

Accreditation standards review

Written submission form

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Please select one of the following:

- This is a public submission. It does not contain 'in confidence' material and can be loaded on the ANMAC website
- This submission contains 'in confidence' material and cannot be loaded on the ANMAC website.

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 disagree
- Disagree
- Unsure/don't know
- Agree
- Strongly Agree

Please provide a rationale for your choice

Minimum numbers should remain and these need to be increased to 20 Continuity of Carer experiences across the woman's maternity continuum for all students and all programs and not be dependant on the program a student may be enrolled in.

Competency needs to be achieved within the clinical environment and not just a skills laboratory. Competency gained in a skills lab compared to that in the real world are vastly different and can undermine the graduate's confidence if never having been exposed to applying skills in practice before graduating.

These minimum practise requirements ensure students are exposed to clinical learning. Students need to be beginner practitioners on completion of their program (both technically and theoretically competent), with relatively smooth transition to working within the clinical environment at time of registration to ensure safe clinical care is available to women and their families.

Students require to maintain experience in woman-centred care as part of continuity of care experiences. The student should be supported to:

- a) 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
- b) provide midwifery care within a professional practice setting and under the supervision of a midwife
- c) engage with 20 women during pregnancy, labour and birth and the postpartum, according to individual circumstances, which involves attending a minimum four antenatal visits, four postnatal visits and include attendance at the labour and birth.
- d) maintain a record of engagement that incorporates regular reflection and review by the education or health service provider.

2. Attendance at 100 antenatal episodes of care, which may include women the student is following as part of their continuity of care experiences.

3. Attendance at 100 postnatal episodes of care with women and, where possible, their newborn babies, which may include women the student is following as part of their continuity of care experiences.

4. Act as the primary accoucheur for 20 women who experience a spontaneous vaginal birth which is to include women being followed as part of continuity of care experiences. This also involves:
 - a) managing the third stage of labour, including the student implementing all strategies to attempt birth of the placenta when manual removal is required
 - b) facilitating initial mother and baby interaction
 - c) monitoring the postnatal adaptation of mother and baby.
5. Provide direct and active care to an additional 10 women during labour and, where possible, during birth regardless of mode.
6. Experience of caring for 40 women with complex needs across pregnancy, labour, birth or the postnatal period, which may include women the student is following as part of their continuity of care experiences.⁴¹
7. Experience in undertaking 20 examinations of the new born.
8. Experience in care of babies with special needs.
9. Experience in women's health and sexual health.
10. Experience in supporting women to infant feed and in applying the World Health Organisation's ten steps to successful breastfeeding.

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

Competency needs to be achieved within the clinical environment and not just a skills lab

- All MGP should be required to offer graduate positions for the 12-month graduate year.
- As MGP and midwifery models grow across Australia – students should be encouraged to focus on clinical practise experiences in COC models. This would then clearly ensure students have experienced and have worked within models where midwives are able to work to full scope of practise.
- Educational models and curriculums should be built around CoC experiences and models, then students are prepared to work within the models and recognise working to full scope of practise as the imperative.

Other skills that are required for example would include at minimum

- Cannulation
- Vaginal examinations
- Perineal repair
- Ordering and interpreting pathology
- Prescribing and administering medication
- Abdominal scanning for growth, position and placental placement to be included in curriculums

- Water immersion and water birth

Reflective practice.

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

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

To support interprofessional practice and learning, health professionals need to:

- recognise and respect other professional groups educational preparation, knowledge and skill set and create a safe environment where differing opinions are welcome
- validate and acknowledge differing perspectives
- communicate positively and constructively
- see conflict as normative but also as having potential for a positive outcome.

The Standards need to identify opportunity for students learning and educational opportunities with Allied Health and Medical schools. Recognition of the other professional groups, knowledge of all 3 professionals with the inclusion of educational topics such as interprofessional respect, collaboration, collaborative team work, Ordering and interpreting pathology, Prescribing and administering medication, Abdominal scanning for growth, position an placental placement to be included in curriculums. Students should be required to participate in collaborative case reviews collaborative team meetings whilst on clinical placements.

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

Students should be introduced to peer review, with preparedness to undertake ongoing facilitated group clinical supervision for the psychological safety of midwives and along with safety of women and their babies.

When completing a formal written submission please:

- complete the **written submission form** (324 KB)
- provide your file as a .docx or .pdf
- respond to the questions in the consultation paper, rather than provide a general response
- address your submission to Standards Review and lodged by email to **standardsreview@anmac.org.au** or mail to:

Box 1: Standards Review
Australian Nursing and Midwifery
Accreditation Council
GPO Box 400
Canberra City ACT 2601

Opening date: Wednesday, 29 May 2019

Closing date: Wednesday, 10 July 2019

Please note: Due to project timelines, extensions to the closing date cannot be granted.