



Consultation Paper 1: Accreditation Standards required for Eligible Midwife Programs

Part 1: Standards for Midwifery Practice Review
Part 2: Standards for Programs Leading to
Endorsement for Scheduled Medicines

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Introduction

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is responsible for ensuring programs leading to registration, enrolment or endorsement of nurses and midwives in Australia meet the current Nursing and Midwifery Board of Australia (NMBA) approved Standards and Criteria for accreditation. The standards and their criteria provide specific indicators for measuring whether a program fulfils the defined requirements. ANMAC is required to ensure that the standards it uses are current and effective.

The accreditation standards and criteria used to assess and accredit the programs of study required for an eligible midwife's endorsement to prescribe scheduled medicines are found in the NMBA's *Guidelines for Education Requirements for Recognition as Eligible Midwives and Accreditation Standards for Programs of Study Leading to Endorsement for Scheduled Medicines for Eligible Midwives (Eligible Midwives' Scheduled Medicines Endorsement Program Accreditation Standards)*. The aim of this review is to revise and update these standards. The review will also include the *Australian Nursing and Midwifery Accreditation Council Interim Standards for Accreditation of Professional Practice Review Programs*. These two sets of standards are entirely different: one for a curriculum based education program leading to an award and one for a professional peer review program. Consequently each is dealt with separately in this document:

- Part 1: Standards for Midwifery Practice Review
- Part 2: Standards for Programs Leading to Endorsement for Scheduled Medicines.

For the purpose of this document these two standards will be referred to collectively as the Standards.

It should also be noted that whilst both these programs are requirements for Eligible Midwives to gain endorsement neither programs are restricted to only Eligible Midwives.

Under the National Law ANMAC has the delegated responsibility for these standards and will synthesise and translate current evidence and feedback into refining and improving the Standards so as to continue to safeguard and promote the health, safety and wellbeing of those Australians requiring midwifery care.

The previous work in developing the current and interim standards is recognised and valued. The review of these accreditation standards seeks to build on this platform. The process undertaken by ANMAC for the successful review of the Registered Nurse Accreditation Standards (2012) and the current review of the Midwifery Accreditation Standards will provide the model for this review. Utilising this model will ensure previous learning benefits the current process and upholds consistency across all accreditation standards development.

Constructive and respectful engagement is ANMAC's hallmark for review and development of accreditation standards. Consequently, consultation across Australia will ensure stakeholders have opportunities for engagement with the review process. This consultation, as part of the review process will ensure the Standards are contemporary, comprehensive, clearly articulated and nationally consistent.

Objectives of the review

This review aims to achieve consensus on a revised set of Standards that are:

- Contemporary and aligned with emerging research, policy and relevant industry guidance
- Able to ensure midwives are suitably educated and qualified to practise in a competent and ethical manner
- Acceptable to the profession and relevant stakeholders
- Underpinned by the ANMAC protocol for accreditation standards
- Acceptable to the community in supporting safe, accessible, quality maternity care.

Purpose of the consultation paper

This Consultation Paper outlines the aim, objectives and context of the review. It describes the process of consultation and proposes a number of key areas for consideration by stakeholders.

For the review to be effective, it is essential that the critical input of organisations and individuals with an interest in the education of midwives and the practice of midwifery is optimised. This paper will be available to organisations and individuals who may have an interest in the Standards and who may wish to contribute in writing or via scheduled consultation forums.

This Consultation Paper also includes the first revised version of each of the new Standards for consideration and feedback. Questions are placed throughout the Consultation Paper to prompt discussion and feedback. How feedback is to be provided and incorporated is outlined below. The final published versions of the Standards will then be based on the best available evidence and consensus of experts and stakeholders in the relevant fields derived from this consultation and feedback process.

Context of the review

In 2010, ANMAC became the independent accrediting authority for nursing and midwifery programs of study and has responsibility for maintaining and developing the integrity of accreditation standards for professions under its mandate. In addition:

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.¹

The robust process of reviewing and developing the Standards will require a number of iterative steps. Ultimately, it will be critical to assess whether the Standards are complete and sufficient to assure the NMBA and the community, that a graduate of a Program Leading to Endorsement for Scheduled Medicines is fit to be endorsed and that a participant of midwifery practice review is able to critically reflect on their clinical practice, develop appropriate professional development plans and demonstrate competence against the midwifery competency standards.

Each of the accreditation standards and accompanying criteria must also be assessed for continued validity in a changing Australian health care system and education environment. Finally, it will be necessary to assess the rigour of each accreditation standard and its accompanying criteria to ensure that the expectation of providers is neither too high nor too low.

Expert Advisory Group

Following the decision to review the Standards for Programs for Eligible Midwives, an Expert Advisory Group (EAG) was established by the ANMAC Board comprising the following people:

- Professor Hannah Dahlen, Chair - EAG
- Professor Bob Meyenn, Chair - Standards Accreditation & Assessment Committee ANMAC
- Associate Professor Jan Taylor, Chair - Midwifery Advisory Committee ANMAC
- Ms Ann Kinnear, Australian College of Midwives
- Ms Julianne Barclay - Australian Nursing & Midwifery Federation
- Ms Colleen White, Monash Health
- Professor Deborah Davis, Professor & Clinical Chair - The University of Canberra
- Ms Francine Douce, Director of Nursing & Midwifery - Department of Health
- Associate Professor Greg Kyle, Head of Discipline Pharmacy - The University of Canberra
- Associate Professor Lisa Nissen, School of Clinical Sciences - Queensland University of Technology
- Associate Professor Pauline Glover, School of Nursing & Midwifery - Flinders University
- Ms Rosalind Lock, Coordinator Graduate Diploma in Midwifery - James Cook University
- Dr Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer - Department of Health
- Ms Pauline Costins, Endorsed Midwife

¹ Health Practitioner Regulation National Law Act 2009 Qld.

- Ms Katie Sullivan, Midwife
- Ms Rebecca Waqanikalou, President - Maternity Coalition
- Ms Amanda Adrian, Chief Executive Officer - ANMAC
- Ms Donna Mowbray, Executive Director Accreditation & Assessment Services - ANMAC
- Ms Melissa Cooper, Project Lead and Associate Director for Professional Programs ANMAC
- Ms Margaret Gatling, Associate Director for Professional Programs ANMAC
- Dr Ann Alder, Associate Director for Professional Programs ANMAC
- Ms Jackie Doolan, Standards Development & Review Coordinator ANMAC
- Ms Cathie O'Neill, Consultant - Quorus

The EAG, supported by staff in ANMAC has developed a schedule for the review of the Standards. A list of key stakeholders has been identified for the purposes of participation in the process of consultation (see Attachment 2).

Consultation Process

In November 2013, the EAG was convened to oversee the review and development of the Standards for Programs for Eligible Midwives and this first Consultation Paper was prepared.

Stage 1—First consultation process

The Consultation Paper was placed on ANMAC's website and the public invited to provide feedback from the 20 December 2013 to 14 February 2014. Feedback from the first round of consultation will inform the development of a second Consultation Paper which will be circulated to stakeholders for comment and discussion at the following planned forums and focus group:

- Brisbane Consultation Forum 1 – 11 March 2014
- Perth Focus Group – 12 March 2014
- Sydney Consultation Forum 2 – 19 March 2014
- Melbourne Consultation Forum 3 – 27 March 2014

The [ANMAC website](#) will be updated to reflect the stages of the review.

Part 1: Midwifery Practice Review

Professional Practice Review

The NMBA Eligible Midwife Registration Standard defines Professional Practice Review as:

Approved midwifery professional practice review program means a formal professional practice review program for midwives accredited by the ANMAC and subsequently approved by the Board that is designed to review evidence of a midwife's professional performance over time across the continuum of midwifery care.

Approved programs are listed on the NMBA website. Currently the Australian College of Midwives is the only approved provider².

Professional Practice Review is not limited to those seeking to be endorsed as an Eligible Midwife. Any midwife who wishes to participate in professional practice review can do so. There is no current requirement for professional practice review for non- Eligible Midwives to be accredited.

Title of the Standards

The EAG has proposed that the new standards be known as Standards for Midwifery Practice Review, noting that these standards apply to the profession of midwifery but not exclusively to Eligible Midwives.

Other Policy Impacts

The NMBA is currently commencing a review of the models of supervision for privately practising midwives which may or may not impact on the professional practice review requirements for Eligible Midwives.

Standards

The current Interim *Standards for Professional Practice Review* were developed in 2010.

Standards Structure

The 2012 revision of the Registered Nurse Accreditation Standard introduced the new Australian Nursing and Midwifery Accreditation Council's (ANMAC) standards structure for implementation across all future ANMAC Accreditation Standards (See table below).

The new ANMAC standards structure reflects the commonalities in education requirements and environments across programs.

² Based on a search of the NMBA website on 13/11/2013 <http://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx?m=Result&pageNo=0#0x0000000000000379>

Table 1: New ANMAC standards structure

New ANMAC standards structure
1. Governance
2. Curriculum Conceptual Framework
3. Program Development and Structure
4. Program Content
5. Student Assessment
6. Students
7. Resources
8. Management of Workplace Experience
9. Quality Improvement and Risk Management

In keeping with the ANMAC Board's intent to have a consistent approach to all standards, this structure has been used as the base for the revised Standards for Midwifery Practice Review. It should be noted that some of the domains, standards and many of the criteria are not relevant and have been deleted or amended accordingly given that professional practice review is not an assessable, curriculum based program but rather designed to review evidence of a midwife's professional performance over time across the continuum of midwifery care.

Areas for Consideration

In drafting the revised Standards for Midwifery Practice Review and in discussion with the EAG, the following issues have been identified. Feedback on these issues will be taken into consideration in the drafting of the second version of the standards.

Providers of Midwifery Practice Review

Who should be eligible as providers of professional practice review:

- An organisation with demonstrable standing in the profession of midwifery.
- A midwifery service provider
- A midwifery higher education provider
- Other

Qualified Privilege

Standard One in the current Interim Standards for Professional Practice Review Programs has as one of its criteria that providers demonstrate:

- Privacy and protection of the applicant through Qualified Privilege legislation.

Is there an ongoing need for Qualified Privilege legislation to be required by midwifery practice review? Explain.

Referral

Criteria 5.3 states the provider demonstrates processes to enable early identification, referral and support for midwives who are not performing well or have professional conduct issues.

What should be required of the provider in this regard? To whom should they refer the midwife?

Consumer Involvement

There is no precedent in Australian education regulation, apart from the Interim Accreditation Standards for Professional Practice Review for Midwives, for the direct engagement in assessment of professional clinical practice by consumers.

Should the involvement of consumers be continued in the revised standards?

If so, how should consumer views be incorporated during the midwifery professional practice review program?

Other

Are there other issues, gaps or duplications you wish to comment on?

Standards for Midwifery Practice Review – First Draft

Please note: All standards are open to change based on feedback from the consultation period. Some specific criteria relating to the questions posed in the consultation paper have been footnoted as such.

Standard 1: Governance

The provider has established governance arrangements for the provision of midwifery practice review that develop and deliver a sustainable, valid and reliable peer review process for midwives.

Criteria

The provider demonstrates:

- 1.1 A detailed understanding of the professional and clinical issues related to midwifery and maternity service provision in Australia and demonstrates strong links with contemporary midwifery service delivery, including midwifery led care and continuity of care, clinical practice education and research.
- 1.2 A current, documented governance structure which ensures robust professional oversight including policies, procedures, processes and practices for the achievement of the outcomes of the midwifery professional review process.
- 1.3 Privacy and protection of the participant through the enacting of the relevant Qualified Privilege legislation³.
- 1.4 Terms of reference for the relevant advisory committee demonstrating partnership with key stakeholders, including consumers and partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
- 1.5 Staff delegations, reporting relationships, and the role of persons or committees in decision making in relation to Midwifery Practice Review.
- 1.6 Governance arrangements that ensure responsiveness to requirements for ongoing compliance with accreditation standards.

³ This criteria will be dependent on the outcomes of the consultation on whether QP is required for these programs.

Standard 2: Conceptual framework

The provider makes explicit, and uses a contemporary conceptual framework for the Midwifery Practice Review Program that encompasses the philosophy underpinning the design and delivery of Midwifery Practice Review.

Criteria

The provider demonstrates:

2.1 A conceptual framework that incorporates evidence-based approaches to midwifery practice and principles of safety, quality and risk managements.

2.2 The incorporation of contemporary Australian and international best practice reflective practice and peer review methods to enhance the Midwifery Practice Review and, accommodate differences in engagement styles, practice environments and the scope of practice of each participant.

2.3 Approaches that:

- a. facilitate the integration of theory and practice
- b. encourage the application of critical thinking and reflective frameworks
- c. engender deep rather than surface learning
- d. encourage self-directed learning
- e. embed recognition that midwives take professional responsibility for continuing competence and life-long learning
- f. promote the desire and capacity to continue to use, learn from and contribute to research throughout their careers
- g. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills expected of midwives
- h. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.

Standard 3: Structure and Approach

The Midwifery Practice Review comprehensively provides participants with the opportunity to reflect on their competence and currency across the continuum of midwifery practice and identify areas for development or enhanced practice.

Criteria

The provider demonstrates:

3.1 Consultative and collaborative approaches to the design and organisation of Midwifery Practice Review between staff, those working in midwifery practice, education, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.

3.2 That the Midwifery Practice Review structure is sufficient to review the midwifery competency outcomes and promote reflection on past, current and future practice and continuing professional development with formal processes for each participant which involves:

- a. self assessment
- b. face to face discussion to reflect on practice with a midwife and consumer reviewer⁴
- c. development of a continuing professional development plan for the next three years.

3.3 A variety of methods to adequately reflect on the participants practice in relation to including but not limited to:

- a. *National Competency Standards for the Midwife*
- b. *Code of Ethics for Midwives*
- c. *Code of Professional Conduct for Midwives in Australia*
- d. *National Midwifery Consultation and Referral Guidelines*.

3.4 A consistent approach to review across all participants that is periodically reviewed and updated.

3.5 Ultimate accountability for the review of midwifery practice and outcome of the review.

3.6 Evidence of procedural controls, fairness, reliability, validity and transparency in undertaking the review, providing feedback to participants and in an appeals process.

3.7 Processes to ensure the integrity of any online component.

3.8 Appropriate documentation, including an agreed professional development plan, and a report outlining the outcome of the review process.

⁴ This criteria will be dependent on the outcomes of the consultation on whether QP is required for these programs.

Standard 4: Participants

The provider's approach to attracting, enrolling, supporting and reviewing midwives is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

Criteria

The provider demonstrates:

4.1 Participants are informed of the following before being accepted for review:

- a. modes for review
- b. specific requirements for review including face to face review times and dates in advance
- c. outcome options
- d. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency of unsafe practice or an impairment that may place the public at risk of harm.

4.2 Participants are accepted based on clear, justifiable and published criteria.

4.3 Processes to enable early identification, referral and support for midwives who are not performing well or have professional conduct issues.

4.4 All midwives have equal opportunity to undertake a Midwifery Practice Review. The mode or location of delivery should not influence this opportunity.

4.5 Processes for midwife representation and feedback in matters relating to governance and management, delivery and evaluation.

4.6 Aboriginal and Torres Strait Islander peoples are encouraged to undertake the Midwifery Practice Review and a range of support needs are provided to assist those midwives.

4.7 Other groups underrepresented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to undertake the Midwifery Practice Review and support needs are provided to assist those midwives.

Standard 5: Resources

The provider has adequate facilities and resources, staff and reviewers who are qualified, capable and sufficient in number, to enable midwives to undertake Midwifery Practice Review in a timely and efficient manner.

Criteria

The provider demonstrates:

5.1 Staff, facilities, equipment and other resources are sufficient in quality and quantity for the anticipated participant population and any planned increase.

5.2 Midwives have sufficient and timely access to information on the requirements for review.

5.3 Reviewer and staff recruitment strategies:

- a. are culturally inclusive and reflect population diversity
- b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

5.4 Documented position descriptions for staff and reviewers, clearly articulating roles, reporting relationships, responsibilities and accountabilities.

5.5 The person responsible for the overall provision midwifery professional practice review holds current Australian general registration as a Midwife with no conditions relating to conduct, maintains active involvement in the midwifery profession and has strong links with contemporary midwifery practice, education and research.

5.6 Staff reviewing midwifery practice have current Australian general registration as a Midwife with no conditions relating to conduct with relevant clinical experience and preparation for their role.

5.7 Consumer reviewers are appropriately selected, trained and supported to undertake their role⁵.

5.8 Policies and processes to verify and monitor the professional credentials of reviewers, including current general registration as a Midwife with no conditions relating to conduct of current and incoming staff and to evaluate their performance and development needs.

⁵ This criteria will be dependent on the outcomes of the consultation on whether QP is required for these programs.

Standard 6: Quality Improvement and Risk Management

The provider is able to assess and address risks to the Midwifery Practice Review, its outcomes and midwives, and has a primary focus on continually improving the quality of the review and learning experience for midwives.

Criteria

The provider demonstrates:

6.1 Responsibility and control of Midwifery Practice Review development, monitoring, review, evaluation and quality improvement.

6.2 Regular evaluation of review effectiveness using feedback from midwives and other sources; systems to monitor and, where necessary, improve reviewer performance.

6.3 Professional development of reviewers to advance their knowledge and competence in review effectiveness and assessment.

6.4 Feedback gained from the quality cycle, including input from external stakeholders, incorporated into the program to improve the experience for midwives.

Part 2: Standards for Programs Leading to Endorsement for Scheduled Medicines

What is an ‘Eligible Midwife’?

The term ‘eligible midwife’, although not defined under the provisions of the National Law, is nomenclature pertaining to a class of midwives with access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), and the meaning articulated in section 5(1) of the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010. Co-regulatory responsibilities for Eligible Midwives are shared between the:

- NMBA— responsible for the registration and regulation of nurses and midwives in Australia
- Australian Government agencies — responsible for
 - authorisation of access for health professionals (by issue of provider numbers) to the administration of the MBS and PBS by Medicare Australia,
 - the Australian Government professional indemnity scheme insurance scheme.

Recognition as an Eligible Midwife enables a subsequent application for a grant of authorities to prescribe medicines subsidised by the PBS and to access services available under the MBS. The discretion to authorise access to these schemes remains with Medicare Australia and the process of authorisation through Medicare is a subsequent step for an eligible midwife.

To provide a Medicare midwifery service, an Eligible Midwife is required to be working in private practice and have:

- A Medicare Provider Number
- Professional indemnity insurance⁶
- Collaborative arrangements in place with a specified medical practitioner and/or credentialed at a hospital or with an entity other than a hospital (such as a community health centre or a medical practice) that employs or engages at least one obstetric specified medical practitioner⁷

What is required for an ‘Eligible Midwife’ notation?

Recognition as an ‘Eligible Midwife’ under section 38(2) of the National Law enables a midwife who has the necessary competence and post-registration experience, and whose scope of practice is to provide care across the continuum of midwifery care (i.e. providing pregnancy, labour, birth and postnatal care to women and their infants) to have this acknowledged by a notation on the Register of Midwives. This recognition is gained through meeting the

⁶ For further details regarding professional indemnity insurance requirements see the Standard and supplementary documents at <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

⁷ Amended as per Explanatory Statement Select Legislative Instrument 2013 No. 186 *Health Insurance Act 1973 Health Insurance Amendment (Midwives) Regulation 2013*

requirements of the *Registration Standard for Eligible Midwives* developed by the NMBA under section 38(2) of the National Law. There are six requirements in the Registration Standard for Eligible Midwives that a midwife is required meet to be recognised as an eligible midwife.

These are:

1. Current general registration as a midwife in Australia with no restrictions on practice
2. Midwifery experience that constitutes the equivalent of three (3) years' full-time post initial registration as a midwife
3. Current competence to provide pregnancy, labour, birth and postnatal care to women and their infants (the continuum of midwifery care)
4. Participation in an additional 20 hours per year of continuing professional development (i.e. a total of 40 hours) relevant to the continuum of midwifery care
5. Successful completion of an NMBA approved professional midwifery practice review program for midwives (ANMAC accredited program) working across the continuum of midwifery care, to be conducted every three years
6. Formal undertaking to complete, within 18 months of recognition, an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program.

What is required for endorsement to prescribe scheduled medicines?

Recognition of eligibility under section 38(2) does not automatically lead to endorsement as a midwife to prescribe scheduled medicines. Endorsement for scheduled medicines is a discrete and separate regulatory process leading to recognition as an Eligible Midwife under the National Law. Endorsement for scheduled medicines allows a midwife to legally prescribe within a State or Territory in accordance with each jurisdiction's requirements.

Endorsement for scheduled medicines is gained through meeting the requirements of the Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives developed under section 94 of the National Law. The requirements for endorsement under section 94 for scheduled medicines largely replicate the requirements for recognition as an Eligible Midwife under section 38(2) with the addition of successful completion of an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study, also to be determined by the NMBA. Recency of undertaking the course or ongoing professional development to support the currency of competence in this area is also required.

If an Eligible Midwife fails to obtain the necessary prescribing qualification within the transitional period (18 months), they will not be able to retain their notation on the register. This transitional period was implemented in the absence of a suitable number of available programs.

Prescribing Formulary for Eligible Midwives with a Scheduled Medicines Endorsement

The NMBA publish a list of agreed scheduled medicines that midwives can prescribe under certain conditions. The Prescribing Formulary for Eligible Midwives with a Scheduled Medicines Endorsement⁸ includes Schedule 2, 3, 4 and 8 medicines and intravenous fluids. Eligible midwives must only prescribe medicines included on this list.

In addition Eligible Midwives with a Scheduled Medicines Endorsement must also comply with the relevant drugs and poisons legislation in the jurisdiction/s in which they practice. There are also additional guidelines provided under the Pharmaceutical Benefits Scheme⁹

Current Status

As of August 2013 there were 22 midwives with the endorsement for scheduled medicines.¹⁰. There are currently three programs accredited under the Eligible Midwives' Scheduled Medicines Endorsement Program Accreditation Standards. There are approximately 200 midwives with notation who are not yet endorsed.

Projected Growth

The demand by midwives to gain endorsement as an Eligible Midwife and their use in maternity settings is expected to increase as more options are provided to women. The Australian Government is supporting increased access to midwifery managed maternity services through access to MBS and the PBS and by supporting professional indemnity schemes. It is anticipated that over time the number of women accessing midwifery managed, community based maternity services, particularly for low risk women, will increase¹¹. Many Eligible Midwives provide services in the community which decreases the demand on the hospital sector. Jurisdictions are also exploring and progressing visiting rights for Eligible Midwives for them to be able to practise in public hospitals¹². As a result of the increased demand by healthcare providers, midwives and women it is expected that more providers will apply to have programs accredited.

⁸ NMBA Prescribing Formulary for Eligible Midwives with a Scheduled Medicines Endorsement.

⁹ Midwife PBS Prescribing viewed at <http://www.pbs.gov.au/browse/midwife> on

¹⁰ ACT 0, NSW 3, NT 0, QLD 6, SA 1, Tas 1, Vic 8 and WA 3 Viewed at www.nursingmidwiferyboard.gov.au/About/Statistics.aspx on 19/11/2013

¹¹ Australian Health Ministers Conference. National Maternity Services Plan. 2010.pg 30

¹² ibid

Health Professional Prescribing

Prescribing, whilst predominantly the domain of registered medical officers, is undertaken by other health practitioners in Australia and overseas. In Australia a number of professions have progressed prescribing practice for their own members in the absence of a national framework. Prescribing is currently undertaken by dentists, midwives, nurses including nurse practitioners, optometrists, pharmacists, paramedics and podiatrists holding varying authorisations to prescribe. Health Workforce Australia (HWA) has just completed the Health Professionals Prescribing Pathways Project as a means to achieve consistency and a nationally recognised approach to prescribing through the development of the Health Practitioners Prescribing Pathway (HPPP)¹³. The HPPP sets out five important steps to safe and competent prescribing by health professionals:

1. Complete education and training.
2. Obtain recognition from the National Board of competence to prescribe.
3. Ensure authorisation to prescribe.
4. Prescribe medicines within scope of practice.
5. Maintain and enhance competence to prescribe.

This pathway is consistent with the approach required for Eligible Midwives. The HPPP notes that¹⁴:

A prescribing education and training program that a health professional undertakes must be part of an accredited program of study to the standards set by the Accreditation Council for the profession and approved by the National Board. Any standard set by the Accreditation Council should require that the prescribing education and training program includes a component of assessment of the essential competencies of the health professional to prescribe.

It goes on to note that any education program be aligned with the National Prescribing Services' *Competencies Required To Prescribe Medicines* and identifies that:

In practical terms prescribing education should be:

- Equitable, with sufficient capacity in the health and education sector to allow for access to quality education.
- Flexible, allowing for education to be delivered by different modalities.
- Effectual, providing quality clinically supervised practice to enhance learning.
- Assessable, to provide assurance of the competence of the practitioner.

Consequently these requirements, will underpin the Standards for Programs for Eligible Midwives.

¹³ Health Workforce Australia 2013: Health Professionals Prescribing Pathway (HPPP) Project – Final Report.

¹⁴ Health Workforce Australia 2013. The Health Professions Prescribing Pathway.

NPS Competencies

The National Medicines Policy¹⁵ aims to improve health outcomes for all Australians through access to, and wise use of, medicines so that both optimal health outcomes and economic objectives are achieved. The Policy has four central objectives:

1. Timely access to the medicines that Australians need, at a cost that the person, the facility, and the community that funds the health system can afford
2. Medicines that meet the standards of quality, safety and efficacy
3. Quality use of medicines (judicious, appropriate, safe and effective use of medicines)
4. Maintaining a responsible and viable medicines industry.

In support of the Quality Use of Medicines objective the National Prescribing Service (NPS) has developed competencies for health professionals who prescribe. The competencies describe the knowledge, skills, and behaviours of practitioners who prescribe autonomously to an acceptable standard across the range of contexts in which they are reasonably expected to practise. The competencies support the judicious, appropriate, safe, and effective use of medicines in the Australian healthcare system.

The Prescribing Competencies Framework has seven competencies; five of which are specific to prescribing, while two (entitled horizontal competency areas) are more general professional competencies so critical to prescribing they have also been included.

The Prescribing Competencies Framework is at Attachment 1.

The NPS Prescribing Competencies Framework has been included as the competency framework underpinning the revised Standards for Programs for Eligible Midwives. This framework will supersede the Draft model for prescribing competency framework in the *NMBA Guidelines for Education Requirements for Recognition as Eligible Midwives and Accreditation Standards for programs of study leading to endorsement for scheduled medicines for Eligible Midwives*.

Standards Structure

The 2012 revision of the Registered Nurse Accreditation Standards introduced the new Australian Nursing and Midifery Accreditation Council's (ANMAC) standards structure for implementation across all future ANMAC Accreditation Standards (See table below).

Table 2: New ANMAC standards structure

New ANMAC standards structure
1. Governance
2. Curriculum Conceptual Framework
3. Program Development and Structure
4. Program Content

¹⁵ Australian Government. The Department of Health and Ageing. 1999. National Medicines Policy 2000.

5. Student Assessment
6. Students
7. Resources
8. Management of Workplace Experience
9. Quality Improvement and Risk Management

The new ANMAC standards structure reflects the commonalities in education requirements and environments across programs.

In keeping with the ANMAC Board's intent to have a consistent approach to all standards this structure has been used as the base for the revised Standards for Programs Leading to Endorsement of Scheduled Medicines noting that changes have been made to ensure relevance and appropriateness to these specific programs.

Draft Standards

Based on the agreed structure for ANMAC revised standards, current available evidence on prescribing practice and the requirements of the NMBA, a first draft of the revised Standards for Programs for Leading to Endorsement for Scheduled Medicines has been developed to form the basis of the consultation. In the drafting of the standards and in discussion with EAG the following issues have emerged which will benefit from widespread stakeholder input.

Areas for Consideration

Feedback on the following issues will be taken into consideration in the drafting of the second version of the standards.

National Prescribing Competencies

The Prescribing Competencies Framework is a generic framework for health professionals who are able to prescribe. It is currently being adopted by several other health professions and promotes opportunities for interprofessional learning.

This Framework is comprehensive, but generic in nature. Is there a need for it to be adapted to specifically reflect midwifery practice or is it sufficient to allow providers to incorporate the midwifery content within their curriculum based on these competencies? If yes, please explain how?

The Prescribing Competencies Framework clearly states that it 'does not extend to the specialised competencies required by some groups of prescribers. These specialised competencies need to be further determined by individual credentialing agencies'.¹⁶

Are there specialised areas of prescribing for Eligible Midwives not adequately covered by the NPS competencies? If so, what are they?

¹⁶ National Prescribing Service. 2012. NPS: Better choices, Better health. Competencies required to prescribe medicines: putting quality use of medicines into practice

Given the interprofessional nature of the competencies - Is it suitable for program content to be generic to all health care professionals or should it be specific to midwifery practice? If yes, is it all of the program or only components of the program which should be specific?

Providers of Programs Leading to Endorsement for Scheduled Medicines for Eligible Midwives

There are currently only three higher education providers offering programs to support Eligible Midwives. These providers also provide bachelor and masters level programs leading to registration as a midwife in Australia, and hence have a sound understanding of the context of midwifery practice.

Should there be a pre-requisite for providers to be delivering other accredited midwifery programs in order to provide Programs Leading to Endorsement for Scheduled Medicines specifically with the intent to support Eligible Midwives? If not, what should the requirement be?

Naming and Scope

These standards have come about due to the requirements set by the NMBA for Eligible Midwives. What should the name of the standards be to accurately reflect their scope i.e.:

- Standards for Programs Leading to Endorsement for Scheduled Medicines
- Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives

Award Level

The NMBA stipulate that Programs Leading to Endorsement for Scheduled Medicines for Eligible Midwives should be at the post-graduate level and at a minimum be one semester in length.

The proposed criteria states that the program be listed on the Australian Qualifications Framework (AQF) National Registry for the award of Graduate Certificate (level 8) or credit towards such a program as a minimum.

Is this the appropriate education level given the quantum of knowledge in the program? If so what should the Award be:

- a. Graduate Certificate; or
- b. Statement of Completion
- c. Other – please state?

Professional Practice Experience

The current standards do not require a specific professional practice experience during the program. The newly released Health Practitioners Prescribing Pathways note that the education programs should provide ‘quality clinically supervised practice to enhance learning’¹⁷.

What should the revised standards specify as the professional practice experience component?

- a. What should the standards specify as requirements of the professional practice experience?
Eg. Specific tasks such as work with a pharmacist, undertake supervised prescribing, undertake

¹⁷ Health Workforce Australia 2013. The Health Professions Prescribing Pathway.

medication history, or more broadly the ability to demonstrate attainment of the NPS competencies?

What forms would be acceptable – a formal mentoring plan, supervised clinical practice, simulation?

How should it be quantified? Eg. 4 hours, completion of specific tasks, other? What setting should be considered acceptable for professional practice experience? Eg. GP practice, maternity service?

Other

Are there other issues, gaps or duplications you wish to comment on?

Standards for Programs Leading to Endorsement for Scheduled Medicines¹⁸ – First Draft

Note: Strikethrough and highlighting have been used to note deletions and specific additions to standards adapted from the Registered Nurse Standards and the draft Midwifery Accreditation Standards 2013

Please note: All standards are open to change based on feedback from the consultation period. Some specific criteria relating to the questions posed in the consultation paper have been footnoted as such.

Standard 1: Governance

The education provider has established governance arrangements for the Endorsement for Scheduled Medicines program of study that develop and deliver a sustainable, high-quality education experience for students.

Criteria

The education provider must provide evidence of:

- 1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider or an organisation with a formal governance arrangement with a higher education provider.
- 1.2 Current accreditation of a midwifery program of study by the University (or TEQSA for non-self-accrediting Higher Education Providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school¹⁹.
- 1.3 Listing on the Australian Qualifications Framework (AQF) National Registry for the award of Graduate Certificate (level 8) or credit towards such a program as a minimum²⁰.
- 1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) which ensures academic oversight.
- 1.5 Terms of reference for relevant program advisory committee demonstrating partnership with key stakeholders, including partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
- 1.6 Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.

¹⁸ This title may changes based of feedback during the consultation period.

¹⁹ This criteria may change based on feedback during the consultation period.

²⁰ This criteria may change based on feedback during the consultation period.

1.7 Governance arrangements between the university or higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.

Standard 2: Curriculum conceptual framework

The program provider makes explicit, and uses a contemporary conceptual framework for the program that encompasses the educational and practice philosophies which underpin the design and delivery of the program.

Criteria

The program provider demonstrates:

2.1 A clearly documented and explained conceptual framework for the program, including a curriculum underpinned by:

- a. a woman-centred midwifery philosophy
- b. philosophy of midwifery continuity of care
- c. primary health care principles
- d. the quality use of medicines and safe prescribing
- e. legal principles and the legislative framework
- f. an education philosophy.

2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies to enhance the delivery of curriculum content, accommodate differences in student learning styles, stimulate student engagement and learning.

2.3 A program of study that is congruent with contemporary and evidence-based approaches to prescribing in midwifery practice and education and is also underpinned by principles of safety, quality and risk management.

2.4 Teaching and learning approaches that:

- a. enable achievement of stated learning outcomes
- b. facilitate the integration of theory and practice
- c. scaffold learning appropriately throughout the program
- d. encourage the development and application of critical thinking and reflective frameworks
- e. engender deep rather than surface learning
- f. encourage self-directed learning
- g. embed recognition that graduates of the program take professional responsibility for continuing competence and life-long learning
- h. ~~instil students with~~ promote the desire and capacity to continue to use, and learn from, and contribute to research throughout their careers
- i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills expected of midwives
- j. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.

Standard 3: Program Development and Structure

The program of study is developed in collaboration with key stakeholders reflecting contemporary trends in midwifery, prescribing practice and education; complying in length and structure with the Australian Qualifications Framework (AQF) for the qualification offered and enabling graduates to meet the NPS National Competencies to Prescribe. Professional practice experience is sufficient to demonstrate safe and competent prescribing in midwifery practice by program completion.

Criteria

The program provider demonstrates:

3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in midwifery practice, those with pharmacology and medication management expertise, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals.

3.2 Contemporary midwifery, prescribing and education practice in the development and design of curriculum.

3.3 A map of subjects against the NPS: National Prescribing Competency Framework which clearly identifies the links between learning outcomes, assessments and required graduate competencies.

3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.

3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate interprofessional learning for collaborative practice.

3.6 Content and sequencing of the program of study prepares students for workplace experience and incorporates opportunities for simulated learning.

3.7 Professional practice experience in Australia to consolidate the acquisition of competence and facilitate transition to practice. A summative assessment is made against the NPS: National Prescribing Competency Framework in a midwifery practice setting.

3.8 Equivalence of subject outcomes for programs taught in Australia in all delivery modes in which the program is offered (subjects delivered on-campus or in mixed-mode, by distance or by e-learning methods).

Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the NPS: National Prescribing Competencies within the midwifery context and incorporates Australian and international best practice perspectives on midwifery practice.

Criteria

The program provider demonstrates:

4.1 A comprehensive curriculum document, based on the conceptual framework discussed in Standard 2 that includes:

- a. program structure and delivery modes, include on-line components
- b. subject outlines
- c. linkages between subject objectives, learning outcomes and their assessment and the National Prescribing Competency Framework in the midwifery context
- d. teaching and learning strategies
- e. a prescribing in midwifery practice experience plan

4.2 The central focus of the program is on contemporary prescribing in midwifery practice; this comprises, in addition to the content required to meet the attainment of the NPS competencies:

- a. a comprehensive understanding of the Prescribing Formulary for Eligible Midwives with a Scheduled Medicines Endorsement, relevant legislation and PBS requirements
- b. professional relationships and referral, including establishing collaborative arrangements with GPs and Obstetricians and/or health services
- c. Working with the MBS and PBS

4.3 Research and evidence-based inquiry underpins all elements of curriculum content and delivery.

4.4 Program content should include but not be limited to ~~supporting the development and the application of knowledge and skills in:~~

- a. critical analysis and evaluation
- b. reflective practice
- c. professional advocacy
- d. responsibility and accountability
- e. quality improvement methodologies
- f. research appreciation and translation

Standard 5: Student Assessment

The curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and robustly measure achievement of required learning outcomes, including a summative assessment of student performance against the current National Prescribing Competency Framework.

Criteria

The program provider demonstrates:

5.1 A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.

5.2 Clear statements about assessment and progression rules and requirements provided to students at the commencement of the program.

5.3 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.

5.4 Both formative and summative assessment types and tasks exist across the program to enhance individual and collective learning as well as inform student progression.

5.5 A variety of assessment approaches to evaluate competence in the essential knowledge, skills and behaviours required for professional prescribing practice.

5.6 Appropriate assessment is used in professional practice experience to evaluate student ability to meet the National Prescribing Competency Framework within midwifery practice.

5.7 Ultimate accountability for the assessment of students in relation to their prescribing practice experience.

5.8 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.

5.9 Processes to ensure the integrity of online assessment.

5.10 Collaboration between midwifery service providers (where relevant) and teaching staff in selecting and implementing assessment methods.

5.11 A summative assessment of student achievement of competence against the current National Prescribing Competency Framework within midwifery practice is conducted by a health professional who has demonstrated current experience in assessing prescribing practice in an Australian midwifery context before program completion.

Standard 6: Students

The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

Criteria

The program provider demonstrates:

6.1 Applicants are informed of the following before accepting an offer of enrolment:

- a. modes for program delivery and location of midwifery practice experience placements
- b. specific requirements for entry to the program of study including English language proficiency
- c. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency if a student undertaking professional practice experience has an impairment that may place the public at risk of harm
- d. specific requirements for right of entry to health services for prescribing in midwifery practice experience placements (including, fitness for practice, immunisation and criminal history)
- e. NMBA requirements as an eligible midwife.

6.2 Students are selected for the program based on clear, justifiable and published admission criteria.

6.3 Students have sufficient English language proficiency and communication skills to be able to successfully undertake academic experience and prescribing in midwifery practice experience requirements throughout the program.

6.4 Students are informed about, and have access to, appropriate support services including counselling, health care and academic advisory services.

6.5 Processes to enable early identification and support for students who are not performing well academically or have professional conduct issues.

6.6 All students have equal opportunity to attain the National Prescribing Competency Framework in midwifery practice. The mode or location of program delivery should not influence this opportunity.

6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.

6.8 Aboriginal and Torres Strait Islander peoples are encouraged to enrol and a range of support needs are provided to those students.

6.9 Other groups underrepresented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and support needs are provided to those students.

Standard 7: Resources

The program provider has adequate facilities, equipment and teaching resources, as well as staff who are qualified, capable and sufficient in number, to enable students to attain the National Prescribing Competency Framework in midwifery practice.

Criteria

The program provider demonstrates:

7.1 Staff, facilities, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.

7.2 Students have sufficient and timely access to academic and clinical teaching staff to support their learning.

7.3 A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.

7.4 Staff recruitment strategies:

- a. are culturally inclusive and reflect population diversity
- b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

7.5 Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.

7.6 The Head of Discipline responsible for midwifery curriculum development holds current Australian general registration as a Midwife with no conditions relating to conduct, holds a relevant post graduate qualification, maintains active involvement in the midwifery profession and has strong links with contemporary midwifery education and research.

7.7 Staff teaching, supervising and assessing prescribing practice in midwifery related subjects have current Australian general registration as a Midwife with no conditions relating to conduct with relevant clinical and academic preparation and experience.

7.8 Academic staff are qualified in midwifery practice for their level of teaching, to at least one tertiary qualification standard higher than the program of study being taught or with equivalent midwifery practice experience.

7.9 In cases where an academic staff member's tertiary qualifications do not include midwifery, their qualifications and experience are relevant to the subject(s) they are teaching.

7.10 Processes to ensure academic staff demonstrate a sound understanding of contemporary midwifery research, scholarship and practice in the subject(s) they teach.

7.11 Teaching and learning takes place in an active research environment where academic staff are engaged in research and/or scholarship and/or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.

7.12 Policies and processes to verify and monitor the academic and professional credentials, including current general registration as a Midwife with no conditions relating to conduct of current and incoming staff and to evaluate their performance and development needs.

Standard 8: Professional Practice Experience²¹

The program provider ensures that every student is given supervised professional practice experience conducted in an environment(s) providing suitable opportunities and conditions for students to demonstrate the current National Prescribing Competency Standards within midwifery practice.

Criteria

The program provider demonstrates:

8.1 Constructive relationships and clear contractual arrangements with all health providers where students gain their professional practice experience reflecting the midwifery context and processes to ensure these are regularly evaluated and updated.

8.2 Risk management strategies in all environments where students are placed to gain their professional practice experiences in the midwifery context and processes to ensure these are regularly reviewed and updated.

8.3 Each student is provided with professional practice experiences appropriate for the attainment of the current National Prescribing Competency Framework within midwifery practice.

8.4 Opportunities are provided for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.

8.5 Clearly articulated models of supervision, support, facilitation and assessment are in place so students can achieve required learning outcomes and current National Prescribing Competency Framework within midwifery practice.

8.6 Academics, midwives and other health professionals engaged in supervising and supporting students during professional practice experiences are adequately prepared for this role and seek to incorporate contemporary and evidence-based Australian and international perspectives on prescribing practice in midwifery.

8.7 Assessment of prescribing competence within the context of the professional practice experience is undertaken by appropriately qualified and prepared health professionals.

8.8 Appropriate resources are provided, monitored and regularly evaluated to support students while on professional practice experience.

²¹ Note this standard and criteria may change considerably or even be deleted depending on feedback gained during the consultation process.

Standard 9: Quality Improvement and Risk Management

The program provider is able to assess and address risks to the program, its outcomes and students, and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of graduates.

Criteria

The program provider demonstrates:

9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the nursing school with oversight by the academic board or equivalent.

9.2 Regular evaluation of academic and clinical supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.

9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.

9.4 Feedback gained from the quality cycle incorporated into the program of study to improve the experience of theory and practice learning for students.

9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding prescribing in midwifery practice, health care research and health policy and reform.

9.6 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

Terms and Acronyms

The following terms are used in this document.

Term	Meaning
ANMAC	The Australian Nursing and Midwifery Accreditation Council
ANMC	The Australian Nursing and Midwifery Council (preceded the formation of ANMAC)
AQF	Australian Qualifications Framework
EAG	Expert Advisory Group established by ANMAC to provide governance over this review process.
HPPP	Health Practitioners Prescribing Pathway
HWA	Health Workforce Australia
MBS	Medical Benefits Scheme
NMBA	Nurses and Midwives Board of Australia
NPS	National Prescribing Service
NRAS	National Registration and Accreditation Scheme
PBS	Pharmaceutical Benefits Scheme
Quality Use of Medicines	Part of the National Medicines Policy to ensure the judicious, appropriate, safe and effective use of medicines
TEQSA	Tertiary Education Quality and Standards Agency

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NMBA 2013, Framework for assessing national competency standards for registered nurses, enrolled nurses and midwives

NMBA 2013, Draft Revised Safety and Quality Framework for Midwives

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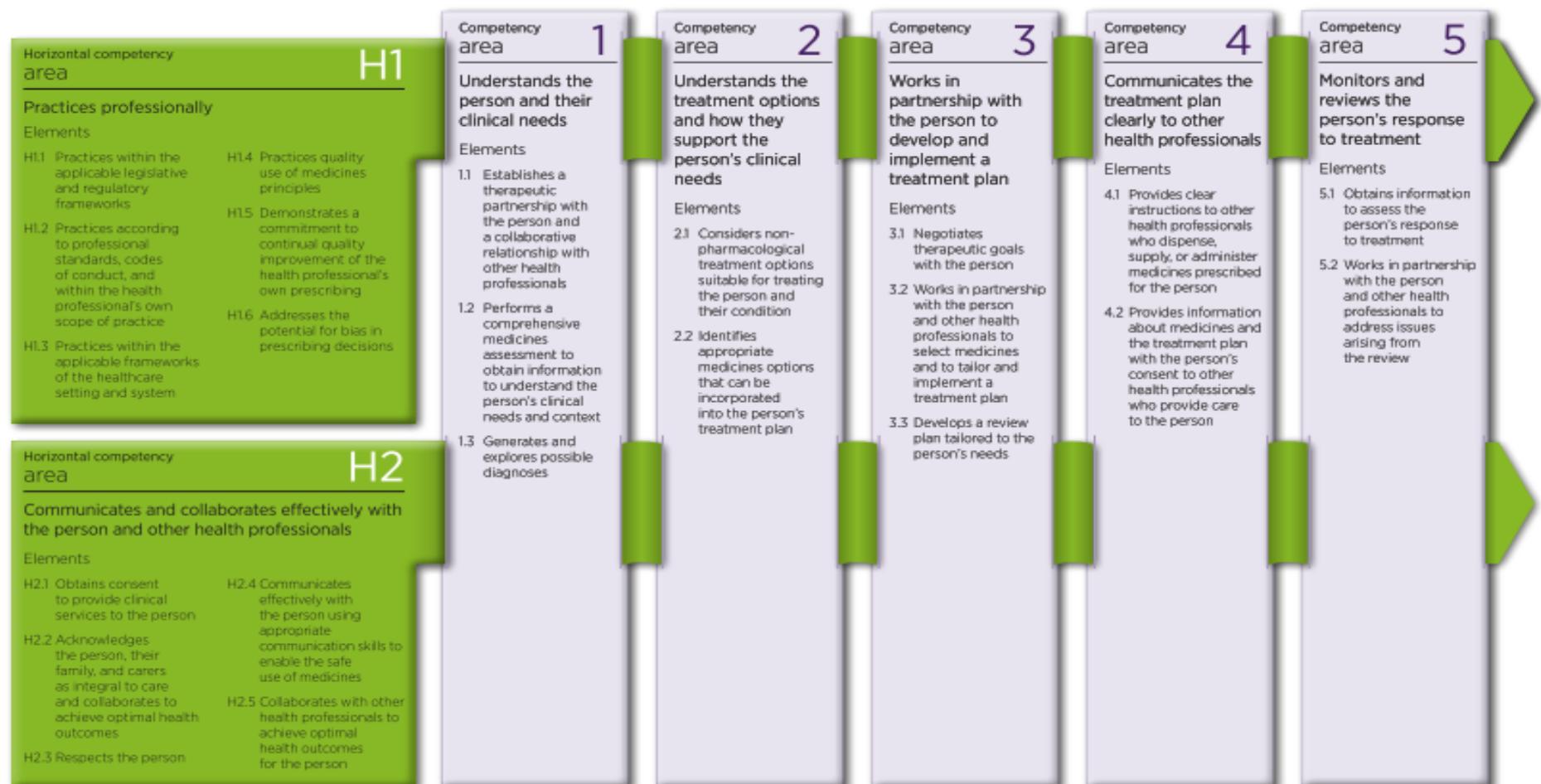
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Attachment 1: National Prescribing Competencies



Attachment 2: Stakeholder List

PRINCIPAL AGENCIES	STAKEHOLDER CONSULTATION	EXPERT ADVISORY GROUP
Nursing and Midwifery Board of Australia	Australian Nursing & Midwifery Board of Australia	Commonwealth Chief Nursing and Midwifery Officer
Australian Nursing and Midwifery Accreditation Council	Australian Nursing & Midwifery Accreditation Council (Board)	Standards Accreditation & Assessment Committee (SAAC) Chair ANMAC
Tertiary Education Quality and Standards Agency	Forum of Australian Health Professionals Councils	Midwifery Advisory Committee (MAC) Chair ANMAC
Australian Health Practitioner Regulation Agency	Consumers Health Forum of Australia	Educationalists – Midwifery & Pharmacy
Australian Nursing & Midwifery Federation	Australian Nursing & Midwifery Federation – Federal Office ANMF NSW Branch - NSWNMA ANMF Northern Territory Branch ANMF Victorian Branch ANMF QLD Branch - QNU ANMF Western Australia Branch ANMF South Australia Branch ANMF Tasmania Branch ANMF ACT Branch	Australian Nursing & Midwifery Federation nominee
Standing Council of Health	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Women's Healthcare Australasia
Ministerial Council for Tertiary Education and Employment	Australian College of Midwives (ACM) ACM – MEAC ACM – Private Practices Midwives Advisory Committee	ACM Nominee
Commonwealth Department of Health and Ageing	Maternity Coalition	Maternity Coalition Nominee
AHMAC Department of Health & Ageing	Australian & New Zealand Council of Chief Nurses	Endorsed Midwives (n=2)
Secretary Department of Health (Victoria)	Council of Deans of Nursing and Midwifery Australia & New Zealand	Council of Deans of Nursing and Midwifery (Australian and New Zealand) nominee
Director General Department of Health	Midwifery Council of New Zealand	Chief Executive Officer ANMAC
Chief Executive ACT Health	State and Territory Nursing and Midwifery Offices Principal Midwifery Advisers	Executive Director of Accreditation & Assessment Services ANMAC
Director General WA Department of Health	National Rural Health Alliance	Project Lead & Associate Director for Professional Programs ANMAC
Director-General Queensland Health	Australian College of Nursing	Associate Directors for Professional Programs (n=2) ANMAC
Chief Executive Department for Health and Ageing (SA)	Australian Society of Independent Midwives	Standards Development and Review Coordinator ANMAC

Secretary Department of Health (TAS)	National Association of Childbirth Educators	
Chief Executive Department of Health & Families (NT)	Health Workforce Australia	
	MIDAC VIC	
	MIDAC NSW	
	Midwives Australia	
	Midwives in Private Practice	
	Australian Private Midwives Association	
	National Rural Health Alliance	
	CRANA plus	
	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	
	Royal Australian College of General Practitioners	