

The Competence Assessment Tool for Midwives has been developed for midwives educated and trained outside Ireland who do not qualify for registration under the EU Directive. It is designed to provide guidance on a period of adaptation and assessment in an Irish health care facility in advance of registration by the Nursing and Midwifery Board of Ireland (NMBI).

This document was re-issued in December 2015 for the relaunch of the NMBI website. This involved updating dated references and redesigning the document.

#### **About NMBI**

The Nursing and Midwifery Board of Ireland (NMBI) is the independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. For more information about our role and functions, visit www.NMBI.ie/What-We-Do.

# **CONTENTS**

Candidate Midwife Details	4
Introduction	5
Section 1 - Guidance On The Provision Of A Period Of Adaptation And Assessment	6
Overview Criteria for the provision of a period of adaptation Adaptation strategy Assessment Strategy Learning Log Tools to assist the assessment process Attendance Assessment Meetings Management of assessment documentation Report of the Director of Midwifery Cause for serious concern Appeal Procedure Summary of Adaptation and Assessment Programme	6 6 7 7 8 8 8 10 10 11 11
Section 2 - Competence Assessment Tool	12
Domains of Competence The competencies encompass five Domains: Domain 1. Professional / Ethical Practice Domain 2. Holistic Midwifery Care Domain 3. Interpersonal Relationships Domain 4. Organisation and Co-ordination of Midwifery Care Domain 5. Personal and Professional Development	12 12 13 15 17 19 21
Initial Meeting Record Sheet	22
Intermediate Meeting Record Sheet	24
Final Meeting Record Sheet	26

# **CANDIDATE MIDWIFE DETAILS**

FORNAME												
SURNAME												
NMBI PIN												
HOSPITAL NAME												

## INTRODUCTION

NMBI, mindful of its remit to promote high standards of professional education and training and professional conduct among midwives, and hence to protect the public, has developed a framework for determining the eligibility of midwives to register with NMBI. It is applicable to

- a. Applicants educated and trained in non-European Union (EU) countries,
- b. Applicants from EU Member states who do not meet the EU Directive 2005/36/EC.

whom the Board has determined should under take a period of adaptation and assessment in order to determine their eligibility to register.

The purpose of this document is to:

- Provide registered midwives in Irish health care institutions who are involved in the provision of an adaptation and assessment programme with guidance and information, and the assessment framework.
- Provide detailed information to applicants from overseas undergoing a period of adaptation and assessment.

The assessment tool in this document is based on NMBI's Requirements and Standards for the Midwife Registration Education Programme which sets out the competencies that midwifery students must attain on completion of the education programme in order that they may apply for entry to the Midwives Division of the Register of Nurses and Midwives.

Section One of this document provides guidance on the provision of a period of adaptation and assessment. Section Two of the document is the Competence Assessment Tool and accompanying Meeting Record Sheets.

The use of this assessment framework will allow for continued consistency across all health care institutions involved in the provision of an adaptation and assessment programme to midwives from overseas. It will ensure transparency and accountability in the adaptation and assessment process. The use of this framework will facilitate staff in determining the ability of the Candidate Midwife to practise midwifery safely and effectively within the Irish health services. It will also assist in ensuring that applicants from overseas are supported and guided in a comprehensive manner while achieving competence to practice midwifery safely and effectively in Ireland.

A full glossary of all the terms used in this and other NMBI publications is published on our website on www.NMBI/Standards-Guidance/Glossary

## **SECTION 1**

Guidance On The Provision Of A Period Of Adaptation And Assessment

#### **Overview**

An applicant from overseas may be required by NMBI to undertake a period of adaptation prior to obtaining registration in the Midwives Division of the Register. A period of adaptation is a period of supervised practice possibly being accompanied by further education and training. The period adaptation is under the supervision of a registered midwife and shall be the subject of assessment. An applicant undergoing a period of adaptation will have his/her name entered on a Candidate Register maintained by NMBI and is referred to as a Candidate Midwife. Once NMBI has been notified by a hospital or the HSE – Employers Agency¹ that the applicant has made arrangements to undertake the period of adaptation in that hospital, a Certificate of Registration as a Candidate Midwife will be issued. This will be valid for a period of twelve weeks.

This period of adaptation must be a minimum of six weeks' duration but may be extended up to a maximum of twelve weeks at the discretion of the Director of Midwifery in the hospital where the Candidate Midwife is undergoing adaptation. Any further extension of this time must be requested by the Director of Midwifery, approved by NMBI, and a new Certificate of Candidate Registration issued.

The purpose of the period of adaptation is to support each Candidate Midwife so that he/she may demonstrate suitability for registration with NMBI. In order to become eligible for registration the Candidate Midwife must demonstrate competence. Competence is demonstrated by an ability of the Candidate Midwife to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice. The Candidate Midwife works under the supervision of a registered midwife for the duration of the period of adaptation. The Candidate Midwife must actively engage in the process of adaptation and has a responsibility to negotiate opportunities for learning and to provide the necessary evidence that learning has occurred. The period of adaptation is the subject of an assessment to determine the achievement of competence. The Director of Midwifery will attest to the suitability of the Candidate Midwife to have his/her name entered in the Midwives Division of the Register as maintained by NMBI following this period of adaptation and assessment.

## Criteria for the provision of a period of adaptation

Prior to providing a period of adaptation to a Candidate Midwife the following criteria should be considered.

- The Candidate Midwife is placed in a learning environment that is already audited by a process approved by NMBI for the education and training of midwives and has well-established mechanisms for supporting learners. Placement in such an area facilitates assessment of suitability for entry to the register as maintained by NMBI.
- The Candidate Midwife works with a registered midwife (the Preceptor/Assessor) and/or other registered midwives on a daily basis for the duration of the period of adaptation. This enables the Candidate Midwife to develop the requisite knowledge, skills, attitudes and behaviours necessary to

<sup>1</sup> Placements for period of adaptation may be organised by the applicant directly with a hospital.

demonstrate the achievement of competence.

• The Preceptor/Assessor ideally has a minimum of one year of post-midwifery registration experience in clinical midwifery practice and is aware of the fundamental principles of assessment. Best practice would indicate that each Preceptor/Assessor has completed a teaching and assessing or preceptorship course.

### Adaptation strategy

The principal aim of the period of adaptation is to harness the knowledge and expertise that the Candidate Midwife brings to the programme in ways that empower the Candidate Midwife to accept and exercise responsibility and accountability for independent learning, personal growth and self-awareness, and to demonstrate the competence required to have his/her name entered on the register.

Learner-centred approaches that embrace the processes and competencies of adult learning are encouraged to enable the Candidate Midwife to take control of professional development. Given the cultural background and the wide ranging knowledge and experience the Candidate Midwife may possess, no single teaching and learning strategy will address all needs. A variety of teaching and learning strategies are used in order to build upon existing knowledge and expertise:

- **Supervised clinical midwifery practice** provides experiential learning and enables the Candidate Midwife to achieve and to demonstrate competence.
- Reflective discussions during super vised practice facilitate critical awareness and reflective practice.
- **Problem solving** enables the Candidate Midwife to assess and manage work in conjunction with peers. This fosters a notion of individual and collective thought and it encourages and enhances a team approach. It allows the Candidate Midwife to demonstrate initiative.
- **The use of a learning log** provides an opportunity to reflect upon and record personal encounters and, if appropriate, to further develop English language-writing skills.

## **Assessment Strategy**

The assessment strategy recognises the knowledge, expertise and previous experience of the Candidate Midwife. It acknowledges that the Candidate Midwife is, or has been, registered on a professional Register of Midwives maintained by a Regulatory Authority in another country. In addition it also takes into account the instructions set out in each Candidate Midwife's NMBI decision letter which states the length of the required period of adaptation. The Competence Assessment Tool is designed to allow for a transparent assessment process that is user-friendly. The focus is on facilitating learning opportunities that allow the Candidate Midwife to further develop independent learning skills and the performance criteria of competence associated with life long learning and continuing professional development.

Evidence of competence may be gathered by a number of methods including:

- Direct observation of the Candidate Midwife's performance throughout the period of adaptation
- Question and answer sessions to assess underpinning knowledge
- Reflective discussions between the Candidate Midwife and the Preceptor/Assessor regarding professional progress

- Testimony from other key midwifery staff
- Product evidence, e.g. documented midwifery care
- · Learning log evidence

### **Learning Log**

The use of a learning log during the period of adaptation is recommended. The Candidate Midwife may use the learning log to record personal accounts of learning and in so doing engage in reflective practice. To determine competence the Preceptor/Assessor satisfies him/herself that the Candidate Midwife has achieved the learning outcomes and the learning log may assist the Preceptor/Assessor in this endeavor. The log provides documented evidence of learning and the reflective notes may provide evidence that competence has been achieved in the relevant domains.

#### **Attendance**

Attendance of 100% is expected of the Candidate Midwife during the period of adaptation. However 80% is the minimal attendance recommended before final assessment can be under taken. Full shifts must be attended to enable achievement of the learning outcomes. Any deviation from this is negotiated locally with the Clinical Midwife Manager or Preceptor/Assessor.

### **Assessment Meetings**

To facilitate the assessment process, it is recommended that formal meetings take place between the Preceptor/Assessor and the Candidate Midwife. An initial, an intermediate and a final meeting are essential. Meetings are held in private, free from disturbance. All meetings are recorded in the Meeting Record Sheets and entries must be dated and signed.

#### **Initial meeting**

- The initial meeting between the Candidate Midwife and the Preceptor/Assessor takes place early in the first week of the period of adaptation.
- The Competence Assessment Tool provides the framework for the discussion.
- The learning outcomes and the Domains of Competence<sup>2</sup> are discussed in detail and opportunities for practice- based learning are identified.
- The Candidate Midwife and the Preceptor/Assessor formulate a learning contract, as learning needs, objectives, resources and strategies are identified.
- A record of the meeting is made in the Initial Meeting Record Sheet.

#### Intermediate meeting

<sup>2</sup> These are defined as broad categories that represent the functions of the Registered Midwife in contemporary practice.

- The intermediate meeting between the Candidate Midwife and the Preceptor/Assessor takes place around the mid-way point of the period of adaptation. The decision as to when the intermediate meeting should be held is determined locally by the Preceptor/Assessor and is dependent on the individual adaptation process that each Candidate Midwife will experience.
- The progress of the Candidate Midwife is evaluated and the results are entered on the Competence Assessment Tool under the column 'Intermediate Meeting'. The Preceptor/Assessor initials each competency indicator under the column 'Progressing, yes or no'.
- Not applicable may be recorded if this is deemed to be the case. A comment on the reason for this should be included on the Intermediate Meeting Record Sheet.
- In the event that the Candidate Midwife is not progressing in an identified area(s) a Verifier attends the meeting and the Director of Midwifery is notified.
- The learning contract is examined in light of an identified lack of progress. In order to determine the reasons for the lack of progress by the Candidate Midwife the learning needs, objectives, resources and strategies are re-examined.
- An examination of the clinical learning environment to ensure that the environment is conducive to learning may be helpful in light of an identified lack of progress.
- An action plan is drawn up and agreed between the Candidate Midwife, the Preceptor/Assessor and the Verifier that will offer specific guidance and support to facilitate progression.
- The action plan must be documented and should detail the following:
  - 1. Agreement on the part of the Candidate Midwife and the Preceptor/Assessor as to the exact area/s where a problem/s are identified.
  - 2. Specific details of how the problem area/s will be addressed in the clinical area.
  - 3. An agreed period of time for further super vised practice.
  - 4. An agreed minimum contact time per week that the Preceptor/Assessor and Candidate Midwife will practice together.
- A record of the meeting is made in the Intermediate Meeting Record Sheet.

#### Final meeting

- The final meeting takes place during the final week of clinical placement.
- An 80% attendance record is required.
- If it was identified during the intermediate meeting that the Candidate Midwife was not progressing in certain competencies, then sufficient attendance to determine that progress has been made is required before this final meeting takes place.
- The Candidate Midwife and the Preceptor/Assessor attend the meeting.
- The Verifier attends if:

- a. Either the Candidate Midwife or the Preceptor/Assessor or both requests his/her presence at the meeting
- b. Problems are identified during the intermediate meeting
- c. The Candidate Midwife is deemed not competent
- Progress is evaluated and the results are entered on the Competence Assessment Tool under the column 'Final Meeting'. The Preceptor/Assessor initialises each competency indicator under the column 'Competent' or 'Not Competent'.
- If a Candidate Midwife is deemed not competent and a decision to extend the period of adaptation and assessment beyond 12 weeks is under consideration, this must be notified to and agreed by NMBI.
- A full review and further development of the learning contract and action plan will also be required at this point.
- A record of the meeting is made in the Final Meeting Record Sheet.

### Management of assessment documentation

The Candidate Midwife is responsible for managing his/her assessment documentation for the duration of the period of adaptation and assessment. Records of meetings held are documented in the Meeting Record Sheets and on the Competence Assessment Tool. The Candidate Midwife holds the documentation throughout the period of adaptation and assessment and returns all documentation to the Preceptor/Assessor on completion of the period of adaptation. As it may be required by NMBI in the event of an appeal by an unsuccessful applicant, the completed documentation must be held by the hospital for a period of not less than 6 months and as agreed by local policy.

## **Report of the Director of Midwifery**

The Preceptor/Assessor advises the Director of Midwifery on the outcome of the period of adaptation and assessment. Following this consultation with the Preceptor/Assessor, the Director of Midwifery furnishes to NMBI a report on the Candidate Midwife. The report states whether, in the opinion of the Director of Midwifery, the Candidate Midwife has or has not demonstrated competence and recommends or does not recommend registration accordingly.

### Cause for serious concern

If during the period of adaptation and assessment, serious concern arises in relation to the competence of the Candidate Midwife, the period of adaptation may be terminated by the Director of Midwifery. The rationale for this decision must be clearly documented. NMBI should be informed and all relevant documentation submitted to NMBI for review.

### **Appeal Procedure**

If an applicant is not recommended for registration by the Director of Midwifery, he/she has a right to appeal that decision. Full details of the appeals procedure will be sent to the applicant along with the decision letter. Appeals, detailing the grounds for the appeal, must be lodged within 8 weeks of the date of the decision letter.

### **Summary of Adaptation and Assessment Programme**

#### First week of the period of adaptation/assessment

- Initial Meeting is held
- Candidate Midwife and Preceptor/Assessor discuss and plan how the competencies are to be achieved.
- A learning contract is agreed

#### During the period of adaptation/assessment

- Candidate Midwife works with Preceptor/Assessor and /or other registered midwives in the achievement of competencies.
- Candidate Midwife engages in reflective practice and records learning in learning log.
- Candidate Midwife arranges the dates of intermediate and final meetings with the Preceptor/Assessor.

#### Mid-way point of the period of adaptation/assessment

- Intermediate meeting is held and Candidate Midwife is formally assessed
- Candidate Midwife, Preceptor/Assessor and Verifier (if applicable) discuss progress to date and develop
  an action plan to promote achievement of competencies if applicable. If difficulties identified, Director
  of Midwifery to be informed.

#### Final week of the period of adaptation/assessment

- Candidate Midwife, Preceptor/Assessor and Verifier (if applicable) hold a final meeting.
- Final assessment is carried out and documentation is completed, signed and submitted to the Director of Midwifery.
- Director of Midwifery submits a report to NMBI that recommends or does not recommend registration.

## **SECTION 2**

**Competence Assessment Tool For Midwives From Overseas** 

### **Domains of Competence**

Competence is a complex multidimensional phenomenon and is defined as the ability of the Registered Midwife to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice (NMBI 2015).

All five Domains of Competence represent the level the Candidate Midwife must reach on completion of the adaptation period for entry to the Register held by NMBI. The aim is to ensure that the Candidate Midwife acquires the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of midwifery. Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. Within a complex and changing healthcare environment it is essential that the best available evidence inform practice. This is reflected in the competencies.

The Domains of Competence represent a broad enabling framework to facilitate the assessment of the Candidate Midwife's clinical practice. Each domain consists of performance criteria and their relevant indicators.

A team and partnership approach will be applied when assessing the Candidate Midwife as the Preceptor/ Assessor will consult with colleagues in determining the Candidate Midwife's competence. The Candidate Midwife is deemed to be either competent or not and where competence has not been achieved the Candidate Midwife will be given opportunities to develop competence through an action plan. There are no ratings in the verification of competence.



### **Domain 1. Professional / Ethical Practice**

Please sign your initials in the relevant boxes below

#### Key

**1.1** = Performance Criteria **1.1 (a)** = Indicators and associated Critical Elements

1.1	Practices in accordance with legislation and professional guidelines affecting midwifery practice.	Intern	essing at nediate eting		nt at Final eting	Docum Evid	
1.1 (a)	Fulfils the duty of care of midwifery practice in accordance with current legislation, the Code of Professional Conduct for each Nurse and Midwife and professional guidelines.	YES	NO	YES	NO	YES	NO
1.1 (b)	Integrates comprehensive knowledge of ethical principles in the provision of midwifery care.						
1.1 (c)	Promotes privacy and confidentiality with respect to women and their families.						
1.1 (d)	Demonstrates knowledge, understanding and critical evaluation of local policies, protocols and guidelines.						
1.1 (e)	Responds appropriately to instances of unsafe or unprofessional practice.						
1.1 (f)	Respects and supports the rights, beliefs and cultural practices of women and their families.						

1.2	Practice is underpinned by the distinct philosophy of midwifery.	Interm	ssing at nediate eting	•	nnt at Final eting	Documented Evidence			
1.2 (a)	Demonstrates commitment to view pregnancy and childbirth as part of the life cycle, a normal healthy event.	YES	NO	YES	NO	YES	NO		
1.2 (b)	Demonstrates commitment to providing women-centered maternity care.								
1.2 (c)	Promotes autonomous midwifery practice.								
1. (d)	Supports empowerment of women and their families and acts as an advocate where appropriate.								
1.3	Practices within the limits of own competence and develops and maintains competence.	Interm	ssing at nediate eting	•	eting		nented ence		
1.3 (a)	Critically evaluates and bases practice on the best available evidence.	YES	NO	YES	NO	YES	NO		
1.3 (b)	Accepts accountability for own professional practice, including own actions and omissions.								
1.3 (c)	Determines own scope of practice utilising the principles for determining scope of practice in the Scope of Nursing and Midwifery Practice Framework appropriately.								
1.3 (d)	Evaluates own abilities and level of professional competence.								
1.3 (e)	Takes appropriate action if delegated roles or responsibilities beyond own competence.								

## **Domain 2. Holistic Midwifery Care**

2.1	Provides safe and effective midwifery care that encompasses the full range of activities of the midwife. <sup>1</sup>	Interm	ssing at rediate eting		nt at Final eting		nented ence
2.1 (a)	Utilises the best available evidence to underpin holistic midwifery care.	YES	NO	YES	NO	YES	NO
2.1 (b)	Assesses and confirms the health and wellbeing of the woman throughout pregnancy and provides appropriate midwifery care.						
2.1 (c)	Assesses and confirms the health and wellbeing of the woman throughout labour and birth and provides appropriate midwifery care.						
2.1 (d)	Assesses and confirms the health and wellbeing of the woman throughout the puerperium and provides appropriate midwifery care.						
2.1 (e)	Assesses and confirms the health and wellbeing of the woman's baby/ babies and provides appropriate midwifery care						
2.1 (f)	Recognises any condition during a woman's pregnancy, labour, birth and the puerperium that necessitates consultation with or referral to another midwife and/or health professional.						
2.1 (g)	Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/ or safety of the woman and/or her baby/babies.						

As set out in EU Directive 2005/36/EC.

2.1	Provides safe and effective midwifery care that encompasses the full range of activities of the midwife. <sup>2</sup>	Intern	ssing at nediate eting	•	nt at Final eting	Docum Evid	
2.1 (h)	Provides midwifery care, when the health of a woman necessitates management by a medical practitioner, in partnership with other members of the healthcare team.	YES	NO	YES	NO	YES	NO
2.1 (i)	Provides midwifery care, when the health of a baby necessitates management by a medical practitioner, in partnership with other members of the healthcare team						
2.1 (j)	Evaluates the outcomes of care provided and, in partnership with the woman, plans future care provision						
	W. I	Progra	ssing at	Compoto	nt at Final	Docum	antad
2.2	Works in partnership with the woman and her family throughout the maternity experience.	Intern	nediate	•	eting	Evid	
2.2 (a)	the woman and her family throughout the maternity	Intern	nediate	•			
2.2	the woman and her family throughout the maternity experience.  Utilises midwifery skills and knowledge that support the woman in achieving her potential throughout her pregnancy, labour, birth and the	Intern Med	nediate eting	Me	eting	Evid	ence
2.2 (a)	the woman and her family throughout the maternity experience.  Utilises midwifery skills and knowledge that support the woman in achieving her potential throughout her pregnancy, labour, birth and the puerperium.  Actively facilitates informed choice by the woman throughout her maternity	Intern Med	nediate eting	Me	eting	Evid	ence

<sup>2</sup> As set out in EU Directive 2005/36/EC.

## **Domain 3. Interpersonal Relationships**

3.1	Communicates effectively with women and their families in one-to-one and group situations.	Interm	ssing at nediate eting	-	nt at Final eting		nented ence
3.1 (a)	Reflects on the appropriateness and usefulness of personal communication techniques, taking into account the needs, context and culture of the individual woman, family or group.	YES	NO	YES	NO	YES	NO
3.1 (b)	Establishes and maintains caring interpersonal relationships with women and their families.						
3.1 (c)	Facilitates women, their families and groups in the identification and communication of their needs.						
3.1 (d)	Recognises and alleviates barriers to effective communication.						
3.1 (e)	Demonstrates respect for diversity.						

3.2	Communicates effectively with other members of the healthcare team.	Interm	ssing at nediate eting		nt at Final eting		nented ence
3.2 (a)	Demonstrates the ability to accurately present and share information with other members of the healthcare team and actively engage in collaborative decision-making.	YES	NO	YES	NO	YES	NO
3.2 (b)	Contributes in a constructively critical way to discussions with other members of the healthcare team.						
3.2 (c)	Demonstrates the ability to record clinical practice in a clear, objective and accurate manner within a legal and ethical framework.						

## Domain 4. Organisation and Co-ordination of Midwifery Care

4.1	Effectively co-ordinates the midwifery care of women and their families.	Interm	ssing at nediate eting		nt at Final eting		nented lence
4.1 (a)	Selects and utilises resources effectively and efficiently.	YES	NO	YES	NO	YES	NO
4.1 (b)	Utilises time management strategies to effectively plan and prioritise own workload and works on own initiative.						
4.1 (c)	Adheres to the Scope of Nursing and Midwifery Practice Framework with regard to delegation.						
4.1 (d)	Demonstrates the ability to work as a member of a team.						

4.2	Supports the development and delivery of effective care for women and their families.	Interm	ssing at nediate eting		nt at Final eting	Docun Evid	nented ence
4.2 (a)	Actively promotes continuity of care for women through pregnancy, labour, birth and the puerperium.	YES	NO	YES	NO	YES	NO
4.2	Evaluates the provision of maternity						
(b)	care to women, their families and communities.						
4.2 (c)	Actively participates in initiatives to improve the quality, safety, accessibility and women-centeredness or maternity care.						
4.2 (d)	Actively supports and participates in quality initiatives.						
4.2 (e)	Integrates the principles of clinical risk management and health and safety into own practice.						

## **Domain 5. Personal and Professional Development**

5.1	Acts to enhance the personal and professional development of self and others.	Interm	ssing at nediate eting		nt at Final eting	Docum Evid	
5.1 (a)	Identifies and utilises potential resources to facilitate life-long learning.	YES	NO	YES	NO	YES	NO
5.1 (b)	Demonstrates a commitment to ongoing professional education and life- long learning in order to be a midwife.						
5.1 (c)	Displays awareness of the unique professional identify and role of the midwife.						
5.1 (d)	Engages in collaborative review of clinical practice.						
5.1 (e)	Demonstrates the ability to reflect on and improve midwifery practice.						
5.1 (f)	Acts to support and promote the development of a quality clinical learning environment.						
5.1 (g)	Contributes to the learning experience of colleagues through support, supervision and teaching.						
5.1 (h)	Educates and supports women, their families and the wider community to maintain and promote health.						

## **INITIAL MEETING RECORD SHEET**

#### To be completed by the Candidate Midwife in partnership with the Preceptor/Assessor

This is a record of a plan to achieve competence and to achieve the learning outcomes. The Candidate Midwife and the Preceptor/Assessor formulate a learning contract, as learning needs, objectives, resources and strategies are identified. The Competence Assessment Tool provides the framework for this.

VERIFIER												
Comments												

SIGNATURE	DATE	
(of Candidate Midwife)		
SIGNATURE (of Preceptor/Assessor)	DATE	

## **INTERMEDIATE MEETING RECORD SHEET**

#### To be completed by the Preceptor/Assessor in partnership with the Candidate Midwife.

The initial meeting record and the plan to achieve the five domains of competence are reviewed and an action plan developed where progress is not being made. Verifier attends if problems are identified or if either Preceptor/Assessor or Candidate Midwife requests his/her presence. If problems identified, the Director of Midwifery should be notified.

Comments

SIGNATURE	DATE	
(of of Candidate Midwife)		
SIGNATURE	DATE	
(of of Preceptor/Assessor)	<i>57</i> (1 E	
SIGNATURE	DATE	
(of Verifier - if applicable)		

# **FINAL MEETING RECORD SHEET**

To be completed by the Preceptor in the presence of the Return to Practice Midwife.  Verifier attends if Return to Practice Midwife deemed not competent or if either Preceptor/Assessor or the Return to Practice Midwife requests his/her presence.						
Competent  If learning outcomes have been achieved and Candidate Midwife deemed competent Preceptor/Assessor signs below:  SIGNATURE (of Preceptor/Assessor)						
OR						
Not Competent  If Candidate Midwife deemed not competent Preceptor/Assessor signs below and specifies below Domain/s of Competence not achieved:  SIGNATURE (of Preceptor/Assessor)						
Comments						

SIGNATURE	DATE	
(of of Candidate Midwife)		
SIGNATURE	DATE	
(of of Preceptor/Assessor)	DAIL	
(3. 5		
SIGNATURE	DATE	
(of Verifier - if applicable)		