Australian Nursing and Midwifery Accreditation Council  
Email: standardsreview@anmac.org.au

Dear Sir/Madam

Review of Midwife Accreditation Standards, Consultation Paper 1

Thank you for the opportunity to consult on the Review of Midwife Accreditation Standards Consultation Paper 1. See attached ACT Health Directorate Nursing & Midwifery Office response for your consideration.

Should you require further information on this response, do not hesitate to contact Mary Brunton, Nursing & Midwifery Advisor on 02 51244978 or via email mary.brunton@act.gov.au

Yours sincerely

Hamish Jeffrey  
ACT Chief Nursing and Midwifery Officer  

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Review of Midwifery Accreditation Standards

Nursing & Midwifery Office, ACT Health
Review of Midwifery Accreditation Standards

Question 1
Please indicate your agreement/disagreement with the following statement.

The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.

Strongly Agree

Response:

The ACT supports minimum practice requirements as a baseline, to ensure consistency across the education system to deliver quality education and learning experiences in a supported environment. The current minimum requirement for midwifery practice experience helps with skill development, increases the practitioner’s confidence, provides practical experience and learning to ensure a robust foundation for Midwives. The ACT would not support a reduction in the minimum number of supervised practice hours.

In addition, ensuring minimum ‘continuity of care’ experiences, increases understanding of midwifery partnership and normal midwifery practice.

The current expected midwifery practice experience requirements prepare students to move along the continuum of practice from novice to expert midwives.

Question 2
How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Response:

A robust education framework including practical skills, learning and competency assessments underpinned by a strong foundation of reflection, woman-centredness and continuity of care. Maintaining the minimum practice experiences supports preparation for the full scope of midwifery practice. Inclusion of practical clinical placements to prepare graduates to work across tertiary and primary health care settings.

The length of program for post graduate courses needs to be at least 18 months.

Ensuring clinical and technical skills are part of the educational program to enable graduates to meet the full scope of midwifery practice. Include technical skills to meet full scope of midwifery practice, such as but not limited to prescribing, diagnostic referral, cannulation, episiotomy and perineal repair, vaginal examination, ordering and interpreting pathology.
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Simulation remains relevant and an appropriate method to support midwifery education but should not replace mandated direct clinical practicum hours for midwifery education.

Question 3

How can the Midwife Accreditation Standards best support inter-professional learning?

Response:

Include interprofessional learning as a standard/strengthen standard. Inter-professional learning is essential across all the health professions. Each health professions accreditation standard needs to include IPL as a learning outcome.

Suggest a theory unit and competency is embedded in the curriculum. Deliver units to mixed professional groups and include education from different professions. Provide opportunity for undergraduate inter-professional learning placement.

Question 4

What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Response:

The ACT supports maintaining the current minimum number of supervised practice hours. The ACT would not support a reduction in this current minimum number of supervised practice hours. If anything, we would support an increase in the supervised practice requirements.