

Professor Melanie Birks
Academic Head
Discipline of Nursing and Midwifery
James Cook University,
Townsville QLD 4811 Australia
T 07 4781 4544
T (INT'L) +61 7 4781 4544
M +61 (0)0400668281
E:melanie.birks@jcu.edu.au

Chief Executive Officer
Australian Nursing and Midwifery Accreditation Council
Standards Review

12 August 2020

Dear Fiona,

**Re: Midwifery Accreditation Standards
Consultation paper 3**

Thank you for your invitation to submit written feedback on the Midwifery Accreditation Standards (MAS): Consultation Stage 3.

The feedback provided below is collation of the considerations of the JCU Midwifery academic team following individual consideration of the consultation document and a team meeting convened specifically to address the Stage 3 consultation paper. The team members are based at the Townsville and Cairns campuses and teach into entry to midwifery programs at undergraduate and postgraduate levels and are actively engaged in midwifery research.

Question 1:

The draft educational preparation for prescribing outlined in the draft education standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice

JCU response: NO

JCU Rationale:

JCU has mapped the Draft ANMAC Midwife Accreditation Standards 3.5b, 5.2 and 5.4 against the NPS Prescribing Competencies.

- 1.1 NPS Prescribing Competency 1.2.3 requires the health professional to *obtain relevant information from the person about their medical and clinical history, including their*

- 1.2 *co-existing conditions, treatments, alcohol and substance use, allergies and social context.*

JCU disputes that a graduate midwife, with limited exposure to the many co-morbidities women present with when attending for care across the pregnancy continuum, will have the knowledge and skills *to integrate the information obtained from the person and their health record with clinical knowledge and experience* (NPS Standard 1.2.3 Evidence examples p.11).

- 1.2 NPS Prescribing Competency 3.2.5 requires health professionals to *obtain approval to use the medicines*. The evidence required to meet this standard is that the health professional *complies with state, territory and Commonwealth legislative requirements, including restrictions with the Pharmaceutical Benefits Scheme (PBS) system and local approval processes* (NPS Standard 3.2.5 Evidence examples p.19).

It is stated in the MAS Consultation paper 3 that before a midwife can be endorsed, they will be required to meet the NMBA Registration Standard of having *practiced as a midwife for the equivalent of three years' full time clinical practice (5,000 hours) in the past 6 years* (MAS Consultation paper 3, p.9).

As no entry to midwifery practice course in Australia will be able to provide this evidence, how will courses in Australia be accredited?

- 1.3 To meet the NMBA registration standard, the new graduate will have had the prescribing education but will not be endorsed to prescribe for 3 years full time (minimum): Will the knowledge still be current and relevant and how will this be assessed?
- 1.4 Will education providers be required to provide evidence of forward tracking processes to demonstrate graduates have maintained competence in prescribing during the interim period between course completion and endorsement?

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?

JCU response: The draft standards do **not** clearly describe the knowledge, skills and attributes required to meet the NMBA Midwife standards for practice.

JCU Rationale:

- 2.1 Draft Standard 3.5 and Standards 5.2, 5.3 and 5.4 presents the NMBA Midwife Standards for Practice and NPS National Prescribing Competency framework as either a dot point separately within the standard, or, as an add-on using “and”. This describes the dual standards to stand alongside of each other. It is not clear if a graduate who meets the NMBA Midwife standards for practice but not the NPS National prescribing framework will be able to graduate from a course and be eligible for registration as a midwife by AHPRA.

Question 3:

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

JCU response:

- 3.1 The focus of the current review of the Midwife standards for practice and stage 3 consultation is on pharmaceutical management. Midwifery management and ordering of diagnostic testing and pathology screening is equally important to the timely care of women.

Question 4:

Are there any other 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 HPPP identifies three levels of prescribing: autonomous prescribing, prescribing under supervision and prescribing via a structured prescribing arrangement.

How will these prescribing levels be addressed in the MAS, as some state and territory jurisdictions in Australia have provision within their jurisdiction's drug and poisons regulations that enables midwives to administer and supply medicines under guidelines, protocols and standing orders?

JCU considers that timely care of women will be compromised if unendorsed midwives are restricted by the MAS from utilising the available jurisdictional drugs and poisons regulations provision.

Question 5:

Any additional feedback?

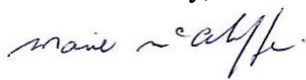
- 5.1 The response to the Stage 2 consultation question: *Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry-to-practice midwifery programs?* was not strongly positive. The question contained no reference to the NPS Prescribing Competencies Framework as the preferred pathway to prescribing. Without this specific information, the question could be interpreted as being misleading, placing the integrity of the inclusion of the *NPS Prescribing Competencies Framework* in the MAS in jeopardy.
- 5.2 Graduates who meet the dual Standards will need to be credentialed by their local Health Service to prescribe within the health service. There is no standardised credentialing process within health services.

Queensland has the highest number of endorsed midwives in Australia. However, these midwives are not credentialed (and there is no pathway) to prescribe within the public sector unless the endorsed midwife is employed in an identified isolated or rural health area.

- 5.3 JCU fully supports the aspiration of midwives working to their full scope of practice. We note with concern the large numbers of midwives in Australia who do not have the competence to provide holistic care using range of midwifery skills including (but not limited to) warm water immersion during labour and birth, perineal repair and newborn examination, despite the inclusion of these skills within the standards. The merit of including yet another skill that will not be well utilised in the current practice setting is questioned; this presents an ethical dilemma.

Please contact me if you require any further information.

Yours faithfully,



Dr Marie McAuliffe PhD RN Midwife
M. Mid., B.Ed., B Mgmt.

Head of Midwifery (nominated)
College of Healthcare Sciences
James Cook University.