

Accreditation standards review

Written submission form

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Australian Nursing and Midwifery Accreditation Council

Standards for courses that lead to registration as a Midwife in Australia.

Response to consultation paper number three.

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 - After reviewing the National Competency standards to prescribe medicines it is evident these standards align well with the Midwifery standards for practice that are encompassed by woman centred care. I have aligned the Midwifery standards to practice with the National competency standards to prescribe medicine in the table below:

Midwifery standards for practice	National Competency Standards to Prescribe Medicine
Woman centred care	Horizontal Competencies
Standard 3 Demonstrates the capability and accountability for midwifery practice	Practises professionally
Standard 2: Engages in professional relationships and respectful partnerships	Communicates and collaborates effectively with the person and other health professionals
Woman centred care	Competencies
Standard 1: Promotes health and wellbeing through evidence- based midwifery practice	Understands the person and their clinical needs
Standard 5: Develops a plan for midwifery practice	Understands the treatment options and how they support the person's clinical needs
Standard 2: Engages in professional relationships and respectful partnerships	Works in partnership with the person to develop and implement a treatment plan
Standard 4: Understands comprehensive assessments	Communicates the treatment plan clearly to other health professionals
Standard 7: Evaluates outcomes to improve midwifery practice	Monitors and reviews the person's response to the treatment

Table 1- alignment of the Midwife Standards for Practice with the National Competency Standards for Prescribing

Prescribing medicine therefore fits within the Scope of Practice of a Midwife. The standards for midwifery practice are framed by a philosophy of woman centred care. Enabling midwives to prescribe ensures their ability to practise woman centred care. Midwives are registered to practice autonomously in order to meet the individual needs of each woman in their care. Medical practitioners are not always present in some midwifery settings to prescribe medication. The midwife needs to have comprehensive knowledge and skills in pharmacotherapeutics and quality use of medicines and, for this reason, prescribing should be included in the education programs that lead to registration as a midwife in Australia.

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?

The number of midwifery continuity of care experiences should be increased to a minimum of 15, it is disappointing that there remain only 10 experiences. Over a 3-year period it is expected students can complete more than 10 continuity of care experiences.

Students learn so much about woman centred care, relationship based care, and communication, from the midwifery continuity of care experiences. The learning occurs while following the woman's journey and through forming a relationship of trust with the woman and her family. Students learn about setting professional boundaries and how to build rapport and the care pathways women encounter, by following women through their continuum of care. This is a learning experience that is valuable for their work in all models of care. The philosophy of midwifery is built on relationship based care and this is primarily what students learn when they follow a woman's journey of pregnancy, labour, birth and the postpartum period.

Woman centred care frames the midwife standards for practice. As students learn through building relationships of trust with the woman they need a least four episodes of antenatal care, should attend the birth where possible and provide at least two postnatal visits. These experiences prepare midwifery students to work in continuity of care at the time of graduation. Having midwives prepared to work in continuity of care addresses staffing issues related to implementing and upscaling these models of care for women with all the known benefits [1].

Question 3.

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

There should be a compulsory element where students have a component of their midwifery practice experience in a midwifery continuity of care model. Evidence states that students are prepared to and desire to transition to work in continuity of care models [2]. Employing new graduates into midwifery continuity of care models will address current and future workforce shortages [3] and provide succession planning for the future midwifery models of care.

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?

There is a need for clarification for the inclusion of prescribing in the double degree or post-graduate programs.

It would be worthwhile to prescribe that midwifery students have to spend time in a contemporary midwifery practice and also have experience in homebirth. Publicly funded homebirth is becoming more available and there are also private practices that students could access for midwifery practice experience.

1. Sandall, J., et al., *Midwife-led continuity models versus other models of care for childbearing women*. Cochrane Database of Systematic Reviews, 2016(4).

2. Cummins, A.M., E. Denney-Wilson, and C.S.E. Homer, *The experiences of new graduate midwives working in midwifery continuity of care models in Australia*. *Midwifery*, 2015. **31**(4): p. 438-444.
3. Cummins, A.M., E. Denney-Wilson, and C.S.E. Homer, *The challenge of employing and managing new graduate midwives in midwifery group practices in hospitals*. *Journal of Nursing Management*, 2016. **24**(5): p. 614-623.