

Consultation Paper 2

Part 1: Standards for Midwifery Practice Review

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

Draft Version 3.0

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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 Midwives.

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

Consultation Paper 2 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 Consultation Paper also includes the second revised version of each of the new Standards for consideration and feedback. 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

¹ Health Practitioner Regulation National Law Act 2009 Qld.

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 - Organisation 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
- Dr Pauline Glover, Educationalist - South Australia
- Ms Rosalind Lock, Coordinator Graduate Diploma in Midwifery - James Cook University
- Dr Rosemary Bryant, Commonwealth Chief Nurse and Midwifery Officer - Organisation of Health
- Ms Pauline Costins, Endorsed Midwife
- Ms Katie Sullivan, Midwife
- Ms Rebecca Waqanikalou, President - Maternity Coalition
- Ms Margaret Gatling, Associate Director for Professional Programs ANMAC
- Dr Ann Alder, Associate Director for Professional Programs ANMAC
- Contributions from 4 other relevant ANMAC representatives, including: Ms Amanda Adrian - Chief Executive Officer; Ms Donna Mowbray - Executive Director Accreditation & Assessment Services; Ms Jackie Doolan Standards Development & Review Coordinator and Ms Melissa Cooper Project Lead & Associate Director for Professional Programs.

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 the first Consultation Paper was prepared. As part of the initial round of public consultation for the review of the Standards for Eligible Midwives (EMs), the EAG developed a 16 question survey separated into the following two parts, with relevant key areas for consideration in accordance with Consultation Paper 1:

PART 1 DRAFT Version 1 – Standards for Midwifery Practice Review

- Respondent demographics – 1 question
- Providers of midwifery practice review – 1 question
- Qualified privilege – 1 question
- Referral of Midwives – 1 question
- Consumer Involvement – 1 question

PART 2 DRAFT Version1 – Standards for Programs Leading to Endorsement for Scheduled Medicines

- National Prescribing Competencies – 3 questions
- Providers of programs leading to endorsement – 1 question
- Naming of the proposed Standards – 1 question
- Award level of the qualification – 1 question
- Professional practice experience – 4 questions
- Notable omissions, gaps or duplications for consideration – 1 question

The survey and Consultation Paper 1 were posted on the ANMAC website on 20 December 2013, with the link provided electronically to the 64 stakeholders (identified by the EAG) to elicit feedback on the Consultation Paper and related questions. Stakeholders were also encouraged to disseminate the information to other appropriate groups or individuals. Feedback options included responding via the survey or providing a written submission using a dedicated standards review email portal.

The survey remained open for a period of 8 weeks, closing on 14 February 2014, by which time survey monkey recorded a total of 122 starting the survey and 56 completing. The response data was imported from a summary report generated by Survey Monkey®. Free text responses were categorised using Survey Monkey® and reviewed by the ANMAC Project Lead. Written submissions were also received from the following 12 organisations:

- Australian College of Nursing
- Australian College of Midwives

- Australian Nursing and Midwifery Federation
- Organisation of Health
- Midwives Australia
- Midwives in Private Practice
- NMBA
- Nursing and Midwifery Office NSW
- Nursing and Midwifery Office QLD
- Nursing and Midwifery Office SA
- Nursing and Midwifery Office TAS
- Nursing and Midwifery Office VIC
- Women's Healthcare Australasia

A compilation and analysis of the feedback received through this initial consultation phase is provided within Attachment 1 and include graphic representation of responses, followed by the identification of key themes and issues identified within the free text responses, 12 written submissions and the feedback received from the stakeholders who attended the following 4 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

NMBA Review – Eligible Midwife Registration Standard

At this stage of the discussion, it is important to note the NMBA's review of the Registration Standard for Eligible Midwives. The review commenced in December 2013 with the NMBA then conducting a stakeholder workshop and focus groups, throughout March in Victoria, Queensland, South Australia and New South Wales, to discuss the Standard and proposed Framework for EMs. As the outcomes of the review may impact significantly on the development of the Standards for EM programs, ANMAC is actively engaging with the NMBA's review and will be seeking ongoing updates on the progress of the project.

Regulatory Impact Assessment

During the development of the Accreditation Standards, ANMAC undertook a regulatory impact assessment. The Australian Government 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 SAAC and the ANMAC and NMBA Boards in making decisions on approving the proposed accreditation standards.

This assessment was undertaken in accordance with COAG'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 the Department of Prime Minister and Cabinet for all agencies delegated the role of reviewing and developing accreditation standards, ANMAC submitted the proposed Accreditation Standards to the Office of Best Practice Regulation (OBPR) to assess whether a Regulation Impact Statement (RIS) was required. ANMAC received confirmation from the OBPR, in July 2014, that implementation of the proposed Accreditation Standards would be minor and would not require any change to the consultation process or a RIS.

Part 1: Standards for 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: Adapted ANMAC standards structure

Standards Structure for Midwifery Practice Review
1. Governance
2. Conceptual Framework
3. Structure and Approach
4. Participants
5. Resources
6. 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 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.

Issues for Consideration

In drafting the revised Standards for Midwifery Practice Review and in discussion with the EAG, the following 2 questions were identified. Feedback on these issues will inform in the next iteration of proposed standards.

Currently the Accreditation Standards for Midwifery Practice Review provide for a face to face discussion to reflect on practice with 2 midwives and a consumer reviewer.

Q1. Should the discussion be required face to face and if so, should the term 'face to face' be clarified to provide the ability to use Skype or other alternative media?

Q2. Should an appropriately selected, trained and supported consumer reviewer be engaged within the face to face discussion?

Standards for Midwifery Practice Review – Second 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 practice review process.

1.3 Confirmation that the relevant jurisdictional privacy and protection legislation is made explicit to the participant upon entry into the midwifery practice review.

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.

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 2 midwives and a consumer reviewer³
- 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 the:

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

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

³ The midwives conducting the review must have relevant experience across the full scope of midwifery practice and is qualified to conduct these review.

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.

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 rural and remote locations, 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 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 role⁴.

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.

⁴ 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 for Midwives

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 insurance⁵
- 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 practitioner⁶

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

⁵ For further details regarding professional indemnity insurance requirements see the Standard and supplementary documents at <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

⁶ Amended as per Explanatory Statement Select Legislative Instrument 2013 No. 186 *Health Insurance Act 1973 Health Insurance Amendment (Midwives) Regulation 2013*

notation on the Register of Midwives. This recognition is gained through meeting the 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 legislative 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 Endorsement⁷ 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 Scheme⁸

Current Status

As of August 2013 there were 22 midwives with the endorsement for scheduled medicines.⁹ 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, as standards and cost-effective models are developed, 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 withdrawn¹⁰. 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 hospitals¹¹. 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.

⁷ NMBA Prescribing Formulary for Eligible Midwives with a Scheduled Medicines Endorsement.

⁸ Midwife PBS Prescribing viewed at <http://www.pbs.gov.au/browse/midwife> on

⁹ 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

¹⁰ Australian Health Ministers Conference. National Maternity Service s Plan. 2010.pg 30

¹¹ *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 also currently undertaken by dentists, midwives, nurse practitioners and optometrists in Australia. Whilst other profession specific groups such as pharmacists, paramedics, podiatrists and those nurses working in isolated practice and holding an NMBA approved endorsement have the authority to supply and administer medicines under protocol only. 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)¹². 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 that¹³:

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.

¹² Health Workforce Australia 2013: Health Professionals Prescribing Pathway (HPPP) Project – Final Report.

¹³ Health Workforce Australia 2013. The Health Professions Prescribing Pathway.

NPS Competencies

The National Medicines Policy¹⁴ 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 NPS: 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 NPS: Prescribing Competencies Framework is at Attachment 2.

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 Midwifery Accreditation Council's (ANMAC) standards structure has been used as the basis for all future ANMAC Accreditation Standards (See table below).

Table 2: Adapted ANMAC standards structure

Standards Structure for Programs Leading to Endorsement of Scheduled Medicines
1. Governance
2. Curriculum Conceptual Framework
3. Program Development and Structure
4. Program Content

¹⁴ Australian Government. The Organisation of Health and Ageing. 1999. National Medicines Policy 2000.

5. Student Assessment
6. Students
7. Resources
8. 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 second draft of the revised Standards for Programs for Leading to Endorsement for Scheduled Medicines for Midwives has been developed to form the basis of the consultation. In the drafting of the standards and in discussion with EAG the following issues emerged and has benefited from widespread stakeholder input.

Issues for Consideration

Following extensive feedback received throughout the online survey, written submissions and national forums the Standard – Professional Practice Experience has now been removed, with relevant criteria now addressed within the remaining Standards. In drafting the revised Standards and in discussion with the EAG, further consultation is sought on the proposed level and award of qualification for programs leading to endorsement for scheduled medicines. Standard 1 Criterion 3 currently 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 2nd Ed 2013¹⁵ provides the following descriptor for the award of Graduate Certificate (level 8) qualification.

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

¹⁵ <http://www.aqf.edu.au/aqf/in-detail/2nd-ed-jan-2013/> Accessed on 16 July 2014

	<p>activities</p> <ul style="list-style-type: none"> • 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.

Stakeholders are invited to provide comment on an amendment to the proposed Criterion to allow education providers to demonstrate evidence of:

Meeting the Australian Qualifications Framework (AQF) requirements for the award of a post graduate level 7 qualification or credit towards such a program as a minimum.

The Australian Qualification Framework 2nd Ed 2013¹⁶ provides the following descriptor for the award of a level 7 qualification.

Summary	Graduates at this level will have broad and coherent knowledge and skills for professional work and/or further learning
Knowledge	Graduates at this level will have broad and coherent theoretical and technical knowledge with depth in one or more disciplines or areas of practice
Skills	<p>Graduates at this level will have well-developed cognitive, technical and communication skills to select and apply methods and technologies to:</p> <ul style="list-style-type: none"> • analyse and evaluate information to complete a range of activities • analyse, generate and transmit solutions to unpredictable and sometimes complex problems • transmit knowledge, skills and ideas to others
Application	<p>Graduates at this level will apply knowledge and skills to demonstrate autonomy, well-developed judgement of knowledge and responsibility:</p> <p>and skills</p> <ul style="list-style-type: none"> • in contexts that require self-directed work and learning • within broad parameters to provide specialist advice and functions

Feedback on this issue will inform in the next iteration of proposed standards.

¹⁶ <http://www.aqf.edu.au/aqf/in-detail/2nd-ed-jan-2013/> Accessed on 16 July 2014

Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives – Second 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 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 school.

1.3 Meeting the Australian Qualifications Framework requirements for the award of Graduate Certificate (level 8) or credit towards such a program as a minimum¹⁷.

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.

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.

¹⁷ This criteria may change based on feedback during the consultation period.

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 relevant to each State and Territory
- 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 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. 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 Prescribing Competency Framework. 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 Competency Framework 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: National Prescribing Competency Framework:

- 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 Opportunities are provided 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 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 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 are in place so students can 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 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.

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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 demonstrates:

8.1 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.

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

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

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

8.5 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.

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

Glossary and Abbreviations

Advanced standing—recognition of prior learning in terms of experience and/or studies.

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

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

ANMC—the Australian Nursing and Midwifery Council evolved into ANMAC following approval as the accrediting authority for nursing and midwifery. ANMC authored the original set of Accreditation Standards as well as the National Competency Standards for nursing and midwifery.

AQF—the Australian Qualifications Framework 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—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.

AQF register—a register of all AQF qualifications and the organisations authorised to issue them.

Australian university—a higher education provider registered with TEQSA in the 'Australian University' provider category.

COAG—the Council of Australian Governments 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—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—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area (from the National Competency Standards for the Registered Nurse).

Competent—when a person is competent across all the domains of competencies applicable to the nurse or midwife, at a standard judged to be appropriate for the level of nurse being assessed (from the National Competency Standards for the Registered Nurse).

Consumer – a term used generically to refer to a woman receiving care. 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.¹⁸

Continuing Competence – the ability of midwives to demonstrate they have maintained their competence in their current area and context of practice.¹⁹

Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS)—these are providers of nationally recognised training to overseas students who have Australian student visas. Only these providers can enrol overseas students or issue AQF qualifications and statements of attainment to them.

Continuity of Care Experience – refers to the ongoing midwifery relationship between the student and the woman from initial contact in pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and individual health care settings. The intention of this experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, irrespective of the carers chosen by the woman or the availability of midwifery continuity of care models²⁰

Cultural safety—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 will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.²¹

Criteria—rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

Curriculum— the full outline of a program of study, usually built around a conceptual framework with the educational and professional nursing or midwifery philosophies underpinning the curriculum and includes: the philosophy for the program; the program structure and delivery modes; subject outlines; linkages between learning outcomes and 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.²²

¹⁸ 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.

¹⁹ ANMC (2009). *Continuing Competence Framework*, February 2009, Canberra.

²⁰ ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

²¹ 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.

²² 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.

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

Entry to practice program - An NMBA approved three year program of education for entry to the register as a Registered Nurse For registration as a registered nurse, the minimum qualification must be a Bachelor degree (or where relevant, a postgraduate qualification) offered by a university of higher education provider and the minimum length of the course is equivalent to six semesters' full-time study.

Equivalent professional experience—successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience²³ in the discipline being taught to demonstrate competence in applying the discipline's principles and theory.

Essentials of care—the aspects of care that are fundamental to a person's health and wellbeing. These may include but are not limited to: personal care, promotion of self-care, fluid and nutritional management, clinical interventions including wound management, acute and chronic health care.

Governance—framework, systems and processes supporting and guiding the 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.

Graduate competency outcomes—knowledge, skills, behaviours and attitudes possessed by graduating students in accordance with the National Competency Standards for the Registered Nurse.

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

Health Practitioners Prescribing Pathway

Health Practitioner Regulation National Law Act 2009 (National Law)—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**—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)—an initiative of the COAG and established to meet the challenges of providing a health workforce that responds to the needs of the Australian community.

²³ To be read in the context of the *Recency of practice registration standard*, NMBA. Accessed at: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> on 19 June 2013.

International Definition of a Midwife – a person who has successfully completed a midwifery education program that is duly recognised in the country where it is located and that 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; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who 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 of medical care or other appropriate assistance, and carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and 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.²⁴

A midwife may practise in any setting, including the home, community, hospitals, clinics or health units.²⁵

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

Learning Outcomes – the skills, knowledge and attitudes identified as the requirements for satisfactory program completion including, but not limited to, the graduate competency outcomes.²⁶

Lifelong Learning – includes learning firmly based in clinical practice situations, formal education, continuing professional development and informal learning experiences within the workplace. Also involves the learner taking responsibility for their own learning, and investing time, money and effort in training or education on a continuous basis.²⁷

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

²⁴ International Confederation of Midwives (2011). *International Definition of the Midwife*, 15 June 2011, Brisbane.

²⁵ International Confederation of Midwives (2011). *International Definition of the Midwife*, 15 June 2011, Brisbane.

²⁶ 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.

²⁷ 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.

Midwifery practice experience—refers to all midwifery learning experience, including in simulated environments or midwifery practice experience placements (see next entry) that assist students to put theoretical knowledge into practice. Includes, but may not be limited to, continuity of care experiences.²⁸

National Competency Standards for the Midwife—core competency or practice standards by which performance and professional conduct is assessed to obtain and retain registration as a registered midwife.²⁹

NMBA— the Nursing and Midwifery Board of Australia 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.

Office of Best Practice Regulation (OBPR)—The office 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.³⁰

Pharmacodynamics—study of the biochemical and physiological effects of drugs and the mechanisms of their action in the body.

Pharmacokinetics—study of the bodily absorption, distribution, metabolism, and excretion of drugs.

Program or program of study—the full program of study and experiences that must be completed before a qualification recognised under the AQF, such as a Bachelor or Masters of Nursing, can be awarded.

Program provider—school or faculty responsible for the design and delivery of a program of study in nursing leading to the award of a Bachelor Degree in nursing as a minimum.

Recognition of prior learning—an assessment process for the students formal and informal learning to determine the extent to which that they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

Registered nurse (RN)—a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise nursing in Australia.

Regulatory impact statement (RIS)—a key component of the Australian Government’s best practice regulation process is a regulation impact statement, containing seven elements setting out:

1. problems or issues that give rise to the need for action
2. desired objectives

²⁸ Adapted from ANMC’s *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.

²⁹ 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.

³⁰ The role of the OBPR is formally set out in a charter available at: <http://www.finance.gov.au/obpr/about/charter.html>. Accessed on 2 August 2013.

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.³¹

Research—According to the Organisation of Innovation, Industry, Science and Research specifications for the Higher Education Research Data Collection, research comprises:

- Creative work undertaken on a systematic basis in order 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 which is characterised by originality; it should have investigation as a primary objective and should have the potential to produce results that are sufficiently general for humanity's stock of knowledge (theoretical and/or practical) to be recognisably increased. Most higher education research work would qualify as research.
- Pure basic research, strategic basic research, applied research and experimental development.

Scholarship—application of systematic approaches to acquiring knowledge through intellectual inquiry. 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—organisational entity of an education provider responsible for the design and delivery of a program of study in nursing or midwifery. Where the school of nursing is part of a larger faculty, the school is regarded as the program provider for the purposes of these standards.

Simulation—any educational method or experience evoking or replicating aspects of the real world in an interactive manner.

Standard—level of quality or attainment.

Subject—unit of study taught within a program of study.

Student assessment—process to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Tertiary Education Quality and Standards Agency (TEQSA)—established in July 2011 to regulate and assure the quality of Australia's large, diverse and complex higher education sector. From January 2012, TEQSA registers and evaluates the performance of

³¹ Office of Best Practice Regulation (OBPR) (2013) *Best Practice Regulation Handbook*. Accessed at: <http://www.finance.gov.au/obpr/proposal/handbook/Content/01-productivity-evidence-based-policy.html> on 12 August 2013.

higher education providers against the new Higher Education Standards Framework. TEQSA also undertakes compliance and quality assessments.

University/universities—institutions listed as Australian universities on the AQF Register. Being listed 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 – a term including the woman, her baby (born and unborn), and, as negotiated, with the woman, her partner, significant others and the community.³²

Woman-centred midwifery—principles of woman-centred midwifery are identified in the Australian Council of Midwives’ philosophy statement. Midwife means ‘with woman’. This meaning shapes midwifery’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
- 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 involved³³

³² 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.

ATTACHMENT 1: Feedback Summary

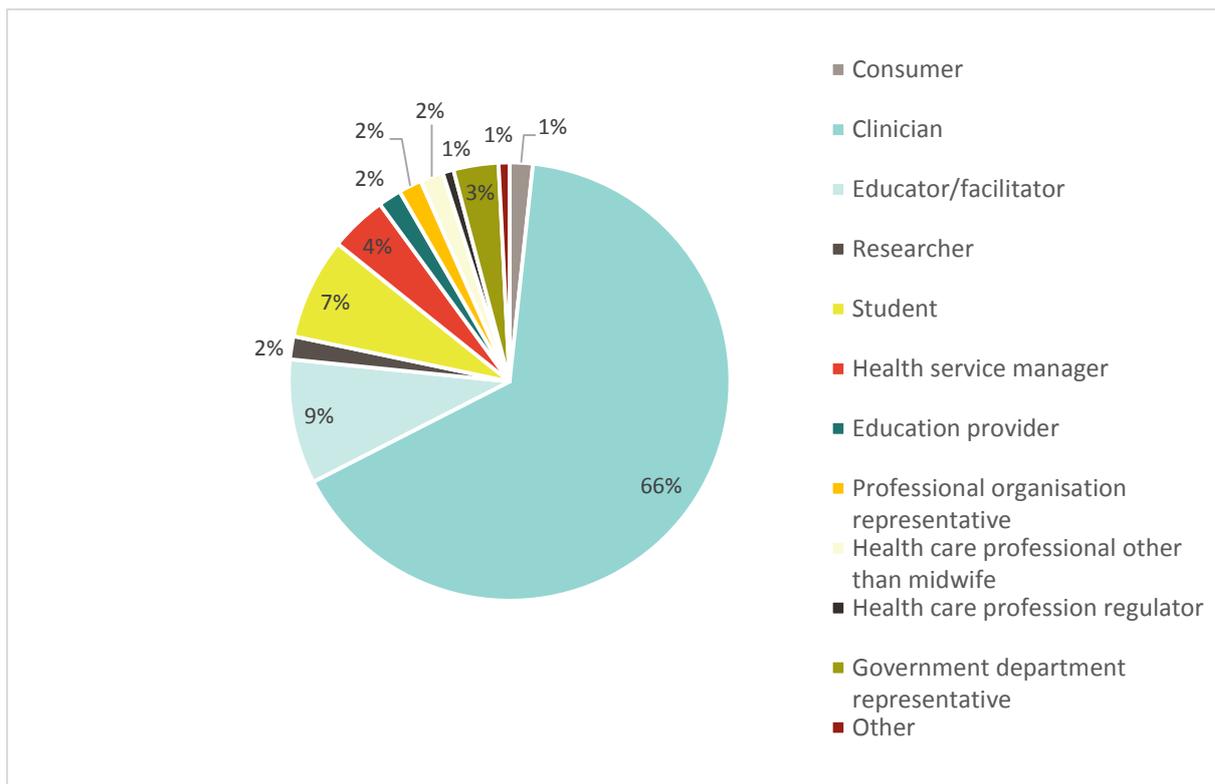
Providers of Midwifery Practice Review

Respondent Demographics

Question 1

When responding to this survey, which of the following options best categorises your primary role?		
Answer options	Response %	Response count
Consumer	1.7%	2
Clinician	65.8%	79
Educator/facilitator	9.2%	11
Researcher	1.7%	2
Student	7.5%	9
Health service manager	4.2%	5
Education provider	1.7%	2
Professional organisation representative	1.7%	2
Health care professional other than midwife	1.7%	2
Health care profession regulator	0.8%	1
Government organisation representative	3.3%	4
Other	0.8%	1
Other Categories Identified Within Free Text		
- Midwife educator undertaking the process for endorsement as an EM		5
- Practitioner (unspecified)		
- Personal care worker		
- Clinician and Educator/facilitator		
answered question		120
skipped question		2

³³ 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 at www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019 on 2 October 2013.



Providers of Midwifery Practice Programs

Question 2

Who do you consider to be eligible as providers of Midwifery Professional Practice Review Programs? (More than one response is possible):

Answer options	Response %	Response count
a) An organisation with demonstrable standing in the profession of midwifery	80.5%	62
b) A midwifery service provider	33.8%	26
c) A midwifery higher education provider	45.5%	35
d) Other	10.4%	8

Other (please specify)

- A team of reviewers, including midwife clinicians, consumers and midwifery health service providers
- Qualified midwifery reviewer
- Self-Assessment
- Peer Review

20

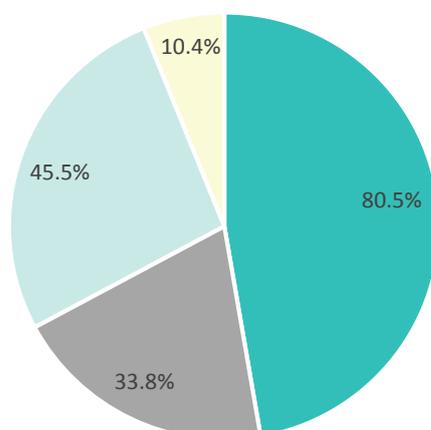
Responses covered within the Answer Options or unrelated to the scope of the review – **11**

There was overwhelming support (n=62:77, 80.5%) for the provider of a midwifery professional practice review program to be an organisation with demonstrable standing in the profession of midwifery. However, respondents

sought clarification about what may be considered “demonstrable standing”.

answered question 77

skipped question 45



- a) An organisation with demonstrable standing in the profession of midwifery
- b) A midwifery service provider
- c) A midwifery higher education provider
- d) Other

Summary of the Feedback Provided Related to the Scope of the Project

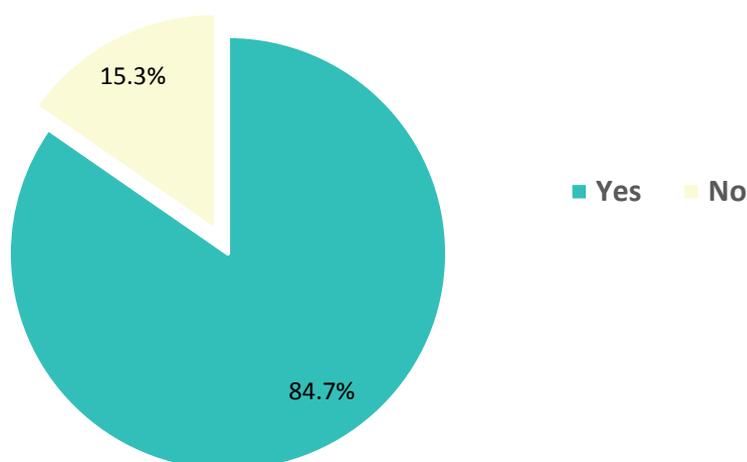
Analysis of Written Responses	<ul style="list-style-type: none"> a) An organisation with demonstrable standing in the profession of midwifery. (n= 4) b) A midwifery service provider (n=1) c) A midwifery higher education provider. (n=1) a) and b) (n=1) a) and c) (n=1) Any or all of the options (n- 4)
Suggested amendments to Standards and/or Consultation Paper	Feedback requested consideration of a review of the ANMAC Standards Structure related to MPR
Issues for Further Consideration	<ul style="list-style-type: none"> - What does ‘demonstrable standing in the profession of midwifery’ signify and how is this measured?- - What parameters for midwifery service provider would be appropriate? - Does being a midwifery service provider signify being a registered training organisation (RTO) or a tertiary maternity health service? - What role of will health service providers have in delivery of the programs? - Could there be a requirement for the governance arrangement to include, higher education and health service providers?

Qualified Privilege

Question 3

Currently program providers for Midwifery Professional Practice Review Programs must be able to demonstrate privacy and protection of the applicant through Qualified Privilege legislation. Is

there an ongoing need for this process to be included in the revised standards?		
Answer options	Response %	Response count
Yes, these criteria provide sufficient guidance	84.7%	61
No, these criteria do not provide sufficient guidance	15.3%	11
Please provide the reason for your response in the text box below		
34 of the respondents answered yes to this section to encourage participation in the program whilst maintaining confidentiality and protection of the midwife undertaking MPR.		35
Responses covered within the Answer Options or unrelated to the scope of the review – 0		
The respondents (n=61, 84.7%) indicated that there is an ongoing need for the standards to include demonstration of privacy and protection of the applicant.		
answered question		72
skipped question		50



Summary of the Feedback Provided Related to the Scope of the Project	
Analysis of the Written Submissions	Yes (n=4) No (n=6) Legal advice to be sought by ANMAC (n=2)
Analysis of discussion at the Consultation Forums and	Further discussion and/or legal advice required by ANMAC. Amendment of Criterion 1.3

Issues for Further Consideration	
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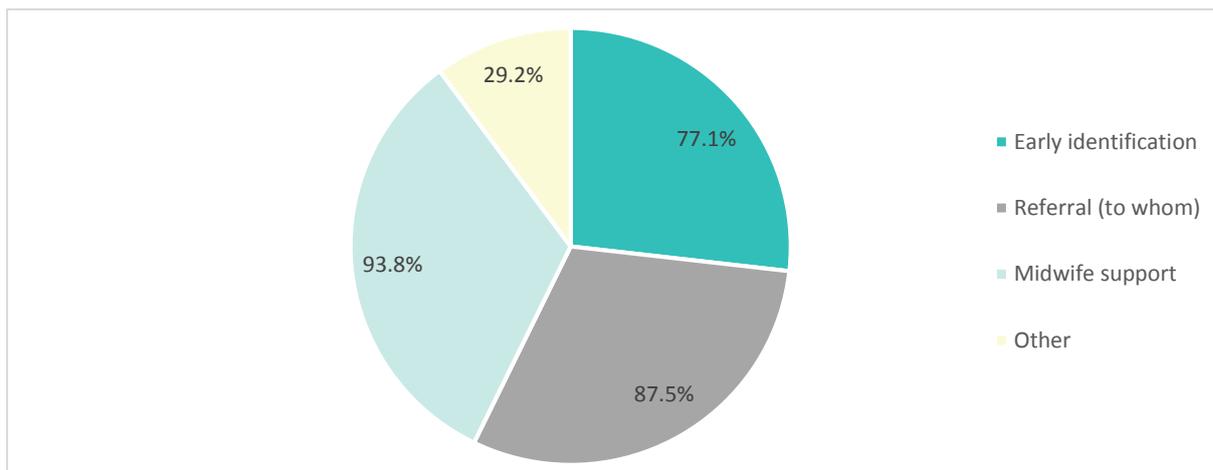
Referral of Midwives

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.

Question 4

Currently the Midwifery Professional Practice Review Program provider must be able to demonstrate processes that enable early identification, referral and support for midwives who are not performing well or have professional conduct issues. In regard to this, what should the revised standards require of the program provider?

Answer options	Response %	Response count
Early identification Majority of respondents supported identification (early or otherwise)	77.1%	37
Referral (to whom) Respondents recommended referral to: <ul style="list-style-type: none"> - Mentor/supervisor - Education Provider or Program where appropriate - AHPRA/NMBA - Employer 	87.5%	42
Midwife Support Majority of respondents supported referral to a midwife mentor or supervisor	93.8%	45
Other Respondents suggested management of these midwives via a variety of pathways dependant on the individual issues identified as described above. Responses covered within the Answer Options or unrelated to the scope of the review – 0 Respondents indicated strong support for a midwifery practice review program to demonstrate a clear process of referral of a midwife (who may not be performing well or may have professional conduct issues).	29.2%	14
answered question		48
skipped question		74



Summary of the Feedback Provided Related to the Scope of the Project	
Analysis of Written Responses	Referral to the: <ul style="list-style-type: none"> - MPR Committee (n=1) - AHPRA/NMBA (n=9) - Health service provider (n=4) - Mentor/Supervisor (n=6) - Education provider (n=4)
Suggested amendments to Standards and/or Consultation Paper	Inclusion of the processes for demonstrating the referral process within the draft Standards
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	Clarification regarding ANMAC's and the NMBA's role in the process of referral (within the Standards) and the management of concerns regarding professional conduct of the midwife. The process of referral and how this is reflected within the draft Standards, to ensure: <ul style="list-style-type: none"> - Confidentiality - Clarity, fairness and transparency - Formal/well document pathway (including escalation where relevant) - Support and education for reviewers. - Consideration of Qualified Privilege - Access to conflict resolution and/or mediation - Articulation of responsibility should the midwife be deemed unsuccessful.

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.

Question 5

Should the revised standards continue to involve consumers in Midwifery Professional Practice Review Programs?

Answer options	Response %	Response count
Yes	84.0%	63
No	16.0%	12

If you answered 'Yes', explain how you consider consumers should be involved in the Midwifery Professional Practice Review Program.

48 of the respondents answered yes to this text section, suggesting that consumers **participate directly in the review** of the midwife.

1 respondent suggested that consumers should only be engaged in the overall governance of the organisation not the review directly.

1 respondent recommended that consumers undertake relevant education in the review of midwives, to ensure engagement in the process is valuable.

50

Responses covered within the Answer Options or unrelated to the scope of the review – **0**

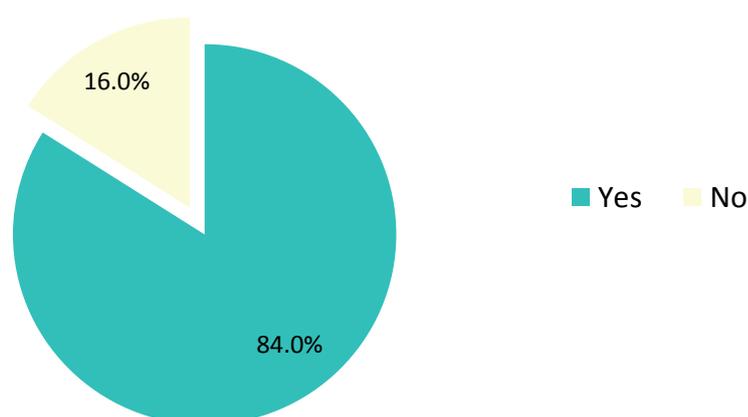
The respondents indicated strong support (n=63:75, 84%) for consumers to be involved in a midwifery professional practice review program. Their involvement may cover a range of activities including: governance, development, review and evaluation of a program; and direct engagement in the review and portfolio feedback.

answered question

75

skipped question

47



Summary of Feedback Provided Related to the Scope of the Project

Analysis of Written Responses	Consumer Involvement
	Yes (n= 7)
	No (n=5)

Suggested amendments to Standards and/or Consultation Paper	Inclusion of the processes for engaging consumers within the draft Standards
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	Clarification regarding consumer involvement, e.g. <ul style="list-style-type: none"> • Directly within the MPR • Governance, development, review and evaluation of the program • In the development and delivery of ongoing training for reviewers • Bias or conflict of interest • Feedback as part of the portfolio of evidence submitted by the midwife undertaking MPR

Notable omissions, gaps or duplications for consideration

Summary of Feedback Provided Related to the Scope of the Project	
Suggested amendments to Standards and/or Consultation Paper	<p>Stakeholders suggested the following amendments to Standards 1, 3 and 5:</p> <p>Standard 1: Governance</p> <p>Criteria 1.1 - a detailed understanding of interdisciplinary collaborative practice through intraprofessional and interprofessional learning should be included.</p> <p>Standard 3: Structure and Approach</p> <p>3.2 - clarity on what the 'midwifery competency outcomes' suggested on page 13 are.</p> <p>3.2b - the midwife conducting the review has relevant experience across the full scope of midwifery practice and is qualified to conduct these reviews.</p> <p>3.2 – correction of the Australian College of Midwives National Midwifery Guidelines for Consultation and Referral, referred to on p.13 of the document.</p> <p>Standard 5: Resources</p> <p>5.6 - staff reviewing midwifery practice should include an Eligible Midwife on any panels that review Eligible Midwives in order to ensure a peer review process.</p> <p>A review of the application of the New ANMAC Standards Structure (Table 1, p9) in developing standards for MPR.</p>
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	<ol style="list-style-type: none"> 1. Accessibility for midwives in regional and remote locations. 2. Should professionals involved in midwifery education and practice review, along with those who might be contracted to provide health or education support programs, should be required to undertake advanced preparatory education and ongoing CPD in: <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander health, history and culture and the principles and practice of cultural safety. - Relation to providing midwifery care for people from other cultural backgrounds. 3. How is the midwife's competence across the full scope (for the purpose of eligibility) defined and assessed?

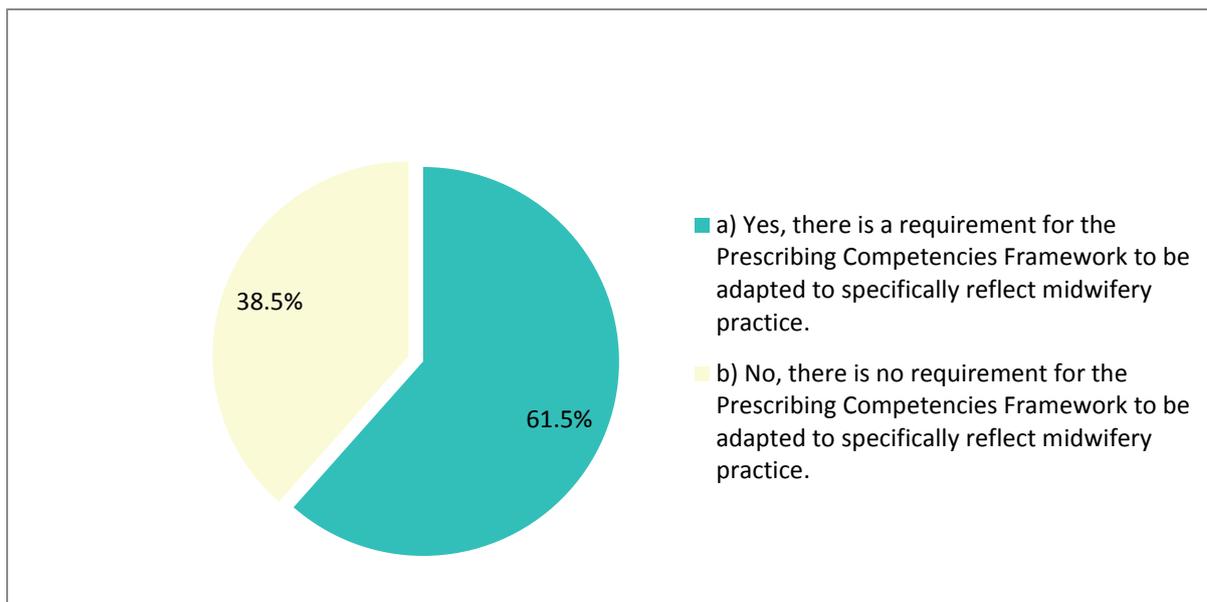
	<p>4. What is the education training provided to assess competence across the continuum for the purposes of meeting the standard for eligibility?</p> <p>5. What occurs if the midwife is not competent or not competent across the continuum to the definition of eligibility?</p> <p>6. MPR program reviewers do not see recommendations from previous reviews and thus a current MPR team does not know if reviewees are repeating practices that may have caused some concern previously and the current team needs to know that previous recommendations have been met.</p> <p>Preliminary Consultation Paper released by NMBA on 12 June 2014 indicates the inclusion of MPR within in the draft Registration Standards for Eligibility.</p>
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National Prescribing Competencies Framework

Question 6

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. It is currently being adopted by several other health professions and promotes opportunities for interprofessional learning. The Prescribing Competencies Framework comprehensive, but generic in nature and could perhaps be adapted to reflect midwifery practice.

Answer options	Response %	Response count
a) Yes, there is a requirement for the Prescribing Competencies Framework to be adapted to specifically reflect midwifery practice.	61.5%	40
b) No, there is no requirement for the Prescribing Competencies Framework to be adapted to specifically reflect midwifery practice.	38.5%	25
If you answered 'yes' to a), please provide a reason for your response in the text box below.		
29 of respondents reported that the generic nature of the NPC did not adequately address the requirements or scope of practice of the midwife seeking endorsement and/or notation.		33
Responses covered within the Answer Options or unrelated to the scope of the review - 2		
	answered question	65
	skipped question	57

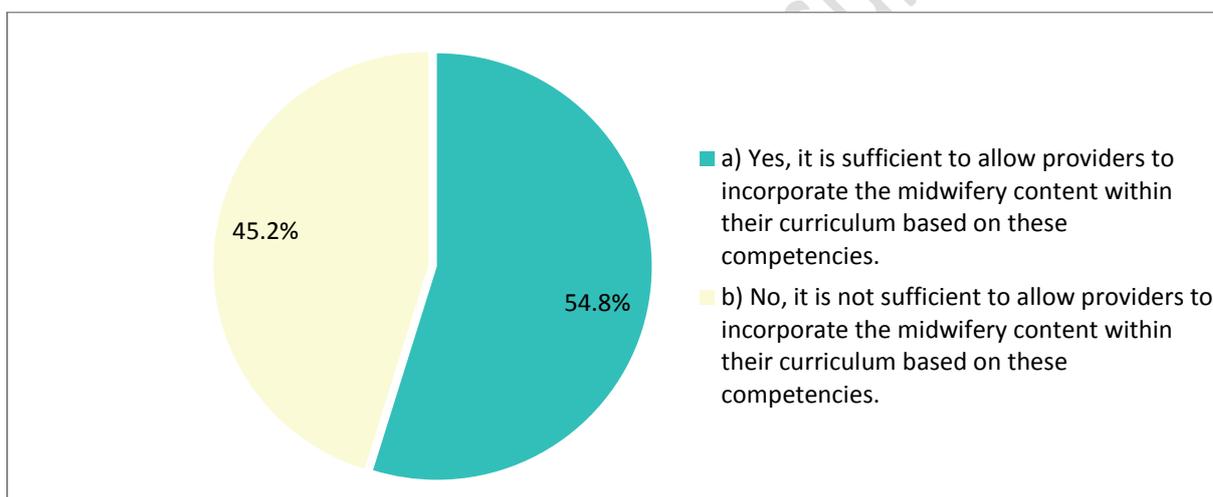


Summary of Feedback Provided Related to the Scope of the Project	
Suggested amendments to Standards and/or Consultation Paper	Terminology such as 'clinical needs' and "performs comprehensive medicines assessment to obtain information to understand the persons clinical needs and context (Competency 1.2)" are not reflective of midwifery philosophy and their engagement with women during a normal healthy time.
Analysis of Written Responses	Yes (n=3) No (n=8)
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	Consensus reached regarding no requirement for the Prescribing Competencies Framework to be adapted to specifically reflect midwifery practice. Further advice is required from the NMBA regarding the use of the a set of new competencies within the Standards.

Questions 7

Is it sufficient to allow providers to incorporate the midwifery content within their curriculum based on these competencies?		
Answer options	Response %	Response count
a) Yes, it is sufficient to allow providers to incorporate the midwifery content within their curriculum based on	54.8%	34

these competencies.		
b) No, it is not sufficient to allow providers to incorporate the midwifery content within their curriculum based on these competencies.	45.2%	28
If you answered 'yes' to a) please explain how providers can incorporate the midwifery content within their curriculum based on these competencies in the text box below.		
Respondents did not indicate how a provider could incorporate the midwifery content.		23
Responses covered within the Answer Options or unrelated to the scope of the review – 4		
Respondents indicated strong support (n=40:65, 61.5%) for the Prescribing Competencies Framework to be adopted and contextualised to midwifery.		
	answered question	62
	skipped question	60



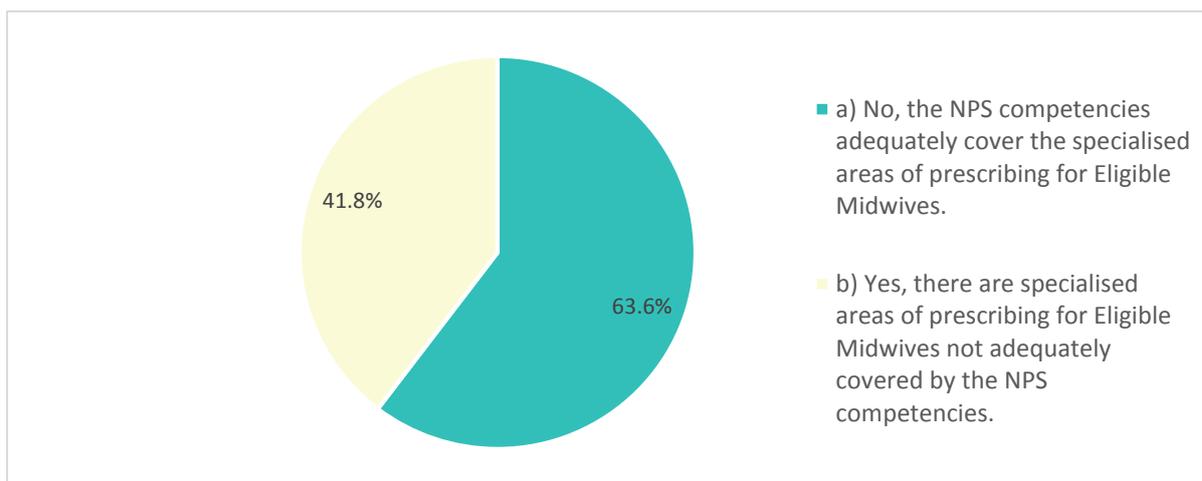
Summary of Feedback Provided Related to the Scope of the Project	
Suggested amendments to Standards and/or Consultation Paper	Terminology such as 'clinical needs' and "performs comprehensive medicines assessment to obtain information to understand the persons clinical needs and context (Competency 1.2)" are not reflective of midwifery philosophy and their engagement with women during a normal healthy time
Analysis of Written responses	Yes (n=8) No (n=2)
Analysis of the discussion at the Consultation Forums and	How will the Standards provide for the incorporation of the midwifery content within curricula based on these competencies?

Issues for Further Consideration	
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Question 8

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’. Are there specialised areas of prescribing for Eligible Midwives not adequately covered by the NPS competencies?

Answer options	Response %	Response count
a) No, the NPS competencies adequately cover the specialised areas of prescribing for Eligible Midwives.	63.6%	35
b) Yes, there are specialised areas of prescribing for Eligible Midwives not adequately covered by the NPS competencies.	41.8%	23
If you answered 'yes' to b), what are the specialised areas of prescribing for Eligible Midwives not adequately covered by the NPS competencies?		
10 respondents reiterated that there were specialised areas not covered by the NPS competencies, however only 2 provided the example of vaccinations.		
5 respondents reported confusion regarding this question or Requested further information.		15
Responses covered within the Answer Options or unrelated to the scope of the review – 0		
Most respondents (n=35:55) indicated that the NPS competencies adequately cover the specialised competencies for prescribing required by eligible midwives. However, there was also support (n=23:55) for a focus on midwifery contextualisation.		
	answered question	55
	skipped question	67



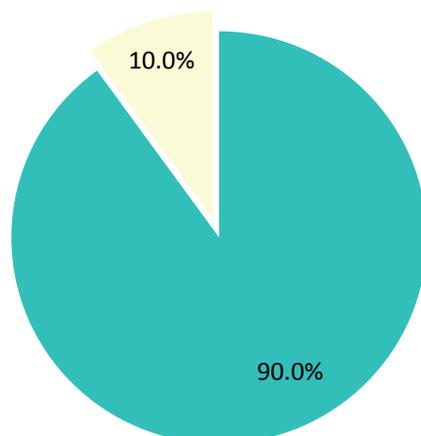
Summary of Feedback Provided Related to the Scope of the Project	
Suggested amendments to Standards and/or Consultation Paper	Inclusion of discussion around whether the NPS competencies adequately cover the specialised areas of prescribing for EMs.
Analysis of Written Responses	Yes (n=9) No (n=2) Not addressed (n=1)
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	How will the NPS competencies would address the use of medicines in emergency situations, prophylactics or immunisations?

Providers of Programs Leading to Endorsement

Question 9

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?		
Answer options	Response %	Response count
a) Yes, there should be a pre-requisite for providers to be delivering other accredited midwifery programs in order to provide Programs Leading to	90.0%	54

Endorsement for Scheduled Medicines specifically with the intent to support Eligible Midwives. b) No, there should not 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.	10.0%	6
If you answered 'no' to b), please provide a reason for your response and indicate what the requirement should be in the text box below.		
Respondents suggested the following alternative options:		
<ul style="list-style-type: none"> A Registered Training Organisation or other organisation with good standing within the midwifery profession. An organisation with resources and experienced educators with expertise in pharmacology. 		10
1 respondent believed the question to be misleading and requiring further clarification.		
Responses covered within the Answer Options or unrelated to the scope of the review - 2		
	answered question	60
	skipped question	62



- a) Yes, there should 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.
- b) No, there should not 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.

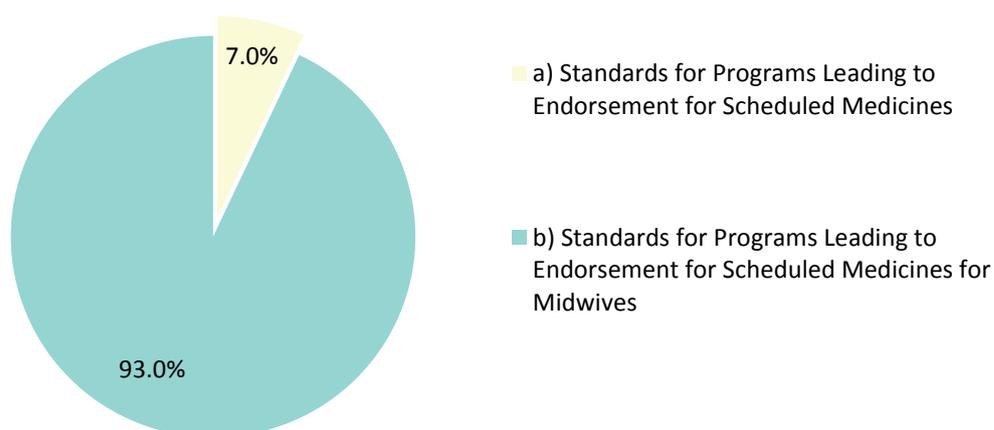
Summary of Feedback Provided Related to the Scope of the Project	
Analysis of Written Responses and Issues for Further Consideration	Yes (n=7)
	No (n=5)
	The addition of a Criterion articulating a pre-requisite for education providers seeking accreditation for delivery of these programs.
	The majority of survey and forum respondents indicated preference that the education

provider offering a program Leading to Endorsement for Scheduled Medicines for Midwives should also be offering an approved midwife preparation to practice program.
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Naming of the Proposed Standards

Question 10

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?		
Answer options	Response %	Response count
a) Standards for Programs Leading to Endorsement for Scheduled Medicines	7.0%	4
b) Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives	93.0%	53
Please provide a rationale for your choice and/or an alternative to the proposed titles using the text box below.		
Respondents reiterated the requirement for including the term 'midwives' within any proposed title.		28
Responses covered within the Answer Options or unrelated to the scope of the review - 2		
answered question		57
skipped question		25



Summary of Feedback Provided Related to the Scope of the Project

Analysis of Written Responses and Issues for	a) Standards for Programs Leading to Endorsement for Scheduled Medicines (n= 0) b) Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives (n=11)
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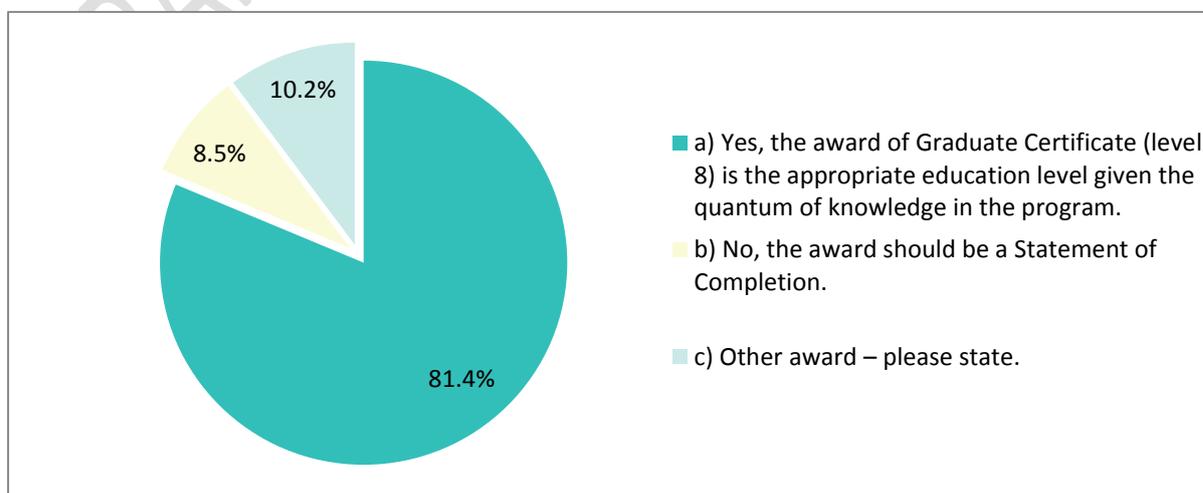
Further Consideration	The majority of survey and forum respondents indicated preference for the Standards to be titled as Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives
Alternative Naming	The name of the Standards should be: Accreditation Standards for programs leading to Eligible Midwife Part 1: Standards for Midwifery Professional Practice Review Programs Part 2: Standards for Midwifery Scheduled Medicines Programs

Award Level of the Qualification

Question 11

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.

Answer options	Response %	Response count
a) Yes, the award of Graduate Certificate (level 8) is the appropriate education level given the quantum of knowledge in the program.	81.4%	48
b) No, the award should be a Statement of Completion.	8.5%	5
c) Other award – please state.	10.2%	6
If you answered agreed with b) or c) please provide a reason for your response in the text box below.		
The majority of respondents reiterated the need for a higher qualification and 2 suggested a Masters Level Qualification.		12
Responses covered within the Answer Options or unrelated to the scope of the review - 10		
	answered question	59
	skipped question	63



Summary of Feedback Provided Related to the Scope of the Project	
Analysis of Written Responses and Issues for Further Consideration	<p>a) Yes, the award of Graduate Certificate (level 8) is the appropriate education level given the quantum of knowledge in the program. (n=6)</p> <p>b) No, the award should be a Statement of Completion. (n=1)</p> <p>c) Other award – please state:</p> <ul style="list-style-type: none"> - Certificate IV - Embedded within a Masters program (n=1) <p>a), b) and c) (n= 1)</p> <p>a) and c) (n= 2)</p> <p>The award of Graduate Certificate AQF level 8 was considered preferable by the majority of survey and consultation respondents.</p>

Professional Practice Experience

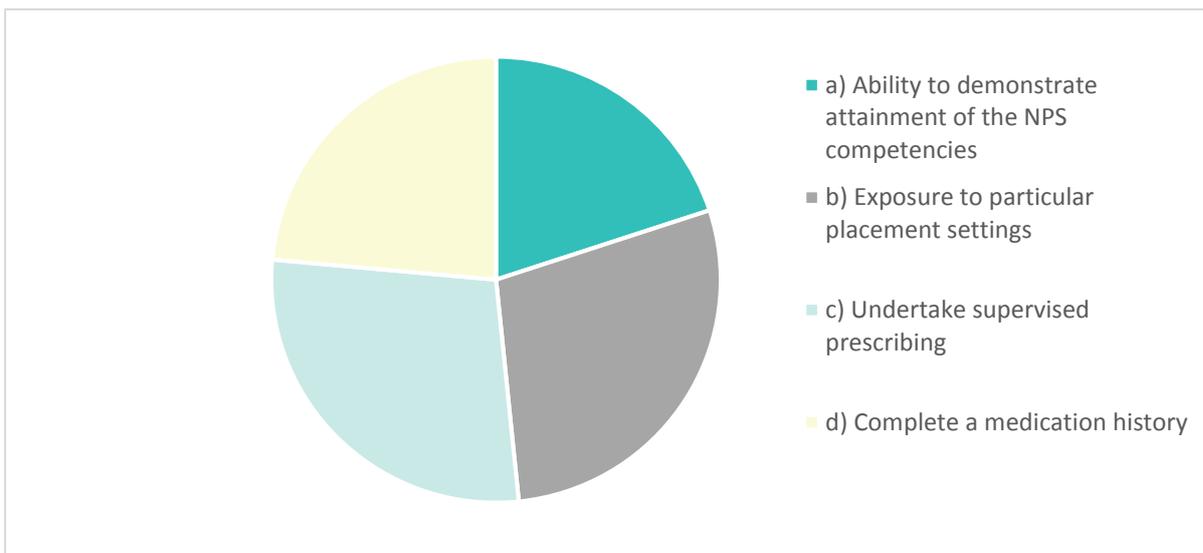
The current standards do not require a specific professional practice experience during the program. The newly released Health Practitioners Prescribing Pathways note that the education programs should provide 'quality clinically supervised practice to enhance learning'³⁴.

Question 12

What should the standards specify as requirements of the professional practice experience e.g. specific tasks such as work with a pharmacist, undertake supervised prescribing, undertake medication history, or more broadly the ability to demonstrate attainment of the NPS competencies?

Answer options	Yes	No	N/A	Response Count
a) Ability to demonstrate attainment of the NPS competencies	49	6	0	55
b) Exposure to particular placement settings	20	28	1	49
c) Undertake supervised prescribing	22	28	1	51
d) Complete a medication history	33	15	1	49
If you answered 'yes' to b), c) or d) please provide a rationale in the text box below.				24
Responses covered within the Answer Options or unrelated to the scope of the review - 24				
				answered question 57
				skipped question 65

³⁴ Health Workforce Australia 2013. The Health Professions Prescribing Pathway.



Summary of Feedback Provided Related to the Scope of the Project	
Suggested amendments to Standards and/or Consultation Paper	Inclusion of discussion around what the standards specify as requirements of the professional practice experience e.g. specific tasks such as work with a pharmacist, undertake supervised prescribing, undertake medication history, or more broadly the ability to demonstrate attainment of the NPS competencies.
Analysis of the written submissions and discussion at the Consultation Forums.	While a preference for demonstration of learning through assessment and virtual simulation was indicated, mentored or supervised professional experience placement was considered by respondents as acceptable. Forums for sharing of case study material were also suggested.

Use of simulated learning environments

Question 13

What forms of professional practice would be acceptable e.g. a formal mentoring plan, supervised clinical practice or simulation?

Answer options	Response %	Response count
Free Text		
Respondents suggested:		
• Supervision 10		46
• Mentoring 15		
• Simulation 16		
• No requirement for professional practice 1		

<ul style="list-style-type: none"> All or any of the above 3 <p>Responses unrelated to the scope of the review – 1</p> <p>In terms of the use of simulated learning, there was some support (n=16:46) for its use as a learning option. Supervised (n=10:46) or mentored (n=16:46) specific professional practice experience placement were also supported as acceptable activities.</p>	
answered question	46
skipped question	76

Summary of Feedback Provided Related to the Scope of the Project	
Analysis of Written Submission	Support for professional experience Yes (n=5) No (n=2)
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	Discussion at the Consultation Forums was divided regarding the requirements for simulation and professional experience which could include: <ul style="list-style-type: none"> Supervision Mentoring Simulation

Question 14

How should professional practice experience be quantified, e.g. hours, completion of specific tasks or other? Please provide your response in the text box below.

Answer options	Response %	Response count
Free Text		
Respondents suggested:		
<ul style="list-style-type: none"> Hours 10 Completion of specific tasks related or unrelated to achievement of competencies 27 No requirement for professional practice 1 All or any of the above 5 		46
Responses unrelated to the scope of the review – 3		
Most respondents (n=27:46) indicated preference for inclusion of related specific tasks rather than a quantified professional practice experience placement.		
answered question		46
skipped question		76

Summary of Feedback Provided Related to the Scope of the Project	
Analysis of Written Responses	Support for professional experience hours Yes n=6 No n=2 Completion of specific tasks related or unrelated to achievement of competencies n=3
Analysis of the discussion at the Consultation Forums and Issues for Further Consideration	Discussion at the Consultation Forums generally did not support the requirement for professional experience hours, alternatively stakeholders supported the education provider demonstrating how assessments (without the requirement for professional experience) could ensure students achieve the program learning outcomes and NPCs.

Question 15

What setting should be considered acceptable for professional practice experience e.g. a General Practice, pharmacy or maternity service? Please provide your response in the text box below.

Answer options	Response %	Response count
Free Text		
Respondents suggested:		
• General Practice	2	
• Pharmacy	3	
• Maternity Service	20	
• All or any of the above	16	
• No requirement for professional practice	2	
• Clinic, private consulting rooms, hospital, home	1	48
• Simulation	1	
• None of the suggested	1	
Responses unrelated to the scope of the review – 0		
Most respondents (n=20:48) indicated preference for the professional practice experience to occur in a maternity service. A range of other settings received minimal support.		
answered question		48
skipped question		74

Summary of Feedback Provided Related to the Scope of the Project	
Issues for Further Consideration	Areas (if any) for professional placement experience.

Notable omissions, gaps or duplications for consideration

Question 16

Are there any other areas where the revised accreditation standards used to assess and accredit Midwifery Professional Practice Review or Programs Leading to Endorsement for Scheduled Medicines require amendment or change? Please type your response into the text box below.

Answer options	Response %	Response count
Free Text		
<p>Respondents requested the following amendments:</p> <ul style="list-style-type: none"> Removal of Standard 8 Standard 8 should be deleted - not supported as eligible midwives are already required to demonstrate collaborative relationships and consultation and referral pathways. 1 The inclusion of entry criteria to include midwives only. 1 The inclusion of recognition of prior learning. 1 Removal of any reference to the term student within the Standards for MPR. 1 Reconsideration of the terms 'within the midwifery context' should a more generic program be submitted for accreditation. 1 		22
<p>New Issues for Consideration</p> <p>1 Respondent reported that in the MPR program reviewers do not see recommendations from previous reviews and thus a current MPR team does not know if reviewees are repeating practices that may have caused some concern previously and the current team needs to know that previous recommendations have been met.</p> <p>1 Respondent identified the lack of consideration for RM Re-entry requiring eligibility and a notation.</p> <p>Responses covered within other Answer Options or unrelated to the scope of - 15</p>		
	answered question	22
	skipped question	100

Summary of Feedback Provided Related to the Scope of the Project

<p>Suggested amendments to Standards and/or Consultation Paper</p>	<p>Key stakeholders indicated some content editing to reinforce the issue that different state and territory legislation exists throughout Australia, which may impact on the medicines the midwife is able to prescribe in a jurisdiction.</p> <p>Some further editing suggestions were made to enhance and strengthen content and more accurately represent the context of midwife prescribing in Australia.</p> <p>Comment regarding limitations to this consultation does not recognise the Expert Advisory Group membership, which includes midwives, eligible midwives and pharmacists.</p>
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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 Organisation of Health and Ageing	Maternity Coalition	Maternity Coalition Nominee
AHMAC Organisation of Health & Ageing	Australian & New Zealand Council of Chief Nurses	Endorsed Midwives (n=2)
Secretary Organisation of Health (Victoria)	Council of Deans of Nursing and Midwifery Australia & New Zealand Heads of School for Nursing and Midwifery Program	Council of Deans of Nursing and Midwifery (Australian and New Zealand) nominee
Director General Organisation 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 Organisation 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 Organisation for Health and Ageing (SA)	Australian Society of Independent Midwives	Standards Development and Review Coordinator ANMAC
Secretary Organisation of Health (TAS)	Directors of Nursing and Midwifery – Area Health Services	
Chief Executive Organisation of Health & Families (NT)	National Association of Childbirth Educators	
	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	
	Australian College of Rural and Remote Medicines	

Attachment 3: National Prescribing Competencies

