



**PAPUA NEW GUINEA NURSING COUNCIL  
Medical Registration Act 1980**

**STATEMENT OF COMPETENCY FOR FULL REGISTRATION AND LICENCE TO PRACTISE AS A MIDWIFE**

NAME OF EMPLOYMENT AGENCY \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MIDWIFERY COMPETENCIES	C	NYC	Comments
<b>DOMAIN 1. PROFESSIONAL AND ETHICAL PRACTICE</b>			
Competency unit 1: The nurse-midwife practices reproductive health in accord with relevant legislation, common and customary laws and in accord with professional standards and professional code of ethics.			
Competency unit 2: Nurse-midwife practices woman's advocacy in all settings			
<b>DOMAIN 2. CRITICAL THINKING AND ANALYSIS</b>			
Competency unit 3: Nurse-midwife is accountable and responsible for own actions and outcomes and acknowledges research as a contributing factor to enhance professional midwifery practice			
<b>DOMAIN 3. COMMUNICATION</b>			
Competency unit 4: The nurse-midwife communicates effectively to support the woman through her childbearing experiences			
<b>DOMAIN 4. MANAGEMENT AND LEADERSHIP</b>			
Competency unit 5: The nurse-midwife manages resources effectively			
<b>DOMAIN 5. MANAGEMENT OF CARE</b>			
Competency unit 6: The nurse-midwife provides an environment which maximizes women's safety			
Competency unit 7: The nurse-midwife carries out comprehensive and accurate management to formulate a plan of care in collaboration with the woman and her family in a variety of settings			
Competency unit 8: The nurse-midwife implements the woman's care and evaluates the progress towards the expected outcomes			
<b>DOMAIN 6. PUBLIC HEALTH AND PROMOTION</b>			
Competency unit 9: The nurse-midwife promotes practice the enhances the health of the woman, her family and the public			
<b>DOMAIN 7: PARTNERSHP AND COMMUNITY SERVICES</b>			
Competency unit 10: The nurse-midwife promotes a reproductive health perspective to work in partnership with other sectors in promoting health.			

Name Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clinical Supervisor /Preceptor**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please ONLY send form when complete to the PNG Nursing Council for full registration along with NC form 2.**