

## Accreditation standards review

### Written submission form

<b>First Name</b>	Sue
<b>Surname</b>	Kruske
<b>Individual or organisation?</b>	Individual
<b>Organisation (if relevant)</b>	Charles Darwin University
<b>Position in organisation</b>	Professor of Primary Health care
<b>Email</b>	Sue.kruske@cdu.edu.au
<b>Preferred contact number</b>	0418882337

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
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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**

#### **Rationale**

I believe it is important to include adequate educational preparation for prescribing in entry-to-practice midwifery programs. We don't tell doctors they can't prescribe until they are more experienced, so why would we for midwives. The NPS: National Prescribing Competencies outlined in the draft Standards are sufficient to prepare graduates with the knowledge to safely prescribe scheduled medicines within the scope of midwifery practice. The current additional requirements set out in the registration standard (Programs leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards, 2015) should not be used as a reason not to do this.

### 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, the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice. However I believe the removal of the 50-50 theory -practice requirement will result in diluting clinical placement requirements in some universities which in turn will impact on the quality of midwifery graduates. I believe ANMAC should reinstate the **50-50 theory/clinical placement requirements in entry - to practice programs.**

I believe the **Continuity of Care Experiences should be kept where students are required to attend the majority of births.**

### Question 3

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

Too many programs do not support clinical skill development in the area of venepuncture, intravenous cannulation and perineal care and repair. These are essential skills and should be included as required learning in the draft standards.

We strongly recommend that criteria 2.2 is strengthened. The head of discipline should be recognised within the governance structure of the educational institution as the individual with the professional input on all matters that affect midwifery education. We recommend the following rewording of this criteria.

### 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 additional issues at this time.

**Question 5**

Any additional feedback?

There are significant improvements in these standards so thank you. The section on governance clearly states that the head of discipline must be a midwife, however in many universities the midwifery lead is too low in the structure and not included in the decision making of the local school of nursing and midwifery. In such environments it is clear that senior nurses continue to dominate decision making regarding midwifery. The only way to address this is to have midwifery as its own autonomous separate school that is separate to nursing.