



Australian
Nursing & Midwifery
Accreditation Council

Programs Leading to Endorsement for Scheduled Medicines for Midwives

Accreditation Standards 2015

midwives



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1 Introduction

ANMAC is responsible for ensuring programs leading to registration or endorsement of nurses and midwives in Australia meet the current 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 previously used to assess and accredit the programs required for a 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 was to revise and update these standards. The review also included the ANMAC's Interim Standards for Accreditation of Professional Practice Review Programs.

These two sets of standards were entirely different: one was for a curriculum-based education program leading to an award and one was for a professional peer review program.

It should be noted that while both programs are currently required for midwives to gain endorsement neither is restricted to only eligible midwives.

Under the *Health Practitioner Regulation National Law Act 2009* (National Law), ANMAC has delegated responsibility for these standards and has synthesised and translated current evidence and feedback into refining and improving them to continue to safeguard and promote the health, safety and wellbeing of Australians requiring midwifery care.

The previous work in developing current and interim standards is recognised and valued. This review builds on this platform. ANMAC's process for reviewing the Registered Nurse Accreditation Standards 2012 and the Midwifery Accreditation Standards 2014 provided the model for this review and ensures 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 ensures stakeholders had opportunities to be engaged with the review process. Widespread consultation also ensures the standards are contemporary, comprehensive, clearly articulated and nationally consistent.

1.1 Review objectives

This review aimed 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 ANMAC's protocols for accreditation standards
- acceptable to the Australian community in supporting safe, accessible and quality maternity care.

1.2 Context of the review

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

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

ANMAC's robust review and development of accreditation standards requires a number of iterative steps. This includes the critical need to assess if such standards are complete and sufficient to assure the NMBA and Australian community that a graduate of a program leading to endorsement for scheduled medicines for midwives is appropriately prepared.

ANMAC must also assess each accreditation standard and accompanying criteria for continued validity in a changing Australian health care system and education environment. ANMAC must also assess, the rigour of each accreditation standard and its accompanying criteria to ensure the expectation of education providers is neither too high nor too low.

1.3 Nursing and Midwifery Board of Australia review of the Registration Standard

It is important to note that the NMBA is reviewing the Registration Standards for Eligible Midwife and Endorsement for Scheduled Medicines for Eligible Midwives. This review began in December 2013. The NMBA conducted a stakeholder workshop and focus groups throughout March 2014 in New South Wales, Queensland, South Australia and Victoria to discuss the standard and proposed framework for midwives seeking endorsement for scheduled medicines.

The NMBA then released the public consultation paper on the proposed Registration Standard Endorsement for Scheduled Medicines for Eligible Midwives in October 2014, with feedback sought until 19 December 2014.

The outcomes of this review were significant in the development of these accreditation standards as ANMAC did not commend the proposed Accreditation Standards for Midwifery Practice Review, as described within Section 1.4 Consultation process, to the NMBA for approval.

1.4 Consultation process

In November 2013, the ANMAC Board convened an EAG to oversee the development of the Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015.

The EAG prepared the first consultation paper. As part of the initial round of public consultation, the EAG developed a two-part, 16-question Survey Monkey® survey with these key areas for consideration:

PART 1 DRAFT Version 1—Accreditation Standards for Midwifery Practice Review

- respondent demographics
- providers of Midwifery Practice Review
- qualified privilege
- referral of midwives
- consumer involvement.

¹ *Health Practitioner Regulation National Law*, as in force in each State and Territory (The National Law), see Division 3, Section 42(2), p.61. Viewed at: <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNatLaw.pdf>, on 22 April 2015.

PART 2 DRAFT Version 1—Accreditation standards for Programs Leading to Endorsement for Scheduled Medicines

- national prescribing competencies
- providers of programs leading to endorsement
- naming of proposed standards
- award level of the qualification
- professional practice experience
- notable omissions, gaps or duplications for consideration.

The survey and Consultation Paper 1 were placed on ANMAC's website on 20 December 2013, with the link provided electronically to 64 stakeholders identified by the EAG to elicit feedback. Stakeholders were invited to distribute the survey and paper to others to increase the response rate.

The survey remained open for eight weeks, closing on 14 February 2014. A total of 122 started the survey and 56 completed it. Response data was imported from a summary report generated by Survey Monkey®. Free text responses were categorised using Survey Monkey® and reviewed by ANMAC's project lead.

Written submissions were received from these 12 organisations:

- Australian College of Nursing
- Australian College of Midwives
- Australian Nursing and Midwifery Federation
- Midwives Australia
- Midwives in Private Practice
- NMBA
- Nursing and Midwifery Office, New South Wales
- Nursing and Midwifery Office, Queensland
- Nursing and Midwifery Office, South Australia
- Nursing and Midwifery Office, Tasmania
- Nursing and Midwifery Office, Victoria
- Women's Healthcare Australasia.

Feedback was compiled and analysed, including that provided by stakeholders who attended these four consultation forums:

- Brisbane consultation forum 1–11 March 2014
- Perth consultation forum 2–12 March 2014
- Sydney consultation forum 3–19 March 2014
- Melbourne consultation forum 4–27 March 2014.

1.5 Regulatory impact assessment of Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives

During the development of the accreditation standards, ANMAC undertook a regulatory impact assessment². The Australian Government's Office of Best Practice Regulation (OBPR) requires national standard-setting agencies such as ANMAC to consider the impact of regulation, standards and other quasi-regulation before approving such instruments. The regulatory impact statement was developed by ANMAC to assist the Standards Accreditation and Assessment Committee, as well as the ANMAC and NMBA Boards, in making decisions on approving the proposed accreditation standards.

This assessment was undertaken in accordance with the Council of Australian Government's *Best Practice Regulation—A Guide for Ministerial Councils and National Standard Setting Bodies 2007*. It considered such matters as the costs and benefits of introducing the new accreditation standards, the business compliance costs and the impact on competition.

In May 2014, and in alignment with the requirements of the NMBA and Department of Prime Minister and Cabinet for all agencies that are delegated to review and develop accreditation standards, ANMAC submitted the proposed accreditation standards to the OBPR to assess whether a Regulation Impact Statement was required. ANMAC received confirmation from the OBPR, in July 2014, that implementation of the proposed accreditation standards would be minor and not require changes to the consultation process or a Regulation Impact Statement.

² Australian Nursing and Midwifery Accreditation Council (2013), *Regulatory Impact Statement—Accreditation Standards for Eligible Midwives*, November 2013.

2 Endorsement for Scheduled Medicines for Midwives

The term 'eligible midwife', although not defined under the National Law, is nomenclature pertaining to a class of midwives who have access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), and adhere to 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, which is responsible for the registration and regulation of nurses and midwives in Australia
- Australian Government agencies, which are responsible for:
 - authorising access for health professionals (by issuing provider numbers) to the provisions within the MBS and PBS administered by Medicare Australia
 - the Professional Indemnity Insurance Scheme.

Previously, recognition of eligibility under Section 38(2) of the National Law did not automatically lead to endorsement as a midwife to prescribe scheduled medicines. Such endorsement was a discrete and separate regulatory process. It allowed a midwife to legally prescribe scheduled medicines within a state or territory in accordance with each jurisdiction's legislative requirements.

Endorsement for prescribing scheduled medicines enables subsequent applications to a range 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 midwife.

2.1 Requirements for endorsement to prescribe scheduled medicines

As described within Section 1.3, the NMBA has undertaken widespread consultation on a revised registration standard for midwives seeking endorsement to prescribe scheduled medicines in Australia. The proposed Registration Standard — Endorsement for Scheduled Medicines for Midwives, combines the previous two registration standards into one. At the time of publication, ANMAC is advised that the NMBA is in the process of submitting this revised registration standard to the Australian Health Workforce Ministerial Council (the Ministerial Council) for approval in accordance with the National Law.

2.2 Projected growth

The demand for midwives to gain endorsement and be able to operate in maternity settings is expected to increase as more service options are provided to women. The Australian Government is supporting increased access to midwifery-managed maternity services through access to the MBS and the PBS and by supporting professional indemnity schemes. Over time, as standards and cost-effective models are developed, it is anticipated that it might be possible to expand the number of services available in small communities for women with normal risk factors. Some jurisdictions are exploring options to reinstate safe and sustainable maternity services in some communities where they were previously withdrawn.³

³ Australian Health Ministers Conference. National Maternity Services Plan (2010), p.30. Viewed at: [http://www.health.gov.au/internet/publications/publishing.nsf/Content/BFE6AE67A9BC1BF1CA257A1B001B4B2D/\\$File/maternity%20plan.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/BFE6AE67A9BC1BF1CA257A1B001B4B2D/$File/maternity%20plan.pdf), 20 October 2014.

Many endorsed midwives provide services in the community which decreases the demand on the hospital sector. Jurisdictions are also exploring and progressing visiting rights for endorsed midwives so they can practise in public hospitals. As a result of the increased demand by health care providers, midwives and women, it is expected that more providers will apply to have programs accredited.

3 Health professional prescribing

Health professional prescribing, while 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 this for their own members in the absence of a national framework.

Prescribing is also undertaken by dentists, midwives, nurse practitioners and optometrists in Australia. Other profession-specific groups, such as pharmacists, podiatrists and nurses working in isolated practice and holding an NMBA-approved endorsement, only have the authority to supply and administer medicines under protocol.

Health Workforce Australia completed the Health Professionals Prescribing Pathways Project. This project provided a consistent and nationally recognised approach to prescribing through the Health Practitioners Prescribing Pathway⁴, which sets out these five important steps to safe and competent prescribing by health professionals:

1. complete education and training
2. obtain recognition from the National Board for competence to prescribe
3. ensure authorisation to prescribe
4. prescribe medicines within the scope of practice
5. maintain and enhance competence to prescribe

This pathway is consistent with the approach required for endorsed midwives. The Health Practitioners Prescribing Pathway notes that⁵:

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.

The pathway also notes that education programs must be aligned with the framework of the National Prescribing Services—Competencies Required to Prescribe Medicines: Putting quality use of medicines into practice—which 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
- accessible, to provide assurance of the competence of the practitioner.

These requirements underpin the Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015.

4 Health Workforce Australia (2013). Health Professionals Prescribing Pathway (HPPP) Project—Final Report. Viewed at: <http://www.hwa.gov.au/sites/uploads/HPPP-Final-Report-November-2013.pdf>, on 20 October 2014.

5 Health Workforce Australia (2013). The Health Professions Prescribing Pathway (HPPP) Project—Final Report p. 13. Viewed at: <http://www.hwa.gov.au/sites/uploads/HPPP-Final-Report-November-2013.pdf>, on 20 October 2014.

3.1 National Prescribing Service competencies

The National Medicines Policy⁶ aims to improve health outcomes for all Australians through access to, and the wise use of, medicines to achieve optimal health outcomes and economic objectives. The policy's four central objectives are to provide:

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

In support of the quality use of medicines (Objective 3), the National Prescribing Service has developed competencies for health professionals. These describe the knowledge, skills, and behaviours of professionals who prescribe autonomously to an acceptable standard in the contexts in which they are reasonably expected to practise.

The Prescribing Competencies Framework has seven competencies. Five are specific to prescribing. The two horizontal competency areas are more general professional competencies that are so critical to prescribing they have been included.

This framework underpins the Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015.

3.2 Standards structure

The development of the Registered Nurse Accreditation Standards 2012 introduced the new ANMAC standards structure for implementation across all future ANMAC accreditation standards (Table 1). The new structure reflects common elements in education requirements and environments across programs.

Table 1: 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

6 Australian Government. The Organisation of Health and Ageing. 1999. National Medicines Policy 2000. Viewed at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/\\$File/NMP2000.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf), on 20 October 2014.

3.3 Draft standards

Based on ANMAC's new structure for revised standards, current available evidence on prescribing practice and NMBA requirements, a second draft of the revised Standards for Programs for Leading to Endorsement for Scheduled Medicines for Midwives were developed as the basis for further consultation. In drafting the standards and discussing them with the EAG, the subsequent issues were dealt with, following widespread stakeholder input.

3.4 Final areas for consideration

In drafting the revised standards and in discussing them with the EAG, Consultation Paper 2 was distributed for the third round of public feedback.

Feedback was solicited on Standard 1, Criterion 3, which states that education providers must demonstrate evidence of:

Meeting the Australian Qualifications Framework requirements for the award of Graduate Certificate (Level 8) or credit towards such a program as a minimum.

The Australian Qualification Framework's (2nd edition) 2013⁷ descriptor for the award of Graduate Certificate (Level 8) qualification is in Table 2.

Table 2: Graduate Certificate (Level 8) qualification descriptor

Summary	Graduates at this level will have advanced knowledge and skills for professional or highly skilled work and/or further learning.
Knowledge	Graduates at this level will have advanced theoretical and technical knowledge in one or more disciplines or areas of practice.
Skills	Graduates at this level will have advanced cognitive, technical and communication skills to select and apply methods and technologies to: <ul style="list-style-type: none">• analyse critically, evaluate and transform information to complete a range of activities• analyse, generate and transmit solutions to complex problems• transmit knowledge, skills and ideas to others.
Application	Graduates at this level will apply knowledge and skills to demonstrate autonomy, well-developed of knowledge judgement, adaptability and responsibility as a practitioner or learner and skills.

In alignment with the public feedback obtained within the first round of public consultation, the majority of key stakeholders again supported the proposed level and award of qualification for programs leading to endorsement for scheduled medicines.

It was also determined that Standard 8 Management of Workplace Experience be removed to reduce duplication as relevant criteria were already addressed throughout the other accreditation standards.

⁷ Australian Qualifications Framework, Second Addition January 2013 p. 53. Viewed at: <http://www.aqf.edu.au/aqf/in-detail/2nd-ed-jan-2013/>, on 16 July 2014.



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

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 demonstrate evidence of:

- 1.1 Current registration by the Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider⁸.
- 1.2 Current accreditation of a midwifery program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school.
- 1.3 Meeting the Australian Qualifications Framework requirements for a minimum Graduate Certificate (Level 8) award or credit towards such a program.
- 1.4 Current documented academic governance structure for the university or higher education provider and program provider (school conducting the program) that illustrates academic oversight.
- 1.5 Terms of reference for the relevant program advisory committees demonstrating partnerships with key stakeholders, including representatives with specific expertise in scheduled medicines and Aboriginal and Torres Strait Islander health professionals and communities.
- 1.6 Staff delegations, reporting relationships and the role of persons or committees involved in making decisions related to the program.
- 1.7 Governance arrangements between the university or higher education provider and the program provider that ensures responsiveness to accreditation requirements for ongoing compliance with accreditation standards.

⁸ For an explanation of provider categories see: TEQSA (2011), *Higher Education (Threshold Standards) 2011 Legislative Instrument*, Chapter 2. Viewed at: www.teqsa.gov.au/higher-education-standards-framework, on 2 October 2013.

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 must demonstrate evidence of:

- 2.1 A clearly documented and fully explained conceptual framework for the program, including a curriculum underpinned by:
 - a. quality use of medicines and safe prescribing
 - b. legal principles and legislative framework relevant to each state and territory
 - c. woman-centred midwifery philosophy
 - d. midwifery continuity of care philosophy
 - e. education philosophy
 - f. primary health care principles.
- 2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies designed to enhance the delivery of curriculum content, accommodate differences in student learning styles, stimulate student engagement and promote understanding.
- 2.3 A program that is congruent with contemporary and evidence-based approaches to prescribing in midwifery practice and education and 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 application of critical thinking and reflective frameworks
 - e. engender deep rather than surface learning
 - f. encourage students to become self-directed learners
 - g. embed recognition that graduates take professional responsibility for their continuing competence and life-long learning
 - h. promote the desire and capacity to continue to use, and learn from, and contribute to research throughout the midwives' careers
 - i. promote the 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 for the qualification offered and enabling graduates to meet the NPS: National Prescribing Competency Framework.

Criteria

The program provider must demonstrate evidence of:

- 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 that prepares students for workplace experience and incorporates opportunities for simulated learning.
- 3.7 Equivalence of subject outcomes for programs taught in Australia in all delivery modes (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 Competency Framework within the midwifery context and incorporates Australian and international best practice perspectives on midwifery practice.

Criteria

The program provider must demonstrate evidence of:

- 4.1 A comprehensive curriculum document, based on the conceptual framework that includes:
 - a. program structure and delivery modes, identifying online components
 - b. subject outlines
 - c. links between subject objectives, learning outcomes, learning assessments 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 program's central focus is on contemporary prescribing in midwifery practice. In addition to the content required to meet the attainment of the NPS: National Prescribing Competency Framework, this includes:
 - a. comprehensive understanding of the relevant State and Territory Drugs and Poisons legislation and Pharmaceutical Benefits Scheme requirements
 - b. professional relationships and referral, including establishing collaborative arrangements with General Practitioners and Obstetricians and/or health services
 - c. comprehensive understanding of and ability to work with the Medical Benefits Schedule and Pharmaceutical Benefits Scheme.
- 4.3 Research and evidence-based inquiry underpinning all elements of the curriculum content and delivery.
- 4.4 Opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.

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 must demonstrate evidence of:

- 5.1 Consistent approaches used for student assessment across teaching sites and modalities and how this approach is periodically reviewed and updated.
- 5.2 Clear statements about assessment and progression rules and requirements that are provided to students at the start of the program.
- 5.3 Level, number and context of assessments that are consistent with determining the achievement of the stated learning outcomes.
- 5.4 Formative and summative assessment types and tasks that exist across the program to enhance individual and collective learning as well as inform student progression.
- 5.5 Assessment approaches used to evaluate competence in the essential knowledge, skills and behaviours required for professional prescribing practice.
- 5.6 Appropriate assessments used in professional practice experience to evaluate students abilities to meet the National Prescribing Competency Framework within midwifery practice.
- 5.7 Ultimate accountability mechanisms in place for assessing students on their prescribing practice experience.
- 5.8 Procedural controls, fairness, reliability, validity and transparency controls in place to assess students.
- 5.9 Processes in place to ensure the integrity of online assessments.
- 5.10 Collaboration between midwifery service providers (where relevant) and teaching staff in selecting and implementing assessment methods.
- 5.11 Summative assessments of student achievement of competence against the current National Prescribing Competency Framework within midwifery practice, conducted by a health professional who is appropriately qualified, prepared and able to demonstrate current experience in assessing prescribing practice in an Australian midwifery context before program completion.
- 5.12 Clearly articulated models of supervision, support, facilitation and assessment being in place to enable students to achieve required learning outcomes and current National Prescribing Competency Framework within midwifery practice.

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 must demonstrate evidence of:

- 6.1 Applicants being informed of the following prior to accepting an offer of enrolment:
 - a. modes for program delivery and location of professional practice experience placements
 - b. specific requirements for entry into the program, including English language proficiency
 - c. compliance with the National Law, by notifying the Australian Health Practitioner Regulation Agency, if a student is required to undertake professional practice experience and 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 for endorsement for scheduled medicines for midwives.
- 6.2 Students being selected for the program based on clear, justifiable and published admission criteria.
- 6.3 Students having met the NMBA sufficient English language proficiency requirements prior to entering the program and having demonstrated they have the communication skills needed to successfully undertake academic experience and prescribing in midwifery practice experience requirements throughout the program.
- 6.4 Students being informed about, and having access to, appropriate support services, including counselling, health care and educational advisory services.
- 6.5 Processes in place enabling early identification of and support for students who are not performing well academically or clinically or have professional conduct issues.
- 6.6 Students having equal opportunity to attain the National Prescribing Competency Framework in midwifery practice without any influence of the program mode of delivery or program location.
- 6.7 Processes in place for student representation in and feedback on matters relating to governance and program management, content, delivery and evaluation.
- 6.8 Aboriginal and Torres Strait Islander midwives, possessing current registration with the NMBA, encouraged to enrol and provided with access to a range of support services.
- 6.9 Other groups underrepresented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, encouraged to enrol and provided with access to a range of support services.

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 must demonstrate evidence of:

- 7.1 Staff, facilities, equipment and other teaching resources that are sufficient in quality and quantity for the anticipated student population and any planned increase.
- 7.2 Students having 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 complement that is appropriate to meeting teaching, research and governance commitments.
- 7.4 Staff recruitment strategies that:
 - a. are culturally inclusive
 - b. reflect population diversity
 - c. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people.
- 7.5 Documented position descriptions for teaching staff that clearly articulate 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 or performance, 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, and possess relevant clinical and academic preparation and experience.
- 7.8 Academic staff being qualified in midwifery practice for their level of teaching, to at least one tertiary qualification standard higher than the program being taught or with equivalent midwifery practice experience.
- 7.9 Qualifications and experience relevant to the subject areas being taught in cases where an academic staff member's tertiary qualifications do not include midwifery.
- 7.10 Processes being in place to ensure academic staff have a sound understanding of contemporary midwifery research, scholarship and practice in the subject areas they teach.

9 For definitions related to conduct and performance within the *Health Practitioner Regulation National Law*, as in force in each State and Territory, (The National Law), see Part 1, Section 5. Viewed at: <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealthPracRNatLaw.pdf>, on 22 April 2015.

- 7.11 Teaching and learning taking place in an active research environment in which academic staff are engaged in research and/or scholarship and/or generating new knowledge and in which areas of interest, publications, grants and conference papers are documented.
- 7.12 Policies and processes which verify and monitor academic and professional credentials, including current general registration as a midwife with no conditions relating to conduct, of current and incoming staff and which evaluate their performance and development needs.

Standard 8: 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 must demonstrate evidence of:

- 8.1 Responsibility for and control of program development, monitoring, review, evaluation and quality improvement being delegated to the school with oversight by the academic board and/or appropriate governance body.
- 8.2 Regular evaluation of academic and clinical supervisor effectiveness taking place using feedback from students and other sources.
- 8.3 Systems which monitor and, where necessary, improve staff performance.
- 8.4 Professional and academic development of staff taking place to advance knowledge and proficiency in teaching effectiveness and assessment.
- 8.5 Feedback gathered from the quality cycle being incorporated into the program to improve the experience of theory and practice learning for students.
- 8.6 Regular evaluation and revision of program content taking place which includes contemporary and emerging issues surrounding prescribing in midwifery practice, health care research, health policy and reform.
- 8.7 Students and staff being adequately indemnified for relevant activities undertaken as part of the program requirements.



5 Glossary and abbreviations

Australian Health Practitioner Regulation Agency—AHPRA is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. It supports the National Health Practitioner Boards (such as the Nursing and Midwifery Board Australia) in implementing the scheme.

Australian Nursing and Midwifery Accreditation Council—ANMAC is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. It sets standards for accreditation and accredits nursing and midwifery programs leading to registration and endorsement, as well as the providers of those programs.

Australian Nursing and Midwifery Council—ANMC evolved into ANMAC following approval as the accrediting authority for nursing and midwifery. ANMC authored the original set of accreditation standards and the original set of national competency standards for nursing and midwifery.

Australian Qualifications Framework—AQF is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

AQF qualification—this qualification is the result of an accredited complete program of learning leading to formal certification that a graduate has achieved learning outcomes as described in the AQF.

Australian university—this is a higher education provider registered with TEQSA in the ‘Australian University’ provider category.

Council of Australian Governments—COAG is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the president of the Australian Local Government Association.

Collaborative practice—this is where health professionals work as an effective team, optimising individual skills and talents and sharing case management to reach the highest of patient care standards.

Competence—this is the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area.

Competent—this is when a person is competent across all the domains of competencies applicable to the midwife. It is the standard judged to be appropriate for the level of midwife being assessed.

Consumer—this is a term used generically for a person who has or is utilising maternity services. Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care personnel.¹⁰

Continuing competence—this is the ability of midwives to demonstrate they have maintained their competence in their current area and context of practice.¹¹

Cultural safety—this is the effective midwifery practice of a person or a family from another culture, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The midwife delivering the midwifery service will have undertaken a process of reflection on his or her own cultural identity and recognise the impact that

¹⁰ ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

¹¹ ANMC (2009). *Continuing Competence Framework*, February 2009, Canberra.

this has on their professional practice. Unsafe cultural practice comprises any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.¹²

Criteria—these are the rules or tests on which a judgement or decision in relation to compliance with the accreditation standards can be based.

Curriculum—this is the full outline of a program, usually built around a conceptual framework with the educational and professional nursing or midwifery philosophies underpinning it and including: program philosophy; program structure and delivery modes; subject outlines; links between learning outcomes, their assessment and national competencies; teaching and learning strategies; and a workplace experience plan.

Delivery mode—the means by which programs are made available to students: on campus or in mixed mode; by distance or by e-learning methods.¹³

Education provider—this is a university, or other higher education provider, responsible for a program, the graduates of which are eligible to apply to the NMBA for nursing or midwifery registration or endorsement.

Governance—this is the framework, systems and processes supporting and guiding an organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

Graduates—students who, having undertaken a program, are eligible to apply for midwifery registration.¹⁴

Head of discipline or school—this is the lead academic responsible for the design and delivery of the program on behalf of the education provider.

Health Practitioner Regulation National Law Act 2009 (National Law)—this is contained in the Schedule to the Act. This second stage legislation provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010 and covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health and performance arrangements, and privacy and information-sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner. The National Law is legislated in each state and territory.

Higher education provider—this is the tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the *Tertiary Education Quality and Standards Agency Act 2011* and is currently registered with TEQSA.

Health Workforce Australia—HWA was an initiative of the COAG, established to meet the challenges of providing a health workforce that responds to the needs of the Australian community.

International definition of a midwife—for the purposes of this document, this is a person who has successfully completed a midwifery education program that is duly recognised in the country in which it is located and is based on the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education. The person is one who has acquired the requisite qualifications

12 Adapted from Nursing Council of New Zealand, *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*, last amended July 2011.

13 ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

14 ANMC, *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

to be registered and/or legally licensed to practice midwifery. The person uses the title 'midwife' and demonstrates competency in the practice of midwifery.

Scope of practice

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 infant. This care includes preventative measures, promotion of normal birth, detection of complications in mother and child, access to 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 within the family and community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.¹⁵

A midwife may practise in any setting, including the home, community, hospitals, clinics or health units.¹⁶

Interprofessional learning—this occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

Learning outcomes—these are the skills, knowledge and attitudes identified as the requirements for satisfactory program completion. They include, but not limited to, the graduate competency outcomes.¹⁷

Life-long learning—this includes learning that is firmly based in clinical practice situations, formal education, continuing professional development and informal learning experiences within the workplace. It also involves the learner taking responsibility for their own learning, and investing time, money and effort in training or education on a continuous basis.¹⁸

Medicare Benefits Schedule—this is a listing of the Medicare services subsidised by the Australian Government. The schedule is part of the wider Medicare Benefits Scheme managed by the Department of Health.¹⁹

Midwife—this is a protected title and refers to a person who has appropriate educational preparation and competence for practice, and who is registered by the NMBA to practise midwifery in Australia.

Midwifery practice experience—this refers to all midwifery learning experiences, including in simulated environments and in midwifery practice experience placements that assist students to put theoretical knowledge into practice.

National Competency Standards for the Midwife—these are the core competency or practice standards by which performance and professional conduct is assessed to obtain and retain registration as a registered midwife.²⁰

Nursing and Midwifery Board of Australia—the NMBA is the national regulator of nursing and midwifery professions in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all nurses and midwives registered within Australia must meet.

15 International Confederation of Midwives (2011). *International Definition of the Midwife*, 15 June 2011, Brisbane.

16 International Confederation of Midwives (2011). *International Definition of the Midwife*, 15 June 2011, Brisbane.

17 ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

18 Adapted from Homer C, Griffiths M, Ellwood D, Kildea S, Brodie PM and Curtin A (2010). *Core Competencies and Educational Framework for Primary Maternity Services in Australia: Final Report*. Centre for Midwifery Child and Family Health, University of Technology Sydney, Sydney.

19 Viewed on 1 October 2014: <http://www.health.gov.au/internet/hta/publishing.nsf/Content/mbs-1>.

20 ANMAC (2010). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. 2010, Canberra.

Office of Best Practice Regulation—the OBPR administers the Australian Government’s regulatory impact analysis requirements. It has a number of roles, including: assisting agencies in preparing regulation impact statements through training and guidance; monitoring and reporting on the Government’s regulatory impact analysis requirements; and administering COAG guidelines for regulation making by national bodies.²¹

Pharmaceutical Benefits Scheme—this is a scheme run by the Australian Government to subsidise prescription medicines for Australians who have a Medicare card. If a medicine is subsidised under the scheme, the patient pays a lower price for the medicine, and the Australian Government pays the rest.²²

Program or program of study—this is the full program and experiences that must be completed before a qualification recognised under the AQF, such as a Graduate Certificate, can be awarded.

Program provider—this is a school or faculty responsible for the design and delivery of a program leading to nursing or midwifery registration or endorsement.

Regulatory impact statement—this is a key component of the Australian Government’s best practice regulation process. It contains seven elements setting out:

1. problems or issues that give rise to the need for action
2. desired objectives
3. options that may achieve the desired objectives (at a minimum a regulatory option, a non-regulatory or light-handed regulatory option, and a do-nothing option)
4. assessment of impact (costs, benefits and, where relevant, levels of risk) of options for consumers, business, government and the community
5. consultation
6. recommended option
7. strategy to implement and review the preferred option.

The purpose of a regulatory impact statement is to:

- give decision makers a balanced assessment based on the best available information
- inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.²³

Research—According to the Department of Industry, specifications for the Higher Education Research Data Collection, this comprises:

- Creative work undertaken on a systematic basis to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications.
- Any activity classified as research that is characterised by originality and has investigation as a primary objective and the potential to produce results that are sufficiently general for humanity’s stock of knowledge (theoretical and/or practical). Most higher education research work would qualify as research.
- Pure basic research, strategic basic research, applied research and experimental development.

21 The role of the OBPR is formally set out in a charter. Viewed at: <http://www.finance.gov.au/obpr/about/charter.html>, on 2 August 2013.

22 Viewed on 1 October 2014: <http://www.nps.org.au/glossary/pharmaceutical-benefits-scheme-pbs>

23 Office of Best Practice Regulation (2013). *Best Practice Regulation Handbook*. Viewed at: <http://www.finance.gov.au/obpr/proposal/handbook/Content/01-productivity-evidence-based-policy.html>, on 12 August 2013

Scholarship—this is the application of systematic approaches to acquiring knowledge through intellectual inquiry. It includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual), professional practice and the application of this new knowledge to the enrichment of the life of society.

School—this is the organisational entity of an education provider that is responsible for the design and delivery of a program in nursing or midwifery. Where the school is part of a larger faculty, the school is regarded as the program provider for the purposes of these standards.

Standard—this is the level of quality or attainment.

Subject—this is the unit of study taught within a program.

Student assessment—this is the process that determines a student’s achievement of expected learning outcomes. It may include written and oral methods and practice or demonstration.

Tertiary Education Quality and Standards Agency—TEQSA was established in July 2011 to regulate and assure the quality of Australia’s large, diverse and complex higher education sector. From January 2012, TEQSA has registered and evaluated the performance of higher education providers against the new Higher Education Standards Framework. TEQSA also undertakes compliance and quality assessments.

University/universities—these are institutions listed as ‘Australian universities’ on the AQF Register. Being on the register indicates that the Ministerial Council of Education, Employment, Training and Youth Affairs vouches for the quality of the institution. The institutions meet the requirements of protocols A and D of the National Protocols for Higher Education Processes (2006), are established by an Australian legislative instrument, as defined in Part 3 of the National Protocols, and may include institutions operating with a ‘university college’ title or with a specialised university title, where they meet these protocols.

Woman—this is a term including the woman, her baby (born and unborn) and, as negotiated with the woman, her partner, significant others and the community.²⁴

Woman-centred midwifery—these are the principles of woman-centred midwifery, as identified in the Australian Council of Midwives’ philosophy statement. Midwife means ‘with woman’. This meaning shapes the midwife’s philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women’s work in bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman’s life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women which, in turn, protects and enhances the health and wellbeing of society.

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

Midwifery:

- focuses on a woman’s health needs, her expectations and aspirations
- encompasses the needs of the woman’s baby, and includes the woman’s family, her other important relationships and community, as identified and negotiated by the woman herself
- is holistic in its approach and recognises each woman’s social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself
- recognises every woman’s right to self-determination in attaining choice, control and continuity of care from one or more known caregivers

²⁴ ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

- recognises every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals
- is informed by scientific evidence, by collective and individual experience and by intuition
- aims to follow each woman across the interface between institutions and the community—through pregnancy, labour and birth and the postnatal period—so all women remain connected to their social support systems
- focuses on the woman, not the institutions or professionals involved.²⁵

²⁵ Australian College of Midwives' Philosophy of Midwifery based on work from: New Zealand College of Midwives; Nursing Council of New Zealand; Nursing and Midwifery Council (United Kingdom); Royal College of Midwives; College of Midwives of British Columbia; College of Midwives Ontario, former Australian College of Midwives Incorporated; Nurses Board of Victoria; Nursing Council of Queensland; World Health Organization; Guiland and Pairman (1995) and Leap (2004). Viewed on: www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019, 2 October 2013.

