



Australian Nursing and Midwifery
Accreditation Council
GPO Box 400
Canberra ACT 2601

Kristen Graham
Lecturer in Nursing and Midwifery
College of Nursing and Health Sciences
GPO Box 2100
Adelaide SA 5001
Telephone +61 8 82013918
kristen.graham@flinders.edu.au
www.flinders.edu.au

10 July 2019

Dear Standards Review Committee,

Thank you for the opportunity to respond to the Midwife Standards review. Please see my response below.

QUESTION 1

Please indicate your agreement/disagreement with the following statement.

The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.

Response: Strongly Agree

I **strongly agree** that the midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences and maintain a 50:50 theory/clinical practice ratio.

Students require significant clinical practice which provides both sufficient time and practice in each of the different practice areas to ensure that they are safe and competent midwives on program completion.

Removing the minimum number of supervised midwifery practice experiences may result in:

- increased risk of students 'flying' under the radar and registering without appropriate midwifery practice experience
- reduction in student placement availability and allocation for university and industry due to associated costs

Requiring a minimum number of supervised midwifery practice experiences will help ensure:

- students to gain appropriate clinical and professional experience and practice to be workforce ready
- continuation of university support for midwifery practice placements and facilitation costs
- continuation of industry partner support for midwifery practice placements across all midwifery clinical areas
- alignment (or near alignment) with international registration requirements of other countries to enable transferability of the midwifery workforce.

In addition to achieving minimum midwifery practice experiences,

- clinical competency should also be assessed
- education providers should be able to provide evidence of students attaining minimum requirements

QUESTION 2

How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

I agree that midwifery pre-registration programs should educate students to meet the full scope of midwifery practice to meet the International Confederation of Midwives, *Essential Competencies for Midwives*.

I agree with the Trans-Tasman Midwifery Education Consortium submission suggestion that this scope of practice of practice clinical skills should include:

- Midwifery care of the woman with complex needs (including pre-existing and arising medical conditions, obesity, sexual health, and family violence).
- Venepuncture, cannulation
- Perineal care and perineal repair
- Newborn physical assessment
- Breastfeeding support and management of complex breastfeeding issues
- Abortion and post-abortion care
- Contraception and sexual health
- Screening investigations
- Breech and multiple births

Similar to New Zealand, inclusion of prescribing and investigations/diagnostics into pre-registration programs for endorsement for scheduled medicines on graduation would be beneficial, however would need policy change and the need to increase minimum program periods.

QUESTION 3

How can Midwife Accreditation Standards best support inter-professional learning?

Students should be afforded inter-professional learning (IPL) opportunities to enable them to learn with and from each other in safe environments which promote understanding of each other's philosophies, roles and responsibilities and to foster positive professional partnerships.

Education providers should be required to provide an outline of their IPL strategies/framework for minimum IPL opportunities across the program and in different contexts – i.e. classroom teaching, online teaching/simulation and within professional clinical practice.

Minimum practice requirements could possible include evidence of interaction with health practitioners from different disciplines, such as requiring evidence of COCE visits with a GP at the 6 week postnatal check up, or with Child Youth and Family Health nurses.

Other strategies may include:

- IPL within Continuity of Care Experiences – for instance a midwifery and medical student both supporting a woman,
- Laboratory and online simulated practice – include not just clinical but also professional skills
- Teaching in class by professionals from other disciplines



Question 4

What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

With some University's moving towards teaching specialist roles, requiring a minimum percentage of research active academics, and academics with contemporary clinical experience would be beneficial.

The Midwifery Discipline Head and Coordinator of the Midwifery programs leading to registration needs to be strongly articulated to ensure appropriate midwifery academic and professional leadership.

I also suggest that evidence must be provided of appropriate management of professional placements, particularly for Continuity of Care Experiences due to its ad-hoc nature in comparison to structured placements. This needs to include evidence of appropriate student clinical facilitation, student feedback/assessment, availability of 24/7 student/venue support, measures for recruitment and support of women, and safety measures in place for students being called in for births in the middle of the night.

Yours sincerely,

Ms Kristen Graham