Australian Nursing & Midwifery Accreditation Council

www.anmac.org.au

Accreditation standards review

Written submission form

First Name	Rebecca
Surname	Hyde
Individual or organisation?	Individual
Organisation (if relevant)	
Position in organisation	
Email	R.Hyde@latrobe.edu.au
Preferred contact number	0409 559 014

Please select one of the following:

☒ This is a public submission. It does not contain 'in confidence' material and can be loaded on the ANMAC website

☐ This submission contains 'in confidence' material and cannot be loaded on the ANMAC website.

Standards Review
4 September 2017

Thank you for the opportunity to respond to the 'Review of Midwife Accreditation Standards' Consultation Paper 3.

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.

No.

Rationale

I fully support midwives being able to work to their full scope of practice, including prescribing, however feel that there are other steps which need to be taken prior to implementing this into the accreditation standards for an entry-to-practice program and as such should not be included in this current review of the accreditation standards.

My concerns include:

1. The Executive summary of the draft standards state that the benefits of prescribing are that midwives will be educated to work on graduation to the full scope of practice. At the present time, even if they are educationally prepared, students cannot do so unless they are an 'eligible midwife'. This requires 3 years or 5000 hours of practice. It is my view therefore, that the educational preparation to prescribe should be at a post graduate level
2. There is a lack of clear detail about the breadth and depth of theory that would be required, and hence a very likely impact on course length and course cost. In a very difficult fiscal environment, this could be damaging to courses already providing entry-to-practice education and then in turn effect workforce in the future
3. The majority of midwives are not in private practice and work within the public health system, which does not currently support midwives to have the ability to prescribe medications. In order to best support students to achieve this skill, there needs to be a commitment from industry and at a policy level to support midwives moving towards this consistently being recognised and facilitated to be part of the scope of practice for midwives within organisations. A bottom up approach is unlikely to work without buy in from industry and policy makers first.
4. If the goal is as above i.e. that prescribing facilitates midwives working to the full scope of practice, then it is my view that there should be other areas included in the MAS that are a significantly higher priority than prescribing e.g. suturing and cannulation

In summary, as the current requirements to achieve endorsement for prescribing as set by the NMBA cannot be met through an entry-to-practice program, the current standards do not meet the preparation requirements for graduates to be able to safely prescribe scheduled medicines on completion of their studies. This should be considered for future accreditation standards and not implemented for this current update to the standards.

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*?**

No.

- **I am disappointed that the current draft of the Standards does not reflect the best evidence regarding requirement for students to attend the majority of births for Continuity of Care Experiences (COCEs).**

The ANMAC review process is to use the 'best available evidence and relevant national and international benchmarks' to develop the standards. The largest study conducted to date in Australia (Newton et al, Continuity of Care Experience Research: Summary for Participants, August 2020), reported that although the value of COCEs was recognised and appreciated by students, there was a substantial burden on individuals with particular concern identified regarding the requirement to attend a majority of births when this requirement is often beyond a student's control. The study also raised major concerns about impact on the personal lives of students and concerns about personal safety.

The lack of recognition of the stress that meeting the requirement for attendance at the majority of births for COCEs and the impact this has on student wellbeing is concerning. Student safety and wellbeing should be considered at all stages of reviewing accreditation standards and this has not been reflected in the discussion to this requirement in the consultation paper.

In the case of students being expected to attend the majority of labour and births for COCEs – this is inconsistent with benchmarks (there is NO other jurisdiction in the world that to our knowledge has this requirement) and there is clear evidence of harm for some students.

The draft standards **should be amended to state that the student attends the majority of labour and births 'where possible'** with a footnote included that defines the circumstances in which a student could not attend (e.g. woman not calling the student or choosing not to have her/him present, hospital refusing permission, attendance at compulsory university teaching or learning activity, attending paid employment, caring duties or precipitate birth).

- **To facilitate the preparation of students to be able to work to a full scope of practice, I believe that the following information from the previous 2014 standards should be included in these standards:**

"Simulation as an educational method 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, venepuncture, cannulation, catheterisation, perineal repair and interpretation of fetal heart patterns".

- **Lack of change to requirements for being primary accoucher for the birth**

As we continue to see an increase in rates of intervention and a decrease in the birth rate, we will continue to see challenges in students achieving the requirement of 30 births as primary accoucher. The continued focus on being primary accoucher for the birth, with a lack of change to students providing direct and active care in labour, continues to underestimate and devalue the importance of the skill of 'being with woman' during her labour and providing support to the woman and her family during this time.

Further consideration should be given to changing the requirements reflect a decrease in requirements to be primary accoucher and reciprocal increase in the number of women where students provide direct and active care in labour.

The standards are 'minimum'. Individual universities can include a higher number in their curricula if they would like to, where the clinical placement providers can support more than the minimum requirement for births.

Therefore, I would be supportive of an amendment to Standard 3.12d such as:

- increase the number of women where students provide direct and active care in labour from 10 to 20
- reduce the number of SVB where the student is the accoucheur from 30to 20

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

As detailed above, I believe that the draft Standards should be amended to:

1. Add a caveat to the requirement for students to attend the majority of COCE labour and births by adding the words "where possible".
2. Increase the number of women where students provide direct and active care in labour from 10 to 20 and reduce the number of SVB where the student is the accoucheur from 30 to 20
3. Replace the wording around simulation as per our response to question 2 above.

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?
The New Zealand Midwifery Accreditation Standards include reference to using discipline lead discretion when a student is close to, but not meeting, a Standards requirement at completion of the course. Our preference would be for the ANMAC Standards to incorporate similar guidance to allow flexibility in exceptional circumstances in relation to achieving the attendance and the majority of births for COCEs and achieving 30 spontaneous vaginal births.

QUESTION 5
Any additional feedback?
Each state and territory have their own challenges in regard to maternity care and this needs to be remembered in review of these standards as they are National standards. Concerns

about being able to facilitate these standards need to be seriously considered. The impact of being able to meet and achieve each of these requirements in all entry-to-practice pathways on student health and wellbeing needs to be considered.