

Accreditation standards review

Written submission form

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Midwifery Accreditation Standards Consultation Paper 3

Dear ANMAC,

Thank you for the opportunity to submit a response for the Midwifery Accreditation Review.

I have addressed each point as outlined in the consultation document below.

Question 1: The educational preparation for prescribing outlined in the draft accreditation standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice. Please indicate your agreement/disagreement with this statement using the following options. Yes

Where possible please provide a rationale to support your response?

Comment: Prescribing is an advanced skill that requires a depth of knowledge across multiple competency domains. The standards as written provide a good foundation for prescribing practice, however explicit reference to medication safety (an Australian and Global Health priority) is required to prepare graduates for safe prescribing. As Medication Safety is an Australian national health priority, and WHO has identified Medication Without Harm as a theme for the third Global Patient Safety Challenge 2017-2022 we recommend that Standard 3.5 and Standard 5.2 should include the following wording for the Essential evidence document as seen below in red. In addition, we suggest changing the wording from learning outcome to performance outcome.

Standard 3.5: The program's content and subject **performance** outcomes

Essential Evidence document will outline requirements to meet 3.5b:

The program's content and subject learning outcomes incorporate the competencies in the NPS: National Prescribing Competency Framework in the midwifery context

- links between subject objectives, learning outcomes, learning assessments and the NPS: National Prescribing Competency Framework in the midwifery context
- knowledge and skills in pharmacotherapeutics and quality use of medicines, **with a strong focus on medication safety.**
- student knowledge and skills in the supply, administration and prescribing of medicines
- comprehensive understanding of the relevant State and Territory Drugs and Poisons legislation and Pharmaceutical Benefits Scheme requirements including:
 - professional relationships and referral, including establishing collaborative arrangements with General Practitioners and Obstetricians and/or health services
 - comprehensive understanding of the Medical Benefits Schedule and Pharmaceutical Benefits Scheme

Standard 5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Midwife standards for practice and NPS: National Prescribing Competency Framework.

We recommend the inclusion of medication safety as noted in red below.

The Essential Evidence document would specify ANMAC's expectations in relation to assessments pertaining to prescribing in order to assist Education Providers in preparing submissions

Assessments include:

- a) appraisal of competence in pharmacotherapeutics, medication safety, administration, supply and the quality use of medicines
- b) assessing students on their prescribing practice
- c) evaluating competence in the essential knowledge, skills and behaviours required for professional prescribing practice
- d) appraisal in MPE to evaluate students' abilities to meet the National Prescribing Competency Framework within midwifery practice

QUESTION 2: Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?

Comment: We believe they are a comprehensive set of standards of practice, although the following should be reviewed and included. Currently there is no information about the importance of learning about essential skills required for the full scope of midwifery practice. For example, IV cannulation and perineal suturing should be included in *Standard 5: Student assessment*, as midwives are required to respond to obstetric emergencies and have the skill to cannulate as well as undertake perineal inspection and suturing as part of normal labour and birth care. These skills are required to enable the midwife to work to the full scope of midwifery practice, would improve quality of care for women and families and enable faster access to safe care.

We note the omission of Simulated learning from the glossary on page 23. The current Midwife Accreditation Standards 2014 states — *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, venipuncture, cannulation, catheterisation, perineal repair and interpretation of fetal heart patterns.* We recommend this detail remain in the revised standards and be reflected in skills to be assessed in Standard 5 noting these experiences maybe completed through simulation.

We also note the inclusion of telehealth for Standard 5: Student assessment. Postnatal care IX *Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of telehealth.*

The use of telehealth is also conducted during antenatal appointments in particular for booking appointments and education. We request this detail be included for both antenatal and postnatal experiences.

QUESTION 3: Please provide any other feedback about the content of the draft standards.

Comment: We note the change to the wording in *Standard 3: Program of study 3.12* as below
The program includes:



- a. *theory and practice that is integrated throughout the program*
- b. *inclusion of periods of MPE in the program, so students can complete the following minimum, supervised requirements:*

We would like clarification on why this detail has been removed as the current criteria Midwife Accreditation Standards 2014 Standard 3: Program development and structure states *Theory and practice are integrated throughout midwifery programs in equal proportions (50 per cent theory and 50 per cent practice)*. Noting additional hours of clinical practice are required to enable the student to meet the minimum clinical requirements stipulated in Standard 5 and we feel this detail should remain.

Additional Issues

The following questions seek to provide an opportunity for the identification of issues not covered so far in the consultation process or other issues you wish to raise.

QUESTION 4: Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?

Comment: No additional issues were identified

QUESTION 5: Any additional feedback?

Comment: Thank you for the opportunity to contribute to this review. As an education provider we are very pleased to see the inclusion of educational preparation for prescribing (as outlined in the draft accreditation standards) to prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice.