will include annual meetings with DHBNZ; Midwifery Council; DHB women's health and maternity service managers and other key stakeholders as appropriate
- c. developing a quality improvement plan and monitoring quality improvement processes. The quality improvement plan must incorporate regular feedback from mentor and graduate midwives, key stakeholders and cultural advisors as appropriate
- d. administering and disbursing the MFYP Programme funding (including the Missed Birth Funds) to the mentor midwives, graduate midwives, practice education providers, District Health Boards and travel providers
- e. working with graduates, mentors, training providers (such as universities and polytechnics) and DHBs to ensure appropriate education sessions are available for all graduate midwives, and monitoring graduate attendance.

### **7.3 The National Coordinator will:**

- a. facilitate graduate midwife/mentor choices i.e. the National Co-ordinator will be responsible for ensuring all graduate midwives on the MFYP programme have access to an appropriate mentor
- b. record the mentor/graduate midwife Support Development and Partnership Agreement (SDPA) and the Education and Professional Development Plan (EPDP).
- c. proactively monitor the quality of the mentoring partnerships, including the support provided by mentors, and provide feedback to mentors as required
- d. mediate and manage the relationship between the mentor, the practice setting and graduate midwife, if required. The National Coordinator will also ensure that professional mediation will be provided should the mentor-graduate midwife relationship require it.

- e. where the relationship between the mentor and the graduate midwife is experiencing serious problems and initial interventions have not resolved matters, the national co-ordinator will make arrangements for a reasonable level of support to be provided by a professional mediation service to resolve the situation with minimal negative impact on the graduate midwife's first year of practice.
- f. prepare the required reports and documentation for the MFYP programme as per Section 12 of this Specification.
- g. use all reasonable endeavours to ensure that all programme participants complete the annual, mandatory questionnaire.

7.4 National co-ordination will ensure that the following are provided:

- a. all graduate midwives have an appropriate mentor midwife
- b. all graduate midwives have a suitable learning plan
- c. all practice education requirements are met
- d. all records are maintained centrally and available for audit
- e. all reports are delivered to the CTA in a timely fashion.

7.5 Mentor Development and Support

- a. Mentor midwife development and support nationally will be provided at a level that ensures the requirements of section 4 and 5 are met. In particular:
- b. All mentor midwives are adequately trained and supported in their role as mentors.
- c. The training programme must have policies and processes in place to ensure that mentors are suitable, available and credible for the role of mentor.
- d. Records of mentor midwife training are to be kept and made available to the CTA as required.
- e. Ensure that mentor midwives are aware of their responsibilities as described in section 4, 5 and 6.
- f. Monitor graduate and mentor midwives to determine that the Specification responsibilities are being met.

7.5.1 All mentor midwives development workshops are to be reviewed and evaluated on an ongoing basis, to ensure the content and style of delivery is acceptable to mentors.

7.5.2 Records of workshop attendee details are to be kept and made available as required by the CTA.

## **8.0 MFYP MIDWIFERY STANDARDS REVIEW REQUIREMENTS**

8.1 The Midwifery Standards Review is part of the professional recertification process and its purpose is to improve standards of midwifery practice through education and support that enables each individual midwife to examine her practice, identify her strengths and weaknesses, and develop a professional development plan to help her achieve her goals. The Midwifery Standards Review is a national review process developed and provided by the midwifery profession that will assess whether the graduate midwife has reached the confident midwife profile as described in Appendix 1.

8.2 The rationale for funding the MFYP MSR is to ensure that the required training inputs are provided to graduate midwives in their first year of practice and so that her practice is formally assessed by the profession regarding her progress towards achieving the “Confident Midwife Profile”.

### **8.3 Midwifery Standards Review - Reviewer Education**

The National Co-ordination provider will provide education to (MFYP only) Midwifery Standards Review reviewers as necessary, to ensure that the MFYP reviews include components that are additional education to the standard MSR process. MSR reviewers must be ratified with the New Zealand College of Midwives (NZCOM).

8.4 The National Coordinator will ensure that all graduates are provided with a Midwifery Standards Review within their first 12 months of commencing the MFYP programme.

8.5 During the Midwifery Standards Review the graduate midwife will be assessed as to whether she has fully (or partially) achieved the confident midwife profile. If she has only partially met the “Confident Midwife Profile” then her Professional Development Plan will identify the developmental steps required for her to do so.

8.6 The MSR process may be used to provide other outcome information.

## **9.0 PAYMENTS TO PROGRAMME PARTICIPANTS – REQUIREMENTS**

9.1 The National Co-ordinator will claim from the CTA funds that will be allocated by the National Co-ordination provider to mentor midwives, graduate midwives, approved education providers and travel providers.

9.2 Provision for full payment of the Missed Birth Fund to all appropriate programme participants will be made in the Service Agreement.

9.3 The Missed Birth Fund must be invoiced for each month by programme participants. The programme provider will then invoice the CTA and then disburse it to the appropriate recipients on receiving payment.

- 9.4 Provision for contributory payment towards travel costs will be made in the service agreement.
- 9.5 All disbursements will be managed and records kept according to generally accepted accounting practices.
- 9.6 All financial records related to programme provision may be audited. An annual financial report must be submitted by the end of January each year.

## **10.0 PURCHASE UNIT AND REPORTING UNIT**

### **10.1 Purchase Unit**

A graduate midwife who meets the eligibility criteria set out in section 6 and who is formally enrolled and participating in the MFYP programme.

A mentor who is formally enrolled in the programme.

### **10.2 Reporting Unit**

A graduate midwife enrolled in the programme.

A mentor who is formally enrolled in the programme.

## **11.0 QUALITY STANDARDS: PROGRAMME SPECIFIC**

This section should be read in conjunction with the Clinical Training Agency (CTA) Head of Agreement and the MFYP Service Agreement, which specify generic quality standards for all programmes provided under the contract.

The quality improvement plan must incorporate regular feedback from mentor and graduate midwives, key stakeholders and cultural advisors as appropriate.

## **12.0 REPORTING REQUIREMENTS - PROGRAMME SPECIFIC**

This section should be read in conjunction with the CTA Head of Agreement and MFYP Service Agreement, which specify reporting requirements for all programmes provided under the Service Agreement.

The following information requirements are in addition to the reporting requirements described in the Head of Agreement.

### **12.1 Annual Report**

The Annual Report will be submitted to the CTA on the 30th of the month following the end of the first 12 month training period and will include the following information:

- a. the annual financial report (template to be provided by the CTA)
- b. the outcome information for the first cohort. The outcome information for the second cohort will be provided in the month following the end of their 12 month programme.

12.2 Outcome information which the training provider must provide as part of Report 2 reporting requirements will include the following:-

- a. graduate midwives who have undergone a Midwifery Standards Review within the 12 months of the programme
- b. graduate midwives who have fully achieved the confident midwife profile within the 12 month programme period and the number who have partially achieved the confident midwife profile
- c. midwives who have left the programme within the 12 months and the results of their exit interviews or surveys.

12.3 **Note:** An annual, mandatory, independently administered questionnaire is jointly developed with the CTA to survey programme participants' experience of the programme. This will provide outcome information which will be shared with the programme provider.

12.4 Other information to be included in the annual report:

- a. any emerging trends or areas for MFYP Programme improvement, potential risks / problems and possible responses to these
- b. the total number of workshops and meetings provided , including numbers and names of attendees of all the aforementioned workshops and meetings (template to be provided by CTA).
- c. Details, costs and results (for example, certificate of completion; pass/fail/ incomplete) of all mandatory and elective education courses which graduate midwives have undertaken (template to be provided by the CTA).
- d. The number of graduate midwives who attended both feedback sessions with their mentor and identifying the number of graduate midwives who only attended one feedback session (template to be supplied by CTA).
- e. The number of mentor partnerships which required professional mediation services, including the level of service provision and cost.

12.5 Six-monthly Progress Report

A six-monthly Progress Report will be provided to the CTA outlining activities carried out in delivering the MFYP programme, including:

- a. any issues arising and what action is being taken to address
- b. any actual or potential risks, and how they are being addressed or will be managed going forward
- c. any significant programme achievements.

### **13.0 ASSOCIATED LINKAGES**

13.1 The National Co-ordination provider will have established links with:

- a. the Midwifery Council of New Zealand
- b. the New Zealand College of Midwives
- c. DHB primary/secondary/tertiary maternity services
- d. all other maternity service providers
- e. cultural support resources in the DHB areas in which the graduate midwives are practising
- f. relevant professional midwifery organisations
- g. graduate midwives
- h. mentors
- i. mentor training providers
- j. midwifery education providers
- k. DHBNZ.

## APPENDIX 1

### **MFYP “Confident Midwife Profile”**

The MFYP programme uses “the Confident Midwife Profile”<sup>9</sup> as an outcome measure and a standard against which graduate midwives will be assessed during the MFYP Midwifery Standards Review. But note that being assessed as having attained the Confident Midwife Profile as part of the MFYP programme is not equivalent to being categorised as such by her employer.

The outcome for professional practice is that the graduate midwife will have reached the confident midwife profile, in that she:

- works in partnership with women across the Midwifery Scope of Practice
- understands, promotes and facilitates the physiological processes of pregnancy and childbirth by:
  - consolidating her knowledge and skills
  - effectively applying her knowledge and skills to practice
- identifies complications in mother or baby and works in collaboration with other health professionals to ensure appropriate care by:
  - confidently handling complex situations
- manages emergency situations appropriately by:
  - identifying unpredictable situations and acting appropriately
- informs and prepares women and their families for pregnancy, birth, breastfeeding and parenthood by:
  - demonstrating feedback is being obtained from women
  - demonstrating evidence based information is being provided to women
- facilitates the interface between primary and secondary/tertiary maternity services when necessary:
  - demonstrating collaborative working relationships with other midwifery colleagues
  - demonstrating open effective communication with other health professional colleagues
  - demonstrating effective consultation and or referral processes
- works autonomously and remains responsible and accountable for the care she provides in all settings by:
  - participating in quality assurance activities
  - participating in professional (eg. peer teaching) activities
  - attending at least one Perinatal Mortality Review meeting during the MFYP programme.

The graduate midwife who successfully completes the MFYP Midwifery Standards Review will meet the Midwifery Standards Review component of the Midwifery Council Recertification requirements for the first year of practice.

The successful graduate midwife will receive a joint Certificate of Achievement from the Midwifery Council and NZCOM.

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<sup>9</sup> The MFYP “Confident Midwife Profile” is based on the “District Health Boards Quality and Leadership Programme for Midwives Covered by the MERAS and NZNO Employment Agreements”.

## APPENDIX 2

### Summary Table of Main Programme Components

| FOR GRADUATE MIDWIVES   | FOR MENTORS  | PROVIDED BY NATIONAL PROGRAMME CO-ORDINATION   |
|---|--|--|
| Mentoring Hours <ul style="list-style-type: none"> <li>▪ A minimum of 32 (maximum of 56) hours of mentoring support</li> <li>▪ Mentoring hours includes at least 8 face to face two hour sessions.</li> </ul> | 16 hrs of mentoring education per annum for all new mentors signed up to the programme                     | 1 day introductory workshops for graduate midwives   |
|   | 8 hours of mentoring education per annum for mentors who have already mentored in the programme for 1 year | 2 day education workshop for new mentors<br><br>1 day education workshop for experienced mentors                 |
| Hours for both mandatory and elective professional education and development. As per Tables 1 and 2.  | 1 8 hour support meeting mid way through programme   | 1 day education workshop for experienced mentors   |
| 2 x 2 hour feedback sessions  | 1 preliminary workshop for midwives who participate in the MFYP programme                                  | 1 support meeting mid way through programme  |
| 1 x 8 hour introductory workshop  |  | Six-monthly Progress Reports   |
| 1 x mid year workshop to prepare for the MSR  |  | Annual quality improvement plan  |
| Familiarisation to opposite practice setting  |  | Annual Report and annual financial report  |
|   |  | MSR for graduate midwives and assessment of whether the midwife has fully achieved the confident midwife profile |