



South African Nursing Council
Regulating nursing, advocating for the public

EDUCATION AND TRAINING GUIDELINES FOR ADVANCED DIPLOMA IN MIDWIFERY (NQF Level 7)

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DEFINITIONS

In these guidelines any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context indicates otherwise and the definitions below are presented for the purposes of these guidelines.

“academic year” means a period of at least 1200 (one thousand two hundred) notional hours which is equivalent to 120 (one hundred and twenty) credits;

“advanced standing” means the status granted to a student for admission to studies at a higher level than the student’s prior formal studies would have allowed, including exemption where applicable;

“assessment” means a structured process for gathering evidence and making judgements about a student’s performance in relation to the prescribed outcomes of the programme;

“assessor” means a practitioner registered as such with the relevant authority and is a specialist in the respective field, responsible for the assessment of the student’s achievement of the learning outcomes for the programme;

“clinical accompaniment” means a structured/unstructured and planned/unplanned process by a Lecturer, Clinical facilitator or Preceptor who accompanies the student to facilitate directed assistance and support at the clinical facility, to ensure the achievement of the programme outcomes;

“clinical education and training” means exposure of students to experiential learning in a range of settings within the in which the theoretical component is correlated with practice;

“clinical facilitator” means a registered nurse with a nursing education qualification who assists the student to develop the knowledge, attitudes and skills necessary for practice within the clinical environment”

“clinical facility” means a continuum of services to promote health and provide care to health care users, approved by the Council, as such, and used for education and training;

“clinical learning opportunities” means the range of learning experiences, including work integrated learning, available in a healthcare setting, which may also include other experiential learning sites where a student has the opportunity to gain the required skills;

“clinical placement” means the period spent by a student in an approved clinical facility and other experiential learning sites to ensure that the outcomes of the programme are achieved;

“clinical practice for learning” means credit bearing supervised clinical or experiential learning in which students are brought into directly supervised contact with patients in order to achieve specific learning outcomes and competencies without taking responsibility for any nursing care or forming part of any service team;

“clinical hours for role taking” means credit bearing hours where students form an integral part of the team that offers an official service/ Midwifery under the direct and indirect supervision in the workplace. The direct and indirect supervision will be facilitated by clinical facilitator, preceptor, midwife and or midwife specialist;

“clinical supervision” means the assistance and support extended to the student by the midwife and or Midwife Specialist in an approved clinical facility and other experiential learning sites; with the aim of developing a competent and independent midwife;

“competence” means the ability of a practitioner to integrate the professional attributes; including, but not limited to knowledge, skills, judgement, values and beliefs required to perform as a midwife in all situations and midwifery practice settings;

“core learning” means the specific compulsory learning required in situations contextually relevant to the particular qualification;

“council” means the South African Nursing Council as defined in the Nursing Act;

“credits” means the amount of learning contained in a qualification or part-qualification whereby one (1) credit is equal to ten (10) notional hours;

“credit accumulation and transfer” means the arrangement whereby the diverse features of both credit accumulation and credit transfer are combined to award credits towards a qualification and facilitate lifelong learning and access to the workplace;

“exit level outcomes” means the outcomes which define the exit level of performance according to which a candidate completing the qualification is assessed;

“formative assessment” means a continuous assessment conducted during the facilitation of teaching and learning to provide students with feedback on learning acquired in order to achieve competence as well as to improve teaching and learning;

“general nurse” means a person educated and competent to practise general nursing in the manner and to the level prescribed who is capable of assuming responsibility and accountability and be registered with the Council for such practice;

“integrated education and training” means correlation of skills and knowledge from multiple sources and experiences, applying theory and practice in various settings, utilizing diverse and even contradictory viewpoints;

“learning for role taking” means work-based learning during which students form the integral part of the team that offers an official service or nursing in the workplace under direct or indirect supervision.

“learning” outcomes” means a description of demonstrable and assessable end results of a learning process;

“lecturer” means an academic expert in Higher Education institution, responsible for education and training of students including research and publication and community engagement;

“midwife” bears the meaning as defined in the Nursing Act;

“moderation” means the process conducted by an independent moderator, which ensures that assessment of the outcomes prescribed for the programme is in accordance with the assessment principles;

“moderator” means a practitioner registered with the relevant authority and is a specialist in in midwifery, responsible for moderation of assessments conducted by the Nursing Education Institutions for the programme;

“nursing education institution” means the Nursing Education Institution as defined in the Act;

“preceptor” means an experienced midwife or midwife specialist who provides day-to-day supervision during clinical practice and facilitates the application of theory to practice for students;

“programme” means a purposeful and structured set of learning experiences that upon achievement lead to a qualification;

“qualification” means a planned combination of learning outcomes with a defined purpose, that is intended to provide qualifying students with applied competence for meeting the prescribed requirements of the qualification in the category Midwife, that is registered on the National Qualifications Framework NQF);

“recognition of Prior Learning” means the evidence-based assessment comparison of previous learning and experience against the learning outcomes required for a specific programme of a student, howsoever obtained, and the acceptance of such previous learning for the purpose of accessing a programme; awarding of credits and advanced standing;

“simulation learning” means the imitation of a real world process conducted in the simulation or skills laboratory under the direct supervision of a Lecturer or clinical facilitator;

“student” means a person enrolled for a formal midwifery programme in a Higher Education Institution who is registered with the South African Nursing Council as a learner;

“summative assessment” means a process to evaluate student learning, skill acquisition and academic achievement at the end of a module or programme in relation to exit level outcomes and assessment criteria;

“the Act” means the Nursing Act, 2005 (Act No. 33 of 2005); and

“work integrated learning” means a characteristic of vocational and professionally oriented qualifications that may be incorporated into programmes which takes various forms including simulated learning, work-directed theoretical learning, problem-based learning, project-based learning and work place-based learning.

ACRONYMS

AACs – Associated Assessment Criteria

CHE – Council on Higher Education

CPD– Continuous Professional Development

ELOs – Exit Level Outcomes

NEI - Nursing Education Institution

NQF – National Qualifications Framework

RPL – Recognition of Prior Learning

SANC – South African Nursing Council

WIL – Work Integrated Learning

HEQSF – Higher Education Qualifications Sub-Framework

LIST OF ANNEXURES

Annexure A: Student Registration form

Annexure B: Completion form including declaration

Annexure C: Application for registration as a Midwife

Annexure D: An example of Educational Master plan

Annexure E: Records of maternity cases attended

Annexure F: Information that must be included in the memorandum of agreement between the respective Provincial Departments of Health or private hospitals and the NEIs

1. PREAMBLE

1.1. Introduction

The Minister of Health has, in terms of section 58(1)(f) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council SANC, made the Regulations relating to the approval of and the minimum requirements for Education and Training of a student leading to registration in the Category Midwife (Government Notice No. 1497 of 22 November 2019). The regulations shall be read in conjunction with the midwifery guidelines. The need to align the nursing qualifications to the High Education Qualifications Sub-Framework (HEQSF) has warranted the development of the new regulations relevant to the respective qualifications, hence the development of Regulations leading to registration in the category midwife and the associated guidelines.

The SANC, is a statutory body which functions in terms of the Nursing Act, 2005 (Act No. 33 of 2005). It has a responsibility to establish, improve, monitor and control conditions, standards and quality of Nursing and midwifery Education and Training within the ambit of any other applicable law.

In terms of the Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the category midwife (Government Notice No. R.1497, regulation 6(1)), the SANC may develop guidelines relevant to the offering of a midwifery programme which may be published by notice in the Government Gazette.

1.2. Background

Midwifery was offered at different programmes and levels. One-year midwifery programme was done by general nurses or psychiatric nurses and it was considered as a basic midwifery programme. Enrolled nurses could also do this programme for two years. On completion of both programmes at the different entry levels, a candidate could register as a midwife in terms of the Regulations for the course for the Diploma in Midwifery for registration as a midwife (Government Notice No. R.254 of 14 February 1975 as amended).

The midwifery component was also integrated within the four-year diploma or degree programme leading to registration as a nurse (General, Psychiatric and Community) and Midwife. This programme was regulated by Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric and Community) and Midwife leading to Registration as a Nurse and Midwife (Government Notice No. R425 of 22 February 1985 as amended). The midwifery component within the four-year diploma or degree remained basic midwifery.

With the introduction of the HEQSF aligned nursing qualifications, basic midwifery is still offered at the two streams, namely, at NQF Level 7 as an Advanced Diploma in Midwifery and also at NQF Level 8 in the Bachelor of Nursing Programme. Although the programme includes both comprehensive nursing and midwifery within the bachelor of nursing programme, the designator of the qualification only reflects Nursing because midwifery does not have the same weighting as comprehensive nursing within the qualification.

Midwifery education and training aims to:

- Produce competent, independent and critically thinking midwives within a wide range of midwifery services.
- Provide midwives with a wide range of skills, knowledge and attitudes that will enable them to make a meaningful and sustained contribution to midwifery services.
- Equip midwives with a developed sense of equity, justice and service ethics that will ensure that they work in a responsible and accountable manner irrespective of their chosen work place.
- Offer a wide range of transferable skills for application in other professions, disciplines and general life. These include:
 - A methodical solution based approach to problem solving;
 - An empowerment- based approach to development of self and others;
 - Competence in written and oral communication;
 - Capacity to assess and implement midwifery practice and other policies;
 - Ability to plan, implement and manage projects of a varied nature; and
 - Ability to use evidence-based practice.

2. PURPOSE

The purpose of these guidelines is to outline the Education and Training requirements for the Advanced Diploma in Midwifery in line with the Regulations Relating to the approval of and Minimum Requirements for the Education and Training of a Student Leading to registration in the category midwife and the qualification framework thereof. These guidelines must be read in conjunction with the Regulations of the relevant programme. It is the intention of these guidelines to provide direction on the offering of both the Advanced Diploma in Midwifery and the midwifery component of the Bachelor of Nursing programme.

3. THE OBJECTS OF THE COUNCIL

The objects of the Council as stipulated in the Act are as follows:

- 3.1. Serve and protect the public in matters involving health services generally, and Nursing services in particular;
- 3.2. Perform its functions in the best interests of the public and in accordance with National Health policy as determined by the Minister;
- 3.3. Promote the provision of nursing services that comply with universal norms and values to the inhabitants of the Republic;
- 3.4. Establish, improve and control conditions, standards and quality of nursing education and training within the ambit of this Act and any other applicable laws;
- 3.5. Maintain professional conduct and practice standards for practitioners within the ambit of any applicable law;
- 3.6. Promote and maintain liaison and communication with all stakeholders regarding nursing standards, and in particular the standards of nursing education and training and professional conduct and practice both in and outside the Republic;
- 3.7. Advise the Minister on the amendment or adaptation of the Nursing Act regarding matters pertaining to nursing;

- 3.8. Be transparent and accountable to the public in achieving its objectives and in performing its functions;
- 3.9. Uphold and maintain professional and ethical standards within nursing; and
- 3.10. Promote the strategic objectives of the Council.

4. LEGISLATIVE FRAMEWORK

- 4.1. The Constitution of the Republic of South Africa Act (Act No. 108 of 1996)
- 4.2. The Nursing Act, 2005 (Act No. 33 of 2005)
- 4.3. The National Health Act, 2003 (Act No, 61 of 2003) as amended
- 4.4. Human Tissue Act, 1983 ((Act No, 65 of 1983) as amended
- 4.5. Higher Education Act (Act No.101 of 1997
- 4.6. Higher Education Amendment Act (Act No. 39 of 2008)
- 4.7. National Qualifications Framework Act No. 67 of 2008. National Gazettes, No. 36797 of 30 August 2013
- 4.8. Regulations relating to the approval of and the minimum requirements for Education and Training of a student leading to registration in the Category Midwife (Government Notice No. 1497 of 22 November 2019)
- 4.9. Regulations relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner leading to Registration in the Categories Professional Nurse and Midwife (Government Notice No. 174 of 8 March 2013)
- 4.10. Regulations relating to the accreditation of institutions as Nursing Education Institutions (Government Notice No. R 173 of 08. March 2013)
- 4.11. Recognition of Prior Learning (RPL) Coordination Policy Notice No. 381, National Gazette No. 39876, 31 March, 2016 and other relevant legislation Act and any other relevant regulations

5. SCHEDULE OF UNDERGRADUATE MIDWIFERY PROGRAMMES

- 5.1. Advanced Diploma in Midwifery
- 5.2. Bachelor of Nursing (Midwifery Component)

6. EXIT LEVEL OUTCOMES (ELOs)

These two programmes are governed by two different set of regulations, different qualification frameworks and exit level outcomes. The exit level outcomes in the Advanced Diploma in Midwifery are only applicable to Midwifery practice whereas in the Bachelor of Nursing framework the midwifery ELOs are predominantly integrated into comprehensive nursing. **These guidelines must therefore be read in conjunction with the ELOs of Bachelor's Degree in Nursing.** Below are the exit level outcomes for the Advanced Diploma in Midwifery:

- Apply specific knowledge of Bio-Natural, and Social Sciences including Pharmacology in Midwifery using an integrated approach Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence based approach in all health care settings;

- Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence based approach in all health care settings;
- Practice independently and professionally within an appropriate ethical-legal framework;
- Improve quality of midwifery and neonatal care through an analytical, reflective and problem solving approach; and
- Effectively manage a midwifery unit through appropriate clinical governance strategy.

6.1. Exit Level Outcomes and Associated Assessment Criteria

FUNDAMENTAL	
EXIT LEVEL OUTCOME	ASSOCIATED ASSESSMENT CRITERIA
1. Apply specific knowledge of Bio-Natural, and Social Sciences including Pharmacology in Midwifery using an integrated approach	1.1 Knowledge of Bio-Natural Sciences and Pharmacology is applied during assessment and care of mother and neonate. 1.2 Knowledge of Social Sciences is applied in counselling and advocacy for a mother and baby through the preconception, antenatal, intrapartum and post-natal stages.
CORE	
EXIT LEVEL OUTCOME	ASSOCIATED ASSESSMENT CRITERIA
2. Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence-based approach in all care settings.	2.1 The preparation of the woman and family for pregnancy, childbirth and family changes is appropriate, takes into consideration the woman's context/background and is facilitated by means of ante-natal classes and appropriate health promotion through education. 2.2 Obstetric history taking and physical examination of the mother is conducted in a comprehensive manner, using a variety of available technology. 2.3 Application of anatomical and physiological changes related to conception, pregnancy and labour are evident in the practice of midwifery. 2.4 Observations of significance changes and laboratory results are accurately interpreted and appropriately referred where potential risk to mother and /or foetus exists. 2.5 Monitoring of wellbeing of the foetus is ensured by monitoring foetal movement, heart rates and growth using a variety of available technology. 2.6 Monitoring and management of the mother during labour and delivery is comprehensive, evidences understanding of the physiology of labour, technology used to monitor the mother and wellbeing of the foetus. 2.7 Management of the new-born demonstrates the understanding of the changes taking place in the new born baby. 2.8 Potential and actual emergencies of the mother and or foetus are timeously identified and appropriately managed and referred

	<p>2.9 Intra-partum care delivered to the mother and baby complies with generally accepted regional, national, and provincial treatment guidelines, and promotes the safety of both, for example, CARMMA, BANC protocol, ESMOE, Saving mothers, etc.</p> <p>2.10 Care delivered post-natally is integrated and provides for the long term wellbeing of the mother and the child, in line with the accepted scope of practice for midwife.</p> <p>2.11 Midwifery data is documented, managed and is communicated to support decision making.</p>
3. Practice independently and professionally within an appropriate ethical-legal framework.	<p>3.1 Knowledge of applicable ethics, professional practice and legal aspects is demonstrated during ethical decision making in midwifery practice.</p> <p>3.2 Advocacy for the rights of women, children and their families is demonstrated in midwifery practice.</p> <p>3.3 Accountability and responsibility for own professional acts and omissions within the relevant legal and ethical parameters is demonstrated.</p> <p>3.4 Midwifery practice demonstrates respect for human rights as enshrined in the Constitution and translated in the Patients' rights.</p>
4. Improve quality of midwifery and neonatal care through an analytic, reflective and problem solving approach.	<p>4.1 Efforts towards quality improvement of midwifery practice illustrate use of analytic, reflective and problem solving skills.</p> <p>4.2 Methods of inquiry are initiated, maintained and utilized to monitor quality of care.</p> <p>4.3 Quality improvement plan demonstrates knowledge of own roles and responsibilities, scope of practice and standards of midwifery practice.</p> <p>4.4 Utilize evidence-based practice to inform and improve the standards of midwifery practice.</p>
5. Effectively manage a midwifery unit through clinical governance strategy.	<p>5.1 Demonstrate understanding of the value of communities of practice and clinical leadership and management principles in midwifery practice.</p> <p>5.2 Midwifery practice demonstrates ability to utilise indicators for quality midwifery care.</p> <p>5.3 Cost effectiveness in midwifery practice is promoted through utilisation of quality indicators.</p> <p>5.4 Existing Unit philosophy, vision, mission, goals, policies, procedures and protocols to direct midwifery care.</p> <p>5.5 Inter-professional collaboration reflects respect for diversity within the midwifery context.</p> <p>5.6 Management of the midwifery unit reflects ability to assess and develop self and others to maintain midwifery standards of practice and continuous professional development.</p>

6.2. Critical Crossfield Outcomes

- 6.2.1. Identify and solve problems in which responses display that responsible decisions using critical and creative thinking have been made.
- 6.2.2. Work effectively with others as member of a team, group, organisation or community
- 6.2.3. Organise and manage oneself and one's activities responsibly and effectively.
- 6.2.4. Collect, analyse, organise and critically evaluate information;
- 6.2.5. Communicate effectively using visual, mathematical and/or language skills in the modes of oral and or written persuasion.
- 6.2.6. Use science and technology effectively and critically, showing responsibility towards the environment and health of others.
- 6.2.7. Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
- 6.2.8. In order to contribute to the full personal development of each learner and the social, economic, development of the society at large, it must be the intention underlying any programme of learning to make an individual aware of the importance of:
 - 6.2.8.1. Reflecting on and exploring a variety of strategies to learn more effectively;
 - 6.2.8.2. Participating as responsible citizen in the life of local, national and global communities;
 - 6.2.8.3. Being culturally and aesthetically sensitive across a range of social contexts;
 - 6.2.8.4. Exploring education and career opportunities; and
 - 6.2.8.5. Developing entrepreneurial opportunities.

7. GUIDELINES FOR THEORY

7.1. Programme requirements

7.1.1. Programme admission requirements

- 7.1.1.1. In order to be admitted to the Advanced Diploma in Midwifery, a person must have proof of current registration as a General Nurse at NQF level 6. The admission requirements for the midwifery component within the Bachelor of nursing is the same requirement as for the admission criteria as for the Bachelor of nursing.
- 7.1.1.2. Admission requirement for the entry into Higher Education will still serve as per institutional policy.
- 7.1.1.3. Recognition of prior learning for access and credit transfer is applicable as per the National and institutional policies.

7.1.2. Academic qualifications and professional registration

- 7.1.2.1. According to Council on Higher Education (CHE) (2009 :17), academic staff teaching on the programme should:

- ✓ Hold qualifications one level higher than the exit level of the programme being taught but at a minimum a degree (For example the advanced Diploma in Midwifery-A Degree; For the Midwifery component within the Bachelor of Nursing- A Master's Degree).
 - ✓ There should at least be a core of full time permanent (60%) staff members teaching on the programme.
- 7.1.2.2. The clinical facilitators, responsible for clinical education and training, and accompaniment and assessment of students should have a minimum of five (05) years' experience in midwifery practice.
- 7.1.2.3. Nurse Educators, Clinical Facilitators, and Preceptors should have proof of registration as assessors and moderators.
- 7.1.2.4. The academic staff who facilitate midwifery education and training should have minimum of five years' experience in midwifery practice.
- 7.1.2.5. The academic staff must have proof of current registration as a General Nurse, Midwife with an additional qualification in Nursing Education. Such registration should be maintained.
- 7.1.2.6. The acceptable Lecturer student ratio is: 1 lecturer to 30 students.

7.1.3. Registration

7.1.3.1. Commencement of training

- A person undergoing the advanced diploma in midwifery (Government Notice No. 1497 of 22 November 2019) and Bachelor of nursing (Government Notice No. 174 of 8 March 2013) programmes must be registered with the Council as a student for the duration of the programme. **(See Annexure A for student application form for registration as a student)**
- A student must maintain registration as a general nurse for the full duration of the programme failing which, education and training undergone in the period during which such registration was not maintained **shall be rendered invalid.**
- All student application must be submitted by the person in charge of the Nursing Education Institution.

7.1.3.2. Completion of education and training

- A person may be registered in the category Midwife, if such a person:
 - ✓ Received education and training at a Nursing Education Institution that is accredited to provide the programme.
 - ✓ Has met the requirements of the accredited programme including assessments.
- The person in charge of the Nursing Education Institution where the student was registered must, on completion or termination of the programme within the time frame specified in the Act, submit to the Council:

- ✓ A record of theoretical and clinical education and training in a format as determined by the Council. (See **Annexure B for the Completion form including the declaration**)
- ✓ A record of summative assessments conducted, including evidence of recognition of prior learning where applicable.
- ✓ A declaration certifying that the student has met the prescribed educational requirements and is competent for registration in the category of Midwife.
- ✓ The declaration should be signed by the person in charge of the NEI in a format prescribed by the Council, and complies with any other conditions as may be determined by the Council from time to time.

7.1.3.3. Licensure examination and professional registration as a Midwife

- For registration and licensure in the category Midwife, the graduate shall meet the requirements of an approved programme as stipulated.
- In order for the graduate to be eligible for professional registration in the category Midwife, the graduate shall write the licensure examination in line with the guidelines to be determined by the Council.
- If the graduate is successful in the licensure examination, the graduate shall apply for registration of the qualification as a Midwife in the format determined by the SANC (See **Annexure C the application form for registration**).
- Registration in the category Midwife will allow the graduate to practice as a Midwife.

8. QUALIFICATION MATRIX

- 8.1. The teaching platforms include the academic/theoretical, simulated and clinical environments.
- 8.2. The academic staff's responsibility is to ensure that teaching and learning is integrated or correlated to achieve both theoretical and work integrated learning outcomes.
- 8.3. The exit level outcomes for the Advanced Diploma in Midwifery are divided into fundamental and core. However, it is important to balance the credit allocation according to priority ELOs, for example, the core ELOs should weigh more than the fundamentals. Refer Table 1 below.

Table 1: QUALIFICATION MATRIX

	THEORY CREDITS	WORK INTEGRATED LEARNING CREDITS	TOTAL CREDITS
FUNDAMENTAL	8		8
CORE	40	72	112
TOTAL	48	72	120

Note to the table

- Credit-rating system rates 10 notional hours as equivalent to one credit.
- An academic year as defined means a period of at least 1200 (one thousand two hundred) notional hours which is equivalent to 120 (one hundred and twenty) credits.
- In terms of CHE (2013:15) Diplomas assume a 30 week fulltime academic year.
- However, the credit rating specified are expressed as minima. Programmes may require credit loads above the minimum but these should be realistic in terms of the relationship of credits to actual study time.
- The credits for the fundamental ELO should be 8 credits.
- The credits for the core ELOs should 112 credits.
- The ratio of Theory to WIL credits should be 40:60
- The fundamental credits do not include WIL.

9. TEACHING APPROACHES

- 9.1. Suitable learning opportunities must be provided to facilitate the acquisition of the knowledge and skills specified in the programme outcomes, and within the stipulated time.
- 9.2. The teaching and learning approach must promote integration of theory and practice with every ELO having planned WIL.
- 9.3. The NEI must produce evidence of the distribution and integration of learning in the various teaching and learning environments in the form of a Master Educational Plan showing all programmes accredited and currently offered by the NEI (**See Annexure D for the example of a Master Educational plan**).
- 9.4. Learning material must be shared with students to promote self-directedness.
- 9.5. The staff must have opportunities to upgrade their teaching methods, preferably those that encourage students to be actively engaged in their learning including the use of digital platforms.
- 9.6. Midwifery lecturers must also keep abreast of the current advancements and trends in midwifery, in South Africa and internationally through continuous professional development (CPD).
- 9.7. The NEI must have sufficient teaching and learning resources to meet programme needs with adequate human resources to support both theoretical/academic and experiential learning.
- 9.8. The teaching staff use evidence-based approaches to teaching and learning that promotes adult learning and competency based education.

10. ASSESSMENT AND MODERATION

Assessment of learning by a Nursing Education Institution must comply with the following:

- 10.1. The learner must be assessed and found competent in line with all learning outcomes of the programme and the pre-determined assessment criteria.
- 10.2. Assessment should be done by Nurse Educators, Clinical Facilitators, and Preceptors who are registered as assessors and moderators.
- 10.3. Assessment strategies must be appropriate to provide evidence that the student is competent in terms of all learning outcomes of the programme.
- 10.4. There must be evidence of formative assessment throughout the period of study.

- 10.5. A minimum of 60% of formative assessment must be done in 'real life' situations to enable remedial and developmental action and activities prior to the final summative assessment.
- 10.6. Integrated summative assessment must be conducted at the end of the learning period as determined by institutional policies.
- 10.7. Fifty percent (50%) of summative assessment must be conducted in real life situations.
- 10.8. Appropriate assessment strategies should be used, but not more than 20% of the summative assessment should be done in simulated contexts as per objective structured clinical examination (OSCE).
- 10.9. Evidence of assessment must be provided in respect of the nature and type of assessment, and that moderation and quality assurance have been ensured.
- 10.10. Quality assurance of assessments should be ensured.
- 10.11. Records of assessment and moderation must be kept by the NEI at least for a period of five years or in line with relevant legislation, and must be produced on request by the Council.
- 10.12. The Council must monitor the assessments conducted by NEIs as per the prescripts of the Nursing Act, 2005 (Act No. 33 of 2005).
- 10.13. Assessment and moderation (internal and external) must be conducted as determined by institutional policies.
- 10.14. The Council cannot abdicate itself from the quality assurance responsibility in accordance with section 4(1)(n) of the Nursing Act (Act no. 33 of 2005; but must monitor the assessment conducted by Nursing Education Institutions.

11. PRACTICE GUIDELINES

11.1. Principles of education and training

- 11.1.1. Students and Clinical Facilitators must know the purpose, teaching and learning outcomes relevant to the clinical placement.
- 11.1.2. It is to the benefit of students to have appropriate guidance and support in the clinical environment to become competent in midwifery.
- 11.1.3. Students have the responsibility to comply with rules, set times and requirements for placement in a clinical teaching and learning environment.
- 11.1.4. Students must take responsibility for their own learning by optimal utilization of learning opportunities, requesting for and accepting guidance and support if necessary, and by developing an attitude of an 'enquiring mind' and life-long learning.
- 11.1.5. Students must compile evidence of their clinical learning.
- 11.1.6. Accurate and complete recordkeeping is the responsibility of the NEI, the Clinical Facilitator, and the student.
- 11.1.7. Competencies which are not recorded at set dates by the NEI and verified by the designated persons are considered 'not completed'.
- 11.1.8. Clinical education and training shall be done throughout the period of training.
- 11.1.9. Placement should be purposeful and planned, in line with the theoretical content and level outcomes.
- 11.1.10. Clinical education and training shall include placement during the night (night shifts) which shall not exceed two (02) months of an academic year.
- 11.1.11. Work Integrated learning (WIL) must be integrated and appropriately based on clinical requirements of the midwifery programme.

- 11.1.12. Planning and monitoring of clinical education and training /WIL should take cognisance of the required competencies, minimum credits and the duration of the programme.
- 11.1.13. Regular and effective communication between the NEI and the clinical facilities is required pre-placement, during placement and after placement of students to ensure goal-oriented collaboration and effective facilitation, monitoring, supervision and assessment and review of clinical teaching and learning opportunities.
- 11.1.14. A student must meet all the clinical requirements as set out in the programme.

11.2. Clinical education and training environments

- 11.2.1. Clinical facilities should comply with the safety, quality and educational criteria and requirements of both SANC and the National Department of Health, including risk assessment, indemnity and current immunisation requirements.
- 11.2.2. It is expected that all Midwives at approved clinical facilities should contribute towards an environment that is conducive to learning by displaying professionalism, ethics and competency to promote quality of midwifery care.
- 11.2.3. NEIs should identify meaningful learning opportunities in every area of midwifery practice.
- 11.2.4. Clinical teaching and learning will only be recognised if it takes place in clinical facilities that are approved by the SANC for Midwifery programme.
- 11.2.5. Clinical education and training of students must take place in a range of clinical settings, relevant to midwifery practice that will facilitate the achievement of all programme outcomes.
- 11.2.6. The letter of support from the Provincial Department of Health is a requirement for utilisation of public health establishments as per circular 1 of 2018 issued by the Department of Health.
- 11.2.7. Memoranda of Agreements between the NEI and clinical facilities must be formalised in line with circular 8 of 2013 issued by the Council.
- 11.2.8. NEIs and clinical facilities must adhere to the approved numbers for placement of students to ensure purposeful and sufficient learning opportunities in line with the programme outcomes.
- 11.2.9. The approved clinical facilitator student ratio is 1 to 10 students.
- 11.2.10. The clinical facilities should be monitored by the NEI and SANC for change in learning opportunities from time to time.

11.3. Clinical Placements

Students may be placed in a range of clinical facilities that include but are not limited to:

- 11.3.1. District hospitals (small, medium and large)
- 11.3.2. Regional hospitals
- 11.3.3. Tertiary hospitals
- 11.3.4. Academic hospitals
- 11.3.5. Central hospitals
- 11.3.6. Primary health care clinics, Community health centres and mobile clinics;
- 11.3.7. Midwifery obstetric units

11.3.8. Approved health and related services provided by the private sector

11.4. Clinical facilitation

- 11.4.1. Integrated clinical education and training is primarily the responsibility of the NEI.
- 11.4.2. It is expected that an environment that is conducive to learning in terms of role modelling, quality of care, competency and professional and ethical role modelling is ensured by both the NEI and the clinical facility.
- 11.4.3. A qualification in nursing education is compulsory for Clinical Facilitators.
- 11.4.4. It is essential for Preceptors to have a facilitator's or preceptorship course including the assessor course.
- 11.4.5. A Midwifery qualification is compulsory for Clinical Facilitators and Preceptors.
- 11.4.6. The Clinical Facilitators, and Preceptors responsible for the clinical education and training, accompaniment and assessment of students should have a minimum of five (05) years' experience in Midwifery practice.

11.5. Distribution of theory and Clinical practice hours

- 11.5.1. Simulation may not exceed 20% of the total component for Work Integrated Learning:
- 11.5.2. Clinical hours for role-taking should comprise a maximum of 20% of the total component of work integrated learning.
- 11.5.3. At least 60% of the total component of work integrated learning must be directly/indirectly supervised by Clinical Facilitators, and Preceptors.
- 11.5.4. Seven hundred and twenty (720) of work integrated learning are required and comprise simulation, work directed theoretical learning, problem-based learning, project-based learning and workplace-based learning.
- 11.5.5. The ratio of 1:10 between the Clinical Facilitator and students as illustrated in Table 2 below serves as a guideline. Determining factors include the level of the students, specific learning outcomes, duration of placement in a specific area, and the nature of the clinical facility. The principle is to ensure that safe and quality patient care is not compromised while students are still in the process of learning and acquiring the necessary skills to practice as competent and safe Midwives.

TABLE 2: Summary of the distribution of clinical hours and facilitator/student ratio

Qualification	Total theoretical component Of the programme	Total practical component of the programme/WIL	Distribution of clinical practica hours and work integrated learning (WIL)	Ratio: clinical facilitator to Students
Advanced Diploma in Midwifery	40% = 48 credits (fundamental and core credits)	60% = 72 credits	60% of WIL should be supervised by Clinical Facilitator 20% in a simulated environment;	1:10

			20% of WIL consists of Clinical hours for role-taking.	
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12. Midwifery Exit Level Outcomes, Associated Assessment Criteria and Associated clinical skills

The required midwifery clinical skills in these guidelines are presented according the four areas of midwifery practice, namely, Preconception (5%), Ante-natal (15%) intrapartum (60%) and postal-natal (10%) practice areas. The reflected percentages account for the credit weighting of the WIL for ELO 2. The remaining 10% should be allocated for ELOs 3 (Ethical legal) 4 (Quality) and 5 (unit management).

Table 3 below outlines the required clinical skills in association with the ELO 2. Soft skills are also recommended to be integrated into the hard midwifery skills.

Table 3: ELO 2 of the advanced Diploma in Midwifery.

Exit Level Outcomes	Assessment Criteria	Clinical Skills	Minimum exposure
PRE-CONCEPTION: (5%)			
2. Provide safe and quality midwifery and neonatal care in a scientific, integrated and evidence-based approach in all care settings.	2.1 The preparation of the woman and family for pregnancy, childbirth and family changes is appropriate, takes into consideration the woman's context/background and is facilitated by means of ante-natal classes and appropriate health promotion through education.	<ul style="list-style-type: none"> • Health assessment (Subjective and objective) to identify health risks affecting ovulation and pregnancy • Counselling regarding cessation of and removal of contraceptive devices • Genetic assessment and counselling including special investigations and referral • Health promotion on healthy lifestyle using sensitive communication • Reflective notes by the student on Challenges and lessons learnt 	<ul style="list-style-type: none"> - 5 health assessments including contraceptive counselling and health promotion - 5 genetic assessments
	ANTEPARTUM (25%)		

	<p>2.2 Obstetric history taking and physical examination of the mother is conducted in a comprehensive manner, using a variety of available technology</p> <p>2.3 Anatomical and physiological changes related to conception, pregnancy and labour are evident in the practice of midwifery.</p> <p>2.4 Observations of significance changes and laboratory results are accurately interpreted and appropriately referred where potential risk to mother and /or foetus exists.</p>	<ul style="list-style-type: none"> • History taking • Perform and assess maternal vital signs • Perform mental health screening and refer if applicable • Head to toe physical examination including Abdominal examination, vaginal examination and speculum examination for cervical smear if applicable • Accurate, timeous and comprehensive plotting and documentation of findings and intervention • Performs and interprets special investigations and acts according to BANC protocol, for example, Rapid Plasma Reagent (RPR) Test, HIV Test, Rhesus Factor, Hb and FBC 	<ul style="list-style-type: none"> - 30 history takings including mental health screening - 10 physical examinations including vaginal examination - 30 abdominal examination and completion of gravidogram - 5 Cervical smears - Provide 2 health promotion sessions (4 women per session) - Demonstrate 2 sessions of antenatal exercises (4 women per session) - 10 CTG placements, monitoring and interpretation
	<p>2.5 Monitoring of wellbeing of the foetus is ensured by monitoring foetal movement, heart rates and growth using a variety of available technology.</p>	<ul style="list-style-type: none"> • Establishing foetal movement • Checking foetal heart • Performs, interprets and reacts appropriately to Non-stress Test and Cardiotocography (CTG) as measures to perform, interpret and react to <i>where necessary</i>. • Management of high risk pregnancy • Health promotion on healthy lifestyle using sensitive communication • Counselling and referral to the relevant professional • Appropriate ante-natal exercises • Reflective notes by the student on challenges and lessons learnt 	
INTRAPARTUM (45%)			

	<p>2.6 Monitoring and management of the mother during labour and delivery is comprehensive, evidences understanding of the physiology of labour, technology used to monitor the mother and wellbeing of the foetus.</p> <p>2.7 Management of the new-born demonstrates the understanding of the changes taking place in the new born baby.</p> <p>2.8 Potential and actual emergencies of the mother and or foetus are timeously identified and appropriately managed and referred</p>	<p>Admission of a woman in labour including general examination</p> <ul style="list-style-type: none"> • Abdominal examination and monitoring of contractions to determine the stage of labour • Vaginal examination to determine e.g. presentation, descent, dilatation, effacement, the station of the presenting part, application, moulding caput, and liquor status including adequacy of the pelvis (pelvic assessment) for the passage of the presenting part • Monitoring of psychological status of the mother • Monitoring maternal condition, e.g. psychological status, vital signs, hydration, urine testing and fullness of the bladder; including intensity, duration and frequency of contractions to establish progress of labour • Utilisation of a variety of techniques to determine the foetal heart rate, e.g. CTG, Hand Doppler, Foetoscope etc. • Utilises the Partogram to plot the progress of labour including interpreting, diagnosing and acting towards prolonged or obstructed labour timeously and appropriately. • Providing non-pharmacological pain relief techniques • Administration of pharmacological analgesics • Knowledgeable and use various birthing positions • Prepare necessary equipment for delivery • Performs the following skills: <ul style="list-style-type: none"> - Perineal massage - Warm perineal compresses - Perineal support • Performance of an episiotomy 	<ul style="list-style-type: none"> - 30 admission of a woman in labour - 20 monitoring of women in labour and completion of partogram - 20 internal examination by the student - 5 Pelvic assessments - 5 witnessed deliveries under instruction - 20 personally conducted progressed deliveries and delivery of placenta - 3 Episiotomies, performed and sutured (if accessible) - 3 suturing of perineal tear (1st and 2nd degree) - 2 Breech delivery under instruction (if not accessible student should simulate 2 breech delivery to lecturer) - 5 witnessed complicated deliveries (if accessible) - Prepare and observe (5) instrumental deliveries (if accessible) - 20 examination of placenta - 20 physical examination of new-born - 5 Management (if accessible)/Simulation of potential and actual emergencies - 5 Competence in basic Life support (BLS) in Maternal and Neonatal resuscitation
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		<ul style="list-style-type: none"> • Management of normal delivery including breech delivery where necessary • Promote mother child relationship (bonding); • Delivery of the placenta using Brandt Andrews Manoeuvre • Perform delayed cord clamping • Examination of the placenta • APGAR Score assessment • Resuscitation of the neonate where application • Provide immediate care and physical examination of the new-born • Neonatal care (bathing, cord care, warming, bonding, breastfeeding, etc.) • Reflective notes by the student on Challenges and lessons learnt • Observe for post-natal complications, e.g.: <ul style="list-style-type: none"> - PV bleeding - Venous thromboembolism - Management/Simulation of abnormal labour and or obstetric emergencies, e.g. <ul style="list-style-type: none"> - Cord prolapse - Shoulder dystocia - Malpresentations - APH, PPH, etc. - Breech presentation - Severe Pre-eclampsia and Eclampsia - Maternal cardiac arrest • Reflective notes by the student on challenges and lessons learnt 	
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POSTPARTUM (20%)			
	2.9 Care delivered post-natal is integrated and provides for the long term wellbeing of the mother and the child, in line with the accepted scope of practice for midwife.	<ul style="list-style-type: none"> • Full examination of the mother including assessment of the involution of the uterus; • Monitoring maternal condition e.g. psychological status, vital signs, hydration, urine testing and fullness of the bladder care. • Monitoring new-born condition e.g. vital signs, colour, tone, breastfeeding/feeding • Provide Health education on self-care, Post-natal exercises; neonatal Care; cord care, breast feeding, immunisation, birth registration etc. • Use the Ballard Score to assess the neurological and the physical status of the baby; • Conduct TSB and PCR testing of the neonate. • Management of high-risk neonate • Provide appropriate management and referral for any abnormalities identified • Reflection by the student on challenges and lessons learnt 	<ul style="list-style-type: none"> - 15 women examined post-natally - 15 new-borns examined post-natally - Assist 6 women with breastfeeding - Demonstrate 2 sessions of postnatal exercises (4 women in a group) - Conduct 5 TSB and 5 PCR testing of the neonate. - Commence and monitor phototherapy for 5 neonates - Discharge 10 women including health education - Discharge 10 new-borns
	2.11 Midwifery data is documented, managed and is communicated to support decision making.	Accurate, timeous and comprehensive plotting and documentation of findings and intervention	
ELO 3, 4 and 5	See Table 6.1	Ethical - legal practice Quality improvement Midwifery Unit management	5%

- **NB:** Student midwives must keep records of maternity cases attended (**SEE ANNEXURE E**)

13. Education and training records to be kept by the NEI

13.1 Teaching and Learning documents

13.1.1 The NEI has the responsibility to keep records and submit evidence to SANC as and when required;

13.1.2 On request by the Council, an audit trail of all records should be available for the purpose of verification, monitoring and control, e.g. some of the education and training documents to be kept include but are not limited to the following theoretical and clinical documents including policies:

Curriculum SAQA ID

Memoranda of Agreements/Service Level Agreements and Situational Analyses

DEHET Registration

Integrated Master Educational Plan

Governance structure and Organogram

Assessment records for both theory and clinical/practica

Leave and sick leave

Theory

Clinical

Detailed evidence of classroom attendance, including periods, methods of teaching, Lecturer, etc.

Comprehensive clinical placement plan

Evidence of assessment

Clinical accompaniment plan

Evidence of internal moderation

Clinical accompaniment records

Evidence of external moderation

Simulation records and checklist~~/~~

Evidence of safekeeping and security of assessment records

Procedure manuals depending on teaching and learning approach

Remedial programme/policy

Evidence classroom attendance including periods, methods of teaching and the responsible lecturer

Evidence of programme evaluation

Evidence of clinical attendance

Evidence of peer review

Education and training policies, e.g. Assessment and moderation policy

Monthly and three monthly reports
Clinical assessment/evaluation tools (completed)

Quality assurance policy

Clinical hours worked in relevant discipline

Education and Training Policies associated with the curriculum

- Assessment and Moderation policy
- Recognition of Prior Learning policy
- Student Admission and recruitment policy
- Programme evaluation and graduate survey
- Prospectus
- Library policy
- Plagiarism policy
- Remedial policy
- Student support policy
- Accompaniment policy
- Grievance and disciplinary policy
- Student Indemnity policy
- Policy and procedure for developing and evaluating learning material
- Policy on certification
- Policy on document management
- Policy on quality management
- Policy on teaching and learning

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