Australian Nursing & Midwifery Accreditation Council

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Accreditation standards review

Written submission form

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Standards Review
13 August 2020

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

Response to consultation paper number three.

This submission was developed through a collaborative process with the midwifery academic team including the discipline lead for the midwifery at Griffith University, Professor Jenny Gamble.

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.

We agree with the statement.

After reviewing the National Competency standards to prescribe medicines it is evident the standards align with the Midwifery Standards for Practice. Australian midwifery education standards for pre-registration programs must prepare midwives to meet the International Confederation of Midwives, Essential Competencies for Midwifery Practice (2019) and work to full scope of practice. We agree with the statement that midwives should be prepared to work to full scope of practice on graduation. This includes educational preparation and competence in midwifery prescribing. There is evidence that this can be achieved within entry to practice midwifery programs as demonstrated in New Zealand. Griffith University has extensive experience of providing an ANMAC accredited prescribing for midwives' program. This includes awareness of the educational requirements to develop a program that meets national safety standards and aligns to the midwifery education standards. The following table (which has been shared between a number of midwifery educators across collaborative networks) demonstrates alignment of the Midwifery Standards for Practice with the National competency standards to prescribe medicine:

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	Practices professionally
Standard 2: Engages in professional relationships and respectful partnerships	Communicates and collaborates effectively with the person and other health professionals
	Competencies
Woman centred care	Understands the person and their clinical needs
Standard 1: Promotes health and wellbeing through evidence- based midwifery practice	Understands the treatment options and how they support the person's clinical needs
Standard 5: Develops a plan for midwifery practice	Works in partnership with the person to develop and implement a treatment plan
Standard 2: Engages in professional relationships and respectful partnerships	Communicates the treatment plan clearly to other health professionals

Standard 4: Understands comprehensive assessments 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 National Prescribing Competencies: https://www.nps.org.au/prescribing-competencies-framework

Woman centred care is a central philosophy in the Midwife Standards for Practice (2018). Enabling midwives to prescribe medications aligns to this philosophy, reduces the risk of fragmentation of care, enhances safety and quality and enables organisations to use the workforce efficiently.

An important reason to include midwifery prescribing as a competency within entry to practice programs is one of safety and risk reduction. Midwives are responsible for administering medicines prescribed by others. While there is extensive literature (applied currently) to programs on ensuring medication safety standards are met, errors still occur (regardless of the health profession of the prescriber). Ensuring that midwives become aware of the accountability to correctly prescribe in addition to following the instructions provided by another will raise the level of accountability and subsequently safety. In addition, midwifery prescribing enables safe, effective, timely care. For example, if a woman requires antibiotics there can often be a delay in the medical officer prescribing and women are frequently kept waiting for the treatment to commence. Most health services have developed 'standing orders' to accommodate this, which allows the midwife to administer medications without a medical practitioner present. The standing orders are then signed by the medical practitioner within 24 hours of administration. With this current system there is room for error, and it is not woman centred as often the medical practitioner may never have met the woman and therefore it is much safer for the midwife to prescribe, administer and evaluate the woman's condition immediately following the treatment as defined in the National prescribing standards.

The midwife needs to have comprehensive knowledge and skills in pharmacotherapeutics and quality use of medicines and for this reason we believe prescribing should be included in the education programs that lead to registration as a midwife in Australia. Furthermore, it is essential that midwifery education standards are aligned with this in other similar international contexts such as Canada and New Zealand.

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 this section needs to be strengthened and add our rationale below
Woman centred care frames the Midwife Standards for Practice (2018). There is substantive evidence of the benefits of orientating maternity service provision to provide women with continuity of midwifery care. Women experience improved outcomes (Sandall et al., 2016), and midwives working in models where they provide partnership based care in a continuity model are less likely to experience burnout (Dixon et al., 2014; Fenwick et al., 2018; Jepsen et al 2017; Newton et al., 2018) and subsequently leave the profession (Callander et al., 2020; Cull et al., 2020; Harvie et al., 2020).

Contemporary health policy and practice in maternity care reflects a progressive trend towards upscaling the provision of caseload midwifery models (McInnis et al., 2019; Styles et al., 2020), which will lead to increased demand for midwives motivated and able to work in these models

of care. Midwifery education programs play a vital role in preparing the future workforce and this should include preparation to work in models aligned to the evidence. There is strong evidence that midwives seek opportunities to work in continuity of midwifery models of care on graduation (Dawson et al., 2015; Evans et al., 2018) and there are greater opportunities for graduating midwives to move into these models on exiting their entry to practice programs (Cummins et al., 2015; Cummins et al., 2016; Cummins et al., 2017; Griffiths et al., 2019). In order to attract and retain a sustainable workforce into the future appropriate educational preparation is essential to facilitate the workforce preparation as transition to this model of care continues.

There is increasing evidence of the educational value of the continuity of care experience within programs to prepare graduates to work within these models. Collaborative work conducted within Australia and New Zealand highlights the potential to incorporate this valuable learning strategy into entry to practice programs in a way that benefits and does not disadvantage students (Gamble et al., 2020).

Students learn so much from the midwifery continuity of care experiences about woman centred care and midwifery philosophy. The learning occurs through following the woman's journey and forming a relationship of trust with the woman and her family. Students also learn about professional boundaries, how to build rapport, and negotiate/manage the care pathways women encounter through the continuity of care experience. Whilst we were encouraged to see that the round two recommendations did not propose a reduction form the current mandated number of CoC experiences, we believe there is now evidence to support an increase back to the original number **of at least 20** COC experiences to be conducted within a program.

Educational standards should be closely aligned/ congruent with the professional practice standards for midwifery. The foundation for both is woman centred care. Students learn through developing and building a relationship of trust with the woman, to do this they require at least four episodes of antenatal care, attendance at the birth and provide at least three postnatal assessments, with each woman engaged in the student midwifery continuity of care experience. Currently, the standard of postnatal care is recorded as suboptimal in many areas of Australia. Both the woman's experience of holistic care and student learning is optimised when the midwifery student participates in quality postnatal care for mother and baby with continuity of care experiences. On this basis it is recommended that postnatal visits increase to a minimum of 3, one of which is undertaken in the community between 4-8 weeks post birth (and may include midwifery/GP 6-week visit, child/youth/family health visit).

These experiences prepare midwifery students to work in continuity of care on graduation. Having midwives prepared and motivated 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.

Midwifery skills and experiences

It is critical the role of the midwife in promoting and protecting normality and provision of expert care for women to achieve physiological birth is reflected in the revised standards and provision for midwifery students to attain competency in this assured. To achieve this it is essential that standards ensure midwifery students are provided with practice opportunities to undertake and become competent in midwifery care to support normality in pregnancy, labour and birth and postpartum including breast feeding.

Further detail is required around essential practice experiences and practice contexts needed to ensure the graduate acquires the knowledge, skills and attitudes needed to meet the NMBA Midwife Standards for Practice (2018). In addition, the standards should align to the ICM Essential Competencies for Midwifery Practice (2019). Appropriate practice experiences should be outlined and should include a practice placement within a continuity of care model and where possible the student should be able to access clinical experiences within birth centre and home birth environments.

In addition to experiences currently listed, we believe some essential skills should be more explicitly stated (as they are in the current standards). Accordingly, full scope of practice clinical skills (in addition to the specific comments on midwife prescribing provided in Q. 1) will include:

- Venepuncture and cannulation
- Screening investigations
- Perineal care and perineal repair
- Newborn physical assessment
- Breastfeeding support and management of complex breastfeeding issues
- Contraception and sexual health care
- Midwifery care for woman with breech and multiple births
- Midwifery care of woman with complex needs (biophysical and psychosocial, inclusive of abortion and post abortion care and pre-existing and arising medical conditions e.g. BMI issues; intimate partner violence / family violence; perinatal mental health issues as per national ACM Midwifery Guidelines for Consultation & Referral (third edition: issue 2 – reprinted update 2017)
- Water immersion in labour and water birth.

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

Program governance structure
In line with the findings of a recent Delphi study by Sidebotham et al (2020), and the position of the Trans-Tasman Midwifery Education Consortium, we agree that the current standard in relation to program governance should be strengthened.
The following wording is suggested
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

Theory practice ratio
This submission strongly re-affirms the requirement for the midwifery education standards to maintain and represent a 50:50 theory/clinical practice ratio for all midwifery programs leading to registration. This is based on rationale and evidence that support student competence and workforce readiness when the theoretical and clinical practice requirement of midwifery programs are balanced. This ensures Australian midwifery education programs align to international standards. Furthermore, we believe simulation should prepare students for clinical practice does not replace valuable practice based learning opportunities.

Minimum length of program
The requirement for the midwifery education standards to state the minimum length of all midwifery programs leading to registration. The minimum length of program should be aligned with the ICM Global Standards for Midwifery Education (amended 2013 – currently under review) i.e. minimum length for direct entry program of 3 years and minimum length for a qualification for post- graduate programs of 18 months. This represents the international consensus view that this constitutes the minimum length of program for safe competent midwifery practice.

Minimum number of clinical experiences
The requirement for the midwifery education standards to continue to specify that students complete a minimum number of supervised practice experiences, including acting as the primary accoucheur 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 is welcomed.

Additionally, there should be a mandatory requirement for students to have a component of their midwifery practice experience in a midwifery continuity of care model. Evidence states that students provided with this opportunity are better prepared, and desire to transition to practice, in midwifery continuity of care models (Carter et al., 2015; Griffiths et al., 2019; Sidebotham et al., 2019).

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 both double degree or post-graduate programs. As stated in the preamble, these programs may not be able to include the additional requirements within the current format. It is important to include prescribing in all courses that lead to registration as a midwife. Therefore, it is particularly important that the length of both these programs is extended to allow for the inclusion of prescribing.

The educational benefit to the student gained through the immersive and relational nature of continuity of midwifery care cannot be acquired through theoretical or simulated learning. This justifies increasing the number to a minimum of 20 COMC experiences.

Consistent with ICM Essential Competencies for Midwifery Practice (2019) that midwives provide care for a woman in the birth setting of her choice warrants consideration that midwifery students spend time in a contemporary midwifery practice, and where possible (as two States do not yet have public funded homebirth), 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.

References

Callander ,E., Sidebotham, M., Gamble, J., Lindsay, D. The future of the Australian midwifery workforce – impacts of ageing and workforce exit. (2020) Women and Birth 10.1016/j.wombi.2020.02.023

Carter, A.G., Wilkes, E., Gamble, J., Sidebotham, M. & Creedy, D.K. (2015). Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia. Midwifery, 31(8), 765-771.

Cull, J., Hunter, B., Henley, J., Fenwick, J., Sidebotham, M. (2020) "Overwhelmed and out of my depth": responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. Women and Birth 10.1016/j.wombi.2020.01.003

Cummins, A.M., Denney-Wilson, E., and C.S.E. Homer, (2016). The challenge of employing and managing new graduate midwives in midwifery group practices in hospitals. Journal of Nursing Management, 24(5): p. 614-623.

Cummins, A.M., Denney-Wilson, E., and Homer CSE. (2015). The experiences of new graduate midwives working in midwifery continuity of care models in Australia. Midwifery, 2015. 31(4): p. 438-444.

Cummins, A., 2017. Extending the boundaries – enabling new graduate midwives to work in midwifery continuity of care models in Australia. Women and Birth, 30, 18-19. doi:10.1016/j.wombi.2017.08.047

Dawson, K., Newton, M., Forster, D., & McLachlan, H., 2015. Exploring midwifery students' views and experiences of caseload midwifery: A cross-sectional survey conducted in Victoria, Australia. Midwifery, 31, e7-e15. doi:10.1016/j.midw.2014.09.007

Dawson, K., Newton, M., Forster, D., McLachlan, H. 2018. Comparing caseload and non-caseload midwives' burnout levels and professional attitudes: A national, cross-sectional survey of Australian midwives working in the public maternity system. Midwifery, 63, 60-67. doi:10.1016/j.midw.2018.04.026

Dixon, L., Guilliland, K., Pallant, J., Gilkison, A., Sidebotham, M., Fenwick, J.,McAra-Couper, J. (2017).The emotional wellbeing of New Zealand midwives: comparing responses between employed, self-employed (case loading) and midwives who do both. New Zealand College of Midwives Journal, 53, 5-14

Evans, J., Taylor, J., Browne, J., Ferguson, S., Atchan, M., Maher, P., Homer, C., Davis, D., (2018). The future in their hands: Graduating student midwives' plans, job satisfaction and the desire to work in midwifery continuity of care. Women and Birth, doi:10.1016/j.wombi.2018.11.011

Fenwick, J., Sidebotham, M., Gamble, J., Creedy, D. K., 2018b. The emotional and professional wellbeing of Australian midwives: A comparison between those providing continuity of midwifery care and those not providing continuity. Women and Birth, 31, 38-43. doi:https://doi.org/10.1016/j.wombi.2017.06.013

Gamble, J., Sidebotham, M., Gilkison, A., Davis, D. and Sweet, L. (2019). Acknowledging the primacy of continuity of care experiences in midwifery education. Women and Birth. https://doi.org/10.1016/j.wombi.2019.09.002

Griffiths, M., Carter, A., Sidebotham, M., Gamble, J.,Fenwick, J. Transitioning through first year of practice: the experiences of midwives who had been embedded within a caseload midwifery practice during their undergraduate midwifery degree. (2019) Women and Birth https://doi.org/10.1016/j.nepr.2019.102641

Harvie, K., Sidebotham, M., Fenwick, J., 2019. Australian midwives' intentions to leave the profession and the reasons why. Women and Birth, doi:10.1016/j.wombi.2019.01.001

International Confederation of Midwives (ICM). Essential Competencies for Midwifery Practice 2018 Update (published January 2019) https://www.internationalmidwives.org/assets/files/general-files/2019/02/icm-competencies_english_final_jan-2019-update_final-web_v1.0.pdf

Jepsen, I., Juul, S., Foureur, M., Sørensen, EE., Nøhr EA. (2017). Is caseload midwifery a healthy work-form?–A survey of burnout among midwives in Denmark. Sexual & Reproductive Healthcare, 11, 102-106.

McInnes, R. J., Aitken-Arbuckle, A., Lake, S., Hollins Martin, C., & MacArthur, J. (2020). Implementing continuity of midwife carer – just a friendly face? A realist evaluation. BMC Health Services Research, 20(1), 304-15. doi:10.1186/s12913-020-05159-9

NPS, Competencies Required to Prescribe Medicines – Putting Quality Use of Medicines Into Practice. National Prescribing Service Ltd, 2012 https://www.nps.org.au/assets/682949fec05647bc-2c0de122631e-Prescribing_Competencies_Framework.pdf

Nursing and Midwifery Board of Australia, 2018. Midwife Standards for Practice. Retrieved 8th November 2019, https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx

Sandall, J., Soltani, H., Gates, S., Shennan, A., Devane, D., 2016. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews, 2016, CD004667. doi:10.1002/14651858.CD004667.pub5

Sidebotham, M., Fenwick, J., 2019. Midwifery students' experiences of working within a midwifery caseload model. Midwifery, 74, 21-28. doi:10.1016/j.midw

Sidebotham, M., McKellar, L., Walters, C., Gilkison, A., Davis, D., Gamble, J. (2020) Identifying the priorities for midwifery education across Australia and New Zealand: A Delphi study. Women and Birth https://doi.org/10.1016/j.wombi.2020.05.011

Styles, C., Kearney, L., Georhe, K. (2019) Implementation and upscaling of midwifery continuity of care: The experience of midwives and obstetricians, Women Birth https://doi.org/10.1016/j.wombi.2019.08.008