Australian Nursing & Midwifery Accreditation Council

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Accreditation standards review

Written submission form

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Standards Review
7 August 2020

La Trobe University School of Nursing and Midwifery welcomes 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

We fully support midwives being able to prescribe however, at the present time, do not support the inclusion of educational preparation for prescribing in the Midwifery Accreditation Standards (MAS). Our concerns are for the following reasons:

1. Consistent with our current course accreditation and our core business as a midwifery education provider, we regularly engage and consult with our health service partners and are very responsive to their feedback regarding our curriculum delivery. We have had **no industry feedback that supports inclusion of prescribing in our entry to practice** midwifery course. To the contrary, industry feedback is supportive of our existing programs and course length.
2. 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 we educationally prepare students to prescribe, they cannot do so unless they are an 'eligible midwife'. This requires 3 years or 5000 hours of practice. It is our view therefore, that the **educational preparation to prescribe should be at a postgraduate level.**
3. Currently, **very few midwives in the public health system can prescribe.** This will lead to **substantial challenges with supervision** and potentially a dichotomy between midwives who can and cannot prescribe. The graduates would be **educationally prepared for a competency/skill that they would rarely use.**
4. 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, we believe that this could lead to course rationalisation which is already occurring across Australia. This may also lead to reduced enrolments and a reduced workforce.
5. We do not have a pharmacy department at the Melbourne campus of La Trobe University, nor do we have any of our expert midwifery academics qualified to prescribe. This means the theoretical component would **require additional resourcing.** In the current climate, this could jeopardise the course.

6. If the goal is as above i.e. that prescribing facilitates midwives working to the full scope of practice, then our view is that there **should be other areas included in the MAS that are of significantly higher priority than prescribing e.g. suturing and cannulation**.
7. Just under half of the respondents to round 2 consultation were NOT in favour of including education for prescribing however, unfortunately the data presented does not break down responses by stakeholder groups. As an education provider, we are concerned about the **multi-faceted challenges of inclusion of this content in our curricula**. The Standards must be implementable and able to be achieved. We have concerns in this regard that the current draft does not address.
8. There is a lack of robust evidence to support this change to the Standards.

In summary, consistent with the summary provided in the background to the Consultation paper, like others, we do not support the inclusion of prescribing - it **will increase course length, there is a lack of clarity about the 'what' and 'how' we would include in our courses and** we consider it **better placed in a postgraduate program** (not entry to practice),

As stated in the consultation paper, "**Both the NMBA and ANMAC are cognisant that some of the double degrees or postgraduate programs may not be able to include these additional requirements with the current program format and timing". This is correct for our courses and we are very concerned about this for the reasons detailed above.**

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.

- **We are 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.

This national evidence is consistent with feedback from our La Trobe University students and staff and aligns with the issues we raised in previous submissions.

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, we 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".

- **Consistent with our previous submission (which also has not been reflected in the current draft),**

We believe the focus on being the primary birth attendant is incorrectly weighted for the following reasons:

- as the majority of interventions occur in the labour period, the focus for students should be on labour care, with an aim of improving practice in the labour period.
- students are regularly sent into births for second stage having never met the woman, nor provided any care – just to meet numbers. This is the antithesis of woman-centred care and works against the high-level evidence regarding the benefits of continuous support in labour; and continuity of care.
- health services are finding it increasingly difficult for students to achieve 30 spontaneous vaginal births due to rising intervention rates. This is the case in many settings, and especially in regional Victoria where health services are taking less students for placement due to their reduced numbers of women having SVBs. This is particularly concerning because we have midwifery workforce shortages, and health service closures related to staff shortages.
- there was no evidence that supported the increase to 30 births and there is no evidence of improved standards of practice.
- 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.

As such, we would like to see a reduction on the current requirement of students being the primary birth attendant, with a reciprocal increase in the number of women where students provide direct and active care in labour.

Therefore, we would like to Standard 3.12d amended:

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

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

As detailed above, we 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?

We note that 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?

We do not have any further feedback. Thank you for the opportunity to contribute.