

#1

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, May 29, 2019 3:32:23 PM  
**Last Modified:** Wednesday, May 29, 2019 3:36:51 PM  
**Time Spent:** 00:04:28  
**IP Address:** 192.148.228.60

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (metro)**

**Q3** 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.

**Agree,**  
Please provide a rationale for your choice:  
Continuity of care models are the future and students are prepared to work in such models with the completion of CCEs throughout their course.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Not sure. Actual placement is a concern and the health facilities are not always supportive of students meeting the full scope of practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Have core units that encompass other students from different health disciplines.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Unsure at this stage

## #2

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, May 29, 2019 3:28:44 PM  
**Last Modified:** Wednesday, May 29, 2019 4:10:16 PM  
**Time Spent:** 00:41:32  
**IP Address:** 165.118.1.51

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

Midwife

**Q2** Which of the following options best identifies your primary work location?

Western Australia  
(metro)

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Midwifery is very much a "hands on" profession. Although a high standard of theoretical knowledge is absolutely required the most valuable experience a student can gain is on their practical placements. When student midwives qualify it is very evident that they need to develop their clinical practice and communication skills but as important is the development of time management skills . This can only be developed during clinical placements.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Respondent skipped this question

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Respondent skipped this question

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Respondent skipped this question

## #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, May 29, 2019 6:28:41 PM  
**Last Modified:** Wednesday, May 29, 2019 6:32:07 PM  
**Time Spent:** 00:03:26  
**IP Address:** 101.116.15.241

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**South Australia**  
**(metro)**

**Q3** 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.

**Strongly disagree**,  
 Please provide a rationale for your choice:  
 It is insulting to the profession to have so many requirements that universities can attest to the student's ability/readiness for practice

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By trusting the universities to ensure a robust program - curriculum review and clinical review

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

not sure as you need to stop midwives attitudes towards working with others

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Have birth and COC numbers only for registration

## #4

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, May 29, 2019 6:06:20 PM  
**Last Modified:** Wednesday, May 29, 2019 7:06:33 PM  
**Time Spent:** 01:00:13  
**IP Address:** 60.242.249.27

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 i think there should be a minimum number of experiences gained, however this needs to be about quality not quantity. For example, having 100 antenatal experiences - students can tick and flick these off quickly within the first six months and still have limited competency in the skills associated with the wide range of AN care experiences. they can still have no real depth of understanding for the rational and ir practice in critical assessment!

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

one important consideration should be that students need to have experiences in public. private and community care contexts. currently students can be sent to a public hospital for all if their training, and this context does not provide the depth or breath if midwife autonomy or normal physiological birth to adequately train a midwife. Students who are sent to private hospitals, and who do not gain exposure to the public system as well - really end up as glorified obstetric nurses. It is critical to ensure ALL students gets a minimum if 50% clinical experience in the mainstream public system. Also, community practice- meaning midwifery models where the full range of maternity care is provided by midwives at home or in the community eg MGP, privately practicing midwives, and Aboriginal community midwifery services/ clinics need to be a key focus of experiences. i would also go further to suggest a rural midwifery model experience should be a compulsory experience for ALL students. Rather than a stand alone Aboriginal course, the focus should be on a Cultural safety course. and multicultural care to incorporate not just Aboriginal and Torres Strait peoples, it should be all cultures. Also on this note, mist students who undertake graduate midwifery training, have already undertaken an Aboriginal and Torres Strait Islander course if training. Repeating this again in the graduate midwifery programs is a waste if time, generates no end if complaints and is a lost opportunity to address All cultures - eg refugees, African, etc - please address this as all midwives scope if practice needs to address not just Aboriginal and white Australians .

Please, lower the number of experiences and insist on quality reflective records that promote critical thinking and assessment

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

I believe All students need to have had experiences in training that involves inter professional learning. this could be for example, practice sites to include the student in PROMPT training - from second year onwards thus at least two exposures if studying a 3 year degree, and two with post grad degrees for RNs. can i just say, practically at present, practice sites, do not normally accept a registered midwives certification for cannulation, perineal suturing and or drug prescribing unless they have undertaken this according to each individual hospitals credentialing. To me there seems little benefit, in stipulating all students develop competency in this during their training, if practice sites wont accept it or require the graduate to retrain in these skills upon commencing employment. there needs to be a change with service providers thinking on this, A better and more appropriate proficiency for all midwives should be - lactation consultant qualification!! - as this supports what the midwife scope of practice should be - normal philosophical processes, rather than expert at what is traditionally medical procedures - putting in drips, and suturing . having said this, i think these skills should be the focus if the graduate year of experience. basic midwifery should focus on honing basic skills and supporting normality.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I believe the 50% theory and 50% clinical experience is very problematic. Given that most states do not support paid placement for midwifery training ie with graduate midwife programs, student really struggle to meet these hours which are unpaid, and sustain themselves with paid work. what happens is more than 50% drop out and those who stick it out - it almost kills them. i suggest review the number of hours and reduce to a minimum of 800, max 1000, and focus on quality not quantity.

---

## #5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 3:07:06 AM  
**Last Modified:** Thursday, May 30, 2019 3:14:41 AM  
**Time Spent:** 00:07:35  
**IP Address:** 121.220.193.34

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Disagree,**  
 Please provide a rationale for your choice:  
 I disagree unless the numbers are realistic. The old graduate diploma was a pressure cooker everyone said and all we have done is now place students in a slow cooker. We increased the years and increased the experiences. The contemporary students struggle with work life balance and then add study into the equation. They are suffering.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Provide guidance as to what experiences should be obtained but reduce the numbers. Remember some universities (as advised by industry partners) also add experiences so students do more than asked by ANMAC

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Require it to be in the curriculum. However it needs to be a two way street. We do not want medical academics teaching our students and us not being provided the same respect to teach normal birth in medical programs.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

How to ensure that midwifery is about relationships with women and not just a tick a box , get the numbers game.

## #6

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 7:10:46 AM  
**Last Modified:** Thursday, May 30, 2019 7:24:06 AM  
**Time Spent:** 00:13:20  
**IP Address:** 109.151.139.85

## Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

I agree with setting numbers and think they are all ok. This ensures that students are exposed to experiences - ie births. If these are removed then it is possible that a student could reach the end of their program without participating in specific experiences ie births. We have an expectation that the qualified midwife is an expert in 'normal birth' so how do we ensure this unless the student is exposed to these as experiences. I agree that a certain number is more difficult to argue as I have worked with some students who know how to support a family after a few births while others are still struggling with this concept when they have assisted with 20 births. It is important to set the minimum standard so I feel comfortable with 30 as the minimum for normal birth but far more important is the experience of being 'with women' in labour. So the ten of these without birth are the minimum I would agree with. Antenatal care is difficult at times to secure so I think the standard is acceptable at 100. Postnatal care seems ok at 100 women and babies although it would be good to see that some of this was beyond 48 hours - we say that midwives are qualified to look after women up to six weeks postnatally - so lets promote this. Neonatal care is important to keep options open for qualified midwives to work in SCN. It is important for midwives to be able to undertake a full newborn examination so this should be included. I would like to see an inclusion of assessment of the progress of labour. This is not vaginal examination, but could include this and other factors.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

I think by including something that 'audits' practice as we do currently. I do think that there should be a national database that is used by all courses to document and validate all experiences.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

I am unsure that this is the place for this. We need to promote midwives using the referral guidelines (ACM) and participate in interdisciplinary care, but I do not feel this is part of accreditation standards.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

None

---



## #7

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 8:47:56 AM  
**Last Modified:** Thursday, May 30, 2019 8:55:49 AM  
**Time Spent:** 00:07:53  
**IP Address:** 49.197.171.95

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Early Career Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Queensland  
(metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Practice experiences are where valuable learning takes place for the student midwife. The midwifery degree is tough but it's tough because the job we do as midwives is so important and requires safe and competent practitioners. Students need to have ample supervised practice experiences to develop their skills - both clinical and interpersonal, which are so vital for the wellbeing of the women and babies we look after.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Incorporate complex skills such as suturing, as well as incorporating the prescribing and diagnostics unit into undergraduate study programs.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Through supporting students in continuity of care experiences with women with complex needs as well as "normal risk" women, so that they are able to take part in and observe collaborative care.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Continuity of Care experiences need to be maintained and the minimum number should not be any less than 10 - preferably more. That is where the bulk of learning comes from for student midwives. Relationship based care makes you less nervous to practice new skills, and it develops the interpersonal skills we need as midwives to a much higher level. Continuity is the way of the future for our profession - it is what the consumer wants and it should be considered part and parcel of becoming a midwife.

## #8

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 10:11:19 AM  
**Last Modified:** Thursday, May 30, 2019 10:28:34 AM  
**Time Spent:** 00:17:15  
**IP Address:** 139.132.188.30

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

**Q3** 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.

**Disagree,**  
 Please provide a rationale for your choice:  
 Completion of a set number of experiences may contribute to fostering equity for student experience-if this is required for all students, this must be facilitated for all students regardless of place of study or location, however the down side to this is focusing on 'numbers' rather than woman centred care, continuity of experience and relationships with women. This is what Midwifery care is based on. Working in partnership with women to understand and support their whole experience across the pregnancy continuum.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The Standards can identify skills and knowledge that are aligned with the education of Midwives for more complete abilities to work to full Scope of Practice: this is the chance to develop confidence in novice midwives to be professional practitioners in all spheres of care for women and their families: including skills such as perineal suturing, IV cannulation and the ordering and assessment of pathology tests fosters the development of midwives for Continuity of Care models, proven to improve outcomes for women and babies. These skills should be integrated into standard clinical practice and placement experiences for midwifery students.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Education opportunities to work and learn alongside medical colleagues to foster inter-professional respect and identity could be implemented. Tertiary education that combines cohorts of medical and midwifery students for relevant content delivery and simulation practice would be beneficial. Silos need to be addressed: the old ways of working do not benefit women. As increased numbers of women require more complex care, midwives must work alongside medical colleagues in seamless structures for the benefit of the woman.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Equity of clinical experiences for all Midwifery students regardless of place of education. Enhanced models of support for clinical experience: mentoring models.

---

## #9

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 11:40:10 AM  
**Last Modified:** Thursday, May 30, 2019 11:42:57 AM  
**Time Spent:** 00:02:47  
**IP Address:** 130.220.181.98

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**South Australia**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 This enables consistency of experience for accreditation.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Include compulsory topic on women's sexual and reproductive health. This is the most under-developed area of midwifery practice in my opinion.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Collaboration with medical, pharmacy and physiotherapy students, especially in simulation type capacity. They could also present education to one another, or work together on innovative projects.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I think midwifery needs to be a 4 year degree to cover the full scope of practice.

## #10

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 11:43:36 AM  
**Last Modified:** Thursday, May 30, 2019 11:53:00 AM  
**Time Spent:** 00:09:24  
**IP Address:** 203.87.61.134

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 The only way to determine competence is to have a benchmark against which we assess. What underpins how successful these supervised experiences are is the competence of those supervising the experiences.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Robust and realist discussion on the practicalities of supervising an "appropriate" number of learners at any one time. Comprehensive training for those supervising learners in Pre registration programs to ensure consistency.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

adequate and appropriate staffing/funding to ensure staff are able to attend training. centralised training centres.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

There is an increasing trend to employ staff into midwifery units that have not completed tertiary pre registration programs (enrolled nurses). This undermines and ultimately deskills the workforce.

#11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 1:24:46 PM  
**Last Modified:** Thursday, May 30, 2019 1:40:27 PM  
**Time Spent:** 00:15:41  
**IP Address:** 134.148.215.27

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

---

**Q2** Which of the following options best identifies your primary work location?

**New South Wales  
(metro)**

---

**Q3** 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.

**Disagree,**

Please provide a rationale for your choice:

I had to ponder my answer to this question for a while. I have worked in the tertiary sector teaching into a Bachelor of Midwifery degree for almost 7 years. I also completed a Grad Dip in Midwifery myself, and even back then we had minimum numbers for experiences. However, I now question their value after the decade of experience I have as a midwife, especially since I moved into the academic side of things. I see first hand the difficulty that is experienced by students when their focus throughout this degree is centred around numbers for experiences, rather than the value in the experiences themselves. Students can struggle to obtain minimum numbers depending on which hospital facility they are placed at as well, with students in the smaller, regional areas usually having to undergo placement blocks at larger hospitals based solely around the fact they are not obtaining the numbers in their primary facility. This is very stressful for students. In my current role, I coordinate all of the third year midwifery subjects at the University I work for. These students become so consumed with getting all of their required experiences signed off that it becomes their focus, rather than being able to truly stop and reflect and enjoy the value in just experiencing the journey of pregnancy and childbirth with the woman. It is disheartening for a student, as an example, to spend an entire shift with a labouring woman, only to miss out on the birth because "they still needed 3 more births". Their focus becomes about the number and as a result the time spent with the labouring women (regardless of birth or not) isn't valued for what it really is. The focus is less on the relationship and more on the minimum numbers. I see this year after year after year in the tertiary system and students voice how they wish they DIDN'T have to focus so much on numbers because even they recognise how it pulls them away from truly "experiencing" the journey with the woman like a Registered Midwife would have who doesn't have to be recording experiences in a book. I believe the requirements for students should be focused more around the hours a student spends on placement. And if experiences ARE still required, that they be halved, purely so students do not experience so much stress trying to obtain such high numbers of experiences. They can focus on their experience as a whole and how ALL OF THAT is essential in helping them become great midwives - not just a certain number of experiences! Are the numbers even based on evidence? Who has decided that accoucheuring 30 SVBs is sufficient? Why is it 30? Why not 20? Or 15? Where do these numbers even come from? That is my question

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

There obviously needs to be a guideline or expected standard for midwifery students so that no matter where students choose to study within Australia, they all graduate at an equivalent level of both knowledge and clinical skills/practice. How the Midwife Accreditation Standards can ensure this beyond what is already being done, I am unsure.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Currently on the AMSAT form, since it is aligned with our Midwife Standards for Practice, there are standards on there that are related to collaboration with others. And students who obtain poor scores on an AMSAT in any of these areas can have further information documented on the back of the form about the specific issues present with that student. The issue then may be documented in more detail by the student's CME or Clinical Coordinator where they can work with the student to help improve their practice. I do not believe there is more the Midwife Accreditation Standards needs to do to better support inter-professional learning. At least, I have no further ideas.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I mentioned this above, but more focus on HOURS in placement and not just on the numbers. It truly is a significant issue that needs to be addressed.

---



## #12

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 1:59:25 PM  
**Last Modified:** Thursday, May 30, 2019 2:05:37 PM  
**Time Spent:** 00:06:12  
**IP Address:** 49.197.128.145

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Consumer**

**Q2** Which of the following options best identifies your primary work location? **Queensland (metro)**

**Q3** 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. **Strongly Agree,**  
 Please provide a rationale for your choice:  
 Midwives should have practice hours to give them enough knowledge and practice before becoming qualified. Also to see if they are really capable of fulfilling this career full time

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Face to face interview may be a good idea. Or a report of why they think they are suited for that position

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By allowing people access to it. Educating them on their options and complimentary professions.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Evidence based skills and information provided to students. Homebirth taught as a viable safe option. Continuity of care midwifery, mother led care.

#13

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 2:08:39 PM  
**Last Modified:** Thursday, May 30, 2019 2:18:30 PM  
**Time Spent:** 00:09:51  
**IP Address:** 203.87.61.134

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Agree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

clearly define academic content  
 Quality clinical placements that must be well supervised

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

unsure

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

That the provision of midwifery care is delivered by a qualified midwife. I am aware of a number of organisations ( private hospitals) where enrolled nurses (not those under the old classification of a mothercraft nurse), with little or no midwifery knowledge are now taking the place of the midwife in order address financial issues. If there was a recognised qualification for an EN to undertake appropriate training then this would be acceptable.

I do believe however that there is a place for graduate RNs to work in midwifery as it is the only opportunity they get to explore the profession before deciding to go on the next year and undertake their grad dip

#14

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 30, 2019 7:59:05 PM  
**Last Modified:** Thursday, May 30, 2019 8:07:27 PM  
**Time Spent:** 00:08:22  
**IP Address:** 1.129.107.29

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Early Career Midwife**

**Q2** Which of the following options best identifies your primary work location?

**South Australia (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Ensures student is accountable for attending and having opportunity to provide woman centred care prior to qualifying. I found it challenging but achievable!

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Placement in group practice models with designated mentors where possible

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By assessing previous experience, registered nurses employed in a special care nursery have varied experience compared with a registered nurse primarily based in the aged care sector.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Placement hours

#15

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, May 31, 2019 3:39:54 AM  
**Last Modified:** Friday, May 31, 2019 3:45:36 AM  
**Time Spent:** 00:05:42  
**IP Address:** 109.147.195.238

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

To ensure students get experience in all areas of midwifery and become competent in them all

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Breaking down practice into ante, intra and post natal. Having competencies linked to each to be completed and numbers of these. Eg. 40 SVD, 20 instrumental, 10 caesarean births.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Linking with CPD and ensuring standards are met with students/graduates/midwives completing the minimum amount of hours. Making CPD available to students/graduates particularly regarding skills like cannulation, suturing, speculum examination so that students become confident as well as competent.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I feel all aspects have been considered.

Water birth is important as it is now becoming more widely available.

## #16

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, May 31, 2019 10:42:21 AM  
**Last Modified:** Friday, May 31, 2019 10:56:41 AM  
**Time Spent:** 00:14:20  
**IP Address:** 165.118.1.51

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Supervised clinical practice underpins theory & it must be relevant within a specific time frame following the theory and be of value to both the student & the woman and for the supervisor to be able to assess if the clinical practice is relevant & the student is safe to practice at that level of knowledge . This cant be achieved in a short time frame

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By ensuring that the standards of the role of the midwife are covered throughout the program, that all standards are specified & that there is no ambiguity

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By setting professional standards of practice & behaviour & to treat all professions on an equal basis

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Non, that I can think of at present

#17

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, May 31, 2019 3:18:00 PM  
**Last Modified:** Friday, May 31, 2019 3:29:07 PM  
**Time Spent:** 00:11:07  
**IP Address:** 120.150.104.53

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 I think this is the best way to ensure students have adequate exposure to the necessary clinical skills. However, the numbers could be revised. There is a lot of pressure to reduce contact hours (and therefore costs) but I don't believe this is consistent with producing graduates who can implement quality maternity care.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Introduction of mandatory clinical skills including cannulation and peri suturing, as well as prescribing and ordering standard medications/diagnostic tests.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Mandate it. We do multiple IPL workshops at my University and it is excellent for student learning.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

All graduates should have good knowledge of vaccination. Also self care; strategies to manage stress/burn out.

## #18

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, May 31, 2019 8:42:50 PM  
**Last Modified:** Friday, May 31, 2019 8:55:39 PM  
**Time Spent:** 00:12:49  
**IP Address:** 175.34.201.253

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 Experiences (in contrast to just 'time' is preerable in midwifery preparation to ensure reasonable exposure in order to build competence.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Specified exposure of experiences in specific practice areas.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

this is challenging - and particularly from the provider perspective. Incorporating this into practice requirements is probably the most meaningful way - if in the tertiary setting can be somewhat superimposed and superficial.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The CoCEs - the requirement of students to attend 6 births is hugely problematic as it is outside of the control of the student. There are so many factors that can impact on the student capacity to attend births, and these include resistance from the hospital, being in paid employment, caring responsibilities, and most importantly the woman electing for the student not to attend. Keep all other elements of the CoCEs but remove the requirement for the 'majority of births'

#19

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 04, 2019 5:27:58 PM  
**Last Modified:** Tuesday, June 04, 2019 5:30:50 PM  
**Time Spent:** 00:02:52  
**IP Address:** 203.164.9.117

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

---

**Q3** 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.

**Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

All programs meet the same standards

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By being consistent

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

---



#20

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 05, 2019 1:33:50 PM  
**Last Modified:** Wednesday, June 05, 2019 1:52:56 PM  
**Time Spent:** 00:19:06  
**IP Address:** 131.172.36.45

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Students need a minimum number of supervised midwifery practice experiences to ensure they gain the experiential learning required to be a competent midwife. Without this impetus health care organisations will not be motivated to provide experience for the students. Skills that students should be required to develop competence in not only include births but abdo palps, VE's, breastfeeding, perineal suturing, FSE application, IV cannulation, neonatal assessment and ARM. These skills are required of all clinical midwives working across both low and high risk models of care. Until our students are graduating with this skillset they will be unable to be truly collaborative in how they work as they depend on other professional groups to complete tasks that sit within their own professional domain.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By liaising with industry, students and academics to develop standards that are meaningful, realistic and achievable. Students should be educated to function within the high risk obstetric environment in addition to managing women who are low risk. This includes skills such as IV cannulation, ARM, FSE application, perineal suturing. Regardless of the model of care women participate in they deserve the competent care of a midwife. Midwives should function as midwives (for both high and low risk women) without any dilution of their skillset. VE and abdominal palpation should be key skills for midwives to assess a woman's progress in labour. Sadly, now students rarely learn how to use these effectively.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Collaborative practice is essential to providing safe and effective maternity care. Offering guidelines around IPL would assist course providers and industry partners in developing a framework to support IPL.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Midwives should be competent to work across their full scope of practice at graduation in an environment that fosters and supports collaborative practice.

---

#21

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 06, 2019 4:46:14 PM  
**Last Modified:** Thursday, June 06, 2019 5:29:51 PM  
**Time Spent:** 00:43:37  
**IP Address:** 27.33.171.12

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
 Other (please specify):  
 National Rural Health Student Network

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 I strongly believe students must complete a minimum number of supervised and well supported midwifery practice experiences. A midwifery student must also be supported when they feel they are experiencing disparities in facilitation, educational, institutional and clinical supervision that may alter the integrity and competency of their clinical practice experience during these hours.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

A minimum number of clinical hours for midwifery students must be equal across all organisations and tertiary education institutions as a standard for pre-registration.  
 A midwifery student should feel comfortable knowing they are supported to come forth and request extra supervised clinical hours to ensure they are confident in their professional practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Ongoing clinical supervision, psychological and mental health support, consistent informal and formal discussions regarding a student's/new graduate midwife professional transitioning, consistent discussion online forums (potentially allowing students to ask anonymous questions), professional development reviews, promoting other online platforms/resources/organisations that support students/pre-registered midwives and newly registered midwives. Facilitators, Supervisors, Educators and Managers must be approachable and available to new graduates.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Nil.

---

#22

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 06, 2019 5:38:34 PM  
**Last Modified:** Thursday, June 06, 2019 6:13:14 PM  
**Time Spent:** 00:34:40  
**IP Address:** 103.217.166.66

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly disagree**

Please provide a rationale for your choice:

From experience, students tend to spend time trying to tick the required boxes to meet Accreditation Standards rather than spending quality time with women learning about woman-centered care. One student could be confident/competent after 10 experiences in a particular skill while another it may take a full 100. The student that was already competent/confident would benefit from learning another aspect of care. Tailoring education to meet the needs of the individual student is important so that they can work and learn within their scope of practice.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By providing learning opportunities (through either simulation or practical experience) for the students to ensure that they have the requisite knowledge and skills required. This may need appropriately designed assessments so that all students are assessed against the same standard to enter the workforce ready to practice to the full scope of the midwife.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Students typically meet and mix with other professionals whilst on placement. Also, some universities have classes where disciplines mix such as anatomy and physiology. Other options would be to use simulation and role play so that students were aware of other disciplines and their requirements. The continuity of care experiences provides opportunities for students to learn from other professionals in the workplace, for example, the sonographer, pharmacist, obstetrician, social workers to name just a few.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Documentation is an important issue when students are required to gather their experiences. Currently, there is no national standard to state what needs to be documented and universities do not have a consistent approach to documentation and how the current standard 8 is interpreted. This leads to confusion amongst facilitators who are required to sign that students have gathered the required experiences yet are unaware of the depth of understanding or documentation that they are signing for.

Likewise currently, there is not a national requirement to have a specific number of hours of midwifery practical experience, however, anecdotally staff have reported that students who have more practical experience, such as those who complete a dual degree (nursing/midwifery), are better prepared and more confident when they enter the workforce.

---

## #23

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 07, 2019 9:04:25 AM  
**Last Modified:** Friday, June 07, 2019 9:16:25 AM  
**Time Spent:** 00:12:00  
**IP Address:** 203.27.62.92

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Student midwives are the future of the profession. Setting basic foundation with strong skill set makes them confident and competent professionals. Having supervised practice encourage them to reflect upon the various strengths and weaknesses they already have and develop on them. Having a set number of supervised practice encourage the midwifery students to keep the motivation of achieving the skill set and knowledge base necessary for them to be a fully fledged midwife in the near future.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Accreditation standards encourage any professional to meet the bench mark and this will encourage them to meet the quality and safety in midwifery practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Midwife accreditation standards encourages the professionals to understand that the health care is not provided in silos and its continuum is never complete unless we interact and encourage multidisciplinary and interprofessional learning

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Quality improvement and participation of students and staff in improvement activities

#24

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 07, 2019 10:32:24 AM  
**Last Modified:** Friday, June 07, 2019 10:44:25 AM  
**Time Spent:** 00:12:01  
**IP Address:** 165.118.1.51

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Health Service  
Manager**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia  
(metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
with supervised practice the students get to see, do and experience the correct procedures and practice so they can practice in a safe environment .

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

To continue to have a requirement number to do or see .

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

education and training sessions together so all disciplines understand who to work as a team for better outcomes.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Not sure



#25

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 07, 2019 12:30:44 PM  
**Last Modified:** Friday, June 07, 2019 12:32:26 PM  
**Time Spent:** 00:01:42  
**IP Address:** 165.86.71.71

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland  
(metro)**

**Q3** 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.

**Strongly Agree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

**Respondent skipped this question**

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#26

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, June 08, 2019 4:35:21 PM  
**Last Modified:** Saturday, June 08, 2019 5:27:22 PM  
**Time Spent:** 00:52:01  
**IP Address:** 165.118.1.51

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Western Australia (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
I strongly agree students should complete a minimum number of supervised midwifery practice experiences as no two clinical scenarios are the same, and it is only through exposure, experience and skill are gained.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Maintaining a portfolio. This can target individual areas of practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By attending and participating in team building exercises, ie PROMPT. Also to participate in handovers and MDT meetings.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**

#27

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 10, 2019 10:57:24 AM  
**Last Modified:** Monday, June 10, 2019 11:00:05 AM  
**Time Spent:** 00:02:41  
**IP Address:** 110.174.213.128

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 There needs to be a minimum standard for either hours or experiences. I would argue that hours do not necessarily provide the necessary skills and experiences.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By providing units of study (pharmacology and screening and diagnostics) within the course that are of the same level and quality as those leading to endorsement. By providing comprehensive education, including simulation in cannulation, phlebotomy and suturing and demonstration of rigour, knowledge and skills to establish that clinical competence has been achieved.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By including collaborative interprofessional care provision in midwifery programs and by providing interprofessional opportunities in the clinical area and in simulation (with physios, social workers, psychologists). Use of online technologies, e.g. interactive elearning demonstrating collaborative management.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

P11 Standard 8.11 (a to k) in the Standards (Link to Standard 8) requires pre-registration midwifery programs to provide evidence that students have completed a range of midwifery practice experiences (minimum practice requirements). The specific number of hours that should be spent in practice are not prescribed, however Standard 3.8 states that theory and practice should be integrated across the program in equal proportions (50% theory and 50% practice).

I believe this should be more flexible. Greater flexibility should be allowed for the theory and practice hours and any percentages should be presented as a guideline only.

Some authors [22, 23] question the usefulness of specifying a set number of clinical experiences, or a prescribed percentage of hours (quantity), rather than focussing on the quality of practice experiences. They argue that first, there is little evidence for the prescribed numbers; and second, that fragmented episodes of care focussing on skill acquisition do not provide the best opportunity to establish woman-centred relationships.

This is only the case if most of the clinical hours are in a fragmented model of care. If the student clinical experiences were more Continuity of Care Experience based then it would follow that the experiences were not fragmented.

Having to fulfil a certain number of experiences ensures demonstration of essential knowledge and skills can be achieved. Without this number requirements will be diluted and the new midwifery workforce will not be equipped or have the skills to provide midwifery care.

---

#28

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 11, 2019 8:55:08 AM  
**Last Modified:** Tuesday, June 11, 2019 9:16:26 AM  
**Time Spent:** 00:21:18  
**IP Address:** 203.10.44.63

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 There definitely needs to be minimum standards as a guideline- perhaps that minimum could be less than what is currently expected for continuity of care experiences and increased for the number of hours spent on placement and therefore the expected number of skills completed?

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

I believe the current standards hold students in good stead for a comprehensive overview of midwifery practice- the continuity of care experiences allow them to see what is like for a woman having care in both public and private settings, in both standard and caseload models. Their clinical placements and the skills they are required to complete allow for their physical clinical skills and interpersonal skills to be developed. There are certain midwifery courses such as the post graduate midwifery course which consists of just one year of study and clinical placement in order to become a registered midwife- although these learners are already nurses, midwifery requires a different skill set and different level of interpersonal skill. I don't believe it's possible or fair to expect the students undergoing a post grad program to complete the requirements to the standard of others completing a double or bachelor degree.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Perhaps a more detailed description of what is required and expected of the learner in regard to their ability to communicate within a multidisciplinary team. From personal experience, learners are able to communicate with women and their families effectively however they don't often get the opportunity to communicate with other team members such as doctors, social workers, psychologists etc.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I believe learners should be able to gain experience in caring for women and families experiencing loss. So often a midwife's first exposure to loss and bereavement is in the year following his/her graduate year. It is seen as inappropriate to allocate a student to a woman who is experiencing a fetal loss or termination however this is a very real and important part of midwifery care and requires a specialised skill set in itself.

---

#29

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 11, 2019 12:33:01 PM  
**Last Modified:** Tuesday, June 11, 2019 12:37:49 PM  
**Time Spent:** 00:04:48  
**IP Address:** 58.161.237.111

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Victoria (metro)**

**Q3** 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.

**Strongly disagree** ,

Please provide a rationale for your choice:

The students learn more from practical hands on experience in a clinical environment. I've noticed that those who do not have as much placement experience are not as confident in the beginning of their practice.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice? **Respondent skipped this question**

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning? **Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**

#30

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 11, 2019 1:40:10 PM  
**Last Modified:** Tuesday, June 11, 2019 1:45:45 PM  
**Time Spent:** 00:05:35  
**IP Address:** 134.7.193.199

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**Researcher**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
There needs to be a minimum standard that includes supervised midwifery practice experiences as hours do not necessarily ensure the that essential skills and experiences can be provided.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By providing units of study (pharmacology and screening and diagnostics) within the course that are of the same level and quality as those leading to endorsement. By also providing comprehensive education, including simulation in cannulation, phlebotomy and suturing and demonstration of rigour, knowledge and skills to establish that clinical competence has been achieved.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By including collaborative interprofessional care provision in midwifery programs and by providing interprofessional opportunities in the clinical area and in simulation (with physiotherapists, social workers, psychologists, dieticians).

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Comparison and benchmarking of Australian midwifery programs with international ones.



#31

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 11, 2019 5:39:45 PM  
**Last Modified:** Tuesday, June 11, 2019 5:46:26 PM  
**Time Spent:** 00:06:41  
**IP Address:** 1.156.71.142

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**  
 Other (please specify):  
 Researcher as well

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 It acts as a guide for the students to know what to achieve, yet I think the numbers need to be reconsidered.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

To work to the full scope of practice as defined by the ICM, different experiences need to be incorporated into the standards so they compliment

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

This is complex as some would argue taking units of study with nurses equates to IPL, yet we know its more than that. Maybe a more holistic approach could be taken such as case reviews etc

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The number of continuities needs to remain or maybe increase if one is to remove the other numbers of AN visits etc. I would like to see stronger statements around the level, ratio and qualifications a midwifery academic should have

#32

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 12, 2019 11:45:43 AM  
**Last Modified:** Wednesday, June 12, 2019 12:03:19 PM  
**Time Spent:** 00:17:36  
**IP Address:** 147.109.124.149

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Tasmania**

**Q3** 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.

**Unsure/don't know,**  
 Please provide a rationale for your choice:  
 Students should complete a minimum number of episodes of care/midwifery practice experiences that have been deemed 'competent'. Undertaking a minimum number of practice experiences does not necessarily mean that the student has achieved competence in that skill.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Continue with a number of continuity of care experiences (do not increase this number from 10, as the quality of the experience is lost with increasing numbers). Ensuring that quality episodes of care/practice experiences are documented comprehensively - rather than eg. 'routine 34 week antenatal visit'.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

This depends on whether this is a Bachelor of Midwifery course or a post graduate course. With 3 year BMid courses, the first year can include generic subjects in which the student midwife learns alongside other health care professional students. Post grad course becomes more difficult. Some practice venues offer inter-professional learning sessions/inter-professional simulation sessions within the work environment.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The Victorian Assessment Tools (although updated to reflect the new Midwife Standards for Practice) are still somewhat outdated - eg tool number 23 which refers to oxygen therapy instead of respiratory support for newborns. These also only refer to one episode of a skill that needs to be deemed competent. This system can be somewhat flawed, hence the previous comment regarding a number of episodes of care being deemed competent.

#33

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 12, 2019 12:08:02 PM  
**Last Modified:** Wednesday, June 12, 2019 2:25:42 PM  
**Time Spent:** 02:17:40  
**IP Address:** 103.39.136.13

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 I think that learners need guidance and that to achieve competence requires repetition knowing the support from registered midwives is there. It is about growing and learning from multiple experiences, particularly when pregnancy and birth is so diverse. Having a "number" to achieve also stops the registered staff giving a learner an individual load without supervision. Some students may thrive, others will not - so it is to protect the student.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By guided learning. The term "full scope of practice" must be teased out to specify what this means in terms of what you expect a newly registered midwife to be capable of. Some of this would be task related eg recording an intrapartum CTG while another component would be demonstration of critical thinking -reading the CTG.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By weaving in themes of multidisciplinary health care and placing value on these relationships.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#34

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 12, 2019 3:14:14 PM  
**Last Modified:** Wednesday, June 12, 2019 3:20:15 PM  
**Time Spent:** 00:06:01  
**IP Address:** 136.153.14.105

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife/Registered Nurse**

---

**Q2** Which of the following options best identifies your primary work location? **Australian Capital Territory**

---

**Q3** 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. **Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By incorporating more study on illness for those that end up working in tertiary facilities as well as more work on collaboration, respectful communication and teamwork with the multidisciplinary team

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

make sure the universities and their facilitators role model it.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I am not sure

---

#35

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 13, 2019 12:18:01 PM  
**Last Modified:** Thursday, June 13, 2019 12:20:24 PM  
**Time Spent:** 00:02:23  
**IP Address:** 165.86.81.71

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

---

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

---

**Q3** 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. **Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Students need to spend more time in the clinical areas and less time on theory that is sometimes not relevant to actual clinical practice.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Not sure

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The impact of the COCE on students lives.

---

## #36

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, June 16, 2019 10:48:15 AM  
**Last Modified:** Sunday, June 16, 2019 11:01:05 AM  
**Time Spent:** 00:12:50  
**IP Address:** 101.118.61.152

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 In the absence of required clinical hours, a minimum standard provided by clinical experience requirements is essential.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Require that on registration, graduates meet the theoretical requirements for application for endorsement  
 Comprehensive education including simulation ensuring clinical competence in cannulation, phlebotomy, suturing and prescribing from the midwives' formulary.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By including collaborative interprofessional care provision in midwifery programs and by providing interprofessional opportunities in the clinical area which is facilitated through clinical practice experience in secondary and/ or tertiary settings

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Comparison and benchmarking of Australian midwifery programs with international ones. In many areas, Australian Midwifery offers leadership, this should be recognised with a qualification whose standards are commensurate with other similar OECD nations such as New Zealand, Canada

#37

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 8:56:49 AM  
**Last Modified:** Monday, June 17, 2019 9:02:42 AM  
**Time Spent:** 00:05:53  
**IP Address:** 120.153.206.146

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Queensland  
(metro)**

**Q3** 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.

**Agree,**  
Please provide a rationale for your choice:  
The focus needs to be on women centred care

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The standards should be upheld as the benchmark from the introduction of practice and through out the Midwife's career

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

The standards form the basis of how we as Midwives can articulate our midwifery responsibilities & obligations

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

All good

#38

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 10:07:44 AM  
**Last Modified:** Monday, June 17, 2019 10:15:29 AM  
**Time Spent:** 00:07:45  
**IP Address:** 1.128.104.139

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

Midwife

**Q2** Which of the following options best identifies your primary work location?

Queensland  
(metro)

**Q3** 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.

Unsure/don't know,

Please provide a rationale for your choice:

Well they are completing these experiences but with all different midwives . I find it ironic that we are all crazy about continuity and yet when they come in with a woman they don't know the midwife that they are working with . I know continuity is important , but skills and knowledge are just as important and we have created a world where skilled midwives who can challenge the obstetric medical norm are difficult to come by .

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Have clear expectations of skills and knowledge but have a couple of midwives who are accountable for that student and who will follow their progress with diligence

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

No comment

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

We are creating a world full of star struck midwives who go into continuity but don't actually have the skills or knowledge to ever even have a conversation with obstetricians let alone seriously challenge them .  
Communication , professionalism etc



#39

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 1:21:31 PM  
**Last Modified:** Monday, June 17, 2019 1:24:18 PM  
**Time Spent:** 00:02:47  
**IP Address:** 165.118.1.51

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Student Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Ensuring that students complete a minimum number of supervised midwifery practice experiences ensures that each student achieve a base level of experience across the entire continuum of midwifery practice.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Through completion of core units at university, ensuring minimum number of practice experience and by requiring a minimum number of clinical placement hours.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#40

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 1:49:30 PM  
**Last Modified:** Monday, June 17, 2019 1:57:10 PM  
**Time Spent:** 00:07:40  
**IP Address:** 124.149.162.213

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Unsure/don't know,**  
 Please provide a rationale for your choice:  
 Of certain practical requirements, yes. But exactly what practices are included in this, and what is excluded, needs to be reviewed

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Examine what type of clinical placements/variations they are having. Having majority of placements in the same setting is not a great depth of experience or good preparation for practice.

Also develop standards around supervision and midwifery mentorship, to adequately support and transition students, as well as identify and rectify any problems that might impact on a student's ability to practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Encourage interdisciplinary training at a pre registration level?

I believe this has to come from a College level of the respective professions though.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Ensure the standards are evidence based. IE what evidence is there to support the number of 30 supervised normal vaginal births? Why not 29 or 31? What about care during various different labours, waterbirths etc? The continuity of care experience at present is not well defined, and is a huge economic and time burden on students, not to mention the restrictions placed on students by hospitals in regards to this, hospitals are clearly unsupportive of this initiative. Therefore it fails in its intention to promote continuity of care/best practice midwifery (as true continuity of care can't be provided if hospitals restrict student practice in relation to CoCEs)

#41

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 2:46:57 PM  
**Last Modified:** Monday, June 17, 2019 2:52:22 PM  
**Time Spent:** 00:05:25  
**IP Address:** 60.228.49.228

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Endorsed Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 It is important the midwives have similar experiences. It would be unfair and even unethical to have 1 midwife who has never experienced certain aspects of the role

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

To provide opportunities for them to learn - if a student at a certain facility is not getting the opportunity to have certain. Experiences then they should be rotated to other facilities

Universities also need to work with facilities to ensure their students will be treated fairly

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Include aspects that will allow students to graduate ready to be endorsed. It is unfair that they have to go through extra education/ hours - no other health professional has to do this go into private practice

#42

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 4:00:11 PM  
**Last Modified:** Monday, June 17, 2019 4:03:59 PM  
**Time Spent:** 00:03:48  
**IP Address:** 106.70.90.142

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 On the job learning far supersedes academia in this space. Some things just cannot be learnt from books and require a hands on approach

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Increase contact hours in maternity settings.  
 Increase follow through experiences with uniformity in what this requires across Universities.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Encourage it, support workplaces to make it a priority.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**

#43

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 4:31:10 PM  
**Last Modified:** Monday, June 17, 2019 4:34:47 PM  
**Time Spent:** 00:03:37  
**IP Address:** 139.218.15.176

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Student Midwife**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Agree,**

Please provide a rationale for your choice:

Placement is where we learn how to practice. The course has become too academia based, with no where near enough placement time. Mentoring should be incorporated much more heavily too.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

More mentoring. More placement. Less assignments.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

#44

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 5:05:46 PM  
**Last Modified:** Monday, June 17, 2019 5:10:12 PM  
**Time Spent:** 00:04:26  
**IP Address:** 124.149.207.201

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

This aligns with other similar countries training standards

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Maintain clinical requirements and assessments to align with other countries eg. New Zealand, UK, Canada

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#45

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 7:49:47 PM  
**Last Modified:** Monday, June 17, 2019 7:56:50 PM  
**Time Spent:** 00:07:03  
**IP Address:** 1.129.104.64

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Supervision is essential to promote safe care for women and reassures students that their clinical practice is developing well.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Not sure, but without standards students wont know if their clinical standards are safe.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Not sure

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Id like students to have more consistant, structured mentoring

## #46

## COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 17, 2019 8:38:37 PM  
**Last Modified:** Monday, June 17, 2019 9:12:43 PM  
**Time Spent:** 00:34:06  
**IP Address:** 101.176.51.79

## Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
Students need to be more proficient in many skills on graduation. This may increase competence on graduation.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

It should be compulsory for students to work for at least a month attached to a midwife in MGP role. Students are getting qualifications without being competent to look after women through the full pregnancy and postnatal continuum. They have no idea about full scope of practice. COC experiences need to have more compulsory attendances attached to them. The students need to be there for more births and do more postnatal attendances for the COCEs. Going back to more COCEs would better equip the students, as long as the universities encouraged them to take them seriously.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Not sure

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

There is a need for midwives to be much more competent on graduation. Universities need to co ordinate their practical experiences so that students are reinforcing their learning in a practical setting. Hospitals have the capacity to take more student hours than they are currently doing. There is a maternity crisis coming if more BMid schools do not open in Victoria. The double degree is not working to fill the gaps in workforce (note QLD has 75 BMid schools and yet no shortage of midwives in the city areas. Victoria has a massive shortage in some of the large hospitals in Melbourne and it gets worse going further out. This is a crisis that needs to be addressed. Care will be severely compromised if it is not. Propping up maternity health services with short courses for nurses to teach them basic breastfeeding and postnatal check skills is not best care. ANMAC needs to see midwifery as a profession and ensure that students are trained to give proficient and evidence based care to women and their babies.



#47

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 18, 2019 10:43:17 AM  
**Last Modified:** Tuesday, June 18, 2019 10:45:39 AM  
**Time Spent:** 00:02:22  
**IP Address:** 147.10.237.232

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

---

**Q2** Which of the following options best identifies your primary work location? **New South Wales (metro)**

---

**Q3** 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. **Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Ensure clinical hours and assessment

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Attend related but other professionals seminars and workshops

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

None

---

#48

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 18, 2019 10:57:22 AM  
**Last Modified:** Tuesday, June 18, 2019 11:06:23 AM  
**Time Spent:** 00:09:01  
**IP Address:** 122.150.132.39

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Completion should be to a satisfactory standard ~ essential to ensure newly graduate midwives are able to work to their full scope of practice. If not specified, some students may not receive adequate exposure to specified midwifery experience. Minimum number of supervised midwifery practice experiences must continue to include 'continuity of midwifery care' experiences.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

It is the responsibility of the pre-registration program to demonstrate how they ensure all students are educated to meet the full scope of midwifery practice (e.g. as per ICM criteria) prior to their course receiving ANMAC accreditation.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

As above (4).

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Wherever possible, students to be placed in midwifery group practices for extended periods to gain their CoCE. CoCE to be maintained at least at ten but preferably more.

#49

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 18, 2019 1:39:47 PM  
**Last Modified:** Tuesday, June 18, 2019 1:47:22 PM  
**Time Spent:** 00:07:35  
**IP Address:** 120.29.104.73

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Australian Capital**  
**Territory**

**Q3** 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.

**Strongly** ,  
**disagree**

Please provide a rationale for your choice:

In this case midwives has a enough experience to face and to handle different situation with full confidence

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

U can assess the student based on their experience

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

U can verify and assess their trainings and skills

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I cannot see any issue regarding the revision

#50

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 18, 2019 9:16:24 PM  
**Last Modified:** Tuesday, June 18, 2019 9:19:52 PM  
**Time Spent:** 00:03:28  
**IP Address:** 144.134.23.219

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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. **Strongly Agree,**  
 Please provide a rationale for your choice:  
 Midwifery cannot be learnt solely in the classroom

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Increase practice hours and lengthen the course

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Increased practice hours

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Unsure

#51

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 19, 2019 1:30:32 PM  
**Last Modified:** Wednesday, June 19, 2019 1:59:43 PM  
**Time Spent:** 00:29:11  
**IP Address:** 165.118.1.51

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
WA Country Health Service

---

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (regional or remote)**

---

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
In the absence of literature to support otherwise - all minimum requirements can be without compromising continuity for women from within CCE experiences.

---

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Inclusion in midwifery curriculum content to address essential scope of practice for midwives of:

- midwifery prescribing
- midwifery diagnostics
- perineal repair
- IV cannulation
- homebirth - safety and quality
- waterbirth
- aboriginal birthing on country
- rural midwifery

Inclusion of graded assertiveness skills - most common contributing factor in poor outcomes is reluctance to speak up in front of mother and support people and /or deferring to perceived seniority / expertise of the other clinician

Inclusion in midwifery experience placements to ensure minimum scope of practice for graduate entry midwifery:

- one mandatory rural midwifery placement
- minimum supervised experience in episiotomy (many Graduates are registered without ever having performed an episiotomy and express grave fear at having to do so)
- exposure to at least one homebirth experience (maybe within CCE requirements)
- exposure to minimum number of water-births
- exposure to midwifery prescribing and diagnostics in practice
- undertaking minimum number of supervised perineal repairs
- undertaking IV cannulation

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Exposure to the range inter-disciplinary models of care i.e. GP shared care, Obstetrician shared care, private models of care - both obstetric and midwifery, public midwifery led care - low and high risk models, public obstetric led care, participation in inter-disciplinary learning programs - Obstetric emergencies including local emergency drills, Neonatal resuscitation, CTG, perineal repair

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Ability for all country students to access distance learning modalities including videoconference. In WA students are required to attend in Perth for theoretical components which is a barrier for many country residents (both financially and with parenting commitments) in undertaken midwifery programs

---

#52

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 20, 2019 10:29:39 AM  
**Last Modified:** Thursday, June 20, 2019 10:42:17 AM  
**Time Spent:** 00:12:38  
**IP Address:** 124.149.116.13

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Midwifery is a practical profession and deserves lots of practical experiences that cannot be learnt in a book.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Ensure that students get more practical , a science lab is of no use in the care of a mother and baby . More hands on is needed to ensure we produce good midwives.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Conferences and inservices and multiple mentors during their training . Upskilling new grads with older experienced midwives in a buddy system is very beneficial.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Maybe consulting experienced clinical midwives and not as many academics who have not been in the clinical setting for many years ,with the challenges of reduced staff and workloads .

#53

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 20, 2019 11:25:47 AM  
**Last Modified:** Thursday, June 20, 2019 11:42:06 AM  
**Time Spent:** 00:16:19  
**IP Address:** 1.128.107.229

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**National**

**Q3** 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.

**Strongly disagree**

Please provide a rationale for your choice:

There is a thorough & heavy focus on the theoretical learning. In my professional experience the cracks appear in transition of theoretical to practical. Students obtain the practical guidance in a variety of settings that provide incomparable practical experience. Tiny low risk facilities cannot provide experience remotely comparable or as beneficial as larger facilities.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The practical environment underpins the students level of basic practice.

It is essential that the standards can be genuinely met in practice. Small low risk facilities that do not employ obstetricians or paediatricians cant compare with other facilities.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

The standards need to be established with relevant & realistic achievable outcomes for all student midwives.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The transition from student to rehisteted midwife. Dual grad programs in small low risk rural facilites cannot meet an learning objective.

Following a wide range of facilities offering post grad programs vast differences in practical support is offered. An increasing number of "new grads" are then being accepted into midwifery group practices where they work unsupervised. This I would propose is likly to add to the rising "adverse events" during & after childbirth for both mother & newborn.



#54

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 20, 2019 2:09:50 PM  
**Last Modified:** Thursday, June 20, 2019 2:21:45 PM  
**Time Spent:** 00:11:55  
**IP Address:** 137.92.28.83

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
Researcher**

**Q2** Which of the following options best identifies your primary work location?

**Australian Capital  
Territory**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
Without a framework of minimum practice requirements it is difficult to get consistency across the education system. Universities and Industry Partners need a framework to ensure quality of education and learning experiences.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

There needs to be a robust framework inclusive of both quantity of skills and learning experience and a capacity to measure the competency or proficiency of that skill or learning. This needs to be underpinned by a strong foundation of reflection, woman-centredness and continuity of care. It also has to include the technical skills to meet the full scope of midwifery practice, for example, prescribing, diagnostic referral, cannulation, perineal suturing etc

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Inter-professional learning is essential across all the health professions. To do this each health professions accreditation standard needs to include it as a topic and learning outcome

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Along with the need for a minimum number of supervised midwifery practice experiences there also needs to be a minimum number of supervised practice hours embedded.

#55

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 24, 2019 6:04:45 AM  
**Last Modified:** Monday, June 24, 2019 6:12:32 AM  
**Time Spent:** 00:07:47  
**IP Address:** 110.22.32.219

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Victoria (metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
It ensures that midwives are recognized as safe competent practitioners by both the public and other healthcare professionals.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Continue to include SCN placements and continuity of care experiences

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Have days similar to PROMPT training and support obstetric staff to understand the midwifery model of care (woman centered, normal physiological process). Also consider including MCHN to attend training with midwives.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Workforce shortage of midwives in Victoria - hence Bachelor of Midwifery courses are an essential and quicker way of producing midwives than double degree programs.

#56

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 24, 2019 2:20:39 PM  
**Last Modified:** Monday, June 24, 2019 2:44:19 PM  
**Time Spent:** 00:23:40  
**IP Address:** 1.128.106.153

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Consumer**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Women want, need and deserve to be cared for by midwives confident and competent in providing woman centred care. Without adequate close support during their education, midwives cannot possibly fulfill this and could put their clients and themselves at risk of adverse experiences and outcomes

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Maintain minimum hands on supervised experience measures, such as minimum 10 cases continuity of care, to ensure they can provide evidence based, contemporary care, without losing the skills diluted by ongoing fragmentation of the current maternity care system

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Ongoing expectation in line with AHPRA of CPD, ongoing involvement with colleges, consumer groups, appropriate staffing to support attendance of education

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#57

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 24, 2019 3:46:43 PM  
**Last Modified:** Monday, June 24, 2019 4:27:58 PM  
**Time Spent:** 00:41:15  
**IP Address:** 156.22.3.1

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **New South Wales (metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
This enables all students to be in alignment, with same experiences and exposure to various maternity scenarios widening their skills.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Having set clinical competencies enables students to achieve required skills to fulfil full scope of practice. Providing students early in their pre-registration programs with essential experiences, exposures and competencies required allows them time to fulfil requirements.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By using and adhering to the 9 midwife accreditation standards enables safe, supported inter professional learning. It allows various programs uniformity ensuring both women and students are protected and safe.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

A better more woman focused entry requirements. There is absolutely no point in having the most intellectual, high scoring academics only be considered to study midwifery. Whilst the profession needs academics in research and policy making, we need down to earth, woman centred, caring, nurturing people who can relate to women and their families. The worst thing we can do in our profession is breed a new bunch of highly qualified academics that are great on paper and computers but can't sit with women, listening, being present, kind and nurturing, otherwise we are dangerous!

#58

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 25, 2019 1:08:53 PM  
**Last Modified:** Tuesday, June 25, 2019 1:41:43 PM  
**Time Spent:** 00:32:50  
**IP Address:** 165.86.71.71

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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. **Strongly disagree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

ensuring that a variety of experiences are open to students with flexibility to gain those experiences in alternative methods if required - ie student led antenatal and birth classes, allowing more placements in continuity of care models, base placement success on competency and confidence in skills as opposed to numbers

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

clear and concise expectations and strategies for the education and clinical supervision of others.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Assessment for students should be skills focused and should be relevant to practice as a graduate

#59

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 7:59:37 AM  
**Last Modified:** Wednesday, June 26, 2019 8:05:09 AM  
**Time Spent:** 00:05:32  
**IP Address:** 203.37.202.4

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife/Registered Nurse**

---

**Q2** Which of the following options best identifies your primary work location? **New South Wales (regional or remote)**

---

**Q3** 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. **Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

ensure they are suitably qualified to progress through and deliver appropriate care . Those courses should be fully accredited

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

consultation , reference groups across professions

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**

---

#60

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 8:39:26 AM  
**Last Modified:** Wednesday, June 26, 2019 8:42:09 AM  
**Time Spent:** 00:02:43  
**IP Address:** 203.37.202.4

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**  
**(metro)**

---

**Q3** 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.

**Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

record of competencies in each area

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

keeping them up to date

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

---

#61

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 9:55:09 AM  
**Last Modified:** Wednesday, June 26, 2019 9:58:21 AM  
**Time Spent:** 00:03:12  
**IP Address:** 202.9.74.4

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Students especially in the rural areas need to be exposed to all midwifery practices.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

I believe student midwives need minimum hours across all spectrums of midwifery care.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Funding for roster relief. Holding education in rural areas to cut down on travel time.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

NA



#62

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 10:02:23 AM  
**Last Modified:** Wednesday, June 26, 2019 10:10:16 AM  
**Time Spent:** 00:07:53  
**IP Address:** 131.217.255.200

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
 Other (please specify):  
 UTas School of Nursing and Midwifery

---

**Q2** Which of the following options best identifies your primary work location?

**Tasmania**

---

**Q3** 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.

**Unsure/don't know,**

Please provide a rationale for your choice:

At present numbers are onerous and superficial. On the one hand a number (not based on sound evidence) provides a beginning point, as well as some structure and an idea of what is expected of the student. Nominal numbers should be accompanied by criteria for each number that indicates the competence, confidence and scope of practice of the student. On the other hand, adopting assessment of competency rather than the historical use of numbers of clinical experiences, would facilitate learning to be a midwife (practice experience and scope of practice).

---

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

National standards are dependent on national opportunities for learning and practicing woman – led care.

We agree with adopting 5 standards as has been the case in other professional groups, and make the following points:

Language needs to be consistent:

The scope of practice relative to a beginning midwife and an advanced practice midwife needs clarification.

The umbrella term 'Learning to be a midwife' is ideal however learning to be a midwife is a lifelong (ad)venture.

Being educated to meet the full scope of Midwifery practice may not be the same as being able to practice the full scope – ie be work ready as an independent practitioner.

A midwifery program involves much more than the expanded procedural roles put forward in Consultation Paper 1 (e.g., prescribing, ordering and interpreting diagnostic tests).

The components of the content need to be explicit in philosophy, knowledge, skills and the ability to undertake these actions

Learning to be a midwife is also being with and journeying alongside women, not only undertaking procedures as highlighted in Consultation Paper 1 (page 3).

All midwifery programs to have the Midwifery Standards for Practice and the Accreditation Standards as the underpinning template.

We would suggest that Scope of Practice is included in the Glossary as a separate term as well as being included within the definition of a midwife

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

National standards are dependent on national opportunities for learning and practicing woma

We agree with adopting 5 standards as has been the case in other professional groups, and make the following points:

Language needs to be consistent:

The scope of practice relative to a beginning midwife and an advanced practice midwife needs clarification.

The umbrella term 'Learning to be a midwife' is ideal however learning to be a midwife is a lifelong (ad)venture.

Being educated to meet the full scope of Midwifery practice may not be the same as being able to practice the full scope – ie be work ready as an independent practitioner.

A midwifery program involves much more than the expanded procedural roles put forward in Consultation Paper 1 (e.g., prescribing, ordering and interpreting diagnostic tests).

The components of the content need to be explicit in philosophy, knowledge, skills and the ability to undertake these actions

Learning to be a midwife is also being with and journeying alongside women, not only undertaking procedures as highlighted in Consultation Paper 1 (page 3).

All midwifery programs to have the Midwifery Standards for Practice and the Accreditation Standards as the underpinning template.

We would suggest that Scope of Practice is included in the Glossary as a separate term as well as being included within the definition of a midwife.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

As aspirational as the Midwife Accreditation Standards are, these are points we felt were important to make.

Each Standard must be based on evidence – Standard 8 exemplifies a lack of evidence.

Discussion is essential regarding opportunities for national consistence in terms of Women-Led models of care. All models of care are not available in all states and territories. Can it be noted that at present not all pre-registration midwifery students have equal opportunity.

Should it be a requirement, as part of ACHS Accreditation, that all hospitals with a maternity unit offer Woman-Led models of care?

This would provide all students increased opportunity to develop their full scope of midwifery practice in the desired models of care.

---

#63

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 1:42:46 PM  
**Last Modified:** Wednesday, June 26, 2019 1:54:30 PM  
**Time Spent:** 00:11:44  
**IP Address:** 1.132.108.177

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Consumer**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 I understand that it's imperative in a person-centred profession, that sufficient experiences are learned and supervised prior to having some responsibility in a given role. The problem is for rural/remote trainees, gaining the current number of recommended hours in a given period is near impossible. Perhaps the time period could be extended, or the number of hours reduced, or split in 'apparently healthy' patient hours and 'known risk' patient hours, with a midwife being accredited for apparently healthy but still working toward full accreditation for risky patients...?

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Oops I think I partly answered this is the previous question. For rural/remote trainees, there could be a combination of distance education; in-person block practice in a regional/metro setting; and local supervised practice hours. Perhaps the local supervision could also be under a GP, as opportunities to be supervised by a midwife aren't as frequent as for regional and metro students.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

My apologies, I don't think I understand the question well enough to answer it.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Nothing comes to mind for me.

#64

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 7:45:36 PM  
**Last Modified:** Wednesday, June 26, 2019 7:50:12 PM  
**Time Spent:** 00:04:36  
**IP Address:** 1.128.108.14

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Student Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

It allows us to see a broad range of women's needs and how to be with woman. Continuity of care experience is particularly valuable for learning Midwifery.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

More continuity of care experience

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Continuity of care and working with other disciplines with women we are caring for

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Unsure

#65

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 7:59:28 PM  
**Last Modified:** Wednesday, June 26, 2019 8:04:42 PM  
**Time Spent:** 00:05:14  
**IP Address:** 49.189.20.127

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Consumer**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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.

**Strongly disagree** ,

Please provide a rationale for your choice:

Every birth is different, exposing our midwives to many births is only way to cover as many variables as possible.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Trained in all modules of midwifery INCLUDING home birth, continuity of care and water birth

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Ensuring continuity of care is trained across professions

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Water birth is something that almost 50% of women would like to utilize but it is not core in midwifery training. There is a strong consumer push for this to roll out to more hospitals and we need the midwives up to date training

#66

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 8:07:16 PM  
**Last Modified:** Wednesday, June 26, 2019 8:20:35 PM  
**Time Spent:** 00:13:19  
**IP Address:** 203.2.94.201

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

**Q3** 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.

**Unsure/don't know,**

Please provide a rationale for your choice:

There should be a minimum number of supervised midwifery practices, as this ensures they are exposed and develop skills that are vital. Though unfortunately, I have seen many students focus so much on achieving these minimum numbers that they do not gain knowledge or skills, and the whole experience becomes simply a purpose to tick a task off. For example, students are so focussed on achieving the minimum number of births that they are not focussing on developing their skills needed to care for women in labour. I have seen this in particularly with the midwives at current who were postgraduate student midwives. There is such a sense of urgency to achieve numbers, that there is no passion to learn and develop skills that are vital.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Unfortunately our graduate midwives lack adult skills such as organisation, communication and confidence to take on tasks. When discussed, a lot of their training involved things being provided/organised for them and not a lot of need to be pre-active. I would suggest including a minimal number of "being the sole care provider" for a minimum number of women. This will prepare them to meet at the needs of their women when registered.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Unsure. Many midwives do not have knowledge about bladder function, physio, etc. though I am unsure how the standards will support this.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

---

**Respondent skipped this question**

#67

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 26, 2019 11:20:12 PM  
**Last Modified:** Wednesday, June 26, 2019 11:34:20 PM  
**Time Spent:** 00:14:08  
**IP Address:** 46.208.43.195

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Victoria (metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

I feel because of pressures on health services and tertiary education providers that without these requirements the quality of the clinical exposure will be at risk. It is important that the midwifery student is exposed to a range of experiences that are validated and supported by clinicians. I like the previous change that included the requirement that students count the care of women in labour without the need to have participated closely in the birth as this adds value to the important part of midwifery care which is 'care in labour'. I also like the counting of neonatal experiences as this protects the domain of neonatal care for qualified midwives - this is important for a few reasons, not least to be able to work in SCN on course completion. It also expands the midwifery knowledge and prepares midwives to support women and families when neonatal outcomes are not ideal ie prematurity, birth injury, congenital anomalies etc...

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

This is achieved by accreditation of midwifery education programs - ensuring that the content is appropriate and covers the full scope of practice. There should be a nationally recognised standard for this so that all students are educated in the same content. There is very little you can do about the education standard in some ways, but this should be audited by surveying or interviewing graduates and employers. The full scope should be as defined by the ICM - so this needs to be from preconception care through to full postnatal care - ie up to six weeks. Postnatal care is particularly ignored in the current standards in my opinion - this is the domain of the midwife and we should embrace it and ensure we hold on to this area of care.



**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

All education programs should have a focus on interdisciplinary working - this includes to a large degree communication as this is where the main issues arise. Both theory and practice experience in the midwifery courses should include a component of interdisciplinary learning and teaching.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

It seems comprehensive to me.

---

#68

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 27, 2019 9:08:40 AM  
**Last Modified:** Thursday, June 27, 2019 9:40:56 AM  
**Time Spent:** 00:32:16  
**IP Address:** 121.127.217.218

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
CATSINaM

**Q2** Which of the following options best identifies your primary work location?

**National**

**Q3** 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.

**Agree,**

Please provide a rationale for your choice:

There needs to be an accreditation standards that is coextensive with the Code of Conduct for midwives, in this regard there is a need for the standards to be framed from the recent change in the code of conduct which is the recognition of cultural safety. Therefore the role of CATSINaM in cultural safety training and midwifery practice needs to be explored in the next iteration of the standards.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Pre-registration programs may need to adopt an inclusiveness which allows the education process to also generate a health system which is free of racism. Therefore midwifery curricula per se needs to inculcate cultural safety for Aboriginal and Torres Strait Islander midwifery (nursing care) practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Recent developments in online learning, especially in cultural safety, have a role to play in inter-professional learning. Cultural safety in national safety quality health service standards also apply to midwives and midwifery students which is about all health professionals delivery a person centered care framework.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The first reference to Aboriginal and Torres Strait Islander people occurs at 1.4 where a link with disadvantage is drawn. In the context of the new Code of Conduct this is now a redundant if not regressive contextualisation.

---

#69

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 27, 2019 1:21:19 PM  
**Last Modified:** Thursday, June 27, 2019 1:27:58 PM  
**Time Spent:** 00:06:39  
**IP Address:** 203.10.44.63

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
Australian Catholic University

**Q2** Which of the following options best identifies your primary work location?

**Victoria (metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
ACU appreciate that a numerical achievement of 'numbers' should not be the full focus, which we feel would take away from the quality of the learning experience. We accept that some students will achieve higher competency at a greater rate than others and that a framework for many is integral. Often there is a fixation on spontaneous birth numbers (30) from the beginning of the course, however, development in student ability is a culmination of clinical assessment tools, clinical experiences (AN/PN/Complex etc) and experience in clinical areas. We believe that the required birth numbers and experiences should remain as they are. We believe the current requirements provide students with adequate preparation for practice. We acknowledge this within this continuity of care experience (CCE) is a pressure for students, though we believe that CCE provides students with experiences that they would otherwise not be in a position to otherwise see or understand. Clinical skills such as emotional intelligence, communication skills with women, multiple models of care, and boundary setting with women. We would consider an equitable adjustment to CCE completion.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

We believe that preparation for practice should reflect the full scope of practice, this being perineal suturing and intravenous cannulation. There is a post graduate pathway for prescribing and diagnostics credentialing, and we are comfortable that this remain as an extended skill.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

We believe that continuity of care experience strongly embeds inter-professional learning.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

---

#70

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 27, 2019 3:49:52 PM  
**Last Modified:** Thursday, June 27, 2019 3:51:29 PM  
**Time Spent:** 00:01:37  
**IP Address:** 203.5.105.77

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

---

**Q3** 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.

**Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

there is a agreed standard for practice that the student needs to meet.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

helps all to understand the minimum requirement to practice as a midwife

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

---

#71

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, June 29, 2019 1:31:48 AM  
**Last Modified:** Saturday, June 29, 2019 2:06:26 AM  
**Time Spent:** 00:34:38  
**IP Address:** 49.178.29.182

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**South Australia**  
**(metro)**

**Q3** 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.

**Strongly disagree**,  
 Please provide a rationale for your choice:  
 This provides a secure, supervised and regulated basis for ensuring women receive informed, competent, confident midwifery care.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By ensuring evidence based, effective, professional knowledge, skills and attitudes that comprise the multidimensions of midwifery practice are the foundation of midwifery program that is convened by scholarly practising midwives.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Through structured relevant contemporary problem based learning scenarios with 5th year (obstetric studies) medical students.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The standards are actually quite reductionistic focusing on the mechanistics of being a midwife. They don't effectively address the professional sophistication of individual integrity, salutogenesis, ethics, law, mental health, professional accountability and acumen, the contemporary context of being a health professional, health economics and health politics that traditionally have been absent and compromise midwives' abilities to be self-determining and distinctive.

#72

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, June 30, 2019 2:23:19 AM  
**Last Modified:** Sunday, June 30, 2019 2:30:20 AM  
**Time Spent:** 00:07:01  
**IP Address:** 61.245.169.2

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Tasmania**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Through the strong supervise of the experienced member it helps to improve quality practice.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

**Respondent skipped this question**

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**



#73

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, June 30, 2019 6:04:30 AM  
**Last Modified:** Sunday, June 30, 2019 7:22:25 AM  
**Time Spent:** 01:17:55  
**IP Address:** 211.27.176.16

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**Queensland**  
**(metro)**

---

**Q3** 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.

**Agree,**  
Please provide a rationale for your choice:  
Student midwives should complete a set number of supervised midwifery practice experiences in order to develop their knowledge and gain an understanding of the variations and complexities. This minimum number of supervised experiences should be the same across all Higher Education Sectors to ensure consistency and standardisation.

---

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By ensuring that students are better equipped with a diverse theoretical knowledge that will enable them to translate theory into practice. Currently, many of the senior students and new graduates have limited knowledge relating to anatomy and the physiology. There is also limited knowledge relating to the anatomy of a neonate and fetal anatomical landmarks. Limited knowledge of senior students relating to rationale for post natal wellbeing checks.

Through ensuring options for water immersion are available to all women including some of the high risk women, this will provide opportunities to more students. Providing a set number of water immersion/water births as a requirement.

Through thorough rigorous education of perineal inspection including anatomical landmarks and teaching of perineal repair and providing a minimum number of episiotomies and perineal repairs required in the curriculum. Ensuring that students are allocated an increase in the required hours within a facility. Currently the integrated models limit the students with consistency and continuity and therefore building confidence. There is a significant amount of graduates that have extreme anxiety and decline rotating through various areas within the facility, decreasing sustainability and building the workforce. Graduate programs should be increased to 18 months to further develop the novice clinician within all areas of the maternity setting.

There should be a minimum number of all skills including indwelling catheterisations. Currently there are graduates who have never inserted catheters! There are large numbers of graduate midwives who have never performed an episiotomy, Whilst these are performed only when required, students should be better equipped to do so.

A set number of midwifery led discharges both maternal and neonatal should be a requirement.

To build a more capable workforce in metropolitan is important, however this is even more so in regional and remote. Currently there are reports that our regional and remote colleagues that recruit from the metropolitan areas have found limited ability by early career midwives to provide stabilisation for neonates until a transfer to a tertiary centre. Currently the expectation is that between 50-80 hours of neonatal care is required in the curriculum which does not support sustainability.

To ensure that there is improved care regionally and remotely, there should be a set number of remote and regional hours for students to acquire, so as to build a highly skilled workforce that is capable of working anywhere. The ability for continuity of care models within these populations regionally would then improve and the students would gain true continuity experiences. This would also create a sense of working to scope, being better equipped with the ACM consultation guidelines, building inter-professional relationships. This could improve outcomes for women within regional remote settings.

By ensuring that minimum numbers are required, this will strengthen the cause for midwives to perform to their full scope.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Through ensuring that students work in a variety of settings. Students could be set to complete a set number of experiences with the following colleagues Sonographers performing dating scans/ morphology scans. Physiotherapists consulting with women with pelvic girdle dysfunction/ facilitating childbirth classes, reviewing women postnatally. Attend consultations by Obstetric Physicians, Obstetricians, Anaesthetists, Neonatologists and also GP's.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Special Care Nursery hours from first year.

Supporting Birth numbers and regional, remote and Aboriginal Communities experiences.

Placements with Geneticists, Sonographers, Dieticians, Physiotherapists Continence Nurses.

Mental Health placements - global concern. Encouraging midwifery led models to improve maternal, neonatal and family outcomes.

Complete a nursing placement in a medical/surgical/paediatric placement.

Greater emphasis on the complexities of pregnancy, since this is becoming a global dilemma.

Infant feeding and the Global need for Breastfeeding.

Thinking Globally in terms of midwifery skills.

How to develop resilience in the changing Health Care Settings (organisational financial pressures, technological changes, how to care for women through these pressures) This has led to midwives changing careers, novices looking forward to having families to have time away from the workplace, lack of commitment, sick leave, declining night duty, resignations due to technology changes.

Supporting the next generation of midwives

Addressing the large cohorts of students/Graduates with severe anxieties. This has led to declining to participate in rotations to all areas within maternity, over the quota sick leave.

Teaching compassion and self compassion

---

#74

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 01, 2019 2:21:32 PM  
**Last Modified:** Monday, July 01, 2019 2:25:46 PM  
**Time Spent:** 00:04:14  
**IP Address:** 165.86.81.71

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Other (please specify in the text box below)**

Other (please specify):  
Clinical Midwifery Consultant

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By mandating that midwifery curricula include evidence of completion of competency standards for skills to enable them to work to full scope of practice. Perineal repair for example. Some universities make sure this is done and all graduates are credentialed in perineal repair, others only require the graduate to have 'observed' perineal repair but then go on to advise that they do get the theory.... this is rubbish. A graduate who has never completed a number of perineal repairs under supervision is not qualified to do it post graduation

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Not sure - we try and do multidisciplinary training, but always have limited buy in from the medical staff

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Unsure

#75

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 02, 2019 1:00:43 PM  
**Last Modified:** Tuesday, July 02, 2019 1:15:14 PM  
**Time Spent:** 00:14:31  
**IP Address:** 114.76.75.24

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**Researcher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
I that experiences (rather than set hours) are preferred. Hours do not reflect experience (for example, a student may spend many hours in a birth suite but there may be few or no women in labour). I am happy with the current numbers of minimum requirements, e.g. for antenatal care (100 episodes); complex care (40 women); and postnatal care (100 episodes), and also for students being primary accoucheur for 30 spontaneous vaginal births. I also think competency should be assessed, and not assumed based on either hours or experiences. The only area of concern for me is the number of COCs required - I think this is too high - and would prefer to advocate for 1-2 per year regardless of the years enrolled.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

I support students graduating with a strong grasp of foundational skills that make them ready to practice as independent beginning level clinicians. Some skills could be supported in the health care settings during graduate year programs.

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

- Medication endorsement/prescribing – I think this is a level above a pre-registration program.
- Perineal suturing – I support the inclusion of beginning/basic level theoretical and lab based/sim practice in the Standards, with the option that where possible and practical students can consolidate in clinical practice - for example there may be a lot of opportunity for suturing competency attainment in placements after instrumental births - where the student may not get to 'count' the birth, but could be able to undertake supervised suturing to become competent. But this should be optional as may not be achievable everywhere.

IV cannulation - this is another example where theory (and simulated practice) could be included - but where clinical competency is not mandated )but is optional).

For me this would also apply with ARM and FSE.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

I think this is already satisfactory.

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

In relation to Continuity of Care experiences (COCEs), I fully support students have COCE in their programs given the strong evidence of benefit for women. I am concerned however about the requirement in the current Standards for students to attend the majority of births of their COCE experiences. It causes enormous stress for students who are required to be engaged with COCE for almost the entirety of their course (up to 4 years). The students have no down time; no holidays; there is a clash with competing university requirements.

COCEs are a relational experience; fewer COCEs is likely to support a greater depth and quality of relationship with women. There have also been many challenges with students unable to attend the birth and to provide hands on care.

WI think the most important factor is quality (not quantity). I do not support any increase in numbers (from 10) and recommend that the Standards could be revised to be consistent 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 and universities across the country.

Another option could be a minimum number per year e.g. 2 per year (so 6 for a BMid 3 year degree; 8 for 4 year BNBM and 2 for a one year PG course)

---

#76

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 02, 2019 8:56:08 AM  
**Last Modified:** Tuesday, July 02, 2019 4:24:48 PM  
**Time Spent:** 07:28:40  
**IP Address:** 138.44.6.179

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (regional or remote)**

**Q3** 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.

**Strongly disagree**

Please provide a rationale for your choice:

Different students will require a different number of experiences/exposure to become competent. There is no one set number that will accommodate all students. It should be based on competency assessment rather than number.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Set particular experiences the students must be deemed competent in prior to registration. Compulsory subjects across the midwifery continuum to be studied.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Definition of a continuity experience with a woman. There should not be set numbers of antenatal/postnatal experiences etc to be completed. Instead the definition should be more along the lines of 'continual contact with CCE women across many areas of the midwifery journey'

#77

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 02, 2019 6:59:53 PM  
**Last Modified:** Tuesday, July 02, 2019 7:12:50 PM  
**Time Spent:** 00:12:57  
**IP Address:** 101.165.171.50

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (metro)**

**Q3** 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. **Strongly Agree,**  
Please provide a rationale for your choice:  
Exposure to numerous experiences provide the student with a greater understanding different situations that women may encounter. Minimum numbers will not ensure a broad exposure to experiences.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Specific experiences during the pre-registration program, such as perineal suture and repair, cannulation, breastfeeding theory and practice, prescribing and diagnostics established within the Midwife Accreditation Standards will enable the scope of practice to be met.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Ensure that the standards maintain and strengthen opportunities for inter-professional learning in theoretical and practice learning environments.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Include prescribing and diagnostics as core midwifery skills for all midwifery students, increase the entry to practice course to 4 years with incorporation of prescribing and diagnostics with a 6-12 month intern period to consolidate practice.  
Abolish master entry to practice programs with only bachelor or graduate diploma programs for entry to practice. Master programs should only be available as post graduate programs leading to higher study.  
Strengthen breastfeeding as core business for midwifery students, in addition to cannulation, perineal repair, discharge of mother and baby for all midwifery students.



#78

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 03, 2019 4:12:53 PM  
**Last Modified:** Wednesday, July 03, 2019 4:27:33 PM  
**Time Spent:** 00:14:40  
**IP Address:** 138.25.239.188

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Internationally both in the United Kingdom and the European Union midwifery curriculums continue to require a set number of clinical experiences. In addition we feel that midwifery students are able to develop strong relationships with women, in particular during their continuity of care experiences. The number of continuity of care experiences be increased to 20 experiences. These experiences build on the hours of clinical practice midwifery students are required to undertake and therefore increase their overall clinical learning experiences. Midwifery student learning is enhanced through placement with a midwifery continuity of care model. When midwifery students are placed with midwives working in continuity of care they learn how to manage their time by working closely with a midwife who works in the models. These standards are preparing the education of a future workforce. This workforce will need to provide midwifery led continuity of care models. We know that students experience of continuity of care as part of their degree prepares them to work in midwifery led continuity of care models at the time of graduation and therefore assert these experiences should be returned to a minimum number of 20. To develop both competence and confidence in clinical skill consolidation requires repetitive exposure through a prescribed number of experiences. The number of clinical skill experiences acts as a guide to the clinical placement facility to facilitate student clinical learning. Overall, to develop and maintain clinical skills and experiences, we feel there still needs to be a minimum number of experiences stated.

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Midwifery students should be educated to meet the International Confederation of Midwives definition of a midwife and scope of practice. This definition states;

“the midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”

(International Confederation of Midwives 2017)

In order to meet this definition undergraduate midwifery students need to undertake (among a range of skill acquisition) speculum examinations, assessment of a Bishops score on vaginal examination, venepuncture, intravenous cannulation, ordering and interpreting relevant pathology tests and prescribing and administering medications. Despite many workplaces not allowing such autonomy, especially where ordering tests/prescribing medications are concerned, we need to educate midwives in accordance with the internationally recognised definition of a midwife and not outdated industrial restrictions. We are educating midwives for the future that will need all of these skills to provide care in midwifery led continuity of care models. These skills count towards the graduate midwife’s future career development, should she wish to become endorsed and work in that capacity under the current registration requirements.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Through recommending students have access to training programs already developed and mandatory for registered staff. For example in New South Wales Local Health Districts registered staff are required to attend obstetric emergency training and neonatal resuscitation training in IPL learning settings. Students should have access to learn about interdisciplinary communication and teamwork skills.

Midwifery students should be placed with midwifery group practice or caseload practice (where models exist) to ensure they have exposure to how these midwifery led continuity of care models work in regards to collaboration and consultation. Having experience in a midwifery led continuity of care model demonstrates how midwives work in collaboration with other professions including but not limited to social work, dieticians, diabetic educators, obstetricians, obstetric physicians and medical imaging.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Midwifery education programs should be stand alone programs and not consolidated with nursing or any other profession as they are separate professions on the register and have completely different philosophies and standards for practice.

Midwifery education programs should align with the Internataional confederation of Midwifery as follows:

- The philosophy of the midwifery education programme is consistent with the ICM Philosophy and model of care.
- The purpose of the midwifery education programme is to produce a competent midwife who:
  - o has attained/demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice;
  - o meets the criteria of the ICM Definition of a Midwife and regulatory body standards leading to licensure or registration as a midwife;
  - o is eligible to apply for advanced education; and
  - o is a knowledgeable, autonomous practitioner who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of practise within the jurisdiction where legally recognized.
- The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practise in accord with ICM core documents.
- The midwifery curriculum includes both theory and practise elements with a minimum of 40% theory and a minimum of 50% practise.
- Minimum length of a direct-entry midwifery education programme is three (3) years
- Minimum length of a post-nursing/health care provider (post-registration) midwifery education programme is eighteen (18) months

Midwife educators under the ICM standards are required to:

- o Have formal preparation in midwifery;
  - o demonstrate competency in midwifery practise, generally accomplished with two (2) years full scope practise;
  - o Hold a current license/registration or other form of legal recognition to practise midwifery;
  - o Have formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position; and
  - o Maintain competence in midwifery practise and education.
-

#79

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 11:28:53 AM  
**Last Modified:** Thursday, July 04, 2019 11:54:44 AM  
**Time Spent:** 00:25:51  
**IP Address:** 124.150.96.246

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Only real way to learn is hands on. Midwifery is NOT something learnt from a text book. Be good to consider an internship for the new grads so they are fully ready to go once internship hours are complete

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Student midwives need to finish university with a skills set that is recognised at the hospital they work out e.g. Qhealth. Seems silly to train them in cannulation and suturing then to have the hospital tell them they can't use it. Students need to be able to cannulate, venepuncture, preform speculums, preform suturing. They need to graduate at novice level that is able to work to full scope of practice as a midwife. More education needs to be given on mental health in Midwifery, this seems to be increasing in our women. Also more standardisation of breastfeeding education, as it is a huge part of our work once graduated

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

I think if as midwives we are 'allowed' to work to our full scope of practise and are supported in this, we will be recognised for the skills we can bring to the table. Once we stop getting treated as handmaids to the doctors and step up into our full role, we will be respected enough to be involved with inter-professional learning

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Midwives need to be allowed to work to their full scope of practice. We need to be able to admit and discharge women and babies, from our own assessments. We also need to be able to prescribe and order pathology and diagnostics-from when we graduate. We also need to be respected enough to be given time to achieve these addition jobs, for example suturing can take time after a woman births. However we are only given 2hrs post birth with the woman before we need to get her back to postnatal Ward. This push to get everything done in this time frame interferes with the woman having uninterrupted time with her babe and initiating breastfeeding. It becomes a production line of getting jobs done at the expense of providing personal care to the woman. Women also need to have the right to choose where they birth and whom they birth with. If they choose to home birth they need to not be bullied by other health professionals. The midwives how courageously support they women need to be supported not burnt at the stake. I feel hospital midwives could learn a lot from these independent midwives and we need to recognise the amazing skill set and care they provide women.

---

#80

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 12:06:41 PM  
**Last Modified:** Thursday, July 04, 2019 12:08:47 PM  
**Time Spent:** 00:02:06  
**IP Address:** 1.128.108.51

Page 1

- 
- Q1** Which of the following role options best describes your perspective when responding? **Early Career Midwife**
- 
- Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**
- 
- Q3** 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. **Agree**
- 
- Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice? **Respondent skipped this question**
- 
- Q5** How can the Midwife Accreditation Standards best support inter-professional learning? **Respondent skipped this question**
- 
- Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**
-

#81

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 12:11:49 PM  
**Last Modified:** Thursday, July 04, 2019 12:15:39 PM  
**Time Spent:** 00:03:50  
**IP Address:** 124.149.215.138

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

I believe that there needs to be a minimum standard to assertion than a minimal level has been achieved.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The need to do a lot more education around pharmacology

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

There needs to be more collaboration between the older and new generation so skills are not lost. In services are not seen as a priority

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The safety and skill mix of practitioners

#82

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 12:19:45 PM  
**Last Modified:** Thursday, July 04, 2019 12:20:55 PM  
**Time Spent:** 00:01:10  
**IP Address:** 49.197.106.183

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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. **Strongly Agree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice? **Respondent skipped this question**

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning? **Respondent skipped this question**

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**



#83

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 1:32:41 PM  
**Last Modified:** Thursday, July 04, 2019 1:52:24 PM  
**Time Spent:** 00:19:43  
**IP Address:** 128.184.188.10

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 I support the retention of minimum numbers for supervised practice experiences as this is currently the only method to measure clinical experience. Could consideration be given to developing a tracking system that will demonstrate that students have had appropriate experiences to attain the required skills to practice safely upon registration that is not numbers based. For example, the Victorian Standardised Midwifery Tool – there are 26 skills that are assessed (as well as assessments against the midwife standards for practice) which without adequate clinical experiences students would not be able to complete at the required standard. Assessing agreed skills at an appropriate level could potentially demonstrate what the current counting experiences seeks to demonstrate. I strongly disagree that hours = experience. Quality of the experience is the measure not the hours. Students could potentially spend significant hours in a small rural setting with minimal midwifery experiences.

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The standards can ensure students are educated to meet the full scope of midwifery practice by including skill and knowledge requirements that reflect this.

I say this with caution. The skill requirements must reflect the current clinical practice of most midwives. Requiring students to undertake for example perineal suturing in the clinical setting is not achievable in most mainstream clinical settings as most midwives currently do not do perineal suturing, so the student could not be supervised. Students are able to build foundational skills and knowledge in the classroom/ simulation setting across the full scope, which they can then develop with practical experiences after registration.

The pre registration program must focus on foundation skills and knowledge that are then mastered over time and with experience post registration.

Any clinical skills that require additional endorsements are not suited to pre registration programs (such as prescribing medication).

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

IPL is addressed in the current standards and should remain with education providers required to demonstrate how they address these standards.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Reduction of number of standards to 5 is supported to reduce duplication.

Continuity of care -required numbers must be addressed as this is a significant burden to students, with issues around difficulty recruiting women, competing priorities (classes, clinical placement, paid work, family commitments) make attendance to appointments/ labour and birth stressful and creates tension. In order to meet these requirements students have CoC's ongoing throughout their course with no 'down' time in university breaks. Need to consider what the primary aim is of this requirement and that this can be achieved with less numbers. Students would be more likely to embrace and engage enthusiastically in CoC experiences if they were not such a burden. I strongly recommend review and significant reduction in numbers.

The way students experience CoC is also very varied, from full involvement in the clinical aspects of care, to supportive role only - this also must be considered when reviewing this aspect of requirements.

Clinical placement availability – the current clinical requirement numbers have had an impact on placement availability with organisations taking less students as they are acutely aware of the birth requirements and feel unable to support this unless they reduce student numbers.

Clinical requirement numbers:

Support most of the current requirement numbers, except for the following:

Accouched normal vaginal birth – this requirement is leading to many students needing to undertake additional placement hours despite having met all other requirements. The number needs to be considered alongside the current clinical opportunity (increasing intervention and C/S rates, competing requirements of other disciplines in birth suite) and consider what this requirement is actually measuring. To support the philosophy of continuity of care and the skill set required for intrapartum care, should students be demonstrating that they have the skills and knowledge to provide care and support to women throughout labour and birth (regardless of the mode of birth) – which is currently measured as 'direct and active care in labour'. May I suggest consideration to increasing the numbers of required experiences in this domain and reducing accouched births. (20 active and direct care and 20 accouched births).

Suggest removal of the 4-6 week maternal and child health requirement – this sits outside of current midwifery practice.

Thank you for the opportunity to contribute to this review.

---

#84

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 2:02:26 PM  
**Last Modified:** Thursday, July 04, 2019 2:14:27 PM  
**Time Spent:** 00:12:01  
**IP Address:** 139.216.18.121

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Health care professional other than Midwife (please specify profession in the text box below)**

,

Other (please specify):  
 International Board Certified Lactation Consultant (am also a Midwife)

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Theory provides the framework for practice. Clinical practice experience is essential to ensure safe practice and to enable the theory to connect to the practice. Midwifery is clinical, not just theoretical and both are essential for competence.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Consistency of standards across educational facilities, strong evidence based theoretical component, mentored clinical practice in a variety of clinical settings and with all practice models included.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Involve experienced and new graduates in providing feedback about their experiences so that learning and reflective thinking is part of the culture of Midwifery - policy and standards, education and clinical practice.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

More protection to ensure that the Midwifery profession cannot be infringed upon so it becomes obstetric nursing.

#85

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 2:59:37 PM  
**Last Modified:** Thursday, July 04, 2019 3:03:54 PM  
**Time Spent:** 00:04:17  
**IP Address:** 121.214.74.40

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

---

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

---

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
If there is no minimum supervised Midwifery practice experience then how can this area of learning be regulated.

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By ensuring each area of Midwifery is taught, experienced and signed off.

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Unsure

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I think continuity of mentorship for students should be addressed and implemented

---

#86

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 04, 2019 4:14:27 PM  
**Last Modified:** Thursday, July 04, 2019 5:10:09 PM  
**Time Spent:** 00:55:42  
**IP Address:** 106.69.188.187

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
Women & Newborn Health Service, King Edward Memorial Hospital

---

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (metro)**

---

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Midwifery students require repeated exposure to experiences in various clinical situations to enhance the beginning of confidence as well as competence in practice. As a tertiary level maternity service it has been possible to achieve all current supervised practice experiences for a large number of midwifery students. Feedback from students and midwives has not suggested that a decrease in any of the experiences would be beneficial. Midwifery students in most WA based courses complete at least 1500 hours of practice with the majority commenting that they would appreciate even more time in practice. We would strongly recommend that there is no change to being the primary caregiver (rather than accoucheur, which is a term that we do not use in practice) for 30 spontaneous vaginal births. This is the essence and art of midwifery practice. It is also recognised that students often spend a considerable amount of time providing direct and active care to a woman in labour and would suggest that this number could be increased from 10 to 20. We understand the lack of evidence to support current numbers but accept that this is similar to other developed countries and would not wish to see this changed without significant evidence to the contrary, which also does not exist. The specification of a number of practice experiences assists the health service to arrange appropriate placements for students and ensures an adequate amount of time, which in the absence of minimum hours, is essential for the integration of knowledge to practice and to learn what 'being with women' really means. We would want to see the retention of a minimum of 12 months for midwifery programs for Registered Nurses and would want the 50% theory 50% practice ratio to be continued.

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Midwifery students need to be placed in all risk continuity of care models where possible. They need sufficient clinical practice to enable a full understanding of the role and scope of practice of the midwife.

Midwives have commented on the benefit of identifying some specific midwifery skills within the Standards including intermittent auscultation, vaginal examination, episiotomy and possibly perineal suturing to ensure adequate exposure to these practices. Active participation in childbirth and early parenting education would also be beneficial as a specific requirement. A greater emphasis on perinatal mental health is strongly supported.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

This health service is supportive of inter-professional learning, which is achieved through simulation based education in addition to other mutual shared learning opportunities. While we do not believe that simulation should replace clinical practice hours, this should be included in all midwifery courses. A strengthening of evidence that demonstrates inter-professional education as a requirement in the Standards may assist this.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The Standards could expand on the need for adequate preparation and support for the clinical supervision of midwifery students.

The consideration of a more formally recognised preceptor/mentorship process is a suggestion.

We believe that the current allowance of up to 1/5 of the program being completed offshore is too much and would recommend that this be reduced to possibly no more than 10%.

---

#87

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 3:06:11 AM  
**Last Modified:** Friday, July 05, 2019 3:14:01 AM  
**Time Spent:** 00:07:50  
**IP Address:** 165.86.71.72

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Queensland (regional or remote)**

**Q3** 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. **Strongly disagree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Less research assessments and add more clinical scenario. Add prescriber rights and diagnostic testing etc

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Have regular meetings as a group and more in services available

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Midwives that work in the hospital setting should have the same rights private practising midwives have in terms of prescribing rights etc.



#88

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 8:17:35 AM  
**Last Modified:** Friday, July 05, 2019 8:24:58 AM  
**Time Spent:** 00:07:23  
**IP Address:** 122.199.25.80

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Endorsed Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly disagree** ,

Please provide a rationale for your choice:

Further to this the student should have to complete in a continuous secession rather than disjointed blocks of time.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The students should have their portfolios signed by an accredited university representative, their portfolios be reviewed by senior midwives

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Universities and hospitals/private clinics/EPPMs working together to form solid work partnership plans for students to meet their academic requirements

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

More practical based style of learning. More continuity of care based learning for students.

#89

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 9:15:59 AM  
**Last Modified:** Friday, July 05, 2019 9:31:02 AM  
**Time Spent:** 00:15:03  
**IP Address:** 1.143.170.105

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**Northern Territory**

**Q3** 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.

**Disagree,**

Please provide a rationale for your choice:

Specifying a specific number of 'catches' or vaginal births takes the focus completely away from being with woman throughout the labour and birth journey. This causes students to always be keeping an ear out for what the woman is doing in the next room and jumping from one room to another hoping to get her hands on a baby when in reality she will learn far less in that moment of birth compared to the whole labour journey. It puts added stress on the students and the midwives caring for the women due to the constant coming and going and it's completely disrespectful to the woman and her family. It does not encompass woman centered care as the student is only focused on themselves (which is not their fault but the systems)

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Ensure students have adequate experience in all areas of midwifery, this can be done by ensuring university numbers are capped so that hospitals are not overflowing with students who cannot achieve their accreditation numbers due to excessive students and limited opportunities.

Having a program which was 3 days university, 2 days hospital each week would facilitate frequency of learning opportunities and allow the midwives at the hospital to build relationships with the students.

Running an optional advanced midwifery skills subject at the end of their degree would allow further education and advancement of skills such as perineal suturing which when learnt and not able to actually practice is unhelpful. These skills need to be learnt while in hospital and able to solidify that knowledge

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Education on collaboration and team work skills is essential.

As midwives we can work in a multi disciplinary team with many different professionals and students must be giving opportunities to work with these professions and build rapport.

This is difficult to learn in a hospital setting where staff are busy and midwives will offer do this role as they have the knowledge to achieve this

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Accreditation requirements for endorsed midwives.. they are incredibly complex and getting to the point of registration and working as that is extremely challenging.

Also the additional 20 hours of CPD as an endorsed midwife is unreasonable. I am a nurse midwife and am already required to do 40 hours and 60hours is easy enough to achieve whilst I am enrolled in university but living in a small town with minimal opportunities for CPD means I must travel for conferences etc to ensure my hours are met which is very expensive.

Also admitting rights to hospitals need to be considered and enacted at all hospitals in Australia so endorsed midwives are able to work in the full scope of their midwifery practice. Currently there are very few hospitals which allow endorsed midwives admitting rights which means we are only able to care for women at home and this is extremely dangerous as women who do not meet the homebirth criteria but want a midwife outside of the hospital to care for them are very limited in their choices. Endorsed midwives who have admitting rights at hospital won't get backed into corners regarding care. Normal risk pregnancy = you birth at home. Risk factors during pregnancy = you birth in hospital with your endorsed midwife as your primary carer.

---

#90

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 9:40:58 AM  
**Last Modified:** Friday, July 05, 2019 9:50:00 AM  
**Time Spent:** 00:09:02  
**IP Address:** 202.9.74.4

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife/Registered Nurse**

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (metro)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

To ensure that the standards of care are maintained and the student completes their degree with the skills and knowledge to provide optimal care to women and their families. The supervision allows for corrective and constructive feedback to be given and aids in the identification of gaps in knowledge and skills. The emerging midwives need to be contemporary and sustainable moving forward.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Student midwives need to have the opportunity to consolidate their knowledge without the pressures of a large workload and minimal support which can occur in areas with significant workforce issues. The student needs a substantial amount of purposeful support during this time.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Unsure

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#91

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 12:11:05 PM  
**Last Modified:** Friday, July 05, 2019 12:19:43 PM  
**Time Spent:** 00:08:38  
**IP Address:** 106.70.63.160

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 I feel this is an essential element of the standards as students based in different locations have varying access to complex/low risk/case load etc. care and without this requirements students may graduate deficient in these specific skills and experience. At the current time universities are required to ensure that students working/placed in a rural area for example have access to women requiring complex care in order to enable them to develop their broad range of skills and knowledge.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Clearly stated hours and skill requirements in all areas of midwifery practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Mandatory collaborative care hours.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Suitability of clinical mentorship.

Staff wishing to act as clinical mentors to midwifery students should ideally volunteer for this role, possess the required skills/knowledge and qualifications, and demonstrate evidence based practice.

#92

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 05, 2019 2:05:35 PM  
**Last Modified:** Friday, July 05, 2019 2:10:31 PM  
**Time Spent:** 00:04:56  
**IP Address:** 130.220.181.10

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**South Australia**  
**(metro)**

---

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 While there is no good evidence that any set requirement for minimum number of supervised experiences results in guaranteed competency we need to ensure graduates can meet international standards of practice (where minimum requirements are stipulated). We propose further consultation and bench-marking is required to provide evidence to standardize requirements for supervised midwifery practice experiences. This needs to include method of assessment, use of simulation and IPL. A risk of stipulating hours over experiences is that experience may not occur in the required hours and therefore not ensure the student can demonstrate knowledge and skills or have opportunities to increase confidence. The COCE should not be reduced any further than the current minimum. Additional focus needs to be placed on the postnatal period. Consider increasing appointments required to attend per COCE to 4.

---

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Clarification is required around the term pre-registration. For example, RN entry students who may enter an accelerated post-graduate pathway due to credit received are still pre-registration as they are not able to register as a midwife until completing the program.

To ensure midwifery education enables graduates to meet the full scope of midwifery practice we propose the undergraduate entry pathway be extended to a 4-year program. This would align with current international programs such as those undertaken in the United Kingdom and New Zealand where midwives' complete additional clinical placement to consolidate skills – such as an intern year. This would address the current shortage of graduate transition programs enabling additional clinical experiences and hours to consolidate practice and gain confidence in a supportive program that is completed as part of their final graduate year. An alternative approach may also be to ensure all students are able to work in evidence-based practices such as midwifery continuity of care models for clinical placement across their learning (as per the NZ model) to enable them to complete placement in areas where midwives work to full scope.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Standards are required to stipulate when and where specific IPL should occur in both the clinical areas and theory components.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Standardised tools are required to enable the student to record experiences and assess performance. For example a national assessment tool to assess midwifery students' performance against the Australian Midwife Standards for Practice to demonstrate a midwifery values-based approach, woman-centred care, clinical judgement, critical thinking and reflective practice is required.

The use of simulation needs to further consideration as research demonstrates the positive impact on skills development and confidence.

---

#93

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, July 07, 2019 5:52:40 PM  
**Last Modified:** Sunday, July 07, 2019 5:57:07 PM  
**Time Spent:** 00:04:27  
**IP Address:** 144.138.106.48

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Endorsed Midwife**

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 Continuity of midwifery care is the gold standard of maternity care & students need to be prepared & inspired to work in these models

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

By requiring completion of clinical experience across the full scope of practice

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By encouraging engagement with & experience working alongside colleagues from obstetrics, social work, physiotherapy etc

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**



#94

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, July 07, 2019 9:53:32 PM  
**Last Modified:** Sunday, July 07, 2019 9:58:11 PM  
**Time Spent:** 00:04:39  
**IP Address:** 1.132.111.245

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland**  
**(metro)**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Learning via supervision and support is critical for students

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Ensure the pre registration programs meet ANMAC standards

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

By supporting students to be well informed, articulate and confident when supporting the use of evidence in their practice

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Interprofessional collaboration

#95

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 08, 2019 12:25:25 PM  
**Last Modified:** Monday, July 08, 2019 12:33:43 PM  
**Time Spent:** 00:08:18  
**IP Address:** 138.25.239.198

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
University of Technology Sydney

---

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (metro)**

---

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

The University of Technology Sydney (UTS) midwifery academics support the midwife accreditation standards to continue to have a minimum number of supervised midwifery practice experiences and hours. Despite some authors questioning the usefulness of focussing on the quantity of practice experiences it is evident that repetitive exposure increases the students' competence and confidence. Internationally both in the United Kingdom, New Zealand and the European Union, midwifery curriculums continue to require a set number of clinical experiences. In addition, we feel that midwifery students are able to develop the capacity to build strong relationships with women, in particular during their continuity of care experiences. We recommend the number of Continuity of care experiences be increased to 20. These experiences build on the hours of clinical practice midwifery students are required to undertake in hospitals and therefore increase their overall clinical learning (Gray, Taylor & Newton 2016). Midwifery student learning is enhanced through placement with a midwifery continuity of care model. When midwifery students are placed with midwives working in continuity of care they learn how to manage their time by working closely with a midwife who works in the models (Carter et al. 2015; Sidebotham & Fenwick 2019). These standards are preparing the education of a future workforce. This workforce will require students to be prepared in providing midwifery led continuity of care models. We know that students experience of continuity of care as part of their degree prepares them to work in midwifery led continuity of care models at the time of graduation and therefore assert these experiences should be returned to a minimum number of 20 (Cummins, Catling & Homer 2018). To develop both competence and confidence in clinical skill consolidation, students require repetitive exposure through a prescribed number of experiences. The number of clinical skill experiences acts as a guide to the clinical placement facility to facilitate student clinical learning. Overall, to develop and maintain clinical skills, we feel there still needs to be a minimum number of experiences stated.

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Midwifery students should be educated to meet the International Confederation of Midwives definition of a midwife and scope of practice. This definition states;

“the midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.”

(International Confederation of Midwives 2017)

In order to meet this definition, undergraduate midwifery students need to undertake (among a range of skill acquisitions) speculum examinations, assessment of a Bishops score on vaginal examination, venepuncture, intravenous cannulation, ordering and interpreting relevant pathology tests and prescribing and administering medications. Despite many workplaces not allowing such autonomy, especially where ordering tests/prescribing medications are concerned, we need to educate midwives in accordance with the internationally recognised definition of a midwife and not outdated industrial restrictions. We are educating midwives for the future that will need all of these skills to provide care in midwifery led continuity of care models. These skills count towards the graduate midwife's future career development, should she wish to become endorsed and work in that capacity under the current registration requirements.

The capacity to work in partnership with women is built through continuity of care experiences as described above.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

We support inter-professional learning (IPL) within a maternity context in relation to (but not limited to) obstetric emergency drills and interpreting pathology tests/ cardiotocography/communication skills. This works well in programs such as Advanced Life Support in Obstetrics (ALSO), for registered midwives/obstetricians/paediatricians. IPL would enhance inter-professional respect, increase collaboration and flatten the hierarchy, which can be a barrier to a positive workplace culture. Currently the Local Health Districts in New South Wales and other State Health Departments offer registered staff inter-professional training in obstetric emergencies and neonatal resuscitation response drills. Most students do not currently have access to these training programs and we would like to see access to these programs to include students as a valuable part of the maternity team and to expose students to inter-professional team communication skills.

We recommend that midwifery students are placed with midwifery group practice or caseload practice (where models exist) to ensure they have exposure to how midwifery led continuity of care models work in regards to collaboration and consultation. Having experience in a midwifery led continuity of care model demonstrates how midwives work in collaboration with other professions including, but not limited to, social work, dieticians, diabetic educators, obstetricians, obstetric physicians, neonatologists, paediatricians and medical imaging specialists.

The UTS Bachelor of Midwifery degree has midwifery standalone subjects, so currently we do not share any subjects with the nursing discipline or any other. We do not support sharing subjects or any other inter-professional learning with the nursing discipline, due to the differences in philosophy and standards for practice.

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The future midwifery workforce must be fully prepared to the full scope of the midwife to work in Australian rural and remote locations and internationally. Included in the standards should be scope for electives in rural placements in Australia and internationally. In order to preserve maternity services for rural Australian women the midwife standards need to ensure that graduates are prepared to work in continuity of care models. Broken Hill in rural and remote New South Wales is an excellent example of how a maternity service under threat of closure can now offer continuity of care to 100% of women in this setting with excellent collaborative services from the nearest tertiary referral hospital five hours drive away. Midwives in this and other similar settings rely on telehealth and other forms of technology to support their practice. Midwives of the future do need to embrace technology that will enhance their practice and allow them to provide excellent care to women in rural and remote locations there should be some reflection of these requirements in the standards.

Finally, the standards for midwifery programs should be consistent with the International Confederation of Midwives global standards for midwifery education. In summary the standards recommend the following should be included in curriculum:

- The philosophy of the midwifery education programme is consistent with the ICM Philosophy and model of care.
- The purpose of the midwifery education programme is to produce a competent midwife who:
  - o has attained/demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice;
  - o meets the criteria of the ICM Definition of a Midwife and regulatory body standards leading to licensure or registration as a midwife;
  - o is eligible to apply for advanced education; and
  - o is a knowledgeable, autonomous practitioner who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of practice within the jurisdiction where legally recognized.
- The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practice in accordance with ICM core documents.
- The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.
- Minimum length of an undergraduate pre-registration midwifery education programme is three (3) years
- Minimum length of a post-nursing pre-registration midwifery education programme is eighteen (18) months

Midwife educators under the ICM standards are required to:

- o Have formal preparation in midwifery;
- o demonstrate competency in midwifery practice, generally accomplished with two (2) years full scope practice;
- o Hold a current license/registration or other form of legal recognition to practise midwifery;
- o Have formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position; and
- o Maintain competence in midwifery practice and education.

Carter, A.G., Wilkes, E., Gamble, J., Sidebotham, M. & Creedy, D.K. 2015, 'Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia', *Midwifery*, vol. 31, no. 8, pp. 765-71.

Cummins, A.M., Catling, C. & Homer, C.S.E. 2018, 'Enabling new graduate midwives to work in midwifery continuity of care models: A conceptual model for implementation', *Women and Birth*, vol. 31, no. 5, pp. 343-9.

Gray, J., Taylor, J. & Newton, M. 2016, 'Embedding continuity of care experiences: An innovation in midwifery education', *Midwifery*, vol. 33, pp. 40-2.

International Confederation of Midwives 2017, ICM International definition of a midwife, Netherlands, viewed 27th March 2019, .

Sidebotham, M. & Fenwick, J. 2019, 'Midwifery students' experiences of working within a midwifery caseload model', *Midwifery*, vol. 74, pp. 21-8.

#96

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 08, 2019 9:38:12 PM  
**Last Modified:** Monday, July 08, 2019 10:05:41 PM  
**Time Spent:** 00:27:29  
**IP Address:** 49.182.37.14

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Other (please specify in the text box below)**

Other (please specify):  
Early career registered midwife and registered nurse

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Disagree,**

Please provide a rationale for your choice:

whilst the accreditation standards should dictate the minimum number of experiences required for a student in midwifery, it should also consider the opportunities available statistically, the number of students in each university, the differences in scope of practice between universities/degrees as well helping regulate the experiences available/considered essential for a student ie continuity of care models should be available for all students

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

students should be consolidating all skills required in midwifery care - this includes administrative skills, referral, education birth in low and all risk facilities with more emphasis on assisting registered midwives to teach and supervise these students efficiently

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

clinical supervision should be available to all midwifery staff - formulating documentation and channels to make this available and easy to establish in a non-threatening or disciplinary way

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Assisting midwives to work to their full, autonomous potential ie ordering extra pathology often required in pregnancy and routine ultrasound

#97

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 08, 2019 11:12:17 PM  
**Last Modified:** Monday, July 08, 2019 11:13:30 PM  
**Time Spent:** 00:01:13  
**IP Address:** 118.211.233.190

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife/Registered Nurse**

---

**Q2** Which of the following options best identifies your primary work location? **Northern Territory**

---

**Q3** 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. **Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Unsure

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

unsure

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

unsure

#98

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 4:44:04 AM  
**Last Modified:** Tuesday, July 09, 2019 4:57:30 AM  
**Time Spent:** 00:13:26  
**IP Address:** 58.111.159.41

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
 Other (please specify):  
 RANZCOG

**Q2** Which of the following options best identifies your primary work location?

**New South Wales (metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 I feel ongoing minimum numbers are important to maintain quality of training. The learning from supervision whilst practicing is hugely beneficial both to the midwife, as well as from a patient safety perspective.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Can introduce more on line standardised information packages are available to each component of the midwifery scope to ensure good practice eg perineal suturing. This minimises should be reviewed by supervisors too to minimise variation from 'supervisors' creating easier learning paths.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

- Can link to existing resources on other college websites and create collaborative tools directed at midwives eg cannula is a skill both for midwives and medical teams, why not create a single pathway for being empowered to be able to put one in? The pride of profession should be emphasised plus advantages of continuity of care highlighted eg at times I feel after the delivery it would have been good for the patient if the midwife sutured the perineum as there is often a trusting relationship with the patient as opposed to a new clinician being introduced into the patient journey at this time? It also has maternity workflow planning benefits.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Nil



#99

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 9:15:49 AM  
**Last Modified:** Tuesday, July 09, 2019 9:35:41 AM  
**Time Spent:** 00:19:52  
**IP Address:** 130.194.214.124

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria**  
**(metro)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 Ideally this would be about quality however this can be hard to gauge objectively. With a minimum number of experiences, there is a quantifiable number of experiences that students have been exposed to. With this in mind, we need to consider the environment students are getting these experiences. Whilst we would like our maternity system to be mostly women with low risk pregnancies and births, this is not the reality. We need to be realistic about the number and type of experiences students can get. Is 30 normal births realistic? Navigating the system and the realities of the system is the difficult issue.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

This is about expectations. The question should be is it fair and realistic to expect new graduates to be practising at full scope of practice. They have a life time to improve and develop their skills why do we want to burn them out before they even get there. There is only so much that can be taught in pre-registration courses. To be life time learners not be the experts and at full scope of practice when they have just learnt to be beginning midwives. Pre-registration programs have a responsibility to provide the foundation for the fledgling midwife to build upon. New graduates should be feel safe in their knowledge and be curious and we want to continue to develop.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Continue to support and recommend the development of undergraduate inter-professional programs. Coordinating inter-professional programs can be time consuming and labour intensive. For many universities this work can often go unnoticed. To include inter-professional in the standards ensures that universities do not ignore the importance of these learning experiences.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The continuity of care experiences are important for the students to gain understanding of the system and pregnancy from the perspective of the mother and her family. However, current requirement of 10 experiences and to be at 6 of the births encourages students to think about the numbers and not the mother. It would be better to reduce this number to say... 4... . Rather than require that the student attend a minimum number of births, it would be better if students were able to demonstrate their involvement with a reflection of the experience(s).

---

#100

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 11:02:51 AM  
**Last Modified:** Tuesday, July 09, 2019 11:02:54 AM  
**Time Spent:** 00:00:03  
**IP Address:** 203.10.55.11

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

---

**Q2** Which of the following options best identifies your primary work location? **New South Wales (metro)**

---

**Q3** 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. **Strongly Agree**

---

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Working in continuity of care models.  
Working with National Midwifery Guidelines for Consultation and Referral  
Mentor-ship expectations when fully registered

---

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Working in multi disciplinary context.  
Sharing experiences with other disciplines  
Consumer feedback and input

---

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper? **Respondent skipped this question**

---

#101

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 10:27:51 AM  
**Last Modified:** Tuesday, July 09, 2019 11:06:01 AM  
**Time Spent:** 00:38:10  
**IP Address:** 156.22.244.9

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **New South Wales (metro)**

**Q3** 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.

**Agree,**  
Please provide a rationale for your choice:  
There has to be consistency across all programs and these standards should dictate how all programs are developed and run. The cynic in me believes a number is better than no number. Not having a number risks great variation between universities probably decided on local pressures and the beliefs of those running the courses.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

"Additionally, practice facilitates a growing familiarity and comfort with differing models of maternity care, teamwork and the work environment." I think there should be an emphasis on working across facilities, particularly in regional and rural areas where students may only have exposure to one or the other. I also think it would benefit local workforce challenges where often its difficult to recruit unless you grow your own. This would also help them attain the clinical skills consistently reported as being necessary to work to the full scope of practice. "... skills they considered crucial to prepare a midwife capable and confident to meet the challenges of professional practice in the next five years."

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

"Preparing pre-registration midwifery students to work effectively and collaboratively as part of inter-professional teams is crucial for their practice and the quality of women and babies' care and safety". An emphasis on working across facilities, particularly in regional and rural areas opens up the number and type of inter professional experiences where many services already refer to and from when higher level of pregnancy and/or intrapartum care is required.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Work readiness is incredibly important and requires students to have a strong understanding of both theoretical and clinical skills. The 'soft' stuff is good but anatomy and physiology has to underpin everything they learn which is why I believe the standards should continue to specify a minimum number of supervised midwifery practice and clinical skill experiences.

---

#102

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 1:29:18 PM  
**Last Modified:** Tuesday, July 09, 2019 1:40:08 PM  
**Time Spent:** 00:10:50  
**IP Address:** 147.109.124.149

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Health Service Manager**

**Q2** Which of the following options best identifies your primary work location?

**Tasmania**

**Q3** 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.

**Disagree,**

Please provide a rationale for your choice:

Practice is about being competent, some take less number of experiences to be competent than others. Obviously there needs to be a cap. If you are serious about measuring practice against experiences then develop standards that follow the women through their journey and not just about hours in time in relation to a specific skill. this also allows the student to develop the attributes required to be with woman, not just ticking off numbers and hours

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

by setting minimum standards that follow the woman's journey

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Sharing of knowledge that is unique to midwifery

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

A consistent approach to continuity of care/carer for the student. By prescribing a rigid number of hours along with a set number of skills to be achieved can restrict a student from following a midwife/woman

#103

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 1:31:28 PM  
**Last Modified:** Tuesday, July 09, 2019 1:49:01 PM  
**Time Spent:** 00:17:33  
**IP Address:** 165.86.71.71

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Other (please specify in the text box below)**

Other (please specify):  
Midwifery and Nursing  
Director

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Strongly Agree,**

Please provide a rationale for your choice:

Over the years there has been a increase in postgraduate midwives coming out of university ready for practice. With increasing budget constraints and workforce shortages, particularly around senior experienced midwives , it is imperative that student midwives continue to be supervised for their clinical requirements.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Continuous consultation and collaboration with the training hospitals and staff who work on the floor who will give a more accurate profile of the student midwife's skills and knowledge

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Continue to be proactive with the standards across all learning platforms whether in a health care facility or university

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#104

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 2:40:18 PM  
**Last Modified:** Tuesday, July 09, 2019 2:47:19 PM  
**Time Spent:** 00:07:01  
**IP Address:** 103.39.136.4

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 A realistic minimum number of competencies need to be set for practical competencies as individuals learn at different paces. A minimum number ensures that there is a consistency with exposure to practical experience.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Focus on competency assessment rather than competency numbers

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

provide learning opportunities

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The standards should reflect the needs of the midwifery industry so that new entry midwives are workforce ready.



#105

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 09, 2019 2:32:44 PM  
**Last Modified:** Tuesday, July 09, 2019 3:26:52 PM  
**Time Spent:** 00:54:08  
**IP Address:** 165.86.71.71

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Health Service Manager**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Agree**

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Midwives better prepared in completing skills like perineal suturing and cannulation.  
 focus on contemporary issues  
 skills to identify Mental Health issues  
 Cultural competency  
 PROMPT/Maternity emergencies simulations part of the curriculum

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

-Special Care Nursery education skills  
 -add requirement of child health and early development skills to cover integration and support in the continuum  
 -simulation  
 - preceptorship training from the education providers for midwives

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

**Respondent skipped this question**

#106

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 3:35:42 AM  
**Last Modified:** Wednesday, July 10, 2019 3:57:52 AM  
**Time Spent:** 00:22:10  
**IP Address:** 124.178.130.57

Page 1

**Q1** Which of the following role options best describes your perspective when responding? **Midwife**

**Q2** Which of the following options best identifies your primary work location? **Victoria (metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
Midwifery is a specialised health profession requiring midwives to use current evidence to support their practice. Alongside this, experience in caring for women and families is fundamental to the development of their midwifery skills. I believe it is vital to have both theoretical and practical knowledge to ensure that not only emerging midwives are graduating with skills necessary for practice, but also to encourage teaching midwives to maintain up to date midwifery skills along their career.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The Midwife Accreditation Standards should be developed based upon the ICM definition of the full scope of practice of the midwife. This will ensure that a universal standard is expected across all organisations; enabling all women receiving midwifery care access to an equal standard of midwifery practice regardless of where her care is being provided.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

The continuity of care experience requirement of midwifery courses is fundamental in providing inter-professional learning. The women should always be at the centre of all midwifery care, and COCE ensures that students experience this model of care and learn the value in developing fundamental and vital relationships with the women in their care.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

As a graduate from the Bachelor of Midwifery, I truly valued having midwives as my lecturers. They were full of knowledge and experience that helped shape me into the midwife that I am. They encouraged, supported and understood me in ways that only a midwife could. I think that it is vital to have midwives as the educators of midwifery degrees to ensure that our profession has a stronger presence amongst health degrees in university.

I also feel that the lack of education surrounding Indigenous maternity care is detrimental to our nations first people. There is an obvious disparity in maternity care between Indigenous and non indigenous Australia and I feel that this gap can begin to be filled if we focus on teaching future midwifery care providers how best to care for all women in Australia.

---

#107

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 5:42:48 AM  
**Last Modified:** Wednesday, July 10, 2019 6:09:49 AM  
**Time Spent:** 00:27:01  
**IP Address:** 103.242.37.146

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Nominated Organisational Representative (please specify organisation in the text box below)**

,  
Other (please specify):  
Midwifery Council of New Zealand

**Q2** Which of the following options best identifies your primary work location?

**National**

**Q3** 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.

**Agree,**  
Please provide a rationale for your choice:  
Midwives need to be ready to practise with the confidence and competence required. While both sides of the argument for stating minimum requirements are presented, there is concern that without these requirements there would be acceptance that less practice experience is acceptable and that as a consequence confidence on graduation would be diminished. In New Zealand, the Council specifies a minimum of 2400 clinical hours and also a minimum number of practice placements/clinical experiences

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The standards need to align to what is deemed midwifery practice and ensure that students have access to those skills as part of their programmes. Tasks such as those listed are a fundamental part of midwifery practice and should be included as part of education. Cultural safety and critical consciousness need to be woven through every part of every pre-registration programme, as well as the "non technical skills" - critical thinking, communication, leadership, decision making, teamwork. Learning that midwifery is a profession and what constitutes professionalism is also a vital element of pre-registration education.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

3. By requiring IPL and also educators to demonstrate how this will be achieved as part of their programme development. IPL should be facilitated in a way that recognises the importance of midwifery within the team and allows student midwives to practise to the full extent.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

There seems to be very little recognition of the importance of equity and cultural safety in discussion document. it is essential that student midwives engage in critical consciousness and understand their own assumptions, biases and values. Only then can they begin to deliver culturally safe care

---

#108

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 10:21:13 AM  
**Last Modified:** Wednesday, July 10, 2019 10:36:13 AM  
**Time Spent:** 00:15:00  
**IP Address:** 182.239.188.68

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria (regional or remote)**

**Q3** 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.

**Agree,**  
 Please provide a rationale for your choice:  
 Requiring students to complete a minimum number of supervised midwifery experiences is reasonable to ensure they have experience in all key areas prior to graduation however the minimum number needs to be revised. More does not equal better and the emphasis should be on the quality of the engagement not the number.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Many students are unable to access midwifery led models of care and therefore may struggle to experience the full scope of midwifery practice. We need to be pushing for midwifery led models of care at ALL services offering maternity care.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Require documented examples of IPL experience for each student. This will then come back to the education provider to facilitate IPL experiences. Other professions should also be required to provide documented evidence of IPL - perhaps even specifying what professions must be involved. For example anyone studying to work in an area of maternity care must engage with midwifery students.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Students should complete a minimum number of CoCEs however it should be no more than 10 and a minimum might be 6. More does not equal better and the emphasis should be on the quality of the engagement not the number.

Requiring students to attend the birth of the majority of CoCEs is also unfair. Many will do so if they can but if the woman decides not to have the student present that may mean the students does not engage with her at all or the student will need to engage with another woman and hope to be present at the birth. This is added stress for the student and puts pressure on the women.

Please, please, please review the number and type of midwifery practice experiences students must have - currently is appears to be very biomedically focused and we need to work from a more psychosocial model.

---

#109

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 11:40:44 AM  
**Last Modified:** Wednesday, July 10, 2019 11:52:07 AM  
**Time Spent:** 00:11:23  
**IP Address:** 131.172.161.183

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
Researcher**

**Q2** Which of the following options best identifies your primary work location?

**Victoria  
(metro)**

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
Hours do not reflect experience in midwifery (this is very different to nursing). A student may spend 40 hours in birthsuite and not see one birth. Our health service partners have always said they want the min prac req.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

Medication endorsement and prescribing is BEYOND pre reg  
Cannulation should be included in the Standards (at least theory and maybe sim)  
Suturing, FSE and ARM could be included in theory component.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

they already do this. Leave as in current standards

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Must remove requirement for students to attend majority of COC births. This puts enormous stress on students; and often they cant attend for reasons totally beyond their control (precipitate labour; no permission from dr or hospital etc). Then its not an easy or quick fix to address this (e.g. with other clinical requirements they could address with a day in clinical. This cant happen with a COC).



#110

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 11:45:16 AM  
**Last Modified:** Wednesday, July 10, 2019 12:50:53 PM  
**Time Spent:** 01:05:37  
**IP Address:** 132.234.153.67

---

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

---

**Q2** Which of the following options best identifies your primary work location?

**Queensland**  
**(metro)**

---

**Q3** 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.

**Strongly Agree,**  
Please provide a rationale for your choice:  
Midwifery students need to have quality practice experiences that also give sufficient exposure to gain the requisite competency and confidence. Exposure in the clinical situation enhances knowledge, experience and confidence. If numbers of clinical experiences are not specified this could severely dilute practice experience in some settings. The Midwifery Education Standards should not be tailored to respond to current limitations but should be future-proofing the profession and moving in the direction of internationally recognised best-practice standards for the provision of quality midwifery maternal and newborn care. This must include educating graduates to provide continuity of midwifery care, with the now overwhelming evidence of health outcome benefits of this model of care for women and their infants.

---

### **Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The Midwifery Education Standards should be built around the ICM definition of the full scope of practice for a midwife.

COCE represents evidence-based care, and is the only practice experience that prepares students to work in the best practice model of continuity of midwifery care. Most importantly, it is vital that students become competent in their primary role of supporting childbearing physiology throughout the pregnancy, labour and birth, and postpartum continuum. Midwives are the only health care professionals educated to provide expert and holistic care for women to optimise normality/physiology, and this should be reflected in the revised standards. This becomes even more relevant in the current climate with calls from all quarters (medical, government and internationally) of the imperative to reduce caesarean birth rates. Numerous international documents show (e.g. UNFPA State of the World's Midwifery Report 2014; the Lancet series on Midwifery 2014; the Lancet series on Maternal Health 2016) that midwives are the solution to this problem.

Students should also be exposed to a diversity of clinical, medical and psychosocial situations in order to gain active experience in caring for women with complex needs and these opportunities should be geared towards supporting women through pregnancy, labour, birth, breastfeeding and the transition to motherhood.

The most efficient way to achieve all of this is to increase the required number of COCE back up to 20.

---

### **Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Inter-professional (IPL) learning should be implemented where possible on campuses that offer other health care degrees, though this can be difficult to organise and is hard to mandate across universities.

Documentation and reflection on inter-professional interactions could be one way of supporting IPL, including medicine, social services, paramedic, mental health services, etc. COCE provides opportunity for IPL as women will variously require interaction with other health care professionals. This is ideal as it keeps the woman at the centre of care for the student and they get to experience the care episode from the woman's perspective as well as their own learning experience. Students should also be provided opportunities to engage in industry IPL education workshops.

---

### **Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Leadership of midwifery education - such as minimum qualifications/experience of midwifery programme directors; strengthening role of midwife as primary care provider; increase opportunities for students to practice in out of hospital and community settings; minimum standards for the clinical environment support provided to students by the university and health service; consider Bachelor of Midwifery as sole pathway to registration as a midwife with RPL possible for students with other degrees.

---

#111

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 1:47:58 PM  
**Last Modified:** Wednesday, July 10, 2019 2:09:52 PM  
**Time Spent:** 00:21:54  
**IP Address:** 121.45.60.23

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife**  
**educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**National**

**Q3** 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.

**Strongly Agree,**  
 Please provide a rationale for your choice:  
 Volume of practice is one mechanism to aim to ensure a quality education. Currently there is no evidence as to the actual volumes required for competence, however I feel that reducing the existing minimum numbers of supervised experiences would threaten the quality of our graduates. The problem with volume of practice does not measure progression in capability development but rather assumes that with volume capability improves. Educational research indicates whilst this is likely it is not always true.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The standards should ensure practice experiences across the full scope of midwifery as per ICM standards and as such should ensure students learn mandated VEs, perineal suturing, cannulation, investigations and medication prescribing. Currently the Australian standards do not ensure graduates meet the ICM expectations. If we want our graduates to be global citizens and midwives they need these skills.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

IPL is a challenge for all education organisations. It relies not just on midwifery programs but those of the other professions. These are often on disparate theory/clinical rotations and timetables, and creating shared learning experiences is problematic. That said, if it was a requirement for all health professions and not just midwifery then it would be more easily justified and achieved. I think it is very important to have an expectation of IPL but not to dictate the terms of this - as university systems are different. There could be some guidelines or minimum expectations such as 4-6 hrs face to face contact with another profession across courses - but fear people misinterpret IPL/IPE from multidisciplinary learning on the same topic - such as anatomy and physiology rather than IPE. The standards should define what they mean by IPL/IPE stating the CAIPE definition and then ask programs how the IPL in place meets the CAIPE definition.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

There is much repetition when completing submissions for accreditation.

Streamlining the process and being able to cross link evidence would be valuable.

I also believe there are too many entry to practice pathways - BMids, Dual degrees, GradDips & masters and would like to see these streamlined with BMid the gold standard regardless of whether holding nursing qualifications. I also think there needs to be a minimum amount of supernumerary hours of practice that does not rely on employed positions and workload allocations. I think there needs to be more emphasis on continuity of care in both philosophies of programs and learning experiences. I don't think micro-management of clinical hours is necessary for CCE like i see in some programs - that is onerous on the student and antithetical to the CCE philosophy.

All of these educational issues with be enhanced by standardised learning data modelling - whereby institutions meet the international standards for education technology (medbiquitous) which would then enable national and international bench marking and the ability to measure student progression against volume of practice and national bench marked data

---

#112

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 1:40:33 PM  
**Last Modified:** Wednesday, July 10, 2019 2:12:28 PM  
**Time Spent:** 00:31:55  
**IP Address:** 134.7.129.156

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Health care professional other than Midwife (please specify profession in the text box below)**

,  
Other (please specify):  
Pharmacist

**Q2** Which of the following options best identifies your primary work location?

**Western Australia (metro)**

**Q3** 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.

**Strongly disagree**,  
Please provide a rationale for your choice:  
To build confidence and consolidate knowledge

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

On graduation, midwives should be educated to be able to work to the full scope of midwifery practice. Therefore consideration should be given that the Accreditation Standards include a requirement that students should be educated to undertake a range of skill acquisitions which may include intravenous cannulation, ordering and interpreting relevant pathology tests and prescribing and administering medications within their scope of practice. Given that there is evidence of increasing rates of long term conditions such as obesity and diabetes, a sound understanding of the pharmacology and pharmacotherapy of medications would be essential.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

The accreditation standards should include a requirement for interprofessional communication, teamwork and collaborative decision-making.

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

I do not have any other suggestions

#113

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 10, 2019 2:04:17 PM  
**Last Modified:** Wednesday, July 10, 2019 2:28:39 PM  
**Time Spent:** 00:24:22  
**IP Address:** 124.185.76.21

Page 1

**Q1** Which of the following role options best describes your perspective when responding?

**Midwife  
educator/facilitator/lecturer/teacher**

**Q2** Which of the following options best identifies your primary work location?

**Queensland (regional or remote)**

**Q3** 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.

**Disagree,**  
Please provide a rationale for your choice:  
The number of midwifery practice experiences an individual student completes does not necessarily represent competency. In addition, this requirement is in conflict with both midwifery philosophy and student-centred pedagogical approaches. Clinical placement experiences become centred around collecting numbers - in particular birth experiences. The student (and facilitator) focus is on achieve the numbers rather than developing competency. With spontaneous vaginal birth becoming increasingly rare students struggle to achieve these midwifery practice experiences. This results in stress and in some cases additional placement time.

**Q4** How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

The current standards are comprehensive in terms of curriculum accreditation. The only aspect requiring improvement is the midwifery practice experiences (standard 8).

This could be improved by replacing the collection of experiences with competency assessment for each area of care eg. postnatal, antenatal etc. Perhaps more than one competency assessment for each section. Students would be assessment on their clinical care of the woman/baby and be required to meet the standard for practice for each area across the full scope of midwifery.

Required continuity of care experience should continue in the same format as they currently are. These experience also assist students to meet the full scope of midwifery practice.

**Q5** How can the Midwife Accreditation Standards best support inter-professional learning?

Require that university curriculum includes inter-professional learning

**Q6** What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Requirement for midwifery students to learn about the history (political/cultural/social) of the profession. This is fundamental to understanding the contemporary context.

---