



Australian
Nursing & Midwifery
Accreditation Council

Re-entry to the Register Midwife

Accreditation Standards 2016

midwife



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For further information contact:

ANMAC
GPO Box 400
Canberra ACT 2601

T: (02) 6257 7960
E: anmac@anmac.org.au
www.anmac.org.au

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- Ms Francine Douce, Expert Advisory Group Chair, Maternity Services Inter Jurisdictional Committee—Acting Chief Nurse and Midwifery Officer, Department of Health and Human Services, Tasmania
- Ms Sarah Stewart, Australian College of Midwives—Professional Officer, Australian Capital Territory
- Ms Janice Butt, Australian College of Midwives, Midwifery Education Advisory Committee—Coordinator Midwifery and Nursing Education, King Edward Memorial Hospital, Western Australia
- Ms Patricia Lowe, Australian College of Nursing—Nurse Educator Course Co-ordinator, New South Wales
- Ms Jan White, Australian and New Zealand Council of Chief Nurses and Midwives—Principal Advisor Midwifery, Nursing and Midwifery Office, Ministry of Health, New South Wales
- Ms Julie Reeves, Australian Nursing and Midwifery Federation—Federal Professional Officer, Victoria
- Ms Karel Williams, Palawa Woman, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives—Midwife clinician, Australian Capital Territory
- Professor Sue McDonald, Council of Deans of Nursing and Midwifery—Professor of Midwifery, La Trobe University and Mercy Hospital, Victoria
- Ms Melissa Fox, Maternity Choices of Australia—General Manager, Health Consumers Queensland Limited, Queensland
- Ms Petrina Halloran, Policy Manager, Nursing and Midwifery Board of Australia—Australian Health Practitioner Regulation Agency, Victoria
- Ms Maree Reynolds, Women’s Healthcare Australasia—Director Women’s Health and Newborn Services Mater Mother’s Hospitals, Brisbane, Queensland
- Dr Janice Taylor, ANMAC, Chair of the Midwife Accreditation Committee—Lecturer, University of Canberra, Australian Capital Territory
- Dr Margaret Gatling, ANMAC, Associate Director for Professional Programs
- Ms Jane Douglas, ANMAC, Associate Director for Professional Programs (member from January to August 2015).

ANMAC advisory staff

- Clinical Professor Fiona Stoker, Chief Executive Officer
- Ms Donna Mowbray, Executive Director of Accreditation and Assessment Services
- Ms Jackie Doolan, Standards Development and Review Co-ordinator—Project Lead.

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1 Preamble

1.1 Health practitioner regulation

The *Health Practitioner Regulation National Law Act 2009* (the National Law), as in force in each state and territory, is the national law by which the National Registration and Accreditation Scheme for health practitioners is instituted.

The scheme has six objectives, with the primary objective being:

... to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.¹

Under Section 49 (1) of the National Law if a National Board – in this case NMBA – is given a report by an Accreditation Authority – in this case ANMAC – about the accreditation of a program of study the National Board may approve, or refuse to approve, the accredited program of study as providing a qualification for the purposes of registration in the health profession for which the Board is established (for example, as a midwife). When applied to the present context, this means graduates from NMBA approved re-entry to the register midwifery programs of study are eligible to apply to the NMBA for general registration as a midwife.

After the National Law was introduced, the Australian Nursing and Midwifery Council (ANMC) was appointed under the National Registration and Accreditation Scheme as the independent accreditation authority for all programs of study for nurses and midwives seeking to practice in Australia. The ANMC published the preceding version of these accreditation standards – entitled the ‘Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Midwives, May 2010’.² The ANMC name was changed to the Australian Nursing and Midwifery Accreditation Council in November 2010 to reflect its principal role as an accrediting authority.

ANMAC is responsible for assessing and monitoring education providers and programs of study leading to qualification for registration in nursing and midwifery. In addition, through a process of cyclical review, ANMAC maintains the integrity and effectiveness of accreditation standards that underpin the accreditation of programs of study under its mandate.

Professional education accreditation is concerned with the quality of the profession and its work, from the perspective of public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners and those returning to practice have achieved agreed professional outcomes and are able to practise in a safe and competent manner because they are equipped with the necessary foundation knowledge, professional attitudes and essential skills. This process, however, relies on two fundamental principles:

1. That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates.
2. That there is a set of agreed and contemporary competency or practice standards for the profession, against which the capability of graduates of programs is assessed.

1 Australian Health Practitioner Regulation Agency (AHPRA), (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 1(3). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015.

2 ANMC, (2010). *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives*, Canberra. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 2 November 2015.

The first principle is discussed in Section 1.2. The second relates to the National Competency Standards for the Midwife,³ which in due course will be replaced by the Midwife standards for practice. These NMBA standards articulate the core practice standards used to assess the performance of those wanting to obtain and retain general registration as a midwife in Australia. Higher education providers use them when developing midwifery curricula and assessing student performance. Employers use them when evaluating new graduate performance.

The accreditation process administered by ANMAC is an efficient and effective system for ensuring the design and delivery of nursing and midwifery programs of study are sufficient to support graduate achievement of relevant NMBA Standards for practice. Professional program accreditation endeavours to ensure professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. As with the national standards for practice, the national accreditation standards are regularly reviewed to ensure relevance in the light of changes in health and education legislation, policy, delivery and ethos.

1.2 Higher education regulation

The Tertiary Education Quality and Standards Agency (TEQSA) was established in July 2011 as an independent national body to regulate and assure the quality of all types of higher education and fulfil the Government's commitment to:

... **accredit providers, evaluate the performance of institutions and programs, encourage best practice, simplify current regulatory arrangements and provide greater national consistency.**⁴

A part of TEQSA's regulatory responsibility is to evaluate the performance of universities and other higher education providers within a period that does not exceed seven years or when there is evidence that standards are not being met. The Higher Education Standards Framework sets a legislated standard by which TEQSA accredits higher education providers.⁵ These standards apply to all higher education providers offering Level 5 (diploma) to Level 10 (doctoral) qualifications as described in the Australian Qualifications Framework (AQF).⁶

To ensure nationally consistent, quality education and outcomes for students undertaking re-entry to the register programs, the Re-entry to the Register Midwife Accreditation Standards now requires all institutions offering such programs to be subject to TEQSA standards, either directly or through partnership arrangements.

Additionally, all institutions offering nursing and midwifery programs are required to comply with AQF criteria for learning outcomes. The AQF is the national policy for regulated qualifications in Australian education and training. It stipulates the learning outcomes expected within each AQF level and qualification type. It expresses these as dimensions of knowledge, skills and their application. This ensures the integrity of qualifications and standardises them across education providers, settings and delivery modes.

3 NMBA, (2006). *National Competency Standards for the Midwife*. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx on 2 November 2015.

4 Australian Government, (2009). *Transforming Australia's Higher Education System*, p. 31. Viewed at: http://planipolis.iiep.unesco.org/upload/Australia/Australia_TransformingAusHigherED.pdf on 2 November 2015.

5 Australian Government, (2011). TEQSA, *About TEQSA*. Viewed at: www.teqsa.gov.au/about on 2 November 2015.

6 Australian Qualifications Framework Council, (2013). *Australian Qualifications Framework*, Second edition. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/05/AQF-2nd-Edition-January-2013.pdf on 2 November 2015.

1.3 Context for re-entry to the register programs

Under Section 35(1) of the National Law,⁷ the NMBA is responsible for setting registration standards as well as professional codes, standards and guidelines that underpin safe and competent practice. The NMBA's Recency of practice registration standard,⁸ together with other supporting documents,^{9,10} set the requirements for nurses and midwives who no longer meet this registration standard and are seeking to return to practice.

Under the NMBA's Recency of practice registration standard, midwives are required to maintain an adequate connection with and demonstrate recent practice (three months full-time equivalent) in the profession within the preceding five years to maintain registration in their profession.¹¹ Midwives who do not meet this requirement or have lapsed their registration will be individually assessed by the NMBA and may be required to successfully complete an approved re-entry to the register midwifery program¹² of study.

ANMAC is responsible for the development and review of accreditation standards used to assess and accredit nursing and midwifery re-entry to the register programs of study. ANMAC has established the following principles to guide the development of these standards:

- Governance, performance and quality assurance of program providers delivering the re-entry to the register program need to be subject to standards set by national education regulators, for example, TEQSA¹³ and Australian Skills Quality Authority¹⁴ (ASQA), where applicable.
- Accreditation standards for the re-entry to the register program need to align, as much as possible, with the relevant NMBA approved entry to practice program accreditation standards as these articulate the minimum graduate outcomes required for NMBA registration.
- The AQF level requirements for the re-entry to the register program should be consistent with the level specified in the profession's NMBA approved entry to practice accreditation standards.
- Student attributes on entering re-entry programs need to be taken into consideration when reviewing accreditation standards, particularly in relation to program design, structure and content and in the management of professional practice experience.
- The clinical and theoretical components of a re-entry to the register program need to support attainment of the profession's standards for practice so that when successfully completed, graduates are eligible to apply for registration and be awarded a statement of completion and/or attainment.
- Education providers delivering the re-entry to the register program need to be experienced in assessing students against the profession's standards for practice.

These principles underpinned the development and review of the revised Re-entry to the Register Midwife Accreditation Standards.

7 AHPRA, (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 35(1). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015.

8 NMBA, (2010). Recency of practice registration standards. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 2 November 2015.

9 NMBA, (2013). Principles for the assessment of nursing and midwifery applicants for entry to practice. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#guidelinesforregistrationstandards on 2 November 2015.

10 NMBA, (2015). NMBA Re-entry to practice policy. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Policies.aspx on 2 November 2015.

11 NMBA, (2010). Recency of practice registration standards. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 2 November 2015.

12 Re-fresher midwifery programs are different to re-entry to the register midwifery programs in that they are designed for registered midwives undertaking continuing professional development so that they maintain compliance with the Recency of practice registration standard.

13 Australian Government, TEQSA, (2011). Higher education standards framework. Viewed at: www.comlaw.gov.au/Details/F2013C00169 on 2 November 2015.

14 Australian Government, ASQA, (2012). Standards for VET [vocational education and training] accredited courses. Viewed at: www.comlaw.gov.au/Series/F2013L00177 on 2 November 2015.

1.4 Review of the Re-entry to the Register Midwife Accreditation Standards

In May 2010 the ANMC published the 'Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Midwives',¹⁵ which were subsequently approved by the newly established NMBA.

As part of the cyclical review of all accreditation standards, the ANMAC Board authorised the review of these accreditation standards to start in January 2015 with stakeholder engagement to be implemented in accordance with Section 46(2) of the National Law, which states:

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.¹⁶

The ANMAC Board convened an EAG (members are listed in Acknowledgements) to oversee the review. The EAG guided project planning, document development, stakeholder engagement and feedback synthesis. ANMAC sent a letter of invitation to a wide range of stakeholders outlining opportunities for participation. Feedback options included completing an online survey, sending a written submission and/or attending one of three consultation forums.

The review was an iterative process that included two stages of consultation, each focused on a separate consultation paper.

Stage 1—first consultation paper

The first consultation paper and first version of the revised standards was researched and drafted by ANMAC staff, edited by the EAG and approved by ANMAC's Standards Accreditation and Assessment Committee. The paper was then circulated to stakeholders in April 2015.

The consultation paper covered the background, context, purpose and process of the review. It also outlined practice, professional and policy matters shaping the Australian maternity care and midwifery landscapes and, as a consequence, midwifery education. The consultation paper noted the paucity of evidence relating to optimal design and delivery of re-entry to the register midwifery programs. International benchmarking^{17,18,19} also provided little guidance in the review of program content or structure.

With this background information, stakeholders were asked to consider specific content in the first version of the revised accreditation standards, including:

- Program governance: whether consistent quality education and outcomes for students, as well as education provider diversity and innovation, would be promoted by specifying the need for all re-entry to the register midwifery program providers to be an accredited higher education provider or a registered training organisation with formal evidence of a relationship with such a provider.

15 ANMC, (2010). *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives*, May 2010, Canberra. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 2 November 2015.

16 AHPRA, (2009). *Health Practitioner Regulation Law Act 2009*, as in force in each state and territory, Section 46 (2). Viewed at: www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 2 November, 2015.

17 Nursing and Midwifery Council UK, (2011). *The Prep Handbook*. Viewed at www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf on 2 November 2015.

18 An Bord Altranais, (2005). *Return to Midwifery Practice Courses*. Viewed at: www.nursingboard.ie/en/edu-return_practise.aspx on 2 November 2015.

19 Midwifery Council of New Zealand, Updated 2011, *Return to Practice Policy*. Viewed at: www.midwiferycouncil.health.nz/return-to-practice-programmes/ on 2 November 2015.

- Program content: whether proposed modifications to content specified within the Midwife Accreditation Standards (developed for entry to practice midwifery programs) targeted the learning needs of midwives seeking to return to practice.
- Management of midwifery practice experience: whether it was appropriate to retain in the revised standards guidance that students complete 25 per cent of the midwifery practice requirements mandated in the entry to practice accreditation standards.

Stakeholders were also asked to consider whether the standards were complete and sufficient to assure the Australian community and NMBA that a graduate of an accredited re-entry to the register midwifery program would be able to practise in a safe and competent manner in the context of a contemporary, Australian maternity care setting.

Stakeholder feedback indicated overall support for the revised standards and offered suggestions on improving criteria and glossary wording. Stakeholder comments also assisted in identifying further areas for consideration in Stage 2 of consultation, including:

- clarifying criterion relating to student ineligibility for credit
- further modifying proposed program content
- proposing a minimum program length
- reviewing the numbers and ratios of midwifery practice experiences in terms of supporting graduate return, rather than entry to practice.

Stage 2—second consultation paper

The second consultation paper, released in August 2015, included the second version of the draft Re-entry to the Register Midwife Accreditation Standards with changes informed by stakeholder feedback.

The paper provided a summary of Stage 1 consultation and identified new areas for consideration arising from Stage 1 feedback. Stakeholders were again asked to review the second draft of the accreditation standards for any remaining issues, errors, gaps or duplications.

Stakeholder responses to consultation paper 2 informed the summative consultation forum held on 11 November 2015. This forum gave stakeholders a final opportunity to review the second version of the draft standards, discuss outstanding issues and consider proposed changes.

After reviewing all stakeholder feedback from Stage 2, the EAG met to finalise relevant standards and criteria, paying particular attention to:

- Criterion 4.4—program content
- Criterion 3.6—program length
- Criterion 8.11—quantity and wording of midwifery practice experiences.

1.5 Regulatory impact assessment

During the development of the Re-entry to the Register Midwife Accreditation Standards, ANMAC undertook a preliminary assessment for regulatory impact. This assessment is required by the Australian Government's Office of Best Practice Regulation. The office ensures national standard setting agencies, such as ANMAC, have explored the impact on stakeholders of regulation, standards and other quasi-regulation before implementation.

This assessment was undertaken in accordance with the Council of Australian Governments' Best Practice Regulation—A Guide for Ministerial Councils and National Standard Setting Bodies 2007²⁰ and considered such matters as benefits and burdens of introducing the revised accreditation standards and the potential impact on stakeholders.

ANMAC's preliminary assessment was submitted to the Office of Best Practice Regulation, which considered the proposed revisions to NMBA-approved national accreditation standards to be minor and requiring of no further regulatory impact assessment.

1.6 Ratification and approval

While ANMAC is responsible for developing the accreditation standards, the NMBA approve them under Section 47 of the National Law.

The EAG and the Standards Accreditation and Assessment Committee reviewed the final draft of the accreditation standards before presenting them to the ANMAC Board to ratify. After ratification, the Re-entry to the Register Midwife Accreditation Standards were submitted to the NMBA for approval.

The standards were approved by the NMBA on 16 February 2016.

²⁰ Council of Australian Governments, (2007). Best Practice Regulation—A guide for Ministerial Councils and national standard setting bodies. Viewed at: www.dpmmc.gov.au/sites/default/files/publications/COAG_best_practice_guide_2007.pdf on 2 November 2015.

2 Introduction

2.1 Purpose of the ANMAC accreditation process

Professional program accreditation is concerned with the quality of the profession and its work, from the perspective of public interest and public safety. In contrast, accreditation (or similar assessment) by national education regulators such as TEQSA or ASQA centres on quality assurance and risk management. Accreditation by these types of regulators complements professional program accreditation and is, therefore, a requirement for ANMAC to assess nursing and midwifery programs of study for accreditation.

ANMAC accreditation evaluates whether education providers, on the evidence they provide, are able to ensure program graduates have the common and transferable skills, knowledge, behaviours and attitudes as articulated in the relevant national competency standards or standards for practice.

The process of accreditation involves comprehensively examining a higher education provider's: governance system and quality management framework; student enrolment processes; curriculum philosophy, structure and content; teaching and learning approaches; and student support, assessment and workplace experience.

Periodic accreditation of nursing and midwifery programs stimulates education providers to review and assess their own programs. It enables providers to validate the strengths of existing programs, identify areas for improvement and introduce new teaching and learning initiatives.

ANMAC accreditation, therefore, contributes to ensuring public safety and supports diversity, innovation and evolution in nursing and midwifery education.

2.2 Re-entry to the Register Midwife Accreditation Standards

The Re-entry to the Register Midwife Accreditation Standards detail the minimum requirements that higher education providers are required to meet if they want their program of study to be accredited by ANMAC. Graduates are not eligible to apply for registration with the NMBA unless the program of study is accredited by ANMAC and approved by the NMBA.

A summary of the nine Re-entry to the Register Midwife Accreditation Standards is provided in Figure 1.

Figure 1: Re-entry to the Register Midwife Accreditation Standards

STANDARD 1: GOVERNANCE

The education provider has established governance arrangements for the re-entry to the register midwifery program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the National Competency Standards for the Midwife.

STANDARD 2: CURRICULUM CONCEPTUAL FRAMEWORK

The program provider makes explicit, and uses a contemporary conceptual framework for the re-entry to the register midwifery program of study that encompasses the educational philosophy underpinning design and delivery and the philosophical approach to midwifery practice.

STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE

The program of study is developed in collaboration with key stakeholders to reflect contemporary trends in midwifery practice and education, comply with AQF level 7, and enable graduates to meet the National Competency Standards for the Midwife. Midwifery practice experience is sufficient to enable safe and competent midwifery practice by program completion.

STANDARD 4: PROGRAM CONTENT

The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Midwife and incorporates Australian and international best practice perspectives on midwifery as well as existing and emerging regional, national and international health priorities.

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. This includes a summative assessment of student performance against the National Competency Standards for the Midwife.

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.

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 meet the National Competency Standards for the Midwife.

STANDARD 8: MANAGEMENT OF MIDWIFERY PRACTICE EXPERIENCE

The program provider ensures that every student is given supervised midwifery practice experience in environments providing suitable learning and teaching opportunities and conditions for students to meet the National Competency Standards for the Midwife.

STANDARD 9: QUALITY IMPROVEMENT AND RISK MANAGEMENT

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

2.3 Using the Re-entry to the Register Midwife Accreditation Standards

The Re-entry to the Register Midwife Accreditation Standards are designed principally for use by education providers seeking accreditation of a re-entry to the register midwifery program of study. ANMAC's Associate Directors for Professional Programs, the Midwife Accreditation Committee and members of ANMAC assessment teams evaluate programs against these standards and make recommendations to the ANMAC Board for decision making.

While the standards are principally for use by education providers, they are also useful for anyone interested and involved in the education of midwives.

Higher education providers seeking accreditation have to complete an application pack (available at www.anmac.org.au), which includes the Re-entry to the Register Midwife Accreditation Standards and guidance on addressing them. This guidance is regularly reviewed and updated to help education providers prepare their submissions.

Other materials to assist education providers (available at www.anmac.org.au) include the:

- National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia²¹, which describes the structures, personnel and processes of accreditation of nursing and midwifery providers and programs of study.
- ANMAC Assessor Handbook.²²

²¹ ANMAC, (2012). *National Guidelines for Accreditation of Nursing and Midwifery Programs of Study Leading to Registration and Endorsement in Australia*. November 2012. Viewed at: www.anmac.org.au/document/national-guidelines-accreditation-nursing-and-midwifery-programs on 2 November 2015.

²² ANMAC, (2012). Assessor Handbook. Viewed at: www.anmac.org.au/sites/default/files/documents/Assessors_Handbook.pdf on 2 November 2015.



3 Re-entry to the Register Midwife Accreditation Standards

Standard 1: Governance

The education provider has established governance arrangements for the re-entry to the register midwifery program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the National Competency Standards for the Midwife²³.

Criteria

The education provider must provide evidence of:

- 1.1 Current registration with:
 - a. The Tertiary Education, Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider²⁴ currently offering an accredited and approved entry to practice midwifery program, or
 - b. TEQSA as an Australian university or other higher education provider not offering an entry to practice midwife program that has a formal agreement²⁵ in place with an Australian university or other higher education provider with current TEQSA registration and an accredited and approved entry to practice midwifery program, or
 - c. Australian Skills Quality Authority as an Australian registered training organisation that has a formal agreement in place with an Australian university or other higher education provider with current TEQSA registration and an accredited and approved entry to practice midwifery program.
- 1.2 Current accreditation of the re-entry to the register 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 Australian Qualifications Framework (AQF) requirements for a minimum level 7 award program, and having been issued with a statement of completion and/or attainment by the governing Australian university or higher education provider.

23 NMBA, (2014). *Nursing and Midwifery Board of Australia (2006). National Competency Standards for the Midwife*. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx on 2 November 2015.

NB: The NMBA will in due course release the Midwife standards for practice. Once released, the new practice standards will supplant the 'National Competency Standards for the Midwife' within these accreditation standards and criteria.

24 For an explanation of provider categories refer to Tertiary Education Quality and Standards Agency, (2011). *Higher Education Standards Framework (Threshold Standards)*. Viewed at: www.comlaw.gov.au/Details/F2013C00169 on 2 November 2015.

25 Formal agreement refers to a formal contract that details the roles and responsibilities of each of the education providers in the program's governance, design, delivery, resourcing and quality and risk management, as well as in student support, student assessment and management of midwifery practice experience.

- 1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) that ensures academic oversight of the program and promotes high-quality teaching and learning scholarship, research and ongoing evaluation.
- 1.5 Terms of reference for relevant school committees and advisory and/or consultative groups, including direct consumer involvement and 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.
- 1.8 Processes to inform students seeking to enter a re-entry to the register midwifery program that they are not eligible for credit or recognition of prior learning.

Standard 2: Curriculum conceptual framework

The program provider makes explicit, and uses a contemporary conceptual framework for the re-entry to the register midwifery program of study that encompasses the educational philosophy underpinning program design and delivery and the philosophical approach to midwifery practice.

Criteria

The program provider demonstrates:

- 2.1 A clearly documented conceptual framework for the program, including a curriculum underpinned by:
 - a. a woman-centred midwifery philosophy
 - b. a midwifery continuity of care philosophy
 - c. primary health care principles
 - d. 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 and stimulate student engagement and learning.
- 2.3 A program of study that is congruent with contemporary and evidence-based approaches to midwifery practice and education and underpinned by principles of safety and quality in health care.²⁶
- 2.4 Teaching and learning approaches that:
 - a. enable achievement of stated learning outcomes
 - b. facilitate the integration of theory and practice
 - c. scaffold learning appropriately throughout the program
 - d. encourage the development and application of critical thinking and reflective practice
 - e. engender deep rather than surface learning
 - f. encourage students to become self-directed learners
 - g. embed recognition that graduates take professional responsibility for continuing professional development and life-long learning
 - h. instil in students the desire and capacity to continue to use and learn from research throughout their careers
 - i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills
 - j. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.

²⁶ Including the current *Australian Safety and Quality Framework for Health Care* released by the Australian Commission on Safety and Quality in Health Care. Viewed at: www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf on 2 November 2015.

Standard 3: Program development and structure

The program of study is developed in collaboration with key stakeholders to reflect contemporary trends in midwifery practice and education, comply with AQF level 7²⁷ and enable graduates to meet the National Competency Standards for the Midwife. Midwifery practice experience is sufficient to enable safe and competent 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 health disciplines, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals and communities.
- 3.2 Contemporary midwifery and education practice in the development and design of the curriculum.
- 3.3 A map of subjects against the National Competency Standards for the Midwife that 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 That the minimum length of the re-entry to the register midwifery program is 3 months full time equivalent.
- 3.7 Midwifery practice experience placement²⁸ is incorporated into the program across a variety of care settings and is sufficient for students to meet the National Competency Standards for the Midwife and achieve the minimum midwifery practice requirements stipulated in Standard 8.
- 3.8 That content and sequencing of the program of study, and where possible, additional simulated learning²⁹ opportunities, prepare students for undertaking the specified midwifery practice experience.
- 3.9 Midwifery practice experience is conducted in Australia to support the acquisition of competence and facilitate transition to practice. A summative assessment is made against all National Competency Standards for the Midwife in a midwifery practice setting.
- 3.10 Equivalence of subject outcomes for programs taught in Australia in all delivery modes in which the program is offered, whether subjects are delivered on-campus or in mixed mode, by distance or by e-learning methods.

27 AQF, (2013). Second Edition. Viewed at: www.aqf.edu.au/ on 2 November 2015.

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

29 Refer to glossary for an operational definition of simulated learning—to be read in conjunction with the definition for midwifery practice experience placement.

Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Midwife and incorporates Australian and international best practice perspectives on midwifery as well as existing and emerging regional, national and international health priorities.

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
 - b. subject outlines
 - c. links between subject learning outcomes and their assessment and the National Competency Standards for the Midwife
 - d. teaching and learning strategies
 - e. midwifery practice experience plan across a variety of midwifery practice settings.
- 4.2 The program content focuses on contemporary midwifery practice. This includes woman-centred midwifery care, midwifery continuity of care and primary health care principles as well as incorporation of regional, national and international maternity care priorities, research, policy and reform.
- 4.3 Research and evidence-based inquiry underpins all elements of curriculum content and delivery.
- 4.4 Program content includes but is not limited to supporting further development and application of knowledge and skills in:
 - a. critical thinking and reflective practice
 - b. research appreciation and translation into practice
 - c. legislative, regulatory³⁰ and ethical requirements for contemporary practice
 - d. assessment, planning, implementation and evaluation of midwifery care
 - e. complex and emergency care, including recognising and responding to deterioration in the woman and/or baby
 - f. pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwifery scope of practice and context
 - g. health informatics and health technology³¹.

³⁰ Refer to NMBA policies, standards, guidelines and codes—available at www.nursingmidwiferyboard.gov.au/

³¹ Refer to ANMAC, (2014). Health informatics and health technology explanatory note—available at www.anmac.org.au/sites/default/files/documents/20150130_Health_Informatics_Technology_Explanatory_Note.pdf.

- 4.5 Inclusion of content that develops understanding and appreciation of consumer perspectives of maternity care, the woman's right to make choices, and the role of the midwife to provide information relating to safety and care alternatives to support the woman's informed choice.
- 4.6 Inclusion of content giving students an appreciation of the diversity of Australian cultures, to develop and engender their knowledge of cultural safety and respect.
- 4.7 Inclusion of subject matter specifically addressing Aboriginal and Torres Strait Islander peoples' histories, health, wellness and cultures, as well as midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples.

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. This includes a summative assessment of student performance against the National Competency Standards for the Midwife.

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 are provided to students at the start of each subject.
- 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 midwifery practice experience and theoretical components of the program to enhance individual and collective learning as well as inform student progression.
- 5.5 A variety of assessment approaches are used across a range of contexts to evaluate competence in the essential knowledge, skills and behaviours required for midwifery practice.
- 5.6 Student communication competence and English language proficiency are assessed before undertaking midwifery practice experience.
- 5.7 Appropriate assessment is used in midwifery practice experience to evaluate students' ability to meet the National Competency Standards for the Midwife.
- 5.8 Ultimate accountability for the assessment of students in relation to their midwifery practice experience.
- 5.9 Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwife's scope of practice and midwifery context.
- 5.10 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.
- 5.11 Processes to ensure the integrity of any online assessment.
- 5.12 Collaboration between students, health service providers and academics in selecting and implementing assessment methods.
- 5.13 A summative assessment of student achievement of competence against the National Competency Standards for the Midwife is conducted by a midwife³² in an Australian midwifery practice setting before program completion.

³² Has current Australian general registration as a midwife.

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. requirements for registration as specified in the NMBA Re-entry to Practice Policy³³
 - i. a NMBA letter of referral is required when applying to enter the program
 - d. compliance with the National Law³⁴ by notifying the Australian Health Practitioner Regulation Agency (AHPRA) if a student undertaking midwifery practice experience has an impairment that may place the public at risk of harm
 - e. specific requirements for right of entry to health services for midwifery practice experience placements
 - f. continuity of care experience requirements and implications for academic and personal life
 - g. requirements for registration as a midwife by the NMBA including, but not limited to, the explicit registration standard on English language skills.
- 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 successfully undertake academic experience and 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 of and support for students not performing well academically or with professional conduct issues.
- 6.6 All students have equal opportunity to attain the National Competency Standards for the Midwife. The mode or location of program delivery should not influence this opportunity.

33 NMBA, (2015). NMBA Re-entry to practice policy. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Policies.aspx on 2 November 2015.

34 AHPRA, (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 141(1), (b). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015.

- 6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
- 6.8 Affirmative action strategies are adopted to support the enrolment of Aboriginal and Torres Strait Islander students and a range of supports are provided to students.
- 6.9 Other groups under-represented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and a range of supports are provided to students.
- 6.10 People with diverse academic, work and life experiences are encouraged to enrol in the program.

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 meet the National Competency Standards for the Midwife.

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 midwifery practice related subjects have current Australian general registration as a midwife with relevant clinical and academic preparation and experience.
- 7.8 Academic staff are qualified in midwifery 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, that 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 registration, of current and incoming staff and evaluate their performance and development needs.

Standard 8: Management of midwifery practice experience

The program provider ensures that every student is given a variety of supervised midwifery practice experiences conducted in environments providing suitable opportunities and conditions for students to meet the National Competency Standards for the Midwife.

Criteria

The program provider demonstrates:

- 8.1 Constructive relationships and clear contractual arrangements with all health providers where students gain their midwifery practice experience and processes to ensure these are regularly evaluated and updated.
- 8.2 Risk management strategies in all environments where students are placed to gain their midwifery practice experience and processes to ensure these are regularly reviewed and updated.
- 8.3 Midwifery practice experiences provide timely opportunities for experiential learning of curriculum content that is progressively linked to the attainment of the National Competency Standards for the Midwife.
- 8.4 Each student is provided with a variety of midwifery practice experiences with opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.
- 8.5 Policies and procedures for effective and ethical³⁵ recruitment processes that enable women to participate freely and confidentially in continuity of care experiences and students to engage readily with women who consent to participate.
- 8.6 Clearly articulated models of supervision, support, facilitation and assessment are in place for all midwifery practice experience settings, including all aspects of continuity of care experiences, so students can achieve the required learning outcomes and National Competency Standards for the Midwife.
- 8.7 Mechanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences.
- 8.8 Academics, midwives and other health professionals engaged in supervising, supporting and/or assessing students during midwifery practice experiences are adequately prepared for the role and seek to incorporate cultural, contemporary and evidence-based Australian and international perspectives on midwifery practice.
- 8.9 Assessment of midwifery competence within the context of the midwifery practice experience, including continuity of care, is undertaken by a midwife³⁶ practicing in Australia with current skills needed to assess students undertaking an entry to practice program against the National Competencies for the Midwife.

35 For an explanation of what is considered ethical midwifery practice refer to the NMBA's *Code of professional conduct for midwives in Australia*—available at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx.

36 Must hold current Australian general registration as a midwife.

- 8.10 Appropriate resources are provided, monitored and evaluated to support students while on midwifery practice experience, including continuity of care experiences.
- 8.11 The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum³⁷, supervised midwifery practice experience requirements.³⁸

Continuity of care experiences—recruitment may occur from 28 weeks onwards

- a. Experience in woman-centred care as part of continuity of care experiences. The student is supported to:
- i establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care
 - ii provide midwifery care within a professional practice setting and under the supervision of a midwife
 - iii engage with a minimum of 2 women—engagement involves attending four antenatal visits, two postnatal visits and the labour and birth
 - iv maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

Antenatal care

- b. Attendance at 25 antenatal episodes of care,³⁹ this may include women the student is following as part of their continuity of care experiences.

Labour and birth care

- c. Under the supervision of a midwife, act as the primary accoucheur for 7 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:
- i providing direct and active care in the first stage of labour, where possible
 - ii managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required
 - iii facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation
 - iv assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral and clinical handover.
- d. Provide direct and active care to an additional 2 women throughout the first stage of labour and, where possible, during birth—regardless of mode.

37 These are minimum requirements. Where possible, it is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.

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

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

Complex care

- e. Provide direct and active care to 10 women with complex needs. Student experiences to be varied across pregnancy, labour, birth or the postnatal period. This may include women the student has engaged with as part of their continuity of care experiences.⁴⁰

Postnatal care

- f. Attendance at 25 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.
- g. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.⁴¹
- h. Experiences in women's health and sexual health.
- i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation.

Neonatal care

- j. Experience in undertaking 5 full examinations of a newborn infant.⁴²
- k. Experiences in care of the neonate with special care needs.⁴³

⁴⁰ These 10 women may also include individual women (with complex needs) who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f) – this will facilitate experiences occurring across a variety of points in the childbirth continuum. Refer to the glossary for an operational definition of complex needs.

⁴¹ The Baby Friendly Health Initiative is underpinned by the 'Ten Steps to Successful Breastfeeding' and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding.

⁴² This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences.

⁴³ Refer to the glossary for an operational definition of special care needs.

Standard 9: Quality improvement and risk management

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

Criteria

The program provider demonstrates:

- 9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.
- 9.2 Regular evaluation of academic and clinical supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.
- 9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.
- 9.4 Quality cycle feedback gained from stakeholders, including consumers, is incorporated into the program of study to improve the experience of theory and practice learning for students.
- 9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding midwifery practice, health care research and health policy and reform.
- 9.6 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

Glossary and abbreviations

Academic staff—education provider staff who meet the requirements established in Standard 7 (must be registered and hold a relevant qualification higher than that for which the students they instruct are studying) and are engaged in teaching, supervising, supporting and/or assessing students for acquiring required skills, knowledge, attitudes and graduate competency outcomes.⁴⁴

Accoucheur—is used in the standards by its colloquial meaning, that is, a midwife, of any gender, who is the primary birth attendant conducting the birth of the baby.

It is noted that this word, which is French in origin, means a male midwife or a man who assists women during or giving birth. The feminine version of this word is *accoucheuse*.

Assessment contexts—includes the professional practice context and simulated or laboratory contexts.⁴⁵

Assessment tasks—includes, for instance, written papers, oral presentations or demonstrations of competence in midwifery practice.

Assessment types—includes formative assessment (intended to provide feedback for future learning, development and improvement) and summative assessment (that indicates whether certain criteria have been met or certain outcomes have been achieved).⁴⁶

Australian Health Practitioner Regulation Agency—AHPRA is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA supports the National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme. AHPRA manages the registration and renewal processes for health practitioner and students around Australia.

Australian Nursing and Midwifery Accreditation Council—ANMAC is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. In this role ANMAC is responsible for developing the content of accreditation standards and for determining whether programs of study for nurses and midwives seeking to practice in Australia meet the required education standards. This contributes to protecting the health and safety of the community.

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

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

44 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

45 *ibid.*

46 *ibid.*

Australian Skills Quality Authority—ASQA is the national regulator for Australian’s vocational education and training sector that regulates courses and training providers to ensure nationally approved quality standards are met.

Australian university—refers to a higher education provider registered with TEQSA in the ‘Australian university’ provider category.

Collaborative practice—refers to a group of maternity care professionals who collaborate with each other and with women in the planning and delivery of their maternity care.⁴⁷

Competence—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area.⁴⁸

Competent—refers to the person who has competence across all the domains of competencies applicable to the midwife, at a standard judged to be appropriate for the level of midwife being assessed.⁴⁹

Complex needs—relates to women requiring care beyond what would be considered routine or normal by the health service. Refers to the application of care principles for a range of experiences including maternity emergencies and recognising and responding to clinical deterioration in women with complex needs.⁵⁰ This is inclusive of situations where women may be experiencing risks to social and psychological wellbeing, mental health or requiring medical or surgical care.

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.⁵¹

Continuing professional development—is the means by which members of the professions maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.⁵²

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 models.⁵³

47 Australian Government, National Health and Medical Research Council (2010). National guidance on Collaborative Maternity Care. Viewed at: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/CP124.pdf on 2 November 2015.

48 NMBA, (2006). *National Competency Standards for the Midwife*, Canberra. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards on 2 November 2015.

49 *ibid.*

50 For examples of women with complex needs refer to Codes B and C in the current *Australian College of Midwives National Midwifery Guidelines for Consultation and Referral*.

51 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

52 NMBA, (2016). Fact Sheet: Continuing Professional Development. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/CPD-FAQ-for-nurses-and-midwives.aspx on 8 March 2016.

53 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

In terms of the student of a re-entry to the register midwifery program, it is likely that the relationship between the student and the woman will begin late in the pregnancy and include antenatal, intrapartum and postnatal care experiences.

Criteria—refers to statements used to support a standard on which a judgement or decision in relation to compliance with accreditation standards can be based.

Cultural safety—is effective midwifery practice with a person or a family from other cultures, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; indigeneity, 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 identities and wellbeing of an individual.⁵⁴

Curriculum—incorporates the program’s total planned learning experience including:

- educational and professional midwifery philosophies
- program structure and delivery modes
- subject outlines
- links between subject learning outcomes, their assessment and the National Competency Standards for the Midwife
- teaching and learning strategies
- midwifery practice experience placement plan.

Deep versus surface learning—surface learning is when students accept information at face value and focus on merely memorising it as a set of unlinked facts. This leads to superficial, short-term retention of material, such as for examination purposes. In contrast, deep learning involves the critical analysis of new ideas, linking them to already known concepts and principles. This leads to understanding and long-term retention of concepts so they can be used to solve problems in unfamiliar contexts. Deep learning promotes understanding and application for life.

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.⁵⁵

Education provider—is a university or other higher education institution, or a Recognised Training Organisation (RTO) that is responsible for a program; the graduates of which are eligible to apply for nursing or midwifery registration or endorsement.

Emotional intelligence—the ability to identify in oneself and others, understand and manage emotions. Includes the domains of self-monitoring, self-regulation, self-motivation, empathy and social skills.⁵⁶

54 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, p. 7. Viewed at www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses on 2 November 2015.

55 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

56 Goleman, D, (2005). *Emotional Intelligence (Why it can matter more than IQ)*. 10th anniversary edition. Bantam Books. London.

English language proficiency—where English language skills, including listening, reading, writing and speaking, are at a level enabling the provision of safe, competent practice. Demonstration of English language proficiency, as per the NMBA English Language Skills Registration Standard, is a criterion for registration.⁵⁷

Equivalent professional experience—refers to the successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience⁵⁸ in the discipline being taught, to demonstrate competence in applying the discipline's principles and theory.

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

Graduates—those who, having undertaken a program of preparation/education, are eligible to apply for midwifery registration.⁵⁹

Head of school/Head of discipline—refers to the lead midwifery academic responsible for designing and delivering the midwifery program of study on behalf of the education provider.

Health informatics—refers to the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.⁶⁰

Health Practitioner Regulation National Law Act 2009 (the National Law)—this legislation contained in the schedule to the Act, 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.⁶¹

Health service providers—refers to health units or other appropriate service providers, where students undertake supervised professional experience as part of a program, the graduates of which are eligible to apply for midwifery registration (adapted from definition for 'clinical facilities' in the ANMC National Accreditation Framework).⁶²

57 NMBA, (2015). *English Language Skills Registration Standard*. Viewed at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 2 November 2015.

58 As referred to in the *Nursing and Midwifery Recency of Practice Registration Standards*, NMBA. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 2 November 2015.

59 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

60 Standards Australia (2013). *e-health: What is Health Informatics?* Viewed at www.e-healthstandards.org.au/ABOUTIT014/WhatIsHealthInformatics.aspx on 2 November 2015.

61 AHPRA, (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 3(1). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015.

62 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

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 registered with TEQSA.⁶³

Interprofessional learning—occurs when members of two or more professions learn with, from and about each other to improve collaboration and the quality of care.⁶⁴

Learning outcomes—the skills, knowledge and attitudes identified as the requirements for satisfactory program completion including, but not limited to, the graduate competency outcomes.⁶⁵

Life-long 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.⁶⁶

Midwife—is a protected title under the National Law⁶⁷ and refers to a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise midwifery in Australia.

Midwife, international definition—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.

A midwife may practise in any setting, including the home, community, hospitals, clinics or health units.⁶⁸

63 TEQSA, (2011). Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2. Viewed at www.teqsa.gov.au/regulatory-approach/higher-education-standards-framework on 2 November 2015.

64 ANMAC, (2012). Registered Nurse Accreditation Standards. Viewed at www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf on 2 November 2015.

65 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

66 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.

67 AHPRA, (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 113(1). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015.

68 International Confederation of Midwives, (2011). *International Definition of the Midwife*, Brisbane, Australia.

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.⁶⁹

Midwifery practice experience placement—the component of midwifery education that allows students to put theoretical knowledge into practice within the consumer care environment. Includes, but may not be limited to, continuity of care experiences. Simulation is integral to preparing students for clinical placement experiences; however, it is not a component of midwifery practice experience placement.

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.⁷⁰ In due course these will be supplanted by the NMBA Midwife standards for practice.

Nursing and Midwifery Board of Australia—NMBA is the national regulator for the 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.

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.

Primary health care principles: are described in the Declaration of Alma Ata as:⁷¹

- Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities and are based on the application of the relevant results of social, biomedical and health services research and public health experience.
- Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.
- Include at least education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

69 Adapted from 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. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

70 Adapted from 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

71 World Health Organization, (1978). United Nations Children's Fund. *Declaration of Alma-Ata: report on the International Conference on Primary Health Care*, 6 to 12 September, Alma-Ata, Union of Soviet Socialist Republics (Soviet Union). Viewed at: www.who.int/publications/almaata_declaration_en.pdf on 2 November 2015.

- Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.
- Require and promote maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care, making fullest use of local, national and other available resources. To this end develops through appropriate education the ability of communities to participate.
- Should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.
- Rely, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

Program—refers to the full program of study and experiences that are required to be undertaken before a qualification, such as a statement of completion or attainment, can be awarded.

Program provider—refers to the school or faculty responsible for designing and delivering a program of study in midwifery leading to, in this instance, a statement of completion or attainment.

Recognition of prior learning—refers to an assessment process for the student’s 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—a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise nursing in Australia.

Regulation impact statement—is a key component of the Australian Government’s best practice regulation process and contains seven elements that set out:

1. Problems or issues
2. Desired objectives
3. Options that may achieve the desired objectives
4. Assessment of impact
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 and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.⁷²

⁷² Office of Best Practice Regulation, (2013). *Best Practice Regulation Handbook*. Viewed at: www.dpmc.gov.au/office-best-practice-regulation/publications/best-practice-regulation-handbook on 2 November 2015.

Research—according to Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education specifications for the Higher Education Research Data Collection, research comprises: creative work undertaken on a systematic basis to increase 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; should have investigation as a primary objective and the potential to produce results that are sufficiently general for humanity’s stock of knowledge (theoretical and/or practical) 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—refers to application of a systematic approach to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual) and professional practice. Also includes applying this new knowledge to the enrichment of the life of society.

School—refers to an organisational entity of an education provider responsible for designing and delivering a program of study in nursing or midwifery. Where the school of midwifery is part of a larger faculty, the school is regarded as the program provider for these standards.

Simulated learning—educational methods or experience evoking or replicating aspects of the real world in an interactive manner. As an educational method it can provide learning conditions to develop competency in less common clinical practice areas such as maternity and neonatal emergencies, vaginal breech births, perineal infiltration and episiotomies. It may also be used to develop foundational skills including, but not limited to, venepuncture, cannulation, catheterisation, perineal repair and interpretation of fetal heart patterns.

Special care needs—relates to babies experiencing a deviation from physiological functioning or normal postnatal adaptation and who require care beyond what is considered normal or routine by the health service. Refers to the application of care principles for a range of experiences including neonatal resuscitation, stabilisation for transfer and recognising and responding to clinical deterioration in the neonate.⁷³

Spontaneous vaginal birth—when a woman gives birth vaginally, unassisted by forceps or vacuum extractor. The labour may or may not be spontaneous.

Standard—a level of quality or attainment.

Student—any person enrolled in a program leading to general registration as a midwife.

Statement of attainment/completion—means a statement issued by an education provider to a person confirming that the person has satisfied the requirements of the program specified in the statement.

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

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

⁷³ For examples of neonates with special care needs refer to postpartum infant clinical indications, codes B and C, in the current *Australian College of Midwives, National Midwifery Guidelines for Consultation and Referral*.

Supervision and support—where, for instance, a suitably prepared academic staff member or midwife supervises and supports a student undertaking a re-entry to the register midwifery program on a professional experience placement. Includes supervision and support provided for the student’s participation in continuity of care experiences.

Tertiary Education Quality and Standards Agency—TEQSA is responsible for regulating and assuring the quality of Australia’s large, diverse and complex higher education sector. TEQSA registers and evaluates the performance of higher education providers against the Higher Education Standards Framework and undertakes compliance and quality assessments.⁷⁴

Woman—a term including the woman, her baby (born and unborn), and, as negotiated, with the woman, her partner, significant others and the community.⁷⁵

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:⁷⁶

- 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 on the institutions or professionals involved
- includes collaboration and consultation between health professionals.

74 TEQSA, (2011). Higher Education (Threshold Standards) 2011 Legislative Instrument. Viewed at: www.comlaw.gov.au/Details/F2013C00169 on 2 November 2015.

75 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*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 2 November 2015.

76 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 November 2015.

