Faculty of Health

U: MIDWIFERY

CLINICAL PRACTICE GUIDE

For midwifery students, educators, facilitators and privately practicing midwives

Bachelor of Midwifery

2026

UTS CRICOS PROVIDER CODE 00099F

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1 Introduction

1.1 Overview

Professional Practice Experiences (Clinical Placements) are a vital component of a student's preparation for registration as a Midwife. During a clinical placement, students actively engage with women, their families, and the multidisciplinary team whilst developing an understanding of the healthcare culture.

Experiencing midwifery in a range of health care environments is fundamental for a student's professional development as it enables the student to gain confidence and consolidate the knowledge, skills and abilities developed during theoretical modules, clinical practice laboratories and simulated activities.

Placements are sourced and coordinated by the Clinical Practice Unit (CPU) in collaboration with the Bachelor of Midwifery Course Director, in accordance with the University of Technology Sydney (UTS) Faculty of Health and NSW Ministry of Health policies and guidelines. Students are placed in a range of allocated health facilities. Placement allocations are influenced by availability, location and the type of clinical setting required for the placement and associated assessment.

The clinical placement type can vary depending on the student's clinical home and the year level. While most placements are in 'blocks' there is a level of clinical integration with 1st and 2nd year students often working a day a week as well as completing clinical hours in the summer and/or winter sessions. Typically, placements involve morning, evening, and night shifts. During the course, students are also required to follow a minimum of 20 women across their pregnancy, labour and birth and early postnatal period. These Continuity of Care Experiences (CoC) require students to be on-call to attend the woman's labour and birth.

Third-year students undertake a prolonged period of professional practice with most of their time spent in the clinical environment. Third-year students can also complete an 80-hour rural or remote placement.

Students are supervised in the clinical environment by Clinical Facilitators/ Midwifery Educators/ Registered Midwife Preceptors and/or Medical Officers. These clinicians all have a role in supporting the student to achieve their learning objectives and assessment

requirements. In this document the term ‘Educator/Facilitator’ will be used to refer to this supervisor role.

Successful completion of clinical placements and associated hours is essential for registration with the Australian Health Practitioner Regulation Agency (AHPRA) as a Midwife. The Nursing and Midwifery Board of Australia (NMBA) requires students to complete a minimum number of clinical hours and demonstrate English language proficiency at IELTS Academic level 7 or the equivalent. These requirements ensure graduates are well-prepared to deliver safe, competent, and culturally responsive care as registered midwives.

1.2 Contacts

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The Course Director, Bachelor of Midwifery is the first point of contact for students.

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1.2.2.1 Bachelor of Midwifery Clinical Subject Coordinators 2026

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1.2.3 Clinical Practice Unit

The Clinical Practice Unit (CPU) is the professional team responsible for requesting, allocating and coordinating clinical placements. The CPU team works collaboratively with students, the NSW Ministry of Health (MoH), Local Health Districts / Health Facilities, Educator/Facilitators, Privately Practising Midwives (PPMs), academic staff, and other education institutes and governing bodies.

The CPU is also responsible for students have completed all their pre-placement requirements (see UTS Nursing and Midwifery Student Compliance Guide 2026 for details).

The CPU Office is in Building 10, Level 6 (opposite the lifts) and is open Monday to Friday 8:00am to 3:30pm. CPU can be contacted at:

Email: health.clinical.practice@uts.edu.au

Tel: +61 2 9514 5122

1.2.4 Student Centre

The Student Centre, located in Building 10, Foyer (level2) can be contacted for general administrative enquiries regarding the course. The service is available Monday to Friday: 9:00am - 4.30pm. It is closed on Wednesdays: 09:00 - 11:00am. Tel: +61 2 9514 4911

1.3 Abbreviations

ACM	Australian College of Midwives
AHPRA	Australian Health Practitioner Regulation Agency
AIM	Assistant in Midwifery
ANMAC	Australian Nursing and Midwifery Accreditation Council
CB	City Building
CoMCE	Continuity of Midwifery Care Experience
CPU	Clinical Practice Unit
FoH	Faculty of Health at UTS
ID	Identification
LHD	Local Health District
MoH	Ministry of Health
NMBA	Nursing and Midwifery Board of Australia
NSW	New South Wales
MUM	Midwifery Unit Manager
PEP	Professional Experience Portfolio
PPM	Privately practising midwife
RM	Registered Midwife
SoNM	School of Nursing and Midwifery
SMS	Short Message Service
UTS	University of Technology Sydney

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2 The Bachelor of Midwifery Course Structure

2.1 Introduction and Philosophy

The Bachelor of Midwifery (BMid) is a three-year, full-time degree designed to immerse students in the principles of woman-centred care from the outset. The course highlights the vital role midwives play in delivering high-quality care to women, newborns and families. At UTS, the midwifery teaching team—part of the School of Nursing and Midwifery—is dedicated to ensuring students engage with the profession early in their studies. As a result, first-year BMid students may begin clinical placements as early as Week 4 of the course.

This early exposure to clinical practice reflects UTS's commitment to fostering a deep understanding of midwifery as a distinct and essential profession. The program's approach to learning and teaching is grounded in this philosophy, promoting hands-on experience from the beginning.

The vision for the Bachelor of Midwifery at UTS is informed by the Philosophy Statement from the Australian College of Midwives (ACM) (2004).

ACM Philosophy Statement

Midwifery is a woman centred, political, primary health care discipline founded on the relationships between women and their midwives which:

- focuses on a woman's health needs, her expectations and aspirations
- is holistic in its approach and recognises each woman's social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself
- recognises every woman's right to self-determination in attaining choice, control and continuity of care from one or more known caregivers
- recognises every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals
- is informed by scientific evidence, by collective and individual experience and by intuition

- aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so all women remain connected to their social support systems
- may include consultation and/or collaboration between health professionals in the interests of each woman and her baby
- embraces the ideals of openness and responsiveness to, and cooperation with, the wider community.

2.2 UTS Midwifery Graduate Attributes and Course Intended Learning Outcomes

The Bachelor of Midwifery Course Intended Learning Outcomes (CILOs) are as follows:

- CILO 1:
  Practice with comprehensive theoretical knowledge and clinical judgment to optimise maternal and neonatal outcomes through woman-centred, evidence-informed care.
- CILO 2:
  Communicate and collaborate respectfully and effectively with women, families, and interdisciplinary teams to deliver quality, woman-centred care.
- CILO 3:
  Make informed and independent judgments to foster professional resilience and improve midwifery practice in partnership with women.
- CILO 4:
  Advocate for diversity, equity, and reproductive justice through socially responsible, woman-centred midwifery practice.
- CILO 5:
  Engage professionally and critically to lead, improve, and sustain woman-centred midwifery through lifelong learning, advocacy and engagement with technology and evidence.
- CILO 6:

  Reflect on Indigenous Australian contexts to inform and apply culturally safe practices as reflective midwives to work for and with Indigenous Australians.

2.3 Curriculum details

The below curriculum details apply to students who commenced the course in 2022 and beyond. Pathways (study plans) may change because of absences. Table 1 illustrates the current study plan that students follow when enrolled full time.

Table 1: Bachelor of Midwifery Study Plan 2026

	SESSION 1	SESSION 2
YEAR 1	**EMBARKING ON THE MIDWIFERY JOURNEY**	
	92669: Transition to Parenthood	92354: Introductory Pharmacology and Microbiology
	92668: Foundations of Midwifery Practice	92672: Translating Research into Midwifery Practice
	92670: Anatomy and Physiology: Pregnancy and Childbirth	92673: Promoting, Protecting and Supporting Breastfeeding
	92667: Midwifery Practice 1: Preparation for Practice	92671: Midwifery Practice 2: Supporting Women
YEAR 2	**WORKING WITH EVERY WOMAN'S REALITY**	
	92764: Perinatal Mental Health (S)	92678: Midwifery as primary health care: a public health strategy
	92676: Power, Politics and Midwifery	92680: Optimising physiological processes in childbearing
	92677: Care of the Newborn	92681: Aboriginal and Torres Strait Islander Health: Women and Babies
	92675: Midwifery Practice 3: Working with a woman who has a complex Pregnancy	92679: Midwifery Practice 4: Working with a woman who has a complex labour, birth and the puerperium
YEAR 3	**TRANSITION INTO THE MIDWIFERY PROFESSION**	
	92687: International Perspectives	92686: Midwifery Practice 6: Transitioning to Practice
	92685: Working within a Strengths-Based Midwifery Model	
	92684: Navigating a Midwifery Career Pathway	92688: Synthesizing Midwifery and Research Translation (SMART)
	92682: Midwifery Practice 5: Emergencies in Maternity Care	92689: Leadership in Midwifery

Note: The UTS Graduate Attributes and the NMBA Midwife Standards for Practice (2018) are mapped to and assessed within every subject in the BMid course.

3 Midwifery Professional Experience Practice Portfolio

The Midwifery Professional Experience Practice Portfolio (MPEPP) is a central component of the Bachelor of Midwifery course at UTS, designed to support students in documenting, reflecting on, and showcasing their professional development throughout their studies. The MPEPP serves as both a learning tool and an assessment item and encourages students to take ownership of their learning.

The MPEPP enables students to:

- Reflect on their clinical experiences and evaluate their practice against the NMBA Midwife Standards for Practice, the Code of Professional Conduct, and the International Code of Ethics for Midwives.
- Demonstrate readiness for professional registration by compiling evidence of their competencies, learning achievements, and engagement in midwifery practice.
- Plan for ongoing professional development, identifying learning needs and goals for future practice.

Students are required to comprehensively document a proportion of each of their required clinical experiences each Session (please see the MPEPP printed version and/or access the electronic version via logging into *MyPlacement* for all mandatory requirements). These proportions have been selected based on our experience of the balance between quality and quantity in terms of learning experiences and is in keeping with the ANMAC (2018) requirements.

For all BMid students, provision of midwifery care, within a professional practice setting, is always under the direct supervision of a registered practitioner (midwife, medical doctor, child and family health practitioner).

3.1 Midwifery continuity of care experiences

Midwifery Continuity of Care Experience (CoMCE) refers to an educational strategy in which a midwifery student forms a sustained professional partnership with a woman throughout her maternity journey. This includes the antenatal, intrapartum, and postnatal periods, and is designed to reflect the principles of woman-centred care.

The CoMCE facilitates students to:

- Observe and participate in the care of at least 20 women across all stages of the maternity continuum
- Develop clinical skills, communication, and professional competence

- Understand the full scope of midwifery practice across a range of setting (home, community, hospital settings)

Engagement involves attending **at minimum**:

- four antenatal visits
- two postnatal visits (consider a further visit at 4–6-week postnatal)
- the labour and birth (for most of the 20 women)

Students record their CoMCE experiences in a specific section of the MPEPP. The CoMCE documentation is monitored by a supervising 'Educator/Facilitator' (or Private Practice Midwife (PPM)). Students must recruit women for CoMCE who are birthing at the student's clinical placement site or under the care of the PPM they are working with. Each woman must be provided with written information about the student continuity of care experience and consent to the CoMCE experience.

Health services have different processes in place to ensure that midwifery students can recruit women and meet the requirements of the CoMCEs. For example, in some maternity facilities students are allocated to specific antenatal clinics. In others the health services have set up 'student led' clinics. Other facilities place students in the midwifery continuity of care/r models (commonly referred to as Midwifery Group Practice or MGP) and the student works alongside a midwife to meet the requirements. Some facilities offer students extended time in these models.

Processes must be in place to ensure students are notified when the woman presents to the health service (most commonly for labour). Most services use an alert system (sticker with student contact details) in the woman's notes or antenatal card. Students are also permitted to exchange phone numbers with women. This is to ensure students may be alerted when appointments are changed or women go into labour. Students are counselled about the importance of never providing direct clinical advice to women unless under direct supervision (see boundaries and expectations).

Midwifery students attend the labour and birth of the woman and her significant others. Students are encouraged to stay with the woman and her family through the early hours after birth. To note, this immediate postnatal time does not constitute a valid 'postnatal' episode of care on the CoMCE summary sheet. This time is part of the labour and birth episode of care.

The student continues to provide continuity of care in the postnatal period either in the hospital and/or at home under the supervision of a registered midwife. In addition, students are supported to accompany women to the Child and Family Health Centre, so they have an opportunity to observe the care provided by these practitioners and better understand the woman's transit to motherhood/parenthood.

Clinical placements with Private Practice Midwives (PPMs) are further opportunities to experience CoMCEs due to the inherent midwifery caseload model. When placed with a

PPM, the student works alongside the midwife to meet the requirements. The PPM and student work out how to best structure the clinical and CoMCE hours so that the student can encounter a range of practice experiences and have access to CoMCEs. In circumstances where the student has completed their clinical hours with the PPM, they can still attend the labour and birth of a CoMCE woman (with consent from the PPM and woman).

The CoMCE experience is linked to the practice subjects (Midwifery Practice 1 - 6) and integrated with clinical experiences recorded within the MPEPP which is monitored across each year. Of the 20 CoMCE, at least half (n=10) must be attended in the final year of the course.

Essentially, midwifery students can undertake CoMCEs across the full calendar year and are not constrained by session-based requirements. The recommended number of CoMCE's per year is:

- First year – 4 CoMCE
- Second year – 6 CoMCE
- Third year – 10 CoMCE

A maximum of ten (10) clinical hours may be claimed against each CoMCE (even though many students do more).This equates to 200 hours for the 20 CoMCE and forms part of the total clinical hours required. If the time spent with a CoMCE woman falls under 10 hours, then only the time spent can be counted (e.g. the total time spent was six hours, then only six hours can be counted). Students may recruit extra women if they wish.

All CoMCE requirements must be completed by the first week of November in the student's final year (Midwifery Practice 6). Once the AMSAT has been signed and MPEPP reviewed by the Educator/Facilitator, the completed MPEPP is then submitted for final review to the Year 3 clinical coordinator.

3.1.1 A woman's right to withdraw consent

Women may withdraw from the CoMCE at any time. In the event of a woman deciding to withdraw from the CoMCE, the student will be required to recruit another woman to fulfil the program requirements of 20 completed CoMCE. In complex circumstances such as intrauterine death, stillbirth, or preterm birth, with the woman's permission the midwifery student will continue with the CoMCE and be supported by the preceptor midwife in relation to referral and consultation required.

3.1.2 Social media and recruitment

Consistent with the UTS values and the recognition of the relational skills required by the midwife to develop a partnership relationship with the woman we do not sanction recruitment of women for CoMCE via social media. Students must adhere to the NMBA

Social media policy, available at Nursing and Midwifery Board of Australia - Social media: How to meet your obligations under the National Law (nursingmidwiferyboard.gov.au).

3.1.3 Professional boundaries and expectations

It is the student's responsibility to develop and maintain a relationship with each woman with whom they are undertaking a CoMCE . However, midwifery students are not permitted to visit a woman in the woman's home unless they are with a qualified clinician. The student can arrange to meet with the woman at the antenatal clinic, midwifery practice or GP surgery. When the woman is in labour the student should ensure that the woman is aware to contact her/him at the same time as she contacts the hospital, and that the student will meet the woman at the hospital or the home (if attending with a private practice midwife or employed caseload midwife). The woman will need some way of contacting students who are on call for their Continuity of Care experience i.e., mobile phone. If they feel comfortable to do so, the student can share their mobile number with the woman, but the student cannot provide pregnancy advice to the woman about herself or the baby over the phone without a midwife present. Should a woman seek pregnancy advice from the student, *the student must advise the woman to seek suitable medical advice as soon as possible*, explaining that they, as a midwifery student, cannot provide medical advice without the presence of a registered midwife/doctor being present.

Students are required to record their clinical experiences and reflections in the MPEPP. This is reviewed both in class and by the midwife acting in the assessor role in the professional experience placement.

3.2 Midwifery Practice Experience Placement Portfolio

Throughout the Bachelor of Midwifery program, students will engage in a variety of midwifery care experiences. These are designed to build foundational skills and clinical confidence in supporting women during pregnancy, birth and the postnatal time. Newborn care episodes are also required as part of the portfolio completion.

Students are required to record their clinical experiences and reflections in the MPEPP. This is reviewed both in class and by the midwife acting in the assessor role in the professional experience placement.

UTS provides structured class time for the students to debrief and discuss their continuity of midwifery care experiences. In addition, several assessments are designed to assist students to reflect on the CoMCE.

Besides the CoMCE, students are to undertake a variety of other clinical experiences, some of which may include women who are part of the CoMCEs. Students also record and reflect on these experiences in their PEP portfolio (a copy is filed in My Placement).

3.2.1 Antenatal episodes of care

As part of their professional development, students are required to document the completion of key antenatal competencies, including:

- Interpretation of diagnostic tests and clinical findings
- Antenatal assessments, including abdominal palpation
- Assessment of fetal wellbeing, using tools such as the Pinard stethoscope and Electronic Fetal Monitoring (EFM)

These experiences are essential for developing the knowledge and skills required to provide safe, evidence-based care during the antenatal period.

3.2.2 Labour and Birth

Midwifery students are expected to take primary responsibility, under appropriate supervision, for providing care during a woman's spontaneous vaginal birth. This includes active involvement across all stages of labour and the immediate postnatal period. Specifically, students should aim to:

- Provide direct and active care during the first and second stages of labour
- Where possible, manage the third stage of labour, including supporting care in situations requiring manual removal of the placenta, as appropriate
- Facilitate initial mother–baby interaction, promoting skin-to-skin contact and breastfeeding in alignment with the woman's preferences and clinical context
- Assess and monitor the mother's and baby's adaptation during the first four hours post-birth, including consultation, referral, and clinical handover where necessary
- Provide care to additional women during labour, particularly during the first stage, and where possible, during birth—regardless of mode of delivery

In addition, students are required to document the completion of essential clinical skills during labour and birth, including:

- Assessment of fetal wellbeing, using Intermittent Auscultation (IA) and Electronic Fetal Monitoring (EFM)
- Assessment in labour, including vaginal examinations
- Active resuscitation of the newborn, where clinically indicated and within scope of practice

These experiences are critical for developing competence, confidence, and readiness for professional midwifery practice.

3.2.3 Experience in caring for women with complex needs

Professional experience placements across the full spectrum of maternity services provide students with valuable opportunities to care for women, newborns, and families with complex needs. These experiences are essential for developing clinical competence, adaptability, and a deeper understanding of the diverse challenges that can arise during pregnancy, labour, birth, and the postnatal period.

3.2.4 Postnatal care for women and their newborns

Midwives provide care up to six weeks following birth, a period that is critical for the health and wellbeing of women, newborns, and families. Understanding how families navigate this transition is essential for students, who are encouraged to prioritise opportunities to observe and participate in postnatal care.

Students placed with a Primary Practice Midwife (PPM) may find it easier to engage in these experiences, as the PPM caseload model supports continuity of midwifery care throughout the postnatal period. This model enables students to witness the benefits of sustained, relationship-based care and to develop their skills in supporting women and families during this important phase.

In addition to clinical placement opportunities, students will gain experience in supporting women to feed their babies, with a particular focus on promoting and facilitating breastfeeding. These experiences occur both in practice settings and through simulated learning activities, helping students build confidence and competence in providing evidence-based breastfeeding support tailored to each woman's needs and preferences.

3.2.5 Experiences in women's health and sexual health

As part of the Bachelor of Midwifery program, students are required to complete five comprehensive worksheets focused on women's sexual and reproductive health. These activities are designed to deepen understanding of the broader scope of midwifery practice beyond pregnancy and birth.

Where possible, students will also gain clinical experience in assessing women and their babies at four to six weeks postpartum, within practice settings. These encounters provide valuable insight into the ongoing physical, emotional, and sexual health needs of women during the postnatal period, and support the development of holistic, woman-centred care skills.

3.2.6 Neonatal care

As part of their clinical learning, midwifery students are required to gain experience in conducting comprehensive newborn examinations. These assessments are essential for

identifying normal adaptation to extrauterine life and detecting any early signs of concern.

Professional experience placements, particularly those with Primary Practice Midwives (PPMs), in birthing units, and during the postnatal period—provide students with valuable opportunities to develop and apply these skills in real-world settings. Through these placements, students learn to assess newborn health holistically, including physical examination, behavioural observations, and early bonding indicators.

4 Inherent requirements for Midwifery

4.1 Introduction

UTS, the Faculty of Health and School of Nursing (SoNM) strongly supports the rights of all people who wish to pursue a course in midwifery to achieve their potential and career objectives. The SoNM is committed to making reasonable adjustments to teaching and learning, assessment, practice experiences and other activities to address the impact of students' disabilities so that they can participate in their course.

Every occupation, including midwifery, has certain characteristics that are integral to their profession. Caring for women and their families during pregnancy, labour and birth can be emotionally challenging as well as physically strenuous. Many of the activities associated with the professional practice of midwifery are time sensitive. The capacity for students and registered midwives to perform certain activities within specified time limits is required, to reduce or avoid risks to the safety and wellbeing of women and/or their newborns. The safety and wellbeing of students and others is always of paramount importance. Students are required to undertake placement activities in culturally diverse environments which reflect the Australian health care context.

To support potential and current students' decision making, a series of inherent requirement statements have been developed. These statements specify the course requirements of the BMid for student admission and progression. The statements are clustered under eight domains consisting of ethical behaviour, behavioural stability, legal, communication, cognition, sensory abilities, strength and mobility and sustainable performance (see 4.2 for more detail).

The inherent requirements provide a guide for students and staff when deciding whether students can meet these requirements and the type of reasonable adjustments that could be put in place to facilitate the student to complete the course without compromising the academic or clinical integrity of the course.

4.2 Bachelor of Midwifery Inherent Requirement Statement and Student Declaration

Inherent Requirements are the essential components of a course that demonstrate the capabilities, knowledge and skills to achieve the core learning outcomes. The UTS Inherent Requirement Student Declaration form must be completed each session prior to students being able to preference or attend a clinical placement. By digitally signing the form, students confirm that they have read and understood the requirements. Should a student’s circumstances change across the session they should contact the Health

Academic Liaison Officer (health.alo@uts.edu.au) to discuss amending their Placement Declaration Form and to ensure they are linked in with the appropriate supports.

Failure to complete this form may result in:

a) the student not being allocated to a clinical placement, and/or

b) a fail X grade being awarded for the subject.

Information provided to the SoNM may have implications for clinical placements. This may require the SoNM to request further information from a student to ascertain their fitness to attend a clinical placement. The Inherent Requirements are listed in this document and are available in the online UTS Handbook via the following link: http://www.uts.edu.au/about/faculty-health/clinical-practice/getting-ready/inherent-requirements.

4.2.1 How to read the inherent requirement statements

If students are intending to enrol in the BMid, they should look at these Inherent requirement statements and think about whether they may experience challenges in meeting these requirements.
If they think they may experience challenges related to their disability, chronic health condition or any other reason, they should discuss their concerns with a UTS Special Needs Advisor or SoNM staff, such as the Director of Clinical Practice, Academic Liaison Officer, Director of the BMid or their clinical subject coordinator. These staff can work collaboratively with the student to determine reasonable adjustments to assist students to meet the Inherent Requirements. In the case where it is determined that Inherent Requirements cannot be met with reasonable adjustments, the University staff can provide guidance regarding other study options.

Each inherent requirement is made up of the following five levels:

- Level 1 - introduction to the inherent requirement
- Level 2 - description of what the inherent requirement is
- Level 3 - explanation of why this is an inherent requirement of the course
- Level 4 - the nature of any adjustments that may be made to allow students to meet the requirement
- Level 5 - examples of things students must be able to do to show they've met the requirement

Inherent requirements are the essential components of a course that demonstrate the capabilities, knowledge and skills to achieve the core learning outcomes. If a student is unsure about any of this information, they should contact the SoNM and Midwifery Academic Liaison Officer so that any queries can be addressed.

4.2.2 Reasonable Adjustments

The Disability Discrimination Act [DDA] 1992, as amended in 2009 (Australian Government Comlaw, 2010) through the Disability Standards for Education [DSE] (Australian Government Comlaw 2005), requires institutions to take reasonable steps that enable the student with a disability to participate in education on the same basis as a student without a disability.

An adjustment is a measure or action taken to assist a student with a disability to participate in education and training on the same basis as other students. Examples of adjustments include provision of a note taker or provision of adaptive equipment / furniture or assistive technology.

An adjustment is reasonable if it balances the interests of all parties affected.

Making changes to ensure equal opportunity for people with a disability is commonly referred to as a "reasonable adjustment".

4.2.3 Adaptive Equipment

Equipment / furniture / devices designed to facilitate independence for people with disabilities and medical conditions.

Adaptive equipment includes ergonomic furniture such as height adjustable desks and chairs, mobility equipment and may include industry specific equipment.

4.2.4 Assistive Technology

Software or hardware devices by which people with disabilities can access technology. Assistive technology can include devices such as alternative keyboard/mouse, voice recognition software, monitor magnification software, multiple switch joysticks,and text-to-speech communication aids.

4.3 Inherent Requirements

4.3.1 UTS: Bachelor of Midwifery Inherent Requirements Statement

UTS strongly supports the right of all people who wish to undertake a course at our university to pursue their goals and achieve their personal potential. We welcome prospective students with disabilities, and students from diverse social, economic and cultural backgrounds.

4.3.2 What are Inherent Requirements?

Inherent Requirements are academic and non-academic requirements that are inherent in or essential to the successful completion of a course. By identifying and effectively communicating the Inherent Requirements of our courses, UTS aims to assist prospective and current students to make informed decisions about their study and to facilitate productive and transparent discussions about career choices.

The Inherent Requirements are (Table 2):

1. Legal and Behavioural Requirements
2. Communication Tasks: Verbal, Written, Non-Verbal
3. Cognitive Tasks: Literacy, Knowledge and Information
4. Sensory Tasks: Visual, Auditory, Tactile
5. Physical Tasks: Gross Motor Task, Fine Motor Task
6. Sustainable Performance

4.3.3 What does this mean for prospective and current students?

Prospective and current students should carefully read this Inherent Requirement Statement and consider whether they might experience challenges in successfully completing their preferred or chosen course.

This Statement should be read in conjunction with the UTS Student Rules. If you are a prospective or current student and are concerned about your ability to meet these Inherent Requirements, you should discuss your concerns with the Academic Liaison Officer in your faculty or school and/or the UTS Accessibility Service at 9514 1177 or at accessibility@uts.edu.au.

Please note that UTS also requires students to comply with the UTS Student Rights and Responsibilities Policy and relevant University policies, procedures and regulations. In addition, students who enrol in professional degrees are required to comply with legal requirements relating to accreditation and registration.

4.3.4 Reasonable adjustments

UTS will make reasonable adjustments to teaching and learning, assessment, professional experiences, course-related work experience and other course activities to facilitate maximum participation by students with disabilities, carer responsibilities, and religious or cultural obligations in their courses. When making adjustments for students, UTS will continue to ensure the integrity of its courses and assessment requirements and processes, so that the students on whom it confers an award can present themselves as

having the appropriate knowledge, experience and expertise implicit in the holding of that award. The purpose of reasonable adjustments is to assist students to meet the Inherent Requirements of a course, not to replace or override them. Sometimes reasonable adjustments will not enable the student to meet the inherent requirements.

Registration with the UTS Accessibility Service is necessary for students to obtain reasonable adjustments for their disabilities. Students are not otherwise required to disclose their disability or other personal circumstances to UTS unless they pose a risk to their health or safety, or to that of others. Students should familiarise themselves with relevant deadlines and allow sufficient time for reasonable adjustments to be made.

Table 2: Midwifery Inherent requirements

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
1. Legal and behavioural Requirements	Student engages in appropriate behaviour, having regard to their legal and ethical obligations under the law, professional regulations and codes of conduct. Student understands and applies the principles of professional, ethical behaviour, which includes integrity and accountability. Student demonstrates stable behaviour that allows them to work constructively in a diverse and changing academic and professional environment. Student demonstrates self-awareness and ensures that their own opinions, attitudes and behaviours do not adversely affect others. Student takes responsibility for their own learning and actively participates in teaching environments.	Is receptive and responds appropriately to constructive feedback. Actively and appropriately participates in collaborative tasks and group work. Actively and appropriately engages in classroom activities. Uses course materials, including the subject outline and subject announcements, to plan subject assessment tasks and other study commitments. Expresses opinions in a way that is sensitive to cultural and social differences. Communicates respectfully with and demonstrates professional courtesy towards academic and professional staff, and other students.	Treats confidential information appropriately and respects the privacy of women and their newborns. Is receptive and responds appropriately to constructive feedback. Accepts and fulfils responsibilities given in the clinical setting. Works effectively with people from diverse social and cultural backgrounds. Effectively manages own emotions and behaviour. Effectively manages own physical and mental health. Complies with rules relating to the duties and obligations of health practitioners, by observing written and unwritten rules of professional conduct and professional courtesy.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	Justification: Compliance with the codes, guidelines and policies facilitates safe, competent interactions and relationships for students and/or the people they engage with. This ensures the physical, psychological, emotional and spiritual wellbeing of the individual is not placed at risk. Knowledge, understanding, and compliance with legislative and regulatory requirements are necessary pre-requisites to practice placements to reduce the risk of harm to self and others. Compliance with these professional regulations and the Australian Law ensures that students are both responsible and accountable for their practice. Behavioural stability is required to work individually and in teams in changing and unpredictable environments. Midwifery students will be exposed to a woman's private and emotionally charged	Is honest and principled in interactions with peers and staff. Effectively manages demanding or stressful situations, recognising individual limitations and seeks support and advice where necessary.	Complies with requirements for student registration with the Australian Health Practitioner Regulation Agency (AHPRA) and relevant child protection and safety legislation. Complies with requirements for ClinConnect registration such as criminal record checks and vaccinations, including those introduced after commencement in the course or program. Complies with placement requirements such as pre-requisite learning modules with HETI and clinical pre-placement preparation.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	pregnancy, labour and birth and post birth period which may include complex and emergency situations. Midwifery students will be required to have behavioural stability to manage these events objectively and professionally.		
2.1 Communication tasks: Verbal	Student comprehends spoken English delivered at conversational speed, including technical and medical terms appropriate to their stage of course progression. Student communicates effectively in spoken English. Student understands and responds to verbal communications accurately, appropriately and in a timely manner. **Justification:** Timely, accurate and effective delivery of instructions is critical to individual safety, treatment and management	Participates effectively in tutorial and group work discussions. Understands and follows instructions. Effectively provides clear instructions appropriate to the context of the situation. Correctly uses technical and medical terminology in classes, simulation sessions, assessments and English language assessments. When communicating with staff and students, considers cultural differences. Effectively and appropriately engages in group presentations.	Engages in appropriate communication and develops therapeutic relationships with women, relatives and staff. Demonstrates effective verbal communication when undertaking all care for women and their newborns, assessments and clinical tasks or skills. Effectively communicates in a timely manner if instructions or any communication is not understood. Conducts or participates in woman-centred conversations such as team meetings, handover, escalation of care and assessments.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
			Elicits clear instructions from multidisciplinary team members. Demonstrates an awareness of the need to communicate in a way that takes into account womens' and newborns' health, cultural differences and backgrounds, including when dealing with multidisciplinary team members, family members and other relevant persons. Effectively engages in discussions where communication may be critical to women's and newborn's safety, treatment and management. Demonstrates effective oral communication appropriate to the clinical situation.
2.2 Communication tasks: Written	Student comprehends written English, including technical and medical terms appropriate to their stage of course progression.	Reads and comprehends information provided. Responds appropriately and in a timely manner to communications from the University and University staff.	Understands, interprets and follows written instructions for woman-centred care. Understands and applies documentation standards in accordance with relevant policies.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	Student communicates effectively in written English. **Justification:** Construction of written text-based assessment tasks to reflect the required academic standards are necessary to convey knowledge and understanding of relevant subject matter for professional practice. Accurate written communication, including record-keeping and women's and newborns' notes, is vital to provide consistent and safe midwifery care.	Completes essays and other written assignments to required academic standards. Submits written work in a timely manner. Participates in online discussions and blogs in a way that develops a coherent, constructive and respectful exchange of ideas.	Understands and complies with electronic medical records policies and procedures. Produces accurate, concise and clear documentation. Documents information in medical records in a coherent, comprehensive and logical way, having regard to the relevance of the documentation required. Documents information in plain English, in a clear and intelligible manner. Paraphrases, summarises and follows written clinical instructions.
2.3 Communication tasks: Non-verbal	Student comprehends non-verbal information and cues. Student demonstrates non-verbal communication skills appropriate to the circumstances. **Justification:**	Communicates respectfully with academic and professional staff. Respects personal and professional boundaries. Communicates appropriately in classroom situations.	Observes and understands non-verbal cues and responds appropriately in context. Displays appropriate facial expressions and maintains eye contact, as appropriate.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	The ability to observe and understand non-verbal cues assists with building rapport with people and gaining their trust and respect in academic and professional relationships. The ability to observe and understand non-verbal cues is essential for safe and effective observation of a woman's and/or newborn's symptoms and reactions to facilitate the assessment and treatment of women and/or their newborn.	Shows consistent and appropriate awareness of own behaviours.	Communicates respectfully with people of different gender, sexuality, and age, and from diverse cultural, religious, socio-economic and educational backgrounds. Respects personal and professional boundaries. Shows consistent and appropriate awareness of own behaviours.
3.1 Cognitive tasks: Literacy	Student understands and responds to written communications accurately, appropriately, and in a timely manner. Student comprehends written information, including technical and medical terms. **Justification:** The ability to acquire information and to accurately convey	Identifies, evaluates and comprehends a range of midwifery literature and information and accurately conveys appropriate messages. Effectively acquires evidence-based information and reads, interprets, comprehends and decodes multiple sources of information to construct academic assessments in a scholarly	Follows written instructions, including faculty and facilities' policies, procedures and guidelines. Locates, understands and uses appropriate and relevant information.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	messages is fundamental to ensure safe and effective assessment, treatment and delivery of care. The ability to read, decode, interpret and comprehend multiple sources of information is fundamental for safe and effective delivery of midwifery care.	manner.	
3.2 Cognitive tasks: Knowledge and information	Student locates, processes, integrates and implements knowledge and information. **Justification:** Safe and effective delivery of midwifery care is based on comprehensive knowledge that must be sourced, understood and applied appropriately. Competent application of numeracy skills is essential in midwifery to facilitate the safe and effective delivery of midwifery care.	Locates and analyses appropriate and relevant evidence-based information for practice, health policy, and scholarly materials for the purpose of academic assessments. Comprehends, interprets and correctly applies midwifery principles, theory, standards, relevant codes and legislation in laboratory tutorials and simulation assessments. Applies midwifery theory to clinical practice situations in tutorials, laboratory, and simulation sessions.	Develops, implements and discusses plans of care informed by the woman's preferences and priorities, medical records, and processes and integrates information relevant to practice and delivery of safe care. Applies knowledge of midwifery theory and standards in a clinical practice setting for example, when planning and delivering clinical skills. Demonstrates comprehensive clinical skills and knowledge in a variety of clinical settings,

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
		Applies knowledge and demonstrates competence in clinical skills in laboratory, and simulation sessions.	appropriate to students' stage of course progression. Demonstrates competency and accuracy in numeracy to deliver safe and effective care in the context of medication administration. Student interprets and correctly applies data, measurements and numerical criteria.
4.1 Sensory Tasks: Visual	Student accurately and effectively observes and monitors their physical surrounds. **Justification:** Sufficient visual acuity is necessary to demonstrate the required range of skills, tasks and assessments to maintain consistent, accurate and safe care to self and others.	Understands learning materials delivered in a visual format. Understands and interprets visual information in laboratory and simulation sessions. Identifies visual differences and changes in a variety of scenarios, including monitoring equipment, care equipment and simulated women and babies. Effectively conducts visual observations, examinations and assessments of simulated women and babies.	Understands information delivered in a visual format such as electronic medical records, paper documentation, orders, diagnostic imaging and pathology results. Understands and accurately interprets visual cues when caring for women and their newborns. Effectively monitors equipment in clinical contexts. Effectively reads and interprets a variety of screening and diagnostic tools and tests such as

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
			urinalysis, general pathology, blood gases, blood glucose machines and treatment equipment. Effectively undertakes safe medication preparation and administration by reading and interpreting safe medication administration guidelines. Effectively conducts a variety of assessments including visual observations, examinations and assessments such as developmental assessments and screening.
4.2 Sensory Tasks: Auditory	Student accurately responds to and comprehends auditory information. **Justification:** Sufficient auditory ability is necessary to monitor, assess and manage a woman and newborn's health needs consistently and accurately.	Understands learning materials delivered in an aural format. Actively participates in group work. Actively participates in laboratory tutorials and simulation sessions by performing observations measured by auscultation.	Effectively performs observations measured by auscultation. Effectively participates in woman-centred communication delivered in an aural format, such as therapeutic communication, hand over, verbal orders, telephone consultations and emergency procedures. Understands feedback and instructions from team members

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	Auditory assessments and observations are fundamental to safe and effective midwifery practice.	Understands and responds appropriately when presented with comments or feedback.	and women in a community setting.
4.3 Sensory Tasks: Tactile	Student accurately gathers and interprets information provided through touch. J**ustification:** Sufficient tactile ability is necessary to monitor, assess and detect a woman's physical and pregnancy related characteristics and act on any deviation detected to provide thorough midwifery care. Tactile assessments and observations are fundamental to safe and effective practice.	Effectively participates in clinical placement sessions such as performing physical measurements and identifying anatomical variations.	Effectively detecting any changes in circulation observations (e.g. temperature and pulse palpation). Conducting an abdominal palpation during labour and detecting deviations from normal (e.g. transverse lie or breech presentation.
5.1 Physical tasks: Gross motor tasks	Student safely uses gross motor skills to undertake required learning, assessment and clinical skills and tasks. **Justification:**	Effectively participates in clinical placement by undertaking safe practice of skills that involve the supervised development of skills.	Effectively participates in safe practice of skills that involve use of monitoring equipment, a variety of other equipment.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	Sufficient gross motor skills are necessary to perform, coordinate and prioritise care. Tasks that involve gross motor skills include lifting, carrying, pushing, pulling, standing, twisting and bending. Students must be able to demonstrate and perform these tasks consistently and safely to reduce the risk of harm to self and others.	Safely lifts and mobilises equipment at various heights and of various weights. Effectively performs necessary life support interventions on manikins, such as cardiopulmonary resuscitation, for prolonged periods of time.	Safely retrieves stock, and lifts and mobilises equipment at various heights and of various weights. Effectively performs at a consistent and sustained level over time the physical tasks necessary to conduct, coordinate and prioritise woman-centred care such as lifting, carrying, transferring, pushing, pulling, standing, twisting, bending and moving in restricted spaces. Responds to emergency response protocols and evacuation procedures, such as fire evacuation, via emergency stairwells while lifting, pulling or guiding women and their family and or equipment in a timely manner. Effectively performs necessary life support interventions on women and/or their newborns, such as cardiopulmonary resuscitation, for prolonged periods of time.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
5.2 Physical tasks: Fine motor tasks	Student safely uses fine motor skills to undertake required learning, assessment and clinical skills and tasks. **Justification:** Sufficient fine motor skills are necessary to perform, coordinate and prioritise care. Tasks that involve fine motor skills include being able to grasp, press, push, turn, squeeze and manipulate various objects and individuals. Midwifery students must be able to demonstrate and perform these tasks consistently and safely to reduce the risk of harm to self and others.	Effectively uses standard ICT resources, such as computers and audio-visual equipment, for the completion of academic assessments. Effectively participates in clinical placement, undertaking the safe practice of skills that involve grasping, pressing, pushing, turning, squeezing and manipulating various objects and persons for safe care.	Effectively uses technological tools and systems, such as computers, audio- visual equipment, telephones and monitoring equipment in a workplace setting. Effectively undertakes the safe practice of skills that involve grasping, pressing, pushing, turning, squeezing and manipulating various objects and persons for safe care. Effectively uses various kinds of equipment including scales, and height measuring tools.
6 Sustainable performance	Student maintains physical and mental performance at a consistent and sustained level over time. **Justification:** Sufficient physical and mental endurance is an essential requirement needed to perform	Participates in multiple tutorials, simulations, lectures and other learning activities in a day or week. Attends classes, undertakes pre-laboratory work and readings.	Attends clinical placements for the required number of hours per day, in accordance with the shift allocation or on call rules and regulations, and the required number of hours for each clinical subject.

Requirement area	Description of the Inherent Requirement	Examples in the academic environment	Examples in the Professional Experience Environment
	multiple tasks in an assigned period to provide safe and effective care.	Submits assignments according to the requirements of the subject, and in a manner consistent with university and faculty rules and policies.	Maintains a consistent and sustained level of mental and physical endurance and strength to undertake specific tasks in a timely manner and over time.

5 Placement processes

5.1 Overview of the midwifery practice experience

At UTS, we recognise that becoming a midwife is deeply rooted in the practical application of midwifery knowledge. Hands-on experience is a cornerstone of the BMid program, and clinical practice forms an essential part of students' preparation for professional midwifery practice.

Throughout their placements, students are encouraged to actively engage with women and their families, collaborate with midwives and other healthcare professionals, and adapt to the diverse cultures and settings within the maternity care system. These experiences are designed to foster the development of clinical judgement, communication skills, and professional behaviour appropriate to each student's stage in the course.

5.2 Clinical practice hours and type of placement

It is an expectation of the course that students experience the typical day/night patterns and work hours of the varied types of roles in the NSW midwifery workforce. This includes being on call in continuity of carer models and for CoMCE s.

The work integrated learning (WIL) calendar illustrates the spread of clinical weeks across the academic year and stage of course for the BMid. The course has been carefully designed to provide both early clinical experience in Session 1 and an extended workplace experience over the whole course. In third year, students are expected to consolidate their knowledge and skills, achieve competence and commence the transition to practice in the final semester.

A range of teaching and learning strategies are used to prepare students for practice:

- Laboratory-based activities
- Simulation activities
- Authentic case study and clinical scenarios as a focus for enquiry-based learning
- Objective Structured Clinical Examinations (OSCEs) to assess readiness for placement

Please note: Students cannot attend clinical placement if they do not meet certain NSW Health Requirements for e.g. National Police Check, current vaccinations including COVID-19 vaccinations. Students are fully informed of these requirements at the start of the course by the Course Clinical Coordinator and the UTS Clinical Practice Unit (CPU).

The following Table 3 illustrates the 2026 Bachelor of Midwifery required clinical placement hours per year. Table 4 illustrates the 2026 Bachelor of Midwifery teaching and work integrated learning calendar.

Table 3: Required clinical placement hours for the Bachelor of Midwifery in 2026

YEAR	CLINICAL SUBJECT	HOURS	PLACEMENT OPTIONS
1st year	Midwifery Practice 1: Preparation for practice	48	Antenatal ward, Antenatal clinic, Postnatal, Birthing, Continuity of Midwifery Care Model, CoMCE
1st year	Midwifery Practice 2: Supporting women	128	Antenatal ward, Antenatal clinic, Postnatal, Birthing, Continuity of Midwifery Care Model, CoMCE
2nd year	Midwifery Practice 3: Complex Pregnancy	96	Antenatal ward, FMU, Day stay assessment, Birthing, all risk Continuity of Midwifery Care Model, CoCME
2nd year	Care of the newborn	32	Special Care Nursery
2nd year	Mid Practice 4: Complex Labour, Birth and the Puerperium	160	Birth, Postnatal, HDU, Surgical, OT, Recovery
3rd year	Midwifery Practice 5: Preparing for professional practice	232	Continuity of Midwifery Care Model preferred, Birthing, Community, CoMCE, optional rural/international/PPM placement
3rd year	Mid Practice 6: Transitioning to Practice	232	Continuity of Midwifery Care Model preferred, Birthing, Community, CoMCE
SUMMER CLINICAL PLACEMENTS			
YEAR	CLINICAL SUBJECT	HOURS	PLACEMENT
1st year	Midwifery Practice 2: Supporting Women	64	Antenatal ward, Antenatal clinic, Birthing, Postnatal, Continuity of Midwifery Care Model, CoMCE
2nd year	Mid Practice 4: Complex Labour, Birth and the Puerperium	80	Continuity of Midwifery Care Model (MGP) preferred, Antenatal ward, Antenatal clinic, Birthing, Postnatal, , CoMCE, optional rural/PPM

Table 4: The 2026 work integrated learning calendar

UTS BACHELOR OF MIDWIFERY WORK INTEGRATED LEARNING CALENDAR 2026

	Week	Date	PH	Year 1	Year 2	Year 3
Autumn Teaching Session February - June	1	16-Feb		Welcome week	T+Welcome back C1	T+Welcome back
	2	23-Feb		T	T+C1	T
	3	2-Mar		T	T+C1	C
	4	9-Mar		T	T+C1	C
	5	16-Mar	Eid 19/20	T	T+C1	C
	6	23-Mar		T	T+C1	C
	7	30-Mar	3 APR	T+C1	T(MP3/CoN OSCE 1 APR)	C
	StUVAC	6th-Apr	6 APR			
	8	13th-Apr		T+C1	C	T+Welcome back
	9	20th-Apr		T(MP1 OSCE 21 APR)	C	C
	10	27th-Apr	27 APR	C	C	C
	11	4-May		C	C	C
	12	11-May		T+Welcome back Reflect on First Session	T+Welcome back Reflect on Clinical	T+Welcome back Reflect on Clinical
	StUVAC	18-May				C
	Exams	25-May		Exams	Exams	Exams (MP5 OSCE 25 May)
	Exams	1-Jun		C (Alternate)	Exams (PMH OSCE 4 June)	Exam (Mock Interviews- 1 June)
	Exams	8-Jun	8 JUN		C (Rural or PPM placement option available)	C (Rural, international or PPM placement option available)
		15-Jun				
		22-Jun				
		29-Jun				
		6-Jul				
		13-Jul				
		20-Jul				
Spring Teaching Session July-November	1	27-Jul		T+Welcome back	T+Welcome back	T+Welcome Back
	2	3-Aug		T+C1	T+C1	C
	3	10-Aug		T+C1	T+C1	C
	4	17-Aug		T+C1	T+C1	C
	5	24-Aug		T+C1	C	C
	6	31-Aug		T+C1	C	T
	7	7-Sep		T+C1	C	C
	8	14-Sep		T(MP2 OSCE 15 Sep)	C	T
	Stu Vac	21-Sep				
	9	28-Sep		C	T+Welcome Back Reflect on Clinical	C
	10	5-Oct	5 OCT		T+C1	C
	11	12-Oct			T(MP4 OSCE 14 Oct)	C
	12	19-Oct		T+Welcome back Reflect on Clinical	T+C1	T+Welcome back
	StuVac	26-Oct				
	Exams	2-Nov		Exams	Exams	Portfolio and CoMCE submission
		9-Nov		C (Alternate) *Summer Placement (64 Hrs) (Rural or PPM placement options available)	*Summer placement (80 hrs) C1 (Rural or PPM placement options available)	
		16-Nov				
		23-Nov				
		30-Nov				
		7-Dec				
		14-Dec				
		21-Dec				
		28-Dec				

Legend: T = teaching, C = block clinical (no uni classes), C[1] = flexible for rostering of students outside uni timetable (e.g. make up hours, staggered rostering) OSCE = Objective Structured Clinical Examination

The WIL Calendar has been designed to optimise flexibility for health facilities and students in scheduling placements, and to maximise the number of students that can be allocated to each facility. Educators and facilitators are invited to contact the BMid Course Director, Dr Heike Roth, via email Heike.Roth@uts.edu.au to discuss how this may be tailored to suit each individual maternity facility.

5.3 Privacy Notice regarding clinical placements

Please note as part of student's enrolment in clinical placements, the faculty collects personal information provided by students as part of their enrolment at UTS, including contact and study details.

Information collected by UTS is required to facilitate assigning students to a placement and managing the placement to ensure students fulfil the requirements of the Bachelor of Midwifery degree.

To enable UTS to place a student on a clinical placement, personal information, including student ID, name, year of birth, gender, and study discipline, will be entered into the NSW Health placement system (ClinConnect). Additional information will be entered by students directly into this system, including immunisation and police check information. This information and verification details will also be provided to UTS for its clinical system (MyPlacement).

Apart from information provided to the ClinConnect system, and the provision of information to the specific placement agency where a student is placed, UTS will not disclose personal information unless required or permitted by law. UTS will abide by mandatory reporting obligations under the Health Practitioners Regulation National Law Act 2009 (NSW). Information will be retained by UTS securely in line with the minimum retention requirements of the State Records Act 1998 (NSW).

5.4 Placement allocations

The CPU requests placements in private and public maternity health facilities in accordance with, and based on, 1) the requirements of the NMBA Standards for Midwifery Practice, 2) the course aims and objectives and, 3) the UTS BMid Work Integrated Learning Calendar.

Placement sites are determined in consultation with the Head of Discipline – Midwifery and the Course Director. Students must not contact facilities directly to arrange their own placements.

Wherever possible, students are allocated placements within a 90-minute travel radius of their residential address. However, this is dependent on placement availability and cannot be guaranteed. Students are expected to remain flexible in their placement arrangements. Those relying on public transport should plan ahead to accommodate travel times. Please note that all travel and parking expenses are the responsibility of the student.

Students are expected to be available for clinical placements during the scheduled placement blocks, alternate blocks, and summer periods. Placement rosters may include morning, afternoon, or night shifts, and students should be prepared to attend placements any day from Monday to Sunday. Midwifery students are also expected to be

on-call for Continuity of Care births overnight. Midwifery involves shift work and on-call work during unsocial hours and the clinical placement experiences allow students to be part of the entire spectrum of midwifery activity.

Note: Students registered with UTS Accessibility Services or supported by an Academic Liaison Officer who have approved placement accommodations in place are exempt from the standard placement allocation criteria.

If a student becomes aware that they are unable to attend a placement less than four (4) weeks before it is due to commence, they must submit a Special Consideration application for the matter to be formally reviewed.

5.4.1 Preparation for Clinical Placement

All students must familiarise themselves with the NSW Health requirements relating to clinical placements, including relevant documentation requirements. This is referred to as clinical compliance ('compliance').

Details are available in the UTS Nursing and Midwifery Student Compliance Guide 2026. Students are responsible for ensuring that they remain compliant throughout their studies in the BMid, including ensuring that all documentation is up to date.

Failure to arrange compliance will prevent the CPU from arranging the student's clinical placement and will result in an unsatisfactory result for the associated clinical subject. This is not negotiable. Student who are not compliant will fail the attached clinical subject and must repeat the entire subject.

5.4.2 Placements: Extenuating circumstances

Students who meet any of the following criteria must contact the Academic Liaison Officer (ALO) before submitting a Special Provision Request Form. The CPU will validate these requests and will decline those which are not supported. Students who have previously registered with the ALO and/or Accessibility at UTS do not need to register again, however, they do need to submit a Special Considerations Request Form at the commencement of each semester.

Carer Commitment – where a student is the primary carer of an immediate family member, such requests must be supported by the Faculty's Academic Liaison Officer (see above for details).

Special Needs – where, for example, a student has a disability and/ or an existing or ongoing illness, such requests must be supported by Accessibility at UTS.

Religious/ Cultural commitments – where a student has restrictions to clinical hours due to religious/ cultural commitments.

Conflict of Interest – where a student believes there is a significant conflict of interest should they be placed in a specific Health Facility/ ward/ unit – if unsure if this applies to, students may contact the CPU for advice.

Elite athletes or performers – where a student is limited by their training/ competition commitments.

Significant Family Commitment – where a student wishes to attend a significant family commitment such as a wedding/ funeral.

Vaccination – where a student has been fully vaccinated yet is showing evidence of an inadequate immunity.

Other Extenuating Circumstances – there may be other extenuating circumstances which are not identified above, please contact the Bachelor of Midwifery Course Director for advice.

Students who are:

- Returning from an approved Leave of Absence
- Under academic caution must seek advice from the Bachelor of Midwifery Course Director prior to the commencement of the academic year/ session.

5.5 Placement Arrangements

5.5.1 Work Integrated Learning Calendar

The SoNM designates clinical placement periods each year and publishes these dates in the UTS Health Handbook and on MyPlacement. Students must be available for clinical placements throughout the specified clinical placement periods including the alternate placement blocks (see Table 4).

5.5.2 Leave of Absence

Before taking a leave of absence (LOA), students must ensure that any outstanding clinical placements will be completed. In rare extenuating circumstances an extension may be considered.

NB: Students cannot complete clinical placement during a leave of absence period. Click here for information relating to applying for a Leave of Absence from study.

5.5.3 Clinical Reconnect Assessment

Students who have taken Leave of Absence or not successfully completed a clinical placement subject within one (1) academic session (Spring or Autumn) are required to undertake a Clinical Reconnect Program. This is a combination of a workbook, practice laboratory sessions and a structured laboratory assessment of core skills relevant to

previously completed clinical subjects. It is designed to ensure that students can practice safely in laboratories and during clinical placement after they return from LOA or are about to repeat a previously unsuccessful clinical subject. This assessment sits as a hurdle requirement in the clinical subject the student has enrolled in.

Students will be provided with two attempts at the Clinical Reconnect Assessment.

- If a student is unable to complete the scheduled assessment(s), they must notify the Course Director via email prior to the assessment and provide supporting evidence within two (2) working days.
- Non-attendance with no supporting evidence will count as one Clinical Reconnect attempt.
- An assessor will assess students using a standardised marking rubric.
- The assessment is graded as a satisfactory/unsatisfactory result, and this decision is final.
- Where a student fails two attempts at clinical reconnect, they will not meet this hurdle requirement, and this will lead to a Fail (X) grade for the subject.

5.6 Attendance and Special Consideration

Students must attend all allocated clinical placement hours. Students are not expected to attend clinical placement on a public holiday.

5.6.1 Attendance

The NMBA requires students to undertake a specified number of midwifery practice hours. 100% attendance on midwifery practice is required. Should a student miss some component of midwifery practice, they will be required to make up the hours at the discretion of the hospital Educator/Facilitator and Course Director, in accordance with the provisions below.

Only cases of documented illness or misadventure will be accepted as a reason for not undertaking all midwifery practice hours at the specified time. In the event of illness or misadventure, students must notify their Educator/Facilitator and the relevant Health Facility. If students are unable to contact their Educator/Facilitator, they should contact the BMid Course Director.

When assessing whether students are required to undertake additional hours to complete their midwifery practice, the SoNM examines a student's midwifery practice history, considering past attendance as well as the NMBA requirements. Therefore, students must ensure they maintain a complete attendance record.

Students who demonstrate a pattern of unsubstantiated absences may not be offered the opportunity to make up missed midwifery practice hours and risk failing the subject.

If a student misses one or more days of clinical placement and is granted an opportunity to make up the time, a Q grade will be recorded until the required hours are completed.

For BMid students, there is no designated make-up period. Instead, students must negotiate directly with their hospital Educator/Facilitator and the Clinical Subject Coordinator to arrange suitable times to complete missed placement hours.

Students are expected to complete their clinical hours in the time that is rostered for them. It is not acceptable for students to be late for their shift, to leave early, to leave without notifying their midwifery Educator/Facilitator, or to change a shift without first negotiating this with their midwifery Educator/Facilitator. If a student fails to comply with these requirements, they will receive an unsatisfactory assessment for their practice and a fail grade in the associated clinical practice subject.

The Work Integrated Learning Calendar provides students with the dates they will be required to attend clinical placement. This can be used to guide students as to when they must be available. Clinical placement differs across the first, second and third years of the program but is usually in a 'block' allocation so students must be available across the entire week for up to several weeks at a time.

Those students with time commitments outside university will need to plan around clinical placement dates to make sure they are available. As these are posted well in advance, no allowance is made for an inability to attend allocated clinical placements.

5.6.2 Special Consideration

Students who are absent for one (1) day or more must follow the UTS Special Consideration process and provide supporting evidence within five (5) business days of the absence. Special consideration applications are managed by the UTS and the Clinical Subject Coordinator. Students will be notified of the outcome via UTS Email.

Students must:

a) Notify their clinical facilitator/educator at their placement site and the relevant Subject Coordinator at UTS as soon as possible.

b) Complete the Special Consideration Process via the UTS Website

c) Submit a Special Consideration application via My Student Portal.

NB: Failure to submit special consideration for absences on clinical placement may lead to an unsatisfactory result for the clinical placement and put students at risk of failure in the clinical subject.

Students who experience difficulties in applying for special consideration via the UTS website should contact the Student Centre on 1300 ASK UTS (1300 275 887) (from within Australia).

5.6.3 Injury, illness or incidents involving students on clinical placement

Students who are injured whilst on clinical placement must:

a) Immediately notify the relevant Clinical Facilitator/Educator

b) Follow all applicable facility-based protocols for further treatment and documentation

c) Complete the UTS Hazard and Incident Reporting Online (HIRO) documentation available online http://www.safetyandwellbeing.uts.edu.au/.

d) Notify the BMid Course Director

e) Students who are absent due to injury, illness or incidents must follow the Special Consideration process.

If an injury sustained by a student raises doubts about the student's ability to attend subsequent midwifery practice experiences, then the matter should be referred to the BMid Course Director.

5.7 Immunisation and infection

Occupational exposures are defined as any incident occurring during the course of a student's clinical placement or employment that results in contact with blood or other body substances. This includes needle-stick injuries and other forms of exposure that may place individuals at risk of acquiring blood-borne infections such as HIV, Hepatitis B, and Hepatitis C.

While on placement, students' first line of protection against occupational exposure is strict adherence to standard infection control practices. In the event of an exposure—whether through sharps injury or contact with blood or body fluids—students must report the incident immediately in accordance with both the health facility's policy and UTS procedures. Prompt reporting ensures timely assessment and, if necessary, initiation of appropriate treatment. Students must notify their supervising Educator/Facilitator without delay and follow the health service's exposure management protocol.

5.8 Scope of practice

It is essential that students understand and practise within their defined scope of practice while undertaking clinical placements. A student's scope of practice refers to the skills, procedures, actions, and responsibilities they are permitted to perform, based on their level of training and the content covered in their course to date.

Please note that the scope of practice for Bachelor of Midwifery (BMid) students differs from that of Graduate Diploma in Midwifery (GDM) students. Each subject outlines the relevant knowledge and skills that have been taught and practised in laboratory settings, which serve as a guide to what students can safely perform during placement.

Students are expected to practise safely and under supervision at all times. If a student is unsure whether a particular activity falls within their scope of practice, they must seek guidance from their Educator/Facilitator or Clinical Subject Coordinator. It is important to recognise that some registered midwives may not be familiar with the specific scope of the student's program. If asked to perform a task outside their scope, students must immediately consult their Educator/Facilitator before proceeding.

Practising outside of a student's scope is considered unsafe and may result in termination of the clinical placement.

5.8.1 Clinical skills per year group

By the end of each academic year, students must demonstrate the required knowledge, skills, and professional attitudes across a range of core midwifery practice competencies.

YEAR 1	
Midwifery Practice 1 (Autumn)	**Midwifery Practice 2 (Spring)**
Clinical skills • Clinical skills related to midwifery, for example, observations, palpation, percussion, auscultation, urinalysis and psychosocial support • Basic hygiene and mobility needs • Effective and timely documentation • Strategies to support physiological labour and birth • Introductory newborn assessment skills – 'head to toe' assessment • Communication skills including ISBAR • Consultation and referral including escalation of care • Introduction to maternity emergencies including adult cardio-pulmonary resuscitation • National Safety and Quality Health Service Standards **Theoretical support of practice skills** • Standard precautions principles • Occupational health and safety • Manual handling skills **Clinical assessment in practice** • Principles and practicalities of the continuity of care experiences, including setting professional boundaries, time management and scope of practice.	**Clinical skills** • Woman-centred care in practice • Use of maternal and newborn observation charts which include track and trigger systems • Consultation and referral including escalation of care • Antenatal care including interpretation of tests, investigations and screening • Introduction to social and emotional screening • Assessments during labour including vaginal examination • Monitoring of fetal wellbeing including intermittent auscultation and a beginning understanding of electronic fetal monitoring • During labour and birth: exploration of ways to keep birth normal, midwifery care • Beginning understanding of frequently-occurring maternity emergencies and the role of the midwife • Recognition and response to clinical deterioration in both women and babies • Support for women in second stage – reducing perineal trauma • Support for women in the third stage – physiological and active management • Immediate care of the newborn including resuscitation • Breastfeeding assessment • Introduction to the theory of newborn screening tests • Blood Glucose Levels (BGLs) monitoring - neonatal and maternal • Medication safety and calculations • Medication administration – PO, PR, PV, SC and IM • National Safety and Quality Health Service Standards **Communication and documentation** • Communication with women, their families and other health professionals • Working with women from culturally and linguistically diverse communities (CALD) • Working with interpreters • Documentation • Handover including ISBAR

<table>
<tr><th colspan="2">YEAR 2</th></tr>
<tr><th>Midwifery Practice 3 (Autumn)</th><th>Midwifery Practice 4 (Spring)</th></tr>
<tr><td>Foundations of Complex Pregnancy Care
• Occupational health and safety in maternity settings
• Woman-centred care in the context of complexity
Assessment and Clinical Decision-Making
• Anatomy and physiology revision in complex care
• Interpretation of antenatal screening and pathology
• A–G assessment and early warning tools
• Documentation and escalation of concerns
Common Complexities in Pregnancy
• Hypertension and antihypertensive administration
• Diabetes and insulin/BGL monitoring
• Obesity, BMI calculation, and associated risks
• Hyperemesis gravidarum and IV therapy
• Haematological conditions, bleeding, and transfusion
• Infectious diseases and blood-borne virus management
Emergency Skills and Stabilisation
• Maternal collapse and resuscitation
• Urinary catheterisation
• Managing haemodynamic instability
• Medication safety, calculation, and administration (PO, SC, IM, IV, S4/S8)
Interdisciplinary Collaboration and Technologies
• Midwifery scope in consultation and referral
• Using electronic health records and escalation tools
Supportive Care and Communication
• Supporting breastfeeding in the context of complexity
• Communicating in high-stress or critical situations
• Continuity of carer where complexity exists</td><td>Foundations of Complex Care
• Introduction to incident reporting
• Documentation and legal responsibilities
Labour and Birth Complexities
• Multiple pregnancy
• Threatened preterm labour and PROM
• Induction of labour
• Pharmacological pain management
• Intrapartum fetal surveillance
• Instrumental birth
• Caesarean section and perioperative care
• Postpartum haemorrhage
• Maternal collapse and clinical deterioration
Midwifery Practice Skills
• Cervical assessment and speculum examination
• A–G maternal assessment
• Oxygen therapy and wound care
• Medication safety and administration (incl. calculations)
• Handover, consultation, and escalation
Communication, Ethics, and Family Support
• Speaking up for safety
• Connected conversations following unexpected outcomes
• Care for grief, loss, and stillbirth (including termination)
• Supporting breastfeeding in complex contexts
• Community referral and emotional wellbeing support.</td></tr>
<tr><th colspan="2"><u>Care of the newborn (Autumn)</u></th></tr>
<tr><td>Recognition and Management of Clinical Conditions
• Clinical deterioration and early neonatal warning tools
• Neonatal resuscitation and stabilisation (oxygen therapy, documentation)
• The energy triangle: hypothermia, hypoglycaemia, hypoxia
• Sepsis and neonatal infection pathways
• Jaundice and serum bilirubin (SBR) management
Feeding and Nutrition
• Blood glucose monitoring (BGL)
• Tube, bottle, EBM and formula feeding
• Supporting breastfeeding in SCN context</td><td>Ethics, Communication and Family Support
• Family-centred and developmentally supportive care (including Kangaroo Care)
• Culturally safe communication with families
• Ethical considerations in neonatal care
• Escalation pathways and interdisciplinary communication and liaison with community support services
Professional Practice
• Safe sleeping guidance
• Documentation and incident reporting
• Collecting cord blood (Rh status, gases)
• Transfer to higher-level care.</td></tr>
</table>

YEAR 3	
Midwifery Practice 5: (Autumn)	**Midwifery Practice 6 (Spring)**
Clinical Reasoning and Emergency Management • Integration of anatomy, physiology, and pathophysiology in midwifery care • Recognition and response to maternal and neonatal emergencies • Escalation of care and use of early warning tools • Simulated practice of complex scenarios (e.g., Breech, PPH, eclampsia, shoulder dystocia) **Collaborative and Accountable Practice** • Roles and responsibilities in emergency response teams • Communication in high-pressure situations • Documentation, incident reporting, and handover • Pharmacology and safe medication practices **Respectful Communication and Open Disclosure** • Delivering difficult news and responding to, and reporting critical incidents • Principles of open disclosure • Cultural safety in complex care settings • Supporting women and families through unexpected outcomes **Interdisciplinary Teamwork and Systems Thinking** • Clinical governance and safety systems • NSW Health policies (e.g., eHealth, Clinical Governance, Incident Management) • Leadership and followership in clinical teams • National Aboriginal and Torres Strait Islander Health Plan: implications for complex care **Professional Practice and Readiness** • NMBA Midwife Standards for Practice • Reflective practice using the Midwifery PEPP • Consolidating mandatory requirements (e.g., AMSAT, continuity experiences) • Legal, ethical, and regulatory frameworks	**Clinical Practice and Decision-Making** • Apply clinical reasoning to care across the full scope of midwifery practice, including complex and urgent situations. • Prioritising care and managing competing demands in dynamic environments. • Recognising and responding to clinical deterioration. • Leading and coordinating care during obstetric or neonatal emergencies. • Beginning proficiency - Perineal repair and Venipuncture and cannulation in a simulated manner. **Medication Safety and Digital Literacy** • Safe and accurate medication calculations and administration. • Clinical pharmacology relevant to pregnancy, birth, postpartum and newborn care. • Documenting care digitally and securely (e.g., eMaternity, EMR systems). **Professional and Ethical Practice** • Understanding and applying legal, ethical, and regulatory standards in practice. • Informed consent, clinical documentation, accountability, and boundaries. • Professional advocacy and speaking up for safety. **Reflective Practice and Professional Identity** • Completing and reflecting on the Midwifery Professional Experience Portfolio (MPEPP). • Critically analysing practice in relation to the NMBA Standards and Code of Conduct. • Engaging in self-evaluation and peer feedback. **Culturally Safe and Inclusive Practice** • Partnership-based care that empowers women and supports autonomy. • Embedding cultural safety into every midwifery interaction. • Collaborating respectfully with women and families from diverse cultural, linguistic, gender and ability backgrounds. • Inclusive practice with people of diverse sexualities, identities, or family structures.

5.9 The role of the Midwifery Educator/ Facilitator/Privately Practicing Midwife

This role includes:

- providing opportunities for the student to meet the clinical objectives of the course
- demonstrating professional role modelling
- assisting the student to apply problem-solving skills and develop clinical judgement
- identifying the ethical and legal aspects of midwifery practice in the clinical setting
- assisting with student tutorials and debriefing during the clinical experience
- assessing students on their clinical abilities and providing feedback
- formalising this feedback and assessment via the Australian Midwifery Standards Assessment tool (AMSAT).
- initiating Learning Support Plans in partnership with the student – and assessing the student's ability to successfully meet the developed learning objectives
- liaising with the BMid Course Director/Year Clinical Coordinator and facility staff regarding student performance and achievements
- meeting the immediate concerns and needs of the student if unforeseen problems arise during the clinical experience
- providing students with the opportunity to give feedback on their professional experience placement
- maintaining the standards of the UTS and the SoNM as well and the clinical facility.

5.10 First day on placement

The clinical Midwifery Educator/Facilitator will email students prior to the clinical placement and organise their roster for the semester.

On the first day of placement, students are to present at the specified time and meeting place as instructed by email from the health facility.

Typically, students will be met by their hospital Educator/Facilitator and/or a member of staff from the health facility. The briefing and orientation to the facility activities may include:

- Introduction to the Midwifery Educator/Facilitator including how and when students should contact them

- Clarification of the expectations of the students during the placement
- Identification checks: all students must clearly display their always UTS-issued name badge throughout the placement
- Completion of any required pre-placement checks including sighting of criminal clearance documents, vaccination documents, uniform, student ID etc (non-NSW MoH facilities)
- Confirmation of shift times, meal breaks, rosters and days of attendance as applicable
- Plan for any debriefing session, expectations of the debrief sessions and times for these sessions
- Discussion and clarification of the clinical learning objectives
- An orientation checklist may be completed
- A tour of the hospital or facility may be included as appropriate

6 Important guidelines, policies & procedures

6.1 Purpose and Application

This procedures and protocols section outlines the requirements for students participating in a university-approved internship. They apply to all undergraduate students enrolled in the Bachelor of Midwifery and should be read in conjunction with the Subject Information on Canvas and the UTS Internships Management Policy.

Please note for the purpose of this section, an Internship will be referred to as a clinical placement.

6.2 Student Responsibilities & Registration

6.2.1 Governance

Students must comply and act in accordance with the UTS Student Rules, Student Rights and Responsibilities Policy, Equity, Inclusion and Respect Policy, Health, Safety and Wellbeing Policy while undertaking a university-approved clinical placement. Students must also comply with the rules and procedures of the host organisation, and any reasonable safety instructions and requirements of the host organisation.

6.2.2 AHPRA Registration

Students must obtain and maintain registration with the National Nurses and Midwives board of Australia, as required by the Health Practitioner Regulation National Law (NSW). This process is managed by UTS.

Under the Health Practitioner Regulation National Law (NSW), students must notify the local Australian Health Practitioner Regulation Agency - AHPRA Office within seven (7) days of becoming aware of any of the following:

a) They have been charged with an offence punishable by twelve (12) months imprisonment or more

b) They have been convicted of, or are the subject or, a finding of guilt for an offence punishable by imprisonment, or

c) Their registration under the law of another country that provides for the registration of students has been suspended or cancelled

A student who has conditions imposed on their registration under the *Health Practitioner Regulation National Law (NSW)*:

a) May not be able to make satisfactory progress in the course, and

b) May be required to meet with the Responsible Academic Officer (RAO) prior to enrolling in a clinical subject

A student whose registration is removed under the *Health Practitioner Regulation National Law (NSW)* will be unable to make satisfactory progress in the course and may be required to discontinue their enrolment.

6.3 Clinical Simulation Laboratory Sessions

6.3.1 Attendance in Clinical Simulation Laboratory Sessions

Clinical laboratory attendance is a mandatory requirement for some Bachelor of Midwifery subjects. Students are required to attend the laboratory activity that they have enrolled in. Students who find themselves unable to attend their enrolled laboratory activity due to extenuating circumstances must submit a special consideration application including supporting evidence within two (2) working days.

See link: Special Consideration.

Where approved, students will be allocated to a make-up laboratory activity. Students who miss their makeup laboratory activity will not meet the attendance requirements of the clinical subject they are attending the make-up session for. Failure to attend all required clinical laboratory classes, in the absence of an approved special consideration application will result in a Fail (X) grade for the subject.

NB: Clinical placements will be postponed until all laboratory activity hours have been completed.

Students attending clinical laboratory classes, **must wear full UTS clinical uniform** to class to ensure adherence to UTS Work Health and Safety requirements and Infection Control and Prevention guidelines. Students who do not comply with these requirements will be asked to leave the laboratory and may be at risk of not meeting the attendance requirements for the subject

Students who are currently injured and do not have a Fitness for Practice without limitations submitted, may not attend the laboratories.

6.3.2 Objective Structured Clinical Examination (OSCE)

Any OSCE associated with a unit of study must be satisfactorily completed prior to the commencement of the student's next clinical placement (with the exception of the Midwifery Practice 4 OSCE which takes place after placement). Students who are unsatisfactory and/or demonstrate unsafe practice during an OSCE/practical assessment will, in most circumstances, be given an opportunity to resist the OSCE. If a student is deemed unsatisfactory and/or unsafe a second time they will receive a fail grade for the midwifery practice subject. Students who fail will not be permitted to attend their professional practice placement and will need a revised study plan.

Students who are currently injured and have not submitted an unrestricted Fitness for Practice Certificate are not permitted to attend laboratory sessions and, as a result, will be unable to complete their scheduled OSCE.

6.4 Assessment of student performance on placement

Students will be assessed on their professional performance based on the criteria relevant to the subject and year of study. Assessment will be undertaken in accordance with policies and procedures set out in the UTS Coursework Assessments Policy and Procedures.

Assessments include a formative and summative assessment documented on the Australian Midwifery Standards Assessment Tool (AMSAT).

6.4.1 Attendance requirements

Students must complete all allocated clinical hours to receive a Summative assessment for the clinical placement. If clinical hours are missed due to misadventure, students will only receive a formative assessment.

If a student is prevented from attending all allocated clinical hours as a result of illness or other circumstances beyond the student's reasonable control, the student may lodge an application for special consideration under UTS Student Rule 8.3 for consideration of alternative arrangements.

Subject results will remain on a Results Pending grade (Q) until the student completes and passes the supplementary placement.

6.4.2 Clinical assessment

Students are required to complete formative and summative assessments during their clinical placement using the national Australian Midwifery Standards Assessment Tool (AMSAT 2018). The AMSAT is a criterion-based approach to assessing performance in the clinical setting against the NMBA (2018) Standards.

FORMATIVE ASSESSMENTS are usually undertaken mid-way during the placement. *The word formative is defined here as 'capable of growth and development, capable of forming or moulding'*. The purpose of the formative assessment is to provide students with feedback about their progress and to develop objectives and strategies to facilitate further practice-based learning and development. Students are assessed as satisfactory or unsatisfactory. They receive feedback on their strengths and areas for improvement. A Learning Support Plan may be implemented in collaboration with the student's Clinical Subject Coordinator. A formative assessment is not undertaken for the BMid first year students in AUTUMN session – Midwifery Practice 1 due to the short length of the placement block (48 hours). See Appendix 1 for 2026 dates by when formative and summative AMSATs are due.

SUMMATIVE ASSESSMENTS are undertaken at the conclusion of a placement. *The word 'summative' here is defined as a 'concluding summary'*. The purpose of the summative assessment is to award the overall result for the clinical component of the subject. Poor performance and unsatisfactory grades are referred to the BMid Course Director and Clinical Subject Coordinator who have ultimate responsibility for the grade.

Please see Figure 1 for more details. Further resources regarding the completion of the AMSAT, including video examples, are available at: https://midwives.org.au/Web/Web/Professional-Development/AMSAT/Australian_Midwifery_Standards_Assessment_Tool.aspx?hkey=1f4d6206-c8f1-450d-8e35-42d705d9b28d

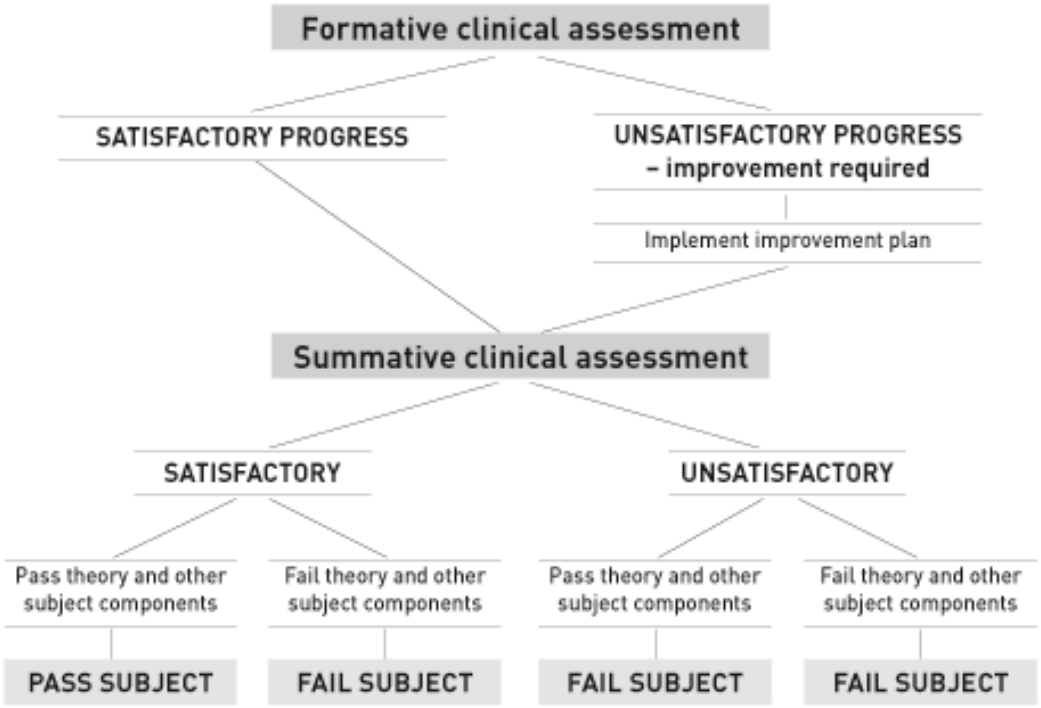

Figure 1: Process for clinical subject assessment and outcome

6.4.2.1 Unsafe and/or unsatisfactory performance and misconduct

A student's performance is deemed unsatisfactory if they fail to meet the objectives and required standards for any given clinical placement. If the outcome of the formative assessment is unsatisfactory, the BMid Director and Subject Coordinator are notified, and the student is commenced on a Learning Support Plan (LSP). Online templates for LSPs are in *MyPlacement*.

The LSP should outline a plan of action using specific, measurable, achievable, realistic, and timely (SMART) goal setting. This includes major areas of improvement and review, or specific clinical learning objectives to achieve satisfactory performance. An unsatisfactory summative result will lead to a fail grade for the subject.

A student's performance is deemed unsafe if it places women and babies, their families, staff members, self or fellow students at risk and/or in situations where the student is unable or unwilling to perceive a risk. Students whose performance is deemed unsafe by the health service or clinical facilitator/ educator are removed from the health facility as soon as the judgement of unsafe practice is made. They are then referred to the Discipline Head of Midwifery and BMid Course Director who will meet with them to determine the appropriate course of action.

On clinical placements, students are expected to always conduct themselves in a professional manner. If students are behaving in an unprofessional manner (misconduct), their placement will be terminated, and they will be asked to leave the

placement immediately. The PPM will notify the BMid Director or the Discipline Lead who will then notify the UTS Clinical Practice Unit. Unprofessional behaviour or misconduct includes inappropriate behaviour such as violent and abusive language or physical behaviour, rudeness, being disrespectful to women or their family members, midwives, healthcare providers, and/or UTS employees. Misconduct includes attending placement under the influence of alcohol or illicit substances or fraudulent documentation.

6.4.3 Unsatisfactory Clinical Performance

If, at any time during a clinical placement, a student's performance or professional conduct is deemed to be unsatisfactory:

a) The placement may be terminated by the BMid Course Director, Facility Manager, Clinical Facilitator or Educator

b) The Formative and/or Summative assessment may be marked as Unsatisfactory

c) The student will be required to meet with the Subject Coordinator and/or Course Director

d) The student will receive a fail grade (X) for the unit of study.

If there are student progress concerns, please refer to the UTS website for relevant information relating to academic progression and contact the Bachelor of Midwifery Course Director for further consultation.

Hours completed during an unsatisfactory clinical placement cannot be counted towards eligibility for registration with AHPRA.

6.4.4 Clinical Placement - Exclusion

A student may be excluded from clinical placement in circumstances that include, but are not limited to the following:

- The student has committed an act of misconduct in relation to the use of facilities and/or participation in an activity, or
- The student's behaviour is disrupting, likely to disrupt, or encourages others to disrupt the use of the facilities or participation in the activities by others, or
- There is a threat to the safety of persons or property, or
- The student does not meet the Inherent Requirements.

For safety reasons, an officer of the university or a health service facility representative may immediately temporarily exclude a student from facilities and/or activities and

recommend a temporary exclusion for a period of fourteen (14) days or greater, subject to circumstances.

Any student who is excluded from a clinical placement will receive an Unsatisfactory result for the clinical placement.

Please refer to the Temporary Exclusion Policy, Rule 16.9, Student Rules, the Student Rights and Responsibilities Policy, the Health, Safety and Wellbeing Policy, the Equity, Inclusion and Respect Policy.

6.4.5 Clinical Placement – Professional Conduct

Students are expected to conduct themselves in accordance with the UTS Student Rights and Responsibilities policy and published industry codes including, but not limited to the NMBA Midwife Standards for Practice, NMBA Code of Conduct for midwives, NSW Health Code of Conduct and the ICM Code of Ethics. Students who are deemed to be acting unprofessionally may be placed on a Learning Support Plan, managed under the UTS Rule 16.9 or progress to an Unsatisfactory Clinical Placement result. This could result in referral for misconduct and a fail (X) grade in the subject.

Unprofessional behaviour or misconduct includes, but is not limited to, breaching privacy, inappropriate behaviour such as swearing, violent and abusive language or physical behaviour, rudeness, being disrespectful to facility staff, UTS employees, women and/or their families. If students attend placement under the influence of alcohol or illicit substances this is also considered misconduct. Inappropriate or unprofessional social media activity is also deemed as misconduct. Students must adhere to the NMBA Social media policy, available at Nursing and Midwifery Board of Australia - Social media: How to meet your obligations under the National Law (nursingmidwiferyboard.gov.au).

For details about the UTS Student rules surrounding professional manner and misconduct please refer here: http://www.gsu.uts.edu.au/rules/student/section-16.html#r16-a.

6.4.6 Mandatory clinical learning objective – communication in English

Since July 2010, all applicants for registration have been required to meet the NMBA's

English Language Skills Standard . Students will note that this requirement is reflected as a component within the AMSAT.

All students are assessed for English Language skills at the commencement of the BMid course. Students identified as needing language support are referred to and followed up

by the UTS Academic Language and Learning at IML. Two further assessment points are embedded within the first two years of the program.

To ensure all students have evidence of their ability to communicate clinically in English, midwifery students must satisfactorily achieve the mandatory clinical learning objective '*Communicates effectively and appropriately – verbal/non-verbal'* on the AMSAT. If concerns remain, the BMid Course Director and Clinical Year Coordinator will determine the appropriate course of action.

6.5 Code of Conduct & Ethics

Students are expected to adhere to all codes of professional conduct for Midwives in Australia.

A Code of Conduct is a set of principles which guide behaviour between staff and those receiving care through health services or those providing services to the health facility. Students should familiarise themselves with their requirements and related Codes of Conduct.

Here are some links:

- Section 2 – student requirements (UTS)
- NSW MOH code of conduct

6.6 Student safety

Students undertaking a clinical assessment must be physically, mentally, and emotionally fit to attend. Students are responsible for evaluating their capacity to attend each placement and disclosure of health problems may be necessary for reasons including:

- The safety of the student and the wellbeing and safety of the women/babies and staff who students may be in contact with
- Where consideration needs to be given as to whether a reasonable adjustment is required to support a student's placement
- Ensuring students are covered by insurance

6.7 Fitness for practice guidelines

Students must demonstrate fitness for practice to ensure they can fulfil the requirements of the clinical placement. A Fitness for Practice (FFP) certificate may be

requested when a student is impacted by a health concern that could either prevent them from attending or fulfilling the requirements of a clinical placement or has the potential to impact their own or other people's safety or well-being during clinical placements.

An officer of the university may request students to provide evidence from a registered medical practitioner that states they are fit to attend clinical placement with no restrictions. If requested, this form must be received and approved prior to attending, or being allocated, to any further clinical placements.

The SoNM may, under Rule 3.4, Student Rules, assess any student's readiness, fitness and suitability to begin (or continue) a clinical placement(s), and defer or reschedule the clinical placement in accordance with Rule 3.4.5.

If a student has concerns as to their fitness or wellbeing prior to or during a placement, the student will need to:

- Seek medical advice
- Advise their Clinical Subject Coordinator or the Bachelor of Midwifery Course Director
- Apply for Special Consideration if absent for more than 16 hours during placement
- If a member of Faculty staff, staff at a health facility or fellow students have a genuine concern regarding a student's fitness or wellbeing they should raise this, in confidence, with the Bachelor of Midwifery Course Director
- When a concern is raised and the Faculty is notified of a student's health, injury/ illness, fitness and wellbeing, pregnancy or recent birth, the student may be asked to meet with the Bachelor of Midwifery Course Director.

Placements may be postponed or suspended until the required clearance is obtained or adjustment considered and, therefore, students are advised to seek advice well in advance of their scheduled placement/s.

Failure to seek medical advice or to advise the Course Director of any health-related concerns or risks may result in an inability to complete clinical hours/failure of the subject and the SoNM and Faculty accepting no responsibility for the consequences/ outcomes associated with a student's placement.

6.8 Australian Health Practitioner Regulation Agency Reporting Procedure

The Australian Health Practitioner Regulation Agency Reporting Procedure outlines the reporting obligations of UTS under the Health Practitioner Regulation National Law 2009 (NSW) (the national law).

> *"UTS is required by national law to report any student's impairments, as defined in section 5 of the national law, if those impairments could put the public at significant risk of harm"*

This means that any information shared with SoNM or in support of a disclosure application to the University may be reported. However, all such information will be kept confidential, except when required to be reported by law.

6.9 Pregnancy

Pregnancy does not preclude a student from attending a placement, however, some clinical environments may be potentially harmful to the developing fetus, for example, working with women with infectious diseases and/or being exposed to anaesthetic gases. Pregnancy is also a contraindication to receiving 'live' vaccines, which may prevent a student from meeting their pre-placement requirements.

Students who are pregnant must inform the Bachelor of Midwifery Course Director as soon as they are aware of their pregnancy to discuss an appropriate course of action for upcoming clinical placements.

Students will need to provide a Medical Certificate from their midwife/health care provider certifying the expected date of birth, current health status, and fitness to attend placement. This is also dependant on any local policy of the health facility hosting the placement.

6.10 Returning to clinical practice subjects after leave

Students returning from an absence of one or more semesters are required to successfully complete a Clinical Re-Connect Program and an Observed Structured Clinical Examination (OSCE) (relevant to their stage in the degree). Additional documentation may need to be submitted by the student, depending on the circumstances (e.g. Fitness for Practice form). All set tasks must be successfully achieved and/or submitted prior to being offered a clinical placement. If the student is

not successful in the completion of all Clinical Re-Connect Program items, this may reduce their chances of being accepted for clinical placement by our clinical partner, which in turn may lead to a 'fail' mark in the relevant clinical subject.

It is the responsibility of students who anticipate returning from an absence to contact the Course Director before they are due to re-start. Students recommencing in Autum Session (February) must inform the Course Director via email by *early November* the year prior. Students recommencing in Spring Session (July) must inform the Course Director via email by *early May* that year. Arrangements will then be made for completion of the Clinical Re-Connect Program and OSCE. There is no guarantee that students will be reallocated to their original clinical placement.

6.11 Rural and remote placements

In the 2nd and 3rd year, midwifery students are eligible to apply for a Rural or Remote placement in NSW or interstate.

Rural settings are areas outside of metropolitan and major provincial towns and cities such as regional centres, coastal cities, and small towns. Examples of a remote area may include mining sites, tourist resorts, and remote communities.

When undertaking a Rural or Remote placement, students reside within the community working with experienced rural practitioners to gain valuable insights into the social and healthcare needs of these communities. Previous students have had valuable and rewarding experiences in rural and remote areas.

These placements are subject to expressions of interest and students are notified regarding these in the second half of second year. Students may apply for various grants/ scholarships through the NSW Ministry of Health to assist with travel and other expenses for approved Rural & Remote placements.

6.12 Privately Practising Midwives

In 1st year, students are invited to express interest in recruiting CoMCE women with a Privately practising midwife (PPM).

In 3rd year, midwifery students are eligible to apply for a placement with a PPM during mid-year and summer placement blocks.

6.13 Health facilities

Most placements occur in NSW Public Health Facilities. However, some placements occur in private or community health facilities and/or with privately practising midwives. In most instances, community and private facilities and practitioners adopt the policies of the NSW MoH, therefore, students should prepare for a placement in a private health facility as they would for a placement in a public health facility.

6.14 Student placement agreements

For UTS to utilise a health facility for a clinical assessment in NSW and other states and territories, an agreement must exist between the MoH, LHD, individual or community health facility or PPM and UTS.

Students are not permitted to undertake their clinical assessment in a health facility where an agreement does not exist. When a new agreement is required, the process can take up to six (6) weeks. If the two parties cannot agree on the terms of the agreement, an agreement will not be entered into, and students will not be permitted to attend their placement there.

Students should make themselves aware of the terms in the NSW Health Student Placement Agreement as well as their individual responsibilities. See here: Local Health Districts.

6.15 Student identification

Upon arrival at their placement site, students must present themselves in full UTS uniform, clearly identifying as a UTS student. They are required to prominently display their UTS-issued Student ID Card and name badge at all times during the placement. The Student ID Card should be securely attached to the uniform using a retractable cord or clip.

If a Student ID Card is lost, stolen, or damaged, students must apply for a replacement through the UTS Student Centre. Please note that an administrative fee applies.

6.16 Uniform

It is compulsory to wear the official UTS: Health Uniform when on clinical practice placements and to all classes in UTS clinical laboratories. This is to ensure high standards of dress and appearance when representing our university to local health district hospitals, community settings and private facilities.

6.16.1 General

The uniform consists of a UTS polo shirt. Each student is required to purchase a minimum of two.

Students are also required to wear black pants/skirt and closed toe and heel black shoes, which need to follow strict professional attire guidelines.

6.16.2 Guidelines for pants/skirts

- Classic, professional fit
- Trousers to the ankle/shoe length
- Skirts must come up to the abdomen and fall to the knee
- NO low rise pants
- NO leggings
- NO black jeans
- NO shiny material
- All clothing must be clean, neat and in good order

6.16.3 Guidelines for shoes

Shoes should be comfortable and must comply with Occupational Health and Safety Requirements - black fully enclosed non-slip, low heeled, non-canvas shoes are required for all placements and laboratory classes, sport style footwear is not suitable (Figure 2). Shoes must meet the following criteria:

- Black leather professional shoes
- Strictly no open back/open toe shoes or sneakers
- Fully enclosed and non-slip
- Flat heeled
- White or black socks will be worn with the uniform
- Shoes should be clean and in good repair

Figure 2: Shoes required for simulation laboratories and clinical placement

6.16.4 Hair and nails

- Hair is to be worn off the face and should be neat as well as comfortable. If hair is longer than shoulder length, it should be tied back.
- Nails should be clean and neatly trimmed. NO nail polish is permitted.
- Artificial nails ARE NOT permitted in the clinical setting.
- Male students should be clean-shaven or have neatly trimmed beards or moustache.

6.16.5 Accessories

- Students are permitted to wear a wedding ring and one pair of small, plain studs in the ear lobes. No other jewelry or piercings are acceptable.
- Watches should either be digital or have a second hand, and must have no sharp edges, fancy watchbands or large buckles.
- A multi-coloured ballpoint pen and small notepad are essential requirements. A small pocket calculator is advisable.
- No tattoos should be visible.

- Avoid all heavily scented products, e.g. soaps, perfumes, after shaves, deodorants, hair grooming items, laundry products, etc.

Students on clinical placement must adhere to the UTS Uniform Policy set out in this guide. Students who do not comply may have their clinical placement terminated.

6.16.6 Cultural considerations

If, for religious or cultural reasons, a student wished to dress outside of this uniform policy, they must contact the Bachelor of Midwifery Course Director. The request will be considered with regards to the ability to comply with policy and procedures such as Infection Control:

- A black/ navy hijab/ headscarf/ jilbab may be worn – it must be of a light-weight fabric, tucked and pinned to hold in place
- Black/ navy/ skin coloured arm coverings, however, these must be pulled up above the elbows in all clinical settings. This is an infection control requirement and is not negotiable.
- A black/ navy patka/ keski may be worn, however, a full turban is not permitted
- Burqu, khimar and sitaras are not permitted

Any students who do not follow the guidelines will be sent home from their placement or laboratory class. The student is then responsible for arranging make up hours for any clinical hours missed in consultation with the Educator/Facilitator and Bachelor of Midwifery Course Director.

6.17 Hand washing

Hand hygiene is one of the most important measures in reducing the transmission of infectious agents in a healthcare setting. This includes policy advice on fingernails:

- Nail polish must not be worn by healthcare professionals providing direct care to women and babies – chipped nail polish supports the growth of a large number of organisms on the fingernail
- Artificial nails must not be worn by healthcare professionals providing direct care to women and babies. Evidence suggests that wearing artificial nails may contribute to the transmission of certain healthcare associated microorganisms
- Natural tips must be less than 0.6 centimetres (1/4 inch) long. Whether the length of the nail is a substantial infection risk is unknown, however, long sharp fingernails can puncture gloves

- Nail art and technology must not be worn. There is limited information about nail art and technology, but they may be a potential reservoir for microorganisms

Most infections, especially colds and gastroenteritis, are caught when we put our unwashed hands, which have germs on them, to our mouth. Some infections are caught when other people's dirty hands touch the food we eat. Hands and wrists should be washed with soap and water and students must dry their hands with something clean, such as paper towels. NSW Health has a policy that explains hand hygiene: Hand Hygiene - Clinical Excellence Commission (nsw.gov.au)

Students should always wash their hands:

- After using the toilet
- Before making or eating food
- After handling dogs or other animals
- If they have been around someone who is coughing or has a cold

6.18 Reflecting on clinical placement

The experience that a student gains from their placement depends on many factors including the student's own preparation for, and engagement in, the placement and their focus on learning. Every interaction brings a new experience and an opportunity to learn and improve their professional and personal knowledge and skills.

Attending a placement does not guarantee that learning will occur. Developing competency involves not only meeting the course aims and objectives but learning through reflection.

Reflection facilitates students to:

- Process their experience
- Explore and gain an understanding of their role
- Understand why they are doing something
- Identify the impacts of what they are doing
- Consider their professional and personal skills
- Identify their learning needs and strengths
- Become aware of their professional values

Clinical placements offer invaluable opportunities for students to learn from both positive and challenging experiences. Engaging in reflection during and after each placement enables students to identify strengths, address areas for growth, and set clear, purposeful objectives for future learning.

Placements are not only a space to apply theoretical knowledge and develop clinical skills in caring for individuals—they also foster the development of professional behaviours, including effective communication and collaboration within multidisciplinary teams.

7 Confidentiality and privacy

Midwifery students will have access to women's medical information and, therefore, must recognise and maintain confidentiality and privacy to comply with legislation and policies and to maintain their professional responsibilities.

Students may only access clinical records for the purpose of providing clinical care. If students are required to access women's files for the purpose of study, they must first seek approval from the Midwifery Unit Manager (or equivalent), Educator/Facilitator and the woman.

Students must disclose to the woman the reason the information is being sought and ensure that any identifying information is removed from any materials that are gathered for the purpose of study. Students must never take identifiable information home such as charts, files, and identifying stickers.

Students must:

- Follow guidelines for the storage of medical records
- Not discuss personal information about women or colleagues
- Not include real names or other personal details of women or staff in assignments etc.
- Ensure they de-identify data
- Only access information about staff or women when this is required as part of allocated work

The following are examples of breaches of confidentiality and may be the result of carelessness rather than being deliberate:

- Taking identifiable information home
- Accessing information that is not relevant to allocated duties such as look up results for a friend or relative
- Discussing confidential or sensitive information in an inappropriate or public area
- Giving information over the phone
- Emailing women's information via public networks (such as internet email or sharing materials on social networking sites). This includes sharing photos or details of their medical conditions or personal circumstances.

Confidentiality also applies to colleagues, for example, do not release personal telephone numbers or discuss colleagues' health problems. Even when a placement is completed, students are still obliged to maintain confidentiality.

7.1 Breaches in confidentiality

Midwifery students will be involved in the documentation of women's care. Students should ensure that they understand what is expected of them whilst on placement and that all documentation is countersigned by a registered midwife. It is important to always check what the local health facility guidelines are for report writing, however, the following typically applies:

- Write in black pen only
- Ensure notes are concise and accurate, written in a factual manner
- Never make derogatory comments
- Ensure writing is legible
- Always time and date entries
- Sign each entry and print their name and designation
- Do not time or date entries retrospectively
- Do not change their entries
- If an error is made, rule a single line through the writing – sign and date the change
- Do not use correction fluid

7.2 Mobile phones

Mobile phones may interfere with monitoring equipment and must remain switched off during placement. The use of mobile phones for recording conversations or taking photos is strictly prohibited.

8 Cultural awareness

Cultural diversity at UTS refers to language, cultural background, race, ethnicity, national origin, gender, sexuality, Indigenous Australian identity, age, attendance pattern, family and carer responsibility, geography, socioeconomic status or class, religion, and disability.

During placements, cultural awareness is essential to quality care and is an understanding of how a person's culture may inform their values, behaviour, beliefs and basic assumptions.

Cultural awareness recognises that everyone has a unique cultural background, which influences how people interpret the world around them, perceive and interrelate with others. By being culturally aware students are better able to explore cultural issues with women and their families.

Students must:

- Be aware of their own cultural influences
- Be aware not to judge other people and their beliefs or behaviours based on their standards and culture
- Be aware of trying to predict or assume behaviours/attitudes based on culture
- Be aware of generalising about individuals
- Be aware that the beliefs and behaviour of people can vary considerably even though from the same culture
- Be aware that people may adopt and blend practices of a new country and retain practices from other areas of their cultural background
- Be aware that not everyone will identify with their cultural and/or religious background
- Seek opportunities to develop knowledge about different cultures, beliefs, etc

When involved in the care of women whose English language is nor proficient it is important to use accredited Interpreters to promote effective and appropriate communication. It is highly recommended that an Accredited Interpreter is used rather than staff, family members or friends. The exception may be in an emergency when it may be possible for a bilingual health professional to assist.

9 Workplace safety and wellbeing

During a clinical placement, students are responsible for promoting and maintaining safety and wellbeing and must:

- Take reasonable care of, and cooperate with actions taken to protect, the health and safety of both them and others
- Follow safe work practices as directed by their supervisor, including the proper use of any personal protective equipment supplied
- Seek information or advice from a supervisor before performing new or unfamiliar tasks
- Report all health and safety accidents, incidents and hazards to their supervisor as soon as is practicable
- Follow the emergency evacuation procedures
- Practise in a way to avoid, eliminate or minimise risks
- Participate in orientation activities for clinical placements
- Follow Facility guidelines for the disposal of any hazardous wastes in a safe and approved manner
- Exercise a duty of care toward others in everything undertaken

Students must be aware of risk management policies and processes and be capable of implementing these within the clinical environments, students must also comply with the policies and procedures of the relevant health facility. As part of the orientation to each placement, students must familiarise themselves with local policy and procedures relating to Health and Safety.

9.1 Fire Safety

Students need to find out what the local procedures are in the event of a fire, what the mechanisms are for raising an alarm, and the emergency phone number(s).

9.2 Action in the event of an emergency

Students must familiarise themselves with the local emergency procedures at their placement facility, including the relevant emergency contact number(s). This knowledge is essential to ensure a prompt and appropriate response in the event of an emergency. In addition, students are expected to understand the facility's protocols for the early recognition of, and response to, the deteriorating woman. This includes knowing how to escalate concerns and who to notify in accordance with local guidelines.

9.3 Manual handling

Manual handling refers to any activity which requires a person to use force to lift, lower, push, pull, carry or otherwise move, hold or restrain objects (including people). Manual handling injuries are a common cause of workplace related injury for health care professionals. Health care and community facilities are required to have policies and practices in place to minimise the risk of manual handling injury to women, staff and others.

All students have a responsibility to minimise their manual handling risk by:

- Utilising practices that reduce manual handling
- Complying with health facility policies on manual handling, including training
- Using suitable equipment when moving women
- Always following safe work procedures and practices and using equipment provided
- Reporting to the RM in charge any potential manual handling hazards or issues so they can be fixed

9.4 Insurance guidelines

Faculty staff are not qualified to provide advice on insurance matters. Therefore, it is essential that students carefully review the insurance information available on the UTS website. This is the most reliable source for up-to-date details regarding student insurance coverage.

Students must familiarise themselves with the terms and conditions related to insurance for personal injury sustained during campus-based or course-related activities, including practical or community placements. Please note that UTS does not provide WorkCover insurance for students. As a result, there are limitations to medical coverage, and students may need to rely on Medicare or any private health insurance they hold.

Students are responsible for ensuring that their clinical supervisor, educator, or facilitator is aware of their placement schedule and whereabouts at all times. Students must only attend the placement dates and hours allocated to them. Attendance outside of these scheduled times—including voluntary work or unscheduled placements—will not be covered under UTS insurance policies.

Importantly, students are covered by UTS insurance when attending to women as part of their approved Continuity of Care experiences.

Students are also reminded not to take unnecessary risks while on placement. They must work within their scope of practice, follow supervision guidelines, and provide care only to the level appropriate to their current stage in the program.

9.5 Travel and safety

Students must consider their own safety whilst travelling to and from placement.

9.5.1 Reduce risks

Students must understand their surroundings. Walk in areas that are open, well lit, and well-travelled. Become familiar with the buildings, parking lots, parks, and other places they walk. Pay particular attention to places where someone could hide such as stairways and bushes.

- Avoid shortcuts that take them through isolated areas
- Travel in a pair/ group
- Make sure their friends, parents or partner know their daily schedule and let someone know where they're going and when they expect to return
- Be sure their body language shows a sense of confidence. Look like they know where they're going and act alert
- When riding on public transportation, sit near the driver and stay awake - attackers look for vulnerable targets
- Carry a mobile phone if possible and ensure that it's programmed with an emergency contact phone number
- If they need help, draw attention to their situation by shouting out specific words like "HELP", "FIRE", "POLICE", or "BACK OFF". These words are excellent attention getters if they're feeling threatened.

9.5.2 Emergency contacts

Many health facilities have on-site security personnel. Students should familiarise themselves with the facility's security contact number and the locations of security stations or offices.

When travelling at night, students are encouraged to prioritise their safety by requesting a security escort to their vehicle or walking with fellow students or staff when using public transport.

Students must always act with caution and report any incidents or concerns to both the local police (if appropriate) and UTS as soon as possible.

Useful links / numbers:

- Police Assistance Line – Ph 131 444
- NSW TRANSPORT INFO
- UTS: SAFETY & WELLBEING <ACCIDENT/ INCIDENT REPORTING>

- HIRO Reporting hazards and incidents | University of Technology Sydney (uts.edu.au)
- Staying safe on campus | University of Technology Sydney (uts.edu.au) or
- DIAL 6 or Ph 1800 249 559 (UTS)

10 University Services

10.1 Academic liaison

The Academic Liaison Officer (ALO) is responsible for assisting students with Special Needs to negotiate, if necessary, reasonable adjustments to learning and assessment tasks with subject lecturers and the CPU. Students with Special Needs include students who:

- have a disability or ongoing illness
- have difficulties with studies because of family commitments (for example being the primary carer of small children or a family member with a disability or who is pregnant)
- were admitted to UTS via the inpUTS Educational Access Scheme and have course issues

The Faculty's Academic Liaison Officer is the first point of call for students with special needs and must be made aware of their situation within the first 2 weeks of semester.

10.2 The Accessibility service

The Accessibility service available at UTS works with other University staff to ensure that appropriate support is available for students:

- with disabilities or ongoing illnesses
- admitted through the inpUTS Educational Access Scheme or the special admission schemes

The Accessibility service provides a central contact point for information about the services and procedures the University has in place to ensure the accessibility of its educational programmes to people with disabilities and ongoing illnesses.

10.3 Financial assistance

A Financial Assistance Service within Student Services is available to assist students who experience financial difficulties.

Clinical placements may result in financial stress as a result of missed opportunities for paid work and/or additional costs associated with placements, such as transport and childcare fees.

Students may be eligible for a Financial Assistance Program which includes small grants for local students and interest free loans for any enrolled student experiencing hardship.

10.4 Counselling

Counsellors are available on the UTS city campus. Counsellors can help students:

- If they think they may have chosen the wrong course
- If they have stressful circumstances or psychological or emotional issues which interfere with their studies
- With managing administrative problems or complaints
- If students want to develop better generic learning skills
- If students need help as they are on Academic Caution

10.5 Placement evaluations

The SoNM encourages students to provide constructive, thoughtful, and well-informed feedback about their placement experiences. Student feedback plays a vital role in enhancing the overall learning experience and contributes to the continuous improvement of services, processes, and policies within the faculty.

Students who wish to provide feedback are encouraged to discuss their experiences with their Clinical Subject Coordinator, the Bachelor of Midwifery Course Director, or the Head of Discipline, Midwifery.

10.6 UTS email guidelines

UTS utilises email as an official communication tool, therefore, when emailing staff, students or groups, both publicly and privately within the SoNM, students are expected to do so in an appropriate and professional manner.

By adhering to the following email guidelines students and staff will promote clear and efficient correspondence and show respect for their fellow email users.

Email guidelines:

- Send emails from their UTS Email Account – emails sent from personal email accounts such as Yahoo and Hotmail will not be read or answered
- Ensure the Subject Line includes the Subject Name and accurately reflects the content and nature of the email
- Beginning each email with a formal greeting such as 'Dear.....' Greetings such as *Hey* and *Hiya* are unacceptable in professional communication
- Be specific and concise – if they are referring to a particular subject or placement, include the details followed by their enquiry
- Include student full name & student ID in every email

- Keep to the point – be constructive, objective, and factual
- Use appropriate layout, spelling, and grammar – abbreviations such as *plz, u, thx* and emoticons should not be used.
- Do not write in capital letters – in emails, words written in upper case are 'shouted'
- Conclude email with an appropriate ending – e.g. Regards, Sincerely
- Include current contact telephone number in case the recipient needs to contact the student
- Reply to emails in timely manner or acknowledge receipt of the email if they are unable to reply at that time
- When responding to emails, answer all questions in the original email
- Students must not forward, copy, or attach emails without permission – failure to do so may infringe on copyright laws
- Respect privacy and sensitive information – emails are the property of the University and may be used as evidence in cases of non-academic misconduct

10.7 Recruitment

NSW MoH has a centralised process for the state-wide recruitment of newly graduated registered midwives applying for employment in NSW public hospitals and some not-for-profit private hospitals.

Employment opportunities also exist in the private sector. Vacancies in these sectors are usually advertised in newspapers and on local health district web sites.

Students seeking employment in other states and territories should access the relevant health department's website for more information.

Throughout the year, opportunities for casual Assistant in Midwifery (AIM) positions become available. These casual positions are suitable for 2nd and 3rd year students. Students are encouraged to look for the advertisements on LHD web sites.

10.8 Attending an interview

New graduate interviews typically occur during Spring Session in 3rd year and may clash with a scheduled placement. Interviews for positions should be scheduled outside of placement dates wherever possible.

The SoNM will provide a time allowance for students to attend their interview, however, the amount of time a student may be absent for must be negotiated with the Educator/Facilitator at the commencement of the placement.

11 Appendices

11.1 Appendix 1: UTS BMid Clinical AMSAT Formative and Summative dates 2026

Autumn Session		
Due Date	**Assessment type**	**Recommended action**
First year (Midwifery Practice 1)		
N/A	Formative Assessment	N/A
15 May 2026 (Week 12)	Summative Assessment	• Satisfactory AMSAT: student progresses, OR • Unsatisfactory AMSAT: student cannot progress to next clinical practice subject
Second year (Midwifery Practice 3)		
24 April 2026 (Week 9)	Formative Assessment	• An opportunity to give all students formal feedback on what they are doing well and what areas they need to focus on • Portfolio check-in • For students who are not meeting expected performance standards, create a learning support plan
22 May 2026 (StuVac)	Summative Assessment	• Satisfactory AMSAT: student progresses, OR • Unsatisfactory AMSAT: student cannot progress to next clinical practice subject
Third year (Midwifery Practice 5)		
2 April 2026 (Week 7)	Formative Assessment	• An opportunity to give all students formal feedback on what they are doing well and what areas they need to focus on • Portfolio check-in • For students who are not meeting expected performance standards, create a learning support plan
29 May 2026 (Exam Week 1)	Summative Assessment	• Satisfactory AMSAT: student progresses, OR • Unsatisfactory AMSAT: student cannot progress to next clinical practice subject.

Spring Session		
Due Date	**Assessment type**	**Recommended action**
First year (Midwifery Practice 2)		
7 October (Week 10)	Formative Assessment	• An opportunity to give all students formal feedback on what they are doing well and what areas they need to focus on • Portfolio check-in • For students who are not meeting expected performance standards, create a learning support plan
On completion of Summer hours (latest by 15 February 2027)	Summative Assessment	• Satisfactory AMSAT: student progresses, OR • Unsatisfactory AMSAT: student cannot progress to next clinical practice subject
Second year (Midwifery Practice 4)		
11 September (Week 7)	Formative Assessment	• An opportunity to give all students formal feedback on what they are doing well and what areas they need to focus on • Portfolio check-in • For students who are not meeting expected performance standards, create a learning support plan
On completion of Summer hours (latest by 15 February 2027)	Summative Assessment	• Satisfactory AMSAT: student progresses, OR • Unsatisfactory AMSAT: student cannot progress to next clinical practice subject
Third year (Midwifery Practice 6)		
11 September 2026 (Week 7)	Formative Assessment	• An opportunity to give all students formal feedback on what they are doing well and what areas they need to focus on • Portfolio check-in • For students who are not meeting expected performance standards, create a learning support plan
9 November 2026 (Exam Week 1)	Summative Assessment	• Satisfactory AMSAT: student can graduate • Unsatisfactory AMSAT: student cannot graduate

11.2 Appendix 2 - UTS BMid Clinical Assessment Pathway 2026

If educators / facilitators have concerns about a student at any time, they can:

- Complete an AMSAT (they don't have to wait for the official assessment date)
- Identify specific behaviours in the evaluation and feedback bodes
- Consider asking the student to self-score using the AMSAT and use both scores in their discussion

If specific needs are identified, complete a Learning Support Plan (LSP) Include the following information:

- The specific behaviours that would demonstrate satisfactory improvement
- The elements (within the AMSAT) that require improvement
- Steps to help the student to achieve her/his/their goals
- Timeframes
- Progress meeting appointment date

Contact the relevant UTS relevant clinical coordinator (see contact details)

Urgent matters:

Bachelor of Midwifery Course Director: Dr Heike Roth Heike.Roth@uts.edu.au

(email preferred, we can then arrange a TEAMS/Zoom meeting or phone call).