



Australian
Nursing & Midwifery
Accreditation Council

Midwife

Accreditation Standards 2021

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ANMAC commends these accreditation standards to the Nursing and Midwifery Board of Australia (NMBA) and acknowledges the support of the NMBA in their review and revision.

1. Preamble

To become a midwife in Australia an individual must first complete a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA).

ANMAC uses accreditation standards to accredit and assess programs of study leading to eligibility to apply to the NMBA for registration as a midwife. These Midwife Accreditation Standards 2021 replace the Midwife Accreditation Standards 2014 (1)

Education providers who deliver ANMAC accredited programs, must be registered with the Tertiary Education Quality and Standards Agency (TEQSA) as a university or higher education provider.

The *Health Practitioner Regulation National Law Act 2009* (the National Law) (2) legislates the National Registration and Accreditation Scheme for health practitioners.

Section 4(3) of the National Law sets out the scheme's six objectives:

- a. provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- b. facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction

- c. facilitate the provision of high-quality education and training of health practitioners
- d. facilitate the rigorous and responsive assessment of overseas-trained health practitioners
- e. facilitate access to services provided by health practitioners in accordance with the public interest
- f. enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

These objectives (particularly a, c, and f) and the Australian Health Practitioner Regulation Agency's Procedures for the development of accreditation standards (3) underpinned the review of these standards.

Wide-ranging consultation was undertaken for the review of the standards. Stakeholders had the opportunity to contribute in three separate consultations. They could contribute through an online survey, written submission or face-to-face.

The Council of Australian Governments (COAG) Principles for Best Practice Regulation (4) were considered during the review. The Office of Best Practice Regulation assessed the need for a regulatory impact statement (RIS) and determined a full RIS was not required.

The Nursing and Midwifery Board of Australia approved the Midwife Accreditation Standards on 17 December 2020.

2. Background

2.1 Review of the Midwife Accreditation Standards

ANMAC reviews accreditation standards based on:

- its protocol for the review and development of accreditation standards (5)
- Australian Health Practitioner Regulation Agency's Procedures for the development of accreditation standards which include the COAG Principles for Best Practice Regulation.

Principle 6 of the Best Practice Regulation requires regulations to be reviewed from time-to-time to ensure they remain contemporary. The current accreditation standards were published in 2014 after approval by the NMBA. In keeping with Principle 6, a review of the standards began in 2018.

A PRG (members listed in acknowledgements) was convened to oversee the review and provide advice on it to ANMAC's Chief Executive Officer. The PRG provided advice on project planning, development of consultation papers, standards development, stakeholder engagement and synthesis of feedback.

The review complied with Section 46(2) of the National Law, which states: 'In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.' To this end, ANMAC consulted with the PRG to develop a list of stakeholders to participate. Invitations were sent for each consultation.

Prior to commencing the standards review, ANMAC conducted a stakeholder survey to identify key areas in midwifery education that should be considered in developing the first consultation paper.

Three rounds of consultation were conducted, offering opportunities for stakeholders to contribute through an online survey, written submission or face-to-face.

Each consultation included a consultation paper which was published on ANMAC's website and circulated to stakeholders. Consultation periods were 30 business days for stages one and two and 20 business days for stage three.

Public submissions for each consultation were published on ANMAC's website (www.anmac.org.au).

2.2 Consultation stage one

The first stage of consultation involved developing and presenting a consultation paper to inform the development of the standards. The consultation was open from 29 May 2019 until 10 July 2019.

The paper outlined key areas for stakeholders to consider. These were based on the *Strengthening the quality of midwifery education* survey which was conducted over two weeks in February 2019.

Stakeholders were asked to consider and respond to questions to assist in developing the draft standards, including:

Question

1. **Please indicate your agreement/disagreement (strongly agree, agree, unsure/don't know, disagree, strongly disagree) with the following statement:**

The accreditation standards should continue to specify that students complete a minimum of supervised midwifery practice experiences.
2. **How can the standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?**
3. **How can the accreditation standards best support interprofessional learning?**
4. **What additional issues should be addressed in the revision of the standards that have not been considered in this consultation paper?**

Stakeholders were also invited to comment on the revised five standards framework which replaces the nine standards framework. This change aligns the standards with the ANMAC Registered Nurse Accreditation Standards (6). The revised framework is being widely adopted by all Australian Accreditation Councils.

ANMAC reviewed and collated all feedback. A summary is shown below:

Question 1

Feedback indicated a majority of respondents strongly agreed/agreed that the revised midwifery accreditation standards should continue to specify a minimum number of supervised midwifery practice experiences. Some respondents advocated for changes to the current number of minimum practice requirements. The number of mandatory continuity of care experiences was a topic which elicited diverse views with some stakeholders proposing an increase and others arguing for a reduction.

Question 2

Feedback reflected strong support for ensuring graduates of pre-registration programs are educated to meet the full scope of midwifery practice as defined by the International College of Midwives (ICM):

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.'

International Confederation of Midwives (2017).(7)

A majority of respondents agreed that the revised midwifery accreditation standards should ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice.

Question 3

Feedback was in favour of continuing the inclusion of interprofessional learning in the accreditation standards. It was thought to be important not to *'stipulate the how and when but leave that to the flexibility and creativity of the education provider'*. Appropriate assessment of the learning by all those involved was considered essential.

Question 4

Feedback reflected a variety of areas that respondents considered should be included in the standards. Several respondents advocated for reference to the *Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (8)* in the standards.

Strengthening governance of midwifery education programs by identifying the requirements for the midwifery leadership was suggested by several respondents. The preference across submissions was for the leader of program to be a midwife, with a PhD, appointed at the Associate Professor level, with a defined and visible role within the university.

There was considerable feedback in relation to content that respondents believed should be included in the standards. Identified topics included educational preparation for prescribing, health informatics, stillbirth, self-care for the midwife, water birth and home birth.

The feedback and synthesis were reviewed by the PRG and published on ANMAC's website. Feedback outcomes influenced the first draft of the standards which were published in the second consultation paper.

2.3 Consultation stage two

The second stage of consultation opened on 12 November 2019 and closed 6 January 2020. The second consultation paper presented the first draft of the proposed standards and other areas for consideration.

Feedback from paper 1 indicated that mandatory professional midwifery experiences needed further exploration. Therefore two questions on this subject were included in the second paper:

Question

1. Continuity of care experiences

Please choose one of the following options for student engagement with women during continuity of care experiences.

Option 1—attend the labour and birth for a majority of women (present requirement) or

Option 2—attend the labour and birth where possible Please select one:

1. Option 1
2. Option 2
3. Don't know/unsure

Please provide a rationale for your choice.

2. Labour and birth care

Should the number of spontaneous vaginal births for whom the student is primary birth attendant remain at 30 women (present requirement)?

Yes/No/Unsure

Please provide a rationale for your choice

Because of the suggestion that education preparation for prescribing should be included in the revised standards, two questions on this topic were included in the consultation paper:

Question

3. Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry-to-practice midwifery programs?

Yes/No/Unsure

4. What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?

A further five questions sought feedback on the structure of the standards and whether any issues had been overlooked that should be discussed.

Two hundred and fifty-four stakeholders responded to the online survey (n=229) and/or provided written responses (n= 25) to Consultation Paper 2. Respondents reflected a wide range of stakeholders including consumers, students of midwifery, early career midwives, midwives, midwife academics, national organisations, program providers and health service providers.

Question 1

Feedback included a majority support for continuing to require students to attend the labour and birth for a majority of women with whom they engage in a continuity of care experience. Respondents' comments included reference to continuity of care as being an important principle for midwifery practice in Australia. However a third of respondents were in favour of changing the requirement "to attend the labour and birth where possible" and cited the burdens the attendance placed on students.

Question 2

There was a large majority of responses from stakeholders that students should continue to be required to be the primary birth attendant for 30 women experiencing a spontaneous vaginal birth.

Question 3

Overall, stakeholder response to this question indicated that a small majority was in favour of including educational preparation for prescribing in the accreditation standards. Rationale that stakeholders gave in favour of the proposal included that it: *supported the full scope of practice of the midwife, improves the quality of care for women and would provide faster safer access to medications especially in rural and remote communities*. Other respondents noted that midwives have been able to apply to the NMBA for an endorsement to prescribe scheduled medicines since 2010, therefore now would be an appropriate time to include preparation for prescribing in entry-to-practice programs.

Respondents who did not support the proposal considered that prescribing was an advanced skill that should be undertaken as a postgraduate qualification. They noted that newly registered midwives are beginning practitioners and require time to consolidate midwifery practice before prescribing medications.

Some also argued that the inclusion of this content would necessitate lengthening the course and queried whether or not the duration of Bachelor of Midwifery programs should be extended to four years.

Question 4

Feedback highlighted some of the objections already voiced in relation to question 3. Other implications that respondents raised included necessary changes to legislation, the need to upskill the current midwifery workforce, and existing barriers to prescribing by midwives in health facilities.

Respondents to the remainder of the questions made suggestions about inclusions in curriculum content for consideration by the PRG.

2.4 Consultation stage three

The third and final stage of consultation began on 2 July 2020 and closed on 13 August 2020. The third consultation paper summarised the responses from the second round of consultation. The possibility of including educational preparation for prescribing into the standards remained the issue which generated the most discussion and diversity of opinion. Therefore the third consultation paper re-framed the question about the topic in order to gather the richest possible feedback. Respondents were requested to give a rationale for their response.

Question

- 1. The educational preparation for prescribing outlined in the draft accreditation standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice.**

Please indicate your agreement/disagreement with this statement using the following options.

Yes/No/Unsure/other

Where possible please provide a rationale to support your response.

Further questions sought final feedback about whether the draft accreditation standards covered the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice. Stakeholders were asked if they considered there were further issues that should be addressed in the revision of the Midwife Accreditation Standards that had not been discussed so far in the consultation process.

The third consultation paper included a final draft of the proposed standards. Criteria which referred to educational preparation for prescribing were included in a contrasting coloured text to aid stakeholder understanding. Written submissions were invited for the final round of consultation.

ANMAC received more than 120 written submissions including many from individual practitioners. A majority of respondents indicated that they were in favour of including educational preparation for prescribing in the standards, but there remained a significant cohort of stakeholders who gave reasons for excluding it. The arguments for both points of view remained largely the same as stated in the second round of consultation feedback.

In view of the diversity of opinion and in order to allow sufficient time for wider consultation and discussion, ANMAC determined to postpone further development of midwife accreditation standards with educational preparation for prescribing until a later date. Standards criteria relating to educational preparation for prescribing were consequently removed from the draft Midwife Accreditation Standards. This decision was supported by the Office of Best Practice Regulation (see below).

2.5 Regulatory impact assessment

ANMAC took into account, when reviewing the standards, the COAG Principles for Best Practice Regulation. As such, ANMAC presented the draft standards to the Office of Best Practice Regulation during the review for preliminary assessment and consideration of the advantages and disadvantages and burdens of introducing the standards as well as the potential impact for stakeholders.

The Office of Best Practice Regulation considered the standards as presented and determined that a regulation impact statement was not required.

2.6 Ratification and approval

Section 47 of the schedule in the National Law requires the NMBA to approve, refuse to approve or ask ANMAC review the standards.

ANMAC's Chief Executive Officer reviewed the standards before presenting them to the ANMAC Board to ratify. After ratification, ANMAC presented the Midwife Accreditation Standards to the NMBA for approval.

3. Introduction

3.1 Use of the Midwife Accreditation Standards

The Midwife Accreditation Standards are principally designed for use by education providers seeking accreditation for an entry-to-practice midwife program (Bachelor, Graduate Diploma or Masters degree). The standards specify the minimum requirements education providers must meet for their program of study to be accredited by ANMAC.

ANMAC evaluates education programs against these standards before making an accreditation decision. ANMAC provides a report on the accreditation decision to the NMBA in line with sections 48 and 49 of the schedule in the National Law.

Graduates of Australian programs must complete a program of study that is accredited by ANMAC and approved by the NMBA to be eligible to apply for registration with the NMBA.

3.2 Essential evidence

In collaboration with stakeholders, ANMAC has developed an Essential Evidence companion document to support the standards. The companion document is given to education providers with the Midwife Accreditation Standards 2021. It provides information to education providers about the minimum evidence they need to submit to demonstrate that their program of study meets these standards. Education providers applying for program accreditation are required to provide all essential evidence in conjunction with their Midwife Accreditation Standards 2021 Application Pack.

3.3 Glossary

Glossary terms in the Midwife Accreditation Standards 2021 and in the Essential Evidence companion document are in ANMAC's website glossary (<https://www.anmac.org.au/glossary>).

4. Midwife Accreditation Standards

Standard 1: Safety of the public

- 1.1 The program's guiding principle is safety of the public.
- 1.2 The program is delivered in Australia¹ to prepare graduates for safe and ethical practice.
- 1.3 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements:
 - a. to meet the program's inherent requirements
 - b. to demonstrate English language proficiency either through providing a declaration that English is their primary language or achievement of minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard²
 - c. to meet the requirements for placement in midwifery practice settings for registration with the NMBA on completion of the program
 - d. for registration with the NMBA on completion of the program.
- 1.4 The education provider ensures that midwifery settings in which students undertake midwifery practice experience³ (MPE) have:
 - a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards
 - b. midwives who are prepared for the supervisory role and are able to supervise and assess students during all MPE
 - c. relevant registered health practitioners available for collaborative teaching and learning opportunities in interprofessional settings.
- 1.5 Students are registered with the NMBA before their first MPE⁴.
- 1.6 The education provider has processes in place to manage students with identified impairments that, in the course of MPE, may place the public at risk. These processes include procedures for mandatory reporting⁵ where required.
- 1.7 The program's progression policies and rules ensure that only those students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for MPE.

1 Except as it relates to criteria 2.4 and 3.1.

2 Nursing and Midwifery Board of Australia. Registration standard. English language skills 2019.

3 Refer to glossary for an operational definition of midwifery practice experience.

4 NMBA. Fact sheet. For education providers on student registration. 2019.

5 Ahpra. Guidelines for mandatory notifications. 2014.

Standard 2: Governance

- 2.1** The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency⁶ as an Australian university or other higher education provider.
- 2.2** The education provider conducting the program has a governance structure that recognises the autonomous identity of the profession of midwifery. The structure facilitates the direct input of the discipline lead of midwifery (or delegate) into committees and processes directly or indirectly impacting on the midwifery program. The head of discipline:
- a. is a midwife registered with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct⁷
 - b. holds a relevant post-graduate qualification
 - c. is appointed at a senior level and can demonstrate active, strong links to contemporary practice, has responsibility for academic oversight of the program
 - d. promotes high-quality teaching and learning experiences for students to enable graduate competence
 - e. ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements.
- 2.3** The education provider undertakes consultation into the design and ongoing management of the program from external representatives of the midwifery profession, Aboriginal and Torres Strait Islander peoples, consumers, students, carers and other relevant stakeholders.
- 2.4** All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NMBA Midwife standards for practice⁸.
- 2.5** The program's quality improvement mechanisms incorporate evaluation information from a variety of sources and address:
- a. risk assessment of student learning environments
 - b. student evaluations
 - c. internal and external academic and health professional evaluations
 - d. evidence-based developments in:
 - i. midwifery professional education
 - ii. health professional education
 - iii. health and health care.

⁶ For an explanation of provider see: TEQSA. Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2.

⁷ For definitions related to conduct and performance within the *Health Practitioner Regulation National Law*, as in force in each State and Territory, (National Law), see Part 1, Section 1.

⁸ NMBA. Midwife standards for practice. 2018.

Standard 3: Program of study

- 3.1** The program of study is undertaken in Australia. Where there is an offshore component, the program must:
- be no more than one-fifth of the full program completed offshore⁹
 - demonstrate equivalence of learning outcomes.
- 3.2** The program of study is delivered at an Australian Qualifications Framework¹⁰ level 7 or above for the award of a Bachelor Degree as a minimum.
- 3.3** The curriculum document articulates:
- a woman-centred¹¹ philosophy
 - an educational philosophy
 - practical implementation of both within the program of study.
- 3.4** Teaching and learning articulates contemporary midwifery, and health and education practice, and responds to emerging trends based on research, technology and other forms of evidence.
- 3.5** The program's content and subject learning outcomes ensure:
- achievement of the NMBA Midwife standards for practice
 - recognition of regional, national and global health priorities relevant to the midwifery context
 - recognition of safety and quality standards as they relate to healthcare
 - recognition of digital health and emerging technologies
 - integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including:
 - social and emotional wellbeing of women
 - complex family health, domestic and family violence, stillbirth and bereavement care
 - perinatal mental health
 - understanding self-care, mitigating personal risk and resilience
 - equivalence in all delivery modes in which the program is offered.
- 3.6** The program's content and subject learning outcomes support the development of knowledge and skills in pharmacotherapeutics and quality use of medicines.
- 3.7** The program's content and subject learning outcomes integrate intraprofessional and interprofessional learning and practice.
- 3.8** The program's content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice.

⁹ ANMAC Explanatory note: Offshore components in accredited Australian programs of study for registered nurses and midwives.

¹⁰ Australian Qualifications Framework. 2013.

¹¹ Refer to glossary for an operational definition of woman-centred.

- 3.9** The program's content and subject learning outcomes embed principles of:
- diversity, culture, inclusion and cultural safety for all people
 - consumer perspectives of maternity care and the woman's right to make choices
 - consumer advocacy, diversity of women's choices and self-determination
 - evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice.
- 3.10** The program includes:
- Aboriginal and Torres Strait Islander peoples' history, culture and health as a discrete subject, taught from an Indigenous perspective as a mandatory subject of study and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework¹²
 - midwifery practice content specific to Aboriginal and Torres Strait Islander peoples embedded throughout the program.
- 3.11** The program includes:
- MPE completed in a variety of settings, relevant to the curriculum, exclusive of simulation and with no more than one-fifth of the MPE requirements being achieved outside Australia
 - MPE as soon as practicably possible, early in the program to facilitate engagement with the professional context of midwifery
 - MPE toward the end of the program conducted in Australia, to demonstrate achievement of the NMBA Midwife standards for practice
 - MPE is underpinned by contractual arrangements between education providers and MPE providers.
- 3.12** The program includes theory and practice that is integrated throughout the program.
- 3.13** The program has inclusion of periods of MPE in the program, so students can complete the following minimum¹³, supervised requirements¹⁴:
- Continuity of care experiences (CoCE)¹⁵**
- Experience in woman-centred care as part of CoCE. The student is supported to:
 - establish, maintain, and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care
 - provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate
 - engage with a minimum of 10 women—engagement involves attending four antenatal and two postnatal episodes of care and, for the majority of women, the labour and birth
 - maintain a record of each engagement incorporating regular reflection and review by the education or health service provider

¹² Congress of Aboriginal and Torres Strait Islander nurses and Midwives (CATSINaM). Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework. 2017.

¹³ These are minimum requirements. It is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.

¹⁴ Minimum practice requirements may be counted more than once. Example: as per individual circumstances, continuity of care experiences may also be counted toward episodes of antenatal and postnatal care, acting as primary accoucheur, providing labour care, caring for women with complex needs or neonatal examination.

¹⁵ ANMAC Explanatory note: Continuity of care experiences must only be undertaken in Australia.

Antenatal care

- b. Attendance at 100 antenatal episodes of care¹⁶. This may include women the student is following as part of their CoCE

Labour and birth care

- c. Under the supervision of a midwife, act as the primary birth attendant for 30 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:
 - i. providing direct and active care in the first stage of labour, where possible
 - ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required
 - iii. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation
 - iv. assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral, and clinical handover
- d. Provide direct and active care to an additional 10 woman throughout the first stage of labour and, where possible, during birth—regardless of mode

Complex care

- e. Experience in caring for 40 women with complex needs across pregnancy, labour, birth, or the postnatal period¹⁷. This may include women the student has engaged with as part of their CoCE

Postnatal care

- f. Attendance at 100 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their CoCE
- g. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative¹⁸
- h. Experiences in women's health and sexual health
- i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of telehealth

Neonatal care

- j. Experience in undertaking 20 full examinations of a newborn infant¹⁹
- k. Experiences in care of the neonate with special care needs²⁰.

3.14 Program resources are sufficient to facilitate student achievement of the NMBA Midwife standards for practice, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice and MPEs.

¹⁶ Episodes of care may include multiple episodes of care for the same woman where her care needs have altered. Example: as a result of a natural progression through the antenatal or postnatal periods or due to evolving complex needs.

¹⁷ These 40 women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f). Refer to the glossary for an operational definition of 'complex needs'.

¹⁸ The Baby Friendly Health Initiative is underpinned by the 'International Code of marketing of breast-milk Substitutes and the 'Ten Steps to Successful Breastfeeding' and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding.

¹⁹ This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences.

²⁰ Refer to the glossary for an operational definition of 'special care needs'.

- 3.15 The program includes content and sequencing that incorporates simulated learning experience to prepare students for MPE.
- 3.16 Staff teaching into the program:
 - a. are qualified and experienced to deliver the subjects they teach
 - b. are midwives when the subject relates to midwifery practice
 - c. hold one qualification higher than the program of study being taught.

Standard 4: Student experience

- 4.1 Program information provided to students is relevant, timely, transparent, and accessible.
- 4.2 Student academic learning needs are identified and supported by the education provider.
- 4.3 Students are informed of, and have access to, grievance and appeals processes.
- 4.4 Students are informed of, and have access to, pastoral and/or personal support services.
- 4.5 Students are represented on program advisory and decision-making committees.
- 4.6 Student experiences have equity and diversity principles observed and promoted.
- 4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.

Standard 5: Student assessment

- 5.1 The program's learning outcomes and assessment strategies are aligned.
- 5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Midwife standards for practice.
- 5.3 The program has formative and summative assessment that are used across the program to enhance learning and inform student progression. The summative assessment appraises competence against the NMBA Midwife standards for practice before successful completion of the program.
- 5.4 The education provider is ultimately responsible for ensuring students are supervised and assessed by a midwife²¹ or other health professional (where relevant²²) while on MPE.
- 5.5 The integrity of the program's theoretical and clinical assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes.

²¹ Has current Australian general registration as a midwife.

²² Where assessment has been undertaken by another health professional e.g., O&G, the education provider has ultimate responsibility in sign-off of the student.

Reference list

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