Australian
**Nursing & Midwifery**
Accreditation Council

# Midwife Accreditation Standards and Essential Evidence

**Owner:** Accreditation
**Revision:** 1.0
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# Draft Midwife Accreditation Standards

| Draft Midwife Accreditation Standards | Essential Evidence |
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| An essential evidence document accompanies the Midwife Accreditation Standards. This document is integral to the standards and a submission against these standards is not complete without providing the essential evidence. Additional evidence may be provided or requested. | |
| **Standard 1: Safety of the public** | **Essential Evidence** |
| 1.1 The program's guiding principle is safety of the public. | • Curriculum document with a clear and detailed explanation of the principle of public safety in the program's conceptual framework.<br>• Mapping of current National Safety and Quality Health Services Standards[1] |
| 1.2 The program is delivered in Australia[2] to prepare graduates for safe and ethical practice. | • Evidence of where the Nursing and Midwifery Board of Australia's (NMBA) professional standards are introduced, included and scaffolded across the program, including codes of conduct, standards for practice and codes of ethics.<br>• Policies and procedures guiding student performance, conduct, ethical and professional behaviour in all settings. |
| 1.3 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements:<br><br>    a.   to meet the program's inherent requirements | • Admission policy.<br>• Affirmative action strategies in place to enrol, support and retain Aboriginal and Torres Strait Islander students.<br>• Program application information.<br>• Screen shot of the education provider's website showing program admission requirements.<br>• Inherent requirements policy (or university equivalent). |
|     b.   to demonstrate English language proficiency either through providing a declaration that English is their primary language or achievement of minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard[3] | • Information provided to students before enrolment, that clearly states English language entry requirements.<br>• Policies and procedures for recording students' English language assessment test results.<br>• Template for student declaration where English is the primary language. |

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[1] National Safety and Quality Health Services Standards. 2017

[2] Except as it relates to criteria 2.4 and 3.1

[3] Nursing and Midwifery Board of Australia. Registration standard. English language skills 2019.

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| c. to meet the requirements for placement in midwifery practice settings for registration with the NMBA on completion of the program | • Lists health service provider requirements for undertaking MPE (for example, immunisation, criminal history checking). |
| d. for registration with the NMBA on completion of the program | • Information provided to students before enrolment, that includes NMBA registration standards |
| 1.4 The education provider ensures that midwifery settings in which students undertake midwifery practice experience[4] (MPE) have:<br><br>a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards | Policies and procedures relating to risk management and safety in MPE, addressing:<br>• risk assessing clinical learning environments before student MPE<br>• reporting when a clinical learning environment or student practice is considered inappropriate or unsafe<br>• ensuring the minimum qualifications required of clinical staff supervising students<br>• expected ratio of midwifery students to supervising midwives |
| b. midwives who are prepared for the supervisory role and are able to supervise and assess students during all MPE | Documented processes and examples for:<br>• preparing students to use and appraise organisational policies and procedures during MPE<br>• preparing and supporting preceptors (midwives supervising students) to engage students in organisational policies and evidence-based practice<br>• providing students and clinical supervisors with relevant risk management and safety information and details of MPE supervision models (for example, MPE handbook, log and/or portfolio, MPE Guide for Clinical Agencies and/or Clinical Facilitators<br>• informing clinical facilitators about their roles and responsibilities on MPE, if employed by the education provider (for example, position description). |
| c. relevant registered health practitioners available for collaborative teaching and learning opportunities in interprofessional settings. | Policies and procedures relating to shared responsibility, risk management and safety in MPE, supporting interprofessional teaching and learning by relevant registered health professionals during MPE |
| 1.5 Students are registered with the NMBA before their first MPE[5]. | • Details of internal (school/department) processes for ensuring students are registered with the NMBA before MPE.<br>• Documented information provided to students about NMBA student registration (for example, student handbook, program materials and program website). |

[4] Refer to glossary for an operational definition of midwifery practice experience.

[5] NMBA. Fact sheet. For education providers on student registration. 2019.

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| 1.6 The education provider has processes in place to manage students with identified impairments[3] that, in the course of MPE, may place the public at risk. These processes include procedures for mandatory reporting[6] where required. | • Policies and processes for managing identified or reported student impairments<br>• Documented procedures for mandatory reporting to the NMBA under the National Law |
| 1.7 The program's progression policies and rules ensure that only those students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for MPE. | • Policies, procedures and guidelines to assess student competence to attend MPE.<br>• Course progression rules specific to the program of study, readily available and accessible to students.<br>• Pre-placement checklist verifying students' right of entry to MPE.<br>• Examples of assessments undertaken by students before each scheduled MPE.<br>• Complaint and appeal policy and procedure. |
| **Standard 2: Governance** | **Essential Evidence** |
| 2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency[7] as an Australian university or other higher education provider. | • Details/diagram of the academic governance arrangements for the program of study.<br>• Screen shot of the education provider's registration on the Tertiary Education Quality and Standards Agency (TEQSA) national register of higher education providers.<br>• A response report addressing any conditions that TEQSA has applied. |
| 2.2. The education provider conducting the program has a governance structure that recognises the autonomous identity of the profession of midwifery. The structure facilitates the direct input of the discipline lead of midwifery (or delegate) into committees and processes directly or indirectly impacting on the midwifery program.<br><br>The head of discipline:<br><br>a. a midwife registered with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct[8] | • Head of discipline's curriculum vitae with evidence of NMBA registration (with no conditions or undertakings)—screenshot.<br>• Head of discipline's details included in the ANMAC Staff Matrix Template. |
| b. holds a relevant post-graduate qualification | • Head of discipline's curriculum vitae with evidence of relevant post graduate qualifications.<br>• Head of discipline's details included in the ANMAC Staff Matrix Template. |
| c. is appointed at a senior level and can demonstrate active, strong links to contemporary practice, has responsibility for academic oversight of the program | Head of discipline's position descriptions demonstrating:<br>• reporting relationships<br>• roles and responsibilities |

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[6] Ahpra. Guidelines for mandatory notifications.2014.

[7] For an explanation of provider see: TEQSA (2011). Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2.

[8] For definitions related to conduct and performance within the *Health Practitioner Regulation National Law*, as in force in each State and Territory, (National Law), see Part 1, Section 1.

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| | • staff professional development policy. |
| | Details/diagrams of reporting relationships and committee structures demonstrating academic oversight of the midwifery program. |
| d.   promotes high-quality teaching and learning experiences for students to enable graduate competence | Organisational charts of the education provider conducting the program with reporting lines encompassing program governance and oversight. |
| | Details/diagrams of reporting relationships and committee structures demonstrating: |
| | • promotion of high-quality teaching and learning experiences for students. |
| | • staff performance and appraisal policy. |
| e.   ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements | Insurance policy and indemnification certificate covering activities undertaken as part of program requirements. |
| 2.3 The education provider undertakes consultation into the design and ongoing management of the program from external representatives of the midwifery profession, Aboriginal and/or Torres Strait Islander peoples, consumers, students, carers and other relevant stakeholders. | • Committee structures with reporting lines, relevant to the program of study.<br>• Terms of reference for advisory committees listing stakeholder membership, inclusive of industry partners where students undertake MPE and notes on each member's position and represented organisation.<br>• Schedule for meetings and/or consultations relevant to the program.<br>• Agendas, meeting minutes, list of attendees, their contributions and actions arising from consultation relevant to program design and management. |
| 2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NMBA Midwife standards[9] for practice. | • Curriculum document and program information identifying all program entry pathways and associated admission criteria.<br>• Credit transfer and Recognition of Prior Learning policy and procedure aligning with the Australian Qualifications Framework's Qualifications Pathway Policy[10].<br>• Description of how staff will apply the credit policy to the midwife program.<br>• Rationale for block credit.<br>• Mapping that demonstrates how graduates from each pathway will meet the Midwife standards for practice. |
| 2.5 The program's quality improvement mechanisms incorporate evaluation information from a variety of sources and address:<br>   a.  risk assessment of student learning environments | • Program report (for example, an annual program dashboard).<br>• Quality improvement framework, including risk assessment policy or processes for academic, simulated and clinical (MPE) learning and teaching environments |
|    b.  student evaluations | • Analysis reports arising from surveys identifying outcomes and program quality improvements |

[9] NMBA. Midwife standards for practice. 2018.

[10] Australian Qualifications Framework's Qualifications Pathway Policy. 2013.

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| c. internal and external academic and health professional evaluations | • Quality improvement framework, including:<br><br>    ○ risk assessment policy or processes for academic, simulated and clinical (MPE) learning and teaching environments<br><br>    ○ schedules for subject and MPE surveys and/or evaluations (staff, students and industry partners) that may include, or be in addition to, TEQSA student evaluation requirements |
| d. evidence-based developments in:<br>    i. midwifery professional education<br>    ii. health professional education<br>    iii. health and health care | • Demonstrated staff opportunities for program quality improvement activities, including staff professional development.<br>• Demonstrated staff access to research databases and/or journals to inform understanding of developments in:<br>    ○ midwifery professional education<br>    ○ health professional education<br>    ○ health and health care.<br>• Demonstrated staff opportunities for program quality improvement activities, including staff professional development plan and conferences. |
| **Standard 3: Program of study** | **Essential Evidence** |
| 3.1 The program of study is undertaken in Australia. Where there is an offshore component, the program must:<br>    a. be no more than one-fifth of the full program completed offshore[11] | Curriculum document including mapping of the program's structure across program's length and:<br>• details of any offshore study component and will be no more than one fifth of the program, including:<br>    ○ when and where offshore study is planned<br>    ○ duration of offshore study<br>    ○ types of offshore learning environments |
| b. demonstrate equivalence of learning outcomes | Curriculum document including:<br>• mapping of the program's structure across program's length<br>• details of how the offshore study component meets the requirements in ANMAC's Explanatory Note: Offshore Components in Accredited Australian Programs of Study for Nurses and Midwives. |

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[11] ANMAC. Offshore components in accredited Australian programs of study for registered nurses and midwives

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| 3.2 The program of study is delivered at an Australian Qualifications Framework[12] level 7 or above for the award of a Bachelor Degree as a minimum. | • Evidence of university accreditation of the program as an award of a Bachelor Degree or TEQSA approval for a non-self-accrediting higher education provider.<br><br>• Curriculum document detailing how subject learning outcomes reflect Australian Qualifications Framework Level 7 or above, as applicable. |
| 3.3 The curriculum document articulates<br><br>a. a woman-centred[13] philosophy<br><br>b. an educational philosophy<br><br>c. practical implementation of both within the program of study. | Curriculum document including clearly identified and referenced:<br><br>• woman-centred, midwifery and education philosophies<br><br>• explaining how these will be practically implemented within the program. |
| 3.4 Teaching and learning articulates contemporary midwifery, and health and education practice, and responds to emerging trends based on research, technology and other forms of evidence. | • Curriculum document detailing and providing examples of how teaching and learning incorporates contemporary best practice and emerging trends in:<br>o midwifery<br>o health<br>o education<br>o digital health, informed by the domains of the National Nursing and Midwifery Digital Health Capabilities Framework<br>o leadership<br>• Documented process for ensuring teaching staff are informed about, and are responsive to, contemporary practices and emerging trends in:<br>o midwifery<br>o health<br>o education<br>o digital health, informed by the domains of the National Nursing and Midwifery Digital Health Capabilities Framework<br>o leadership |
| 3.5 The program's content and subject learning outcomes ensure achievement of the NMBA Midwife standards for practice[14] and competencies as described in in the midwifery context | |

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[12] Australian Qualifications Framework. 2013.

[13] Refer to glossary for an operational definition of woman-centred.

[14] NMBA. Midwife standards for practice. 2018

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| a. recognition of regional, national and global health priorities | • Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) to support integrated knowledge of including regional, national and global health priorities<br><br>• Completed ANMAC Assessment Mapping Template mapping links among subject learning outcomes, subject assessments and the NMBA Midwife standards for practice |
| b. recognition of safety and quality standards as they relate to healthcare | • Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) to support integrated knowledge including safety and quality standards as they relate to healthcare<br><br>• Completed ANMAC Assessment Mapping Template mapping links among subject learning outcomes, subject assessments and the NMBA Midwife standards for practice |
| c. digital health and emerging technologies | • Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) to support integrated knowledge including digital health and emerging technologies:<br><br>• Completed ANMAC Assessment Mapping Template mapping links among subject learning outcomes, subject assessments and the NMBA Midwife standards for practice |
| d. integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including:<br><br>    i. social and emotional wellbeing of women<br><br>    ii. complex family health, domestic and family violence, stillbirth and bereavement care<br><br>    iii. perinatal mental health | Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) to support integrated knowledge of:<br><br>• care across the childbearing continuum that focuses on woman-centred care within the scope of midwifery practice including:<br>  o social and emotional wellbeing of women<br>  o complex family health, domestic and family violence, stillbirth and bereavement care<br>  o perinatal mental health<br>  o midwifery practice contexts<br><br>Completed ANMAC Assessment Mapping Template mapping links among subject learning outcomes, subject assessments and the NMBA Midwife standards for practice |
| e. understanding self-care, mitigating personal risk and resilience | • Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) to support integrated knowledge of understanding self-care, mitigating personal risk and resilience<br><br>• Details of strategies to support students' health and well-being when undertaking CoCE experience |
| f. equivalence in all delivery modes in which the program is offered. | Curriculum document that:<br><br>• includes as an appendix all subject outlines detailing learning outcomes and assessments<br><br>• demonstrates equivalency in subject learning outcomes in all program delivery modes. |

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| 3.6. The program's content and subject learning outcomes support the development of knowledge and skills in pharmacotherapeutics and quality use of medicines. | Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) supporting students' development of:<br>• knowledge and skills in:<br>  ○ pharmacotherapeutics<br>  ○ quality use of medicines<br>• understanding of National Prescribing Service (NPS): Competencies Required to Prescribe Medicines. |
| 3.7. The program's content and subject learning outcomes integrate interprofessional and intraprofessional learning and practice. | • Curriculum document including:<br>  ○ a definition and explanation of intraprofessional and interprofessional learning and practice<br>  ○ how this understanding translates into relevant subject learning outcomes and program content<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) that prepares students for intraprofessional and interprofessional learning and practice<br>• Completed ANMAC Assessment Mapping Template mapping links among subject learning outcomes and subject assessments for interprofessional and intraprofessional learning and practice. |
| 3.8 The program's content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice. | • Curriculum document explaining how students will develop research skills and be prepared to translate research into practice.<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) supporting students' development of research skills in:<br>  ○ conducting literature searches<br>  ○ reviewing research and other evidence<br>  ○ translating research and other evidence into practice<br>  ○ using research in practice. |
| 3.9 The program's content and subject learning outcomes embed principles of: | |

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| a) diversity, culture, inclusion and cultural safety for all people | Curriculum document including:<br>• definition and explanation of cultural diversity and cultural safety principles<br>• how this understanding translates into relevant subject learning outcomes and program content.<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) that prepares students to practice cultural safety and work with people from diverse backgrounds (for example, ethnicity, sexual identity and religion) |
| b) consumer perspectives of maternity care and the woman's right to make choices | Curriculum document including:<br>• a definition and explanation of consumer perspectives of maternity care and the woman's right to make choices<br>• how this understanding translates into relevant subject learning outcomes and program content<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) related to consumer perspectives of maternity care and the woman's right to make choices |
| c) consumer advocacy, diversity of women's choices and self-determination | Curriculum document including:<br>• a definition and explanation of consumer advocacy, diversity of women's choices and self-determination<br>• how this understanding translates into relevant subject learning outcomes and program content<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) related to consumer advocacy, diversity of women's choices and self-determination |
| d) evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice. | Curriculum document including:<br>• a definition and explanation of evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice<br>• how this understanding translates into relevant subject learning outcomes and program content<br>• Completed ANMAC Content Mapping Template including subject learning outcomes and program content (with examples) relating to evidenced-based information provided by a midwife relating to safety and care alternatives to support the woman's informed choice |

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| a. evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice. | Curriculum document including: <br><br> • a definition and explanation of evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice <br><br> • how this understanding translates into relevant subject learning outcomes and program content. |
| 3.10 The program includes: <br><br> a. Aboriginal and Torres Strait Islander peoples' history, culture and health as a discrete subject, taught from an Indigenous perspective as a mandatory subject of study and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework[15] | • Completed Staff Matrix Template identifying staff teaching **into this subject** and their qualifications and experience. <br><br> • Subject outline of this discrete subject including learning outcomes, subject content and assessment addressing midwifery theory specific to Aboriginal and Torres Strait Islander peoples' history, culture and health and referencing the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework. |
| b. midwifery practice specific to Aboriginal and Torres Strait Islander peoples embedded throughout the program. | • Content mapping across the program of content relevant midwifery practice specific to Aboriginal and Torres Strait Islander peoples based on national health priorities—as an example, see the National Aboriginal and Torres Strait Islander Health Plan 2013–2023[16]. <br><br> • Completed ANMAC Assessment Mapping Template mapping midwifery practice specific to Aboriginal and Torres Strait Islander peoples |
| 3.11. The program includes: <br><br> a. a variety of settings, relevant to the curriculum, exclusive of simulation and not exceeding one-fifth of the MPE requirements being achieved outside Australia | Curriculum document describing: <br><br> • MPE policy and procedure. <br><br> • sequencing of subjects and scheduled MPE. <br><br> • a detailed MPE plan showing that MPE: <br> o is completed across a variety of settings <br> o is conducted in Australia (except for ANMAC approved offshore components) <br> o excludes simulation <br><br> • explains how scheduled MPE facilitates students' transition to practice as a midwife <br><br> • demonstrates MPE undertaken outside Australia meets requirements in ANMAC's Explanatory Note: Offshore Components in Accredited Australian Programs of Study for Registered Nurses and Midwives |

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[15] Congress of Aboriginal and Torres Strait Islander nurses and Midwives (CATSINaM). Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework. 2017.

[16] National Aboriginal and Torres Strait Islander Health Plan 2013–2023. 2013

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| b. MPE as soon as practically possible, early in the program to facilitate engagement with the professional context of midwifery | Curriculum document describing where MPE is located as soon as practically possible, early in the program to facilitate engagement with the professional context of midwifery |
| c. MPE toward the end of the program conducted in Australia, to demonstrate achievement of the NMBA Midwife standards for practice | Curriculum document describing where MPE is located toward the end of the program conducted in Australia, to demonstrate achievement of the NMBA Midwife standards for practice. |
| d. MPE is underpinned by contractual arrangements between education providers and MPE providers. | • Contractual arrangements for MPE, including signed agreements stipulating obligations of each party.<br>• Documented processes for:<br>• establishing and maintaining communication between education provider and health services where students undertake MPE<br>• managing MPE and ensuring all students obtain the required MPE hours, including allocation, make-up and verification of MPE hours. |
| 3.12 The program includes theory and practice that is integrated throughout the program. | • Curriculum document describing and providing examples of how theory and practice is integrated throughout the program.<br>• Timetable to demonstrate how simulation is used to prepare students for MPE<br>• A professional experience plan demonstrating opportunity for students to achieve MPEs.<br>• Complete the program breakdown table within the Application Pack to demonstrate theory and practice hours for each subject on the program. |
| 3.13 The program has inclusion of periods of MPE in the program, so students can complete the following minimum[17], supervised requirements[18]:<br><br>**Continuity of care experiences (CoCE)[19]**<br><br>a. Experience in woman-centred care as part of CoCE. The student is supported to:<br>    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 | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |

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[17] These are minimum requirements. It is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.

[18] 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.

[19] ANMAC. Continuity of care experiences must only be undertaken in Australia.

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| ii. provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate | |
| iii. engage with a minimum of 10 women—engagement involves attending four antenatal and two postnatal episodes of care and, for the majority of women, 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**<br><br>b. Attendance at 100 antenatal episodes of care[20]. This may include women the student is following as part of their CoCE. | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| **Labour and birth care**<br><br>c. Under the supervision of a midwife, act as the primary birth attendant for 30 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:<br>  i. providing direct and active care in the first stage of labour, where possible<br>  ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required<br>  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<br>  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. | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| d. Provide direct and active care to an additional 10 woman throughout the first stage of labour and, where possible, during birth – regardless of mode. | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs. |

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[20] 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.

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| | • Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| **Complex care**<br><br>e. Experience in caring for 40 women with complex needs across pregnancy, labour, birth, or the postnatal period[21]. This may include women the student has engaged with as part of their CoCE. | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| **Postnatal care**<br><br>f. Attendance at 100 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their CoCE.<br>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[22].<br>h. Experiences in women's health and sexual health.<br>i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of telehealth. | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| **Neonatal care**<br><br>j. Experience in undertaking 20 full examinations of a newborn infant[23].<br>k. Experiences in care of the neonate with special care needs[24] | • Process by which students can document achievement of specific MPEs and a place for sign-off by the supervising midwife or other health practitioner.<br>• Mechanism by which the facility and university can verify completing MPEs.<br>• Mechanism by which the students' progression to completing minimum required MPE can be monitored across the course of the program. |
| 3.14 Program resources are sufficient to facilitate student achievement of the NMBA Midwife standards for practice, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice and MPEs. | • Statement about the proposed annual student population across the five years of accreditation.<br>• Program timetable demonstrating sufficient physical resources and classes for the proposed student population across the five years of accreditation. |

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[21] These 40 women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f). Refer to the glossary for an operational definition of 'complex needs'

[22] The Baby Friendly Health Initiative is underpinned by the 'International Code of marketing of breast-milk Substitutes and 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.

[23] 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.

[24] Refer to the glossary for an operational definition of 'special care needs'.

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| | • Description of the online learning environment and how it will be used by students and staff.<br><br>  o List of health facilities and associated services where students will be placed for each scheduled MPE.<br><br>  o Staffing models for academic and clinical learning environments, including simulation<br><br>• Outline of available simulated learning environments and list of available simulation equipment.<br><br>• Process by which the supply of consumables will support requirements of the proposed student population.<br><br>• Library resources available to the midwifery student population and how the library is managed.<br><br>• Affirmative action strategies for recruiting, employing, supporting and retaining Aboriginal and Torres Strait Islander staff engaged with program delivery.<br><br>Completed ANMAC Staff Matrix Template supporting assessment of the quality and quantity of human resources allocated to program delivery. |
| 3.15. The program includes content and sequencing that incorporates simulated learning experience to prepare students for MPE. | • MPE policy and procedure.<br><br>• Program timetable demonstrating how theory and simulated practice is scheduled across the program to prepare students for each scheduled MPE.<br><br>• Completed ANMAC Content mapping demonstrating simulation across the program to support student learning outcomes. |
| 3.16 Staff teaching into the program:<br><br>are qualified and experienced to deliver the subjects they teach | • Policy and/or process to support and monitor professional and academic development for staff teaching into the program and evidence of implementation.<br><br>• Documented process for verifying and monitoring academic and professional credentials and NMBA registration, including ongoing currency.<br><br>• Position descriptions for staff teaching into the program |
|   a.  are midwives when the subject relates to midwifery practice | • Completed ANMAC Staff Matrix Template supporting assessment of teaching staff's registration, credentials and ongoing professional development |
|   b.  hold one qualification higher than the program of study being taught. | • Completed ANMAC Staff Matrix Template supporting assessment of teaching staff's registration, credentials and ongoing professional development. |
| **Standard 4: Student experience** | **Essential Evidence** |
| 4.1 Program information provided to students is relevant, timely, transparent, and accessible. | • Information provided to students and how it can be accessed, including:<br><br>  o admission and enrolment information |

|  | o student or program handbook |
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|  | o subject outlines |
|  | o MPE information, including immunisation, police checks, inherent requirements, fitness to practice |
|  | o policies and procedure relating to assessment, MPE, student progression and appeals information. |
|  | • Examples of student journeys. |
| 4.2 Student academic learning needs are identified and supported by the education provider. | • Mechanisms for early identification and monitoring of students at academic risk. |
|  | • Documented process and/or flowchart offering guidance to staff on: |
|  | o early detection of students at risk of poor academic performance |
|  | o referral of students to appropriate support services. |
|  | • Samples of learning contracts used to identify and support student learning needs. |
|  | • Information provided to students about: |
|  | o the types of academic support services and how these can be accessed |
|  | o how to access academic staff support (for example, in subject outlines, student handbook, Learning Management System). |
| 4.3 Students are informed of, and have access to, grievance and appeals processes. | • Mechanism for informing students about the grievance and appeals policies and procedures. |
|  | • Description of how students can access the grievance and appeals policies and procedures. |
| 4.4 Students are informed of, and have access to, pastoral and/or personal support services. | • Mechanism for informing students about pastoral and/or personal support services. |
|  | • Description of support services and how these can be accessed by students. |
| 4.5 Students are represented on program advisory and decision-making committees. | • Terms of reference for relevant committees including student membership and meeting schedules. |
|  | • Examples of student consultation and collaboration, decisions made and implementation into the program. |
|  | • Policy and process for recruiting and preparing students for a representative role. |
| 4.6 Student experiences have equity and diversity principles observed and promoted. | • Demonstration of how enrolment, assessment and progression policies promote equity and diversity principles. |
|  | • Information promoting equity and diversity principles provided to students (for example, in a subject guide or outline, student handbook, Learning Management System, MPE handbook or log). |

|  | • Policies and procedures addressing equity and diversity principles and examples of implementation and monitoring by staff. |
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| 4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement. | Processes for: <br> • providing MPE venues with outcomes of feedback obtained from student and clinical facilitator evaluations. <br> • circulating, gathering, collating and reporting on (including to academics) feedback from student evaluations <br> • closing all evaluation loops. |
| **Standard 5: Student assessment** | **Essential Evidence** |
| 5.1 The program's learning outcomes and assessment strategies are aligned. | • Curriculum document explaining the alignment between program learning outcomes and assessment strategies <br> • Completed ANMAC Assessment Mapping Template demonstrating the links among NMBA Midwife standards for practice, subject learning outcomes and subject assessments. |
| 5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Midwife standards for practice. | • Curriculum document: <br>   o explaining how learning outcomes and assessments will prepare students for practice as a midwife. <br> • Completed ANMAC Assessment Mapping Template demonstrating the links among NMBA Midwife standards for practice, subject learning outcomes and subject assessments. |
| 5.3 The program has formative and summative assessment that are used across the program to enhance learning and inform student progression. The summative assessment appraises competence against the NMBA Midwife standards for practice before successful completion of the program. | • Curriculum document explaining how formative and summative assessment will be used to enhance learning and informs student progression. <br> • Completed ANMAC Assessment Mapping Template showing formative and summative assessments used across the program. <br> • Documented processes ensuring early detection and responsiveness to students experiencing difficulties. <br> • Examples of formative and summative assessments and associated marking rubrics. <br> • Process to inform students about formative and summative assessments and how they will be used to support and evidence student learning. |

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| 5.4 The education provider is ultimately responsible for ensuring students are supervised and assessed by a midwife[25] or other health professional (where relevant[26]) while on MPE | • Curriculum document explaining how the education provider ensures ultimate accountability for student assessment in relation to MPE.<br><br>• Student placement agreements detailing roles and responsibilities of health service and education providers.<br><br>• Documented MPE supervision models.<br><br>• Clinical facilitator guide with information about the roles of the education provider and supervising midwives in relation to student assessment during MPE.<br><br>• MPE record for MPE assessment clarifying the role of the education provider and supervising midwives in student assessment and indicating assessment sign off is to be by a midwife.<br><br>• Documented communication processes between the education provider and students, clinical facilitators and health service education managers enabling oversight of student assessment and supervision during MPE. |
| 5.5 The integrity of the program's theoretical and clinical assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes. | • Curriculum document explaining the strategies in place to ensure assessment integrity.<br><br>• Assessment policy addressing assessment moderation and progression rules.<br><br>• Completed ANMAC Assessment Mapping Template showing all modes and contexts of assessments.<br><br>• Documented processes for:<br>  o moderating and sampling assessments at subject and/or program level, including across teaching sites where relevant<br>  o validating assessment tools.<br><br>• Examples of:<br>  o theoretical assessments and marking rubrics.<br>  o simulated assessments and marking rubrics (for example, for Objective Structured Clinical Examinations).<br><br>• MPE assessment tools and the means by which these have been validated<br><br>• Evidence of security measures (including information technology security) used to protect the integrity of all modes of assessment (for example, documented policy, processes, screen shots and software used). |

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[25] Has current Australian general registration as a midwife.

[26] Where assessment has been undertaken by another health professional e.g. O&G, the education provider has ultimate responsibility in sign-off of the student