

Accreditation standards review

Written submission form

First Name	Jan
Surname	Jones
Individual or organisation?	Individual
Organisation (if relevant)	
Position in organisation	
Email	Janet.jones@federtion.edu.au
Preferred contact number	(03) 5122 8486

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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.

There are several reasons I am opposed to this at the current time.

There are far too few endorsed midwives to provide adequate supervision to students undertaking prescribing. Table 4 in Consultation paper 3 indicates a total of 600 midwives in all of Australia with prescribing rights. Including prescribing in pre-registration education programs will be very onerous on the currently endorsed midwives and unfair to students in that, with so few midwives able to supervise, I foresee many students not getting the supervision they will require, making it stressful and potentially not achievable for some students.

Currently endorsed midwives have great difficulty in utilising this endorsement in the public hospital sector where most midwifery care takes place. Organisational change is required to facilitate this, and asking students to enter a field that is already fraught is both unfair and unkind.

Requiring students to undertake the education but not allowing them to use it for 3 years of full time practice seems utterly counterproductive. At the very least they will need to upskill again or continue CPD in an area where they are not practicing, both again unfair.

I do think prescribing should become an essential part of midwifery practice but structural changes are needed first. More midwives must be endorsed or educated in prescribing in order to provide enough competent supervision for all new midwifery students, and changes are required in the way care is provided in the public health sector to support and encourage more midwives to prescribe. Additionally, changes are required in the PBS to make midwife prescribing as accessible and cost effective as GP prescribing.

This element could be included in the next review of standards when groundwork has been completed making it more seamless in including it in pre-registration programs. I do question the inclusion of this skill rather than perineal repair (and a number of other skills such as speculum use, cervical screening) as a matter of priority although I would like to see both included in pre-registration programs.

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?

Yes

No

Unsure/other

The draft accreditation standards generally address the Midwifery Standards for Practice. A specific standard addressing safety is a good addition but primary health care principles and public health advocacy should also be clear and specific.

Item 3.5 b: should be removed for the reasons listed above in question 1.

Item 1.10 b: may be problematic in that midwifery practice specific to Aboriginal and Torres Strait Islanders can be included in theory but insisting on a practical component is disrespectful to Indigenous women and Indigenous health organisations. Where possible students should be encouraged to engage with Aboriginal and Torres Strait Islander maternity services but insisting on this removes choice for Indigenous women.

Item 3.12 Continuity of Care Experiences, part iii: Change to

*engage with a minimum of 10 women—engagement involves attending four antenatal and two postnatal episodes of care and, **where possible**, the labour and birth.*

QUESTION 3

I would like to see far more focus on the students' involvement in labour care and more specific skills in postnatal care. The focus on the student being the accoucher for NVBs detracts from the vital skills needed to work with women in labour, and students DO appear at the last minute to catch a baby just so it can be counted. This is disrespectful to the women and although we discourage the practice it still does happen because the focus is on births, not labour care. Changing the number will realign this focus eg. care of 30 women during labour, and accoucher of 20 NVBs.

Postnatal care is generally under-valued, possibly because of the focus on labour and birth, and is still the most poorly done aspect of all maternity care. Counting 100 episodes of postnatal care is very broad and vague, and does not focus attention on very real issues and problems that many women experience. Far more attention needs to be given to this aspect of care.

Continuity of Care Experiences also need some attention. They are essential in gaining an understanding of women centred care, and are greatly valued by both women and students however the rigid requirements around them need to be relaxed somewhat. For many different reasons students may not be able to attend the birth and this requirement that they attend most births should be removed. Anecdotally, students will attend a birth if they possibly can, particularly if they have built a good rapport with women, but making it an imperative is unfair to the student, and puts added pressure on women to agree to the student being present and dilutes their choice somewhat. Attendance at 4 antenatal visits and 2 postnatal visits should be aspirational rather than mandatory. It is incredibly costly in time, money and effort for students to achieve this, particularly as there are so few midwifery led models of care in existence and this can mean the students travelling great distances to accomplish.

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 – I think I have addressed the most pressing. I would like to see a long-term plan for getting where we want to rather than trying to change too much at one time. A stepped evolution of standards might be useful to have going forward.

QUESTION 5

Any additional feedback?

Thank you for the opportunity to engage with the review of accreditation standards. I look forward to the release of the final publication.