

## Accreditation standards review

### Written submission form

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Dear ANMAC,

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

We will address each point as outlined in the consultation document.

## 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/ No Unsure/other. Where possible please provide a rationale to support your response.

Yes.

Prescribing is a 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 students during their undergraduate training for safe prescribing upon graduation as registered midwives. We would suggest the following change in wording:

Standard 3.5: The program's content and subject **performance** outcomes incorporate the competencies in the NPS: National Prescribing Competency Framework in the midwifery context, in alignment with the Midwifery Standards for Practice (NBMA 2018).

Medication Safety is an Australian national health priority, and the World Health Organization (WHO) has identified Medication Without Harm as a theme for the third Global Patient Safety Challenge 2017-2022. Consider specific reference to medication safety:

- knowledge and skills in pharmacotherapeutics and quality use of medicines, **with a strong focus on medication safety.**

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.

Assessments include:

- a) appraisal of competence in pharmacotherapeutics, **medication safety**, administration, supply and the quality use of medicines

## 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?

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 skills required for the full scope of midwifery practice. In order for midwives to provide autonomous care it is important that midwifery students are taught to assess the perineum following birth and develop skills to suture the perineum. We believe that the following information from the previous 2014 standards should be included in these standards:

**Simulation-based learning and interprofessional learning can provide authentic learning conditions to develop competency in all clinical practice areas including maternity and neonatal emergencies, vaginal breech births, perineal infiltration and episiotomies. It may also be used to develop skills including, but not limited to, venepuncture, cannulation, catheterisation, perineal repair and interpretation of fetal heart patterns.**

We believe that the phrase “that focuses on woman-centred care” should also be included into Standard 3: Program of study, under point 3.5:

f. integrated knowledge of care across the childbearing continuum **that focuses on woman-centred care** within the scope of midwifery practice including:

**QUESTION 3**

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

The current draft standard states:

3.12 The program includes: a. theory and practice that is integrated throughout the program

The information from the previous 2014 standards seems to be omitted from the current draft midwifery education standards and we would suggest ensuring that they are included:

**“Theory and practice are integrated throughout midwifery programs should aim for a minimum of 25 percent clinical practice and maximum of 50 percent (and remainder to be made up of at least 50 percent theory) proportions**

We reiterate our strong support to retain the 10 continuity or care experiences as a minimum and 30 normal births. We fully support no further cuts to these requirements.

We agree that Midwifery should have a separate identity and autonomy within schools and faculties as reflective of the separate and autonomous identity of the midwifery profession.

**The Current Consultation Document states:**

2.2 The education provider conducting the program has a governance structure that ensures the head of discipline is a midwife registered with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification.

The head of discipline:

- a. is appointed at a senior level and can demonstrate active, strong links to contemporary practice
- b. has responsibility for academic oversight of the program
- c. promotes high-quality teaching and learning experiences for students to enable graduate competence
- d. ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements

**As midwifery sits within larger schools or units we believe that there needs to be stronger support in the standards for midwives to be contributors to governance structures at a broader level as decisions are often made about midwifery programs without direct midwifery input. We suggest changes to the wording of standard 2.2:**

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.**

**The head of discipline:**

- a. **is a midwife registered with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct**
- b. **holds a relevant post-graduate qualification**
- c. is appointed at a senior level and can demonstrate active, strong links to contemporary practice has responsibility for academic oversight of the program
- d. promotes high-quality teaching and learning experiences for students to enable graduate competence
- e. ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements

Otherwise, we strongly support the changes to the standards and believe that these supports the education of a holistic midwifery practitioner. They meet the needs of the safety of the consumer, external stakeholder partnerships, educational, student and assessment components. See below re our comments in Question 5 about using and developing research to inform evidence-based practice.

#### **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?

No.

#### **QUESTION 5**

Any additional feedback?

Standard 1- Health and wellbeing through evidence-based midwifery practice

Standard 4 - Critically analyses and uses information and evidence to inform, validate and/ or improve midwifery practice.

Standard 7 – Evaluate outcomes to improve midwifery practice

We have concerns about the limited emphasis on the importance of evidence-based practice. How midwifery should be guided by the National Quality Health Standards within their practice should be more explicit in the standards. Midwives need to be skilled in identifying gaps, not

only through critical evaluation in their practice. Midwives should be able to interpret data and know how to use research to improve practice.

Kind regards,

**Dr Maryam Bazargan (on behalf of the Flinders University Midwifery team)**