

Accreditation standards review

Written submission form

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La Trobe University, School of Nursing & Midwifery is grateful for the opportunity to make a submission in response to the 'Review of Midwife Accreditation Standards' Consultation Paper Version 1. La Trobe University provides both undergraduate and postgraduate courses that are approved programs for general registration as a midwife. We deliver these courses in both a metropolitan and rural/regional context which uniquely positions us to understand the broader midwifery requirements in both specialised and general maternity units. We have considered this review with the following central tenant: *that midwives are critical to the delivery of safe maternity care enabling maternal and newborn wellbeing regardless of the choice of birth environment.*

Please find our response to the consultation questions 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.*

We agree with the statement that 'The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. We support the proposal that experiences (rather than set hours) are preferred. Hours may not reflect experience, and this is particularly so in regional maternity services where birth accoucheur opportunities are often sporadic and not always reliable when students are on birth suite placement, for example.

Additionally, in the busy clinical environment there is a need to give some guidance to clinical facilitators in supporting students to achieve a minimum level of exposure to procedures and experiences. The birth suite environment, for example, is highly competitive with student midwives, medical students, paramedics and newly registered midwives all vying for the opportunity to participate in the care of a labouring woman. If there is no requirement for midwives to achieve a minimum standard, they will not be given priority when competing with those who do. Whilst this is not an ideal driver for the standards to exist it is the reality of the clinical environment and this is magnified in rural/regional placements. Whilst we acknowledge the requirement to be primary accoucheur for 30 spontaneous births may be increasingly difficult (due to increasing intervention rates and competition for experiential learning in the birthing environment) a revision of this requirement in terms of numbers and wording may be beneficial. An alternative wording may be in line with European and UK standards which refer to 'Direct and active participation' in the first, second and third stage of birth.

With respect to any potential increase in the number of primary accoucheur births required - we would not support any increase. In the current workforce climate, with a declining midwifery workforce, we would be unwise to place further pressure on our clinical training resources. In terms of clinical partners, the sole limiting factor for our midwifery intake at La Trobe is the ability to provide clinical placements. Increasing the number of primary accoucheur births will have a direct impact on the number of student placements that providers can accept and therefore potentially a further restriction on the number of students we can support. The flow on impact of this is a reduction in the number of midwifery graduate and subsequent workforce sequelae.

Whilst we support the need to specify minimum standards, we also believe that it is critical that there are measures of competency that are attained using validated tools such as the MCAT which we use throughout Victoria. This tool is used by all universities, students and hospitals that place our students.

Our team has also considered how many supervised practice requirements are required. We support the current Standards in relation to minimum requirements for antenatal care (100 episodes); complex care (40 women); and postnatal care (100 episodes).

We would support a change to the Continuity of Care requirements and this will be addressed in Question 4.

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?

We support the notion that beginning midwifery practitioners should be able to work across their full scope of practice at registration to ensure they can maintain maternal and fetal wellbeing in **any** environment. As a provider of midwifery education in rural/regional Victoria, we appreciate the need for those midwives working in rural services to work across their full scope of practice with little available support from specialist teams. We believe these new standards provide an opportunity for us to recognise the full scope of practice of a midwife and embed in future curricula.

The definition of full scope of practice will need to be determined. Foundational skill development may occur throughout the undergraduate or postgraduate course with further refinement occurring within the clinical environment post registration. The UK Nursing & Midwifery Council has outlined specific skills that a newly registered midwife should possess, and we believe these should be explored for consideration. This would enable an alignment of midwifery skills globally and lead to enhanced satisfaction for midwives working in our clinical environment. In addition, this would contribute to standardisation for midwives regardless of the environment in which they are working – at home, in high risk facilities, in small rural maternity services.

In terms of specific practices that are currently not in the Standards:

- **Medication endorsement/prescribing** – we believe this is a level above a pre-registration program.
- **Perineal suturing of an episiotomy, 1st & 2nd degree tears** – we support the inclusion of **beginning/basic level** theoretical and **lab based/sim practice** in the Standards. Whilst simulation-based training may assist in the development of foundational knowledge this could then be built upon following registration within the clinical environment.
- **Intravenous cannulation** – consideration should be given to simulation-based training and competency assessment to enable midwives to implement haemorrhage protocols in a timely manner.
- **Amniotomy** – consideration should be given to simulation-based training and competency assessment within the clinical environment.

Question 3: How can the Midwife Accreditation Standards best support inter-professional learning?

We have no recommendations to change current practice. We believe this is adequately addressed within the current standards.

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?

We support the reduction of the number of standards to 5 as we believe that this will reduce repetition.

In relation to Continuity of Care experiences (COCEs), we fully support students to have COCE in their programs given the strong evidence of benefit for women. Students also find this to be a rewarding and valuable experience. We are concerned, however, that the current requirement for students to attend the **majority** of births of their COCE experiences creates unnecessary pressure for the students. In most clinical environments students are unable to actively participate in COCE births as accoucheur or to provide supportive care. They are relegated to an observational role only. Considering the time commitment, impact on study, impact on employment and family commitments, this requirement is particularly onerous. Further, isolated or rural students find this component of their course extremely difficult to achieve due to travel requirements and distance from the women and services they need to access.

We recognise that COCEs are a relational experience and therefore, fewer COCEs are likely to support a greater depth and quality of relationship with women. The ability to support fewer women in a more meaningful way would provide greater satisfaction and learning for both the woman and the student.

We cannot support any **increase** in the numbers of COCE's required (from 10) and in fact, believe this should be reviewed and aligned with UK standards which state "all students experience continuity of carer and follow a number of women throughout the continuum of care". This would allow flexibility in terms of available models of care, placement providers and universities nationally.

The Victorian Midwifery Academics group (MIDAC) is currently collecting national data from both students and academics regarding the impact of this requirement. These results should further inform this discussion.

A potential option could be one for every year of study – for example, a four-year BNBM degree could have a requirement for 4 COCE, a one-year postgraduate diploma could complete 1 COCE, etc. The required attendances could be increased throughout the experience to enable a deeper connection and understanding of the end to end experience for the woman and her family.

Thank you for the opportunity to contribute to the Standards Review.