Australian Nursing & Midwifery Accreditation Council

Review of Midwife Accreditation Standards

Consultation Paper 1

Owner:	Accreditation
Audience	Stakeholders
Date of Issue:	29 May 2019

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Executive summary

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for nursing and midwifery programs of study with responsibility for maintaining and facilitating the development of accreditation standards leading to registration as a nurse and/or a midwife. The Nursing and Midwifery Board of Australia (NMBA) is responsible for the regulation of nurses and midwives.

To ensure standards remain current, contemporary and effective, ANMAC follows a five-year cyclical review. The current Midwife Accreditation Standards (the Standards) were approved in 2014 and are now due to be revised. This paper contributes to stage one consultation undertaken by ANMAC to gather feedback from stakeholders to ensure the Standards meet future midwifery workforce challenges. ANMAC undertook a survey Strengthening the quality of midwifery education and, together with a review of the literature, identified key issues for consideration:

- Learning to be a midwife (the practice setting)
  - practice experiences
  - scope of practice
- Inter- professional learning

Each of these key factors are briefly outlined below and further expanded upon later in the paper.

Learning to be a midwife (practice experience)

Pre-registration programs in midwifery require significant practice experience to be completed and undergraduate and postgraduate pathways must fulfil the minimum practice requirements as detailed in the accreditation standards. Questions regarding the usefulness of specifying a set number of clinical experiences or a prescribed percentage of hours have been questioned by some midwifery educators. They argue that there is little evidence for the prescribed numbers, and fragmented episodes of care focussing on skill acquisition do not provide the best opportunity to establish woman-centred relationships. Respondents to the online survey (n=126) consistently identified time as crucial in relation to learning in the practice setting, with more time learning in practice linked to the perception of competence and increased confidence.

Revision of the Standards provides an opportunity to consider whether minimum practice requirements should continue to be prescribed. Additionally, the revision provides the opportunity to ensure the Standards continue to enable graduates to meet the NMBA Midwife Standards for Practice.

Learning to be a midwife (scope of practice)

Respondents to the online survey identified a range of skills they considered crucial to prepare a midwife to be capable and confident to meet the requirements of professional practice in the next five years. The skills included (but were not limited to) cannulation, perineal suturing, prescribing and ordering and interpreting diagnostic tests. It is timely to consider how the revision of the standards can ensure that students in pre-registration programs are educated to work to the full scope of midwifery practice.

Inter-professional learning (IPL)

Midwives care for women and babies across the health continuum from wellness to complexity. As such they interact with a range of other health professionals. Australia's healthcare system has been described as operating in silos, where boundaries between health professionals can result in poor coordination of care. Teamwork, which is crucial for quality care, depends on communication, collaboration and respect across multidisciplinary teams. The Standards currently require education providers to include opportunities for midwives to engage in activities that facilitate inter-professional learning (IPL) for

collaborative practice (2.4, 3.5 and 8.4). The revision provides an opportunity to explore how the Standards can continue to support education providers to innovate and strengthen IPL in their curricula.

Revising the midwifery standards accreditation framework

ANMAC uses available opportunities to create consistency and collaboration across health professions for the accreditation of education programs. The review of the Standards is an opportunity to consider the current regulatory environment and recommendations from Australia's Health Workforce - Strengthening the education foundation (2017). In particular, the report advocated that:

> *greater harmonisation of terminology, definitions, evidence and documentation across health professions could streamline assessment processes, reduce duplication, and provide opportunities for integration of resources and information and facilitate greater cross-profession education. [1] p47*

A five-standard accreditation framework has been adopted by other professional groups including the draft Registered Nurse Accreditation Standards (2019), currently awaiting approval. A five-standard framework reduces the level of detail, complexity and duplication, is considered to be flexible and responsive, and supports innovation while ensuring that the standards reflect core midwifery knowledge and skills.

Revision of the Standards provides an opportunity to improve effectiveness while reducing the repetition of evidence required in the current framework of nine standards.

Engaging with the consultation

The questions posed in this consultation paper are reproduced in an online survey. Stakeholders can provide feedback by completing the survey and/or providing a written submission to ANMAC. Further information on how to respond is outlined on page 8.

Consultation questions

QUESTION 1
Please indicate your agreement/disagreement with the following statement. The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. Strongly Disagree Disagree Unsure/Don't Know Agree Strongly Agree In the space provided please provide a rationale for your choice.

QUESTION 2
How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

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

QUESTION 4
What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

Introduction

In 2010, the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the independent accrediting authority for nursing and midwifery programs of study.

ANMAC performs the following accreditation functions as defined in section 42 of the Health Practitioner Regulation National Law Act 2009 (Qld) (the National Law) [2].

a. developing accreditations standards for approval by a National Board

b. assessing programs of study and the education providers that provide the programs of study to determine whether the programs meet approved accreditation standards.

The NMBA approved the current Midwife Accreditation Standards [3] in 2014. They are due to be revised and updated. Revised or new standards—once approved by the Nursing and Midwifery Board of Australia (NMBA)—are the standards used by ANMAC to assess and accredit programs that lead to registration, enrolment or endorsement of nurses and midwives in Australia.

Aim of the review

The aim of this review is to develop a revised set of standards that are:

- contemporary and aligned with emerging research, policy and relevant industry guidance
- able to ensure midwives are suitably educated and qualified to practice in a competent and ethical manner to the required NMBA Midwife Standards for Practice [4]
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce
- supportive of innovation in the education of health practitioners
- acceptable to the community in supporting safe, accessible and quality care.

Review process

ANMAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards. This law, s. 46(2), states that [2]:

> *In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content for the standard.*

ANMAC's review process ensures stakeholder feedback, expert opinion, relevant national or international benchmarks, and the best available evidence is used in developing standard content. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

- validate whether revised accreditation standards are accurate and relevant for the contemporary Australian health care system and education environment
- evaluate whether the expectations upon education providers to meet revised standards are reasonable in terms of benefits and burdens.

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation, Department of the Prime Minister and Cabinet, during the preliminary assessment of the regulatory impact of the revised standards.

A robust review process is essential if ANMAC is to assure the NMBA and the community that a graduate of an accredited midwife program is eligible for registration and can practice in a safe and competent manner.

Purpose of the consultation paper

This consultation paper identifies how the National Law underpins the aim of this review. It describes the consultation process, including how feedback is to be provided and offers context to promote stakeholder understanding of key issues relating to, and engagement with, the review process. This paper presents some of the key issues identified in the online survey. A search of literature and policy documents relevant to the issues and development of the standards provided further advice. The paper also provides information on the move to a five-standard accreditation framework.

For the review to achieve its aim, it is important that organisations and individuals with an interest in midwife education provide critical input. This paper has been distributed to such organisations and individuals, inviting them to write a submission or answer the online survey.

Appendix A lists the wide-ranging stakeholders identified for participation.

Strengthening the quality of midwifery education survey

ANMAC sought feedback from stakeholders in forming the direction for strengthening the quality of midwifery education for the next five years. Respondents were asked to identify five key issues, in order of priority, and give a short rationale supporting their choice. One hundred and twenty-six respondents participated in the online survey conducted over two weeks in February 2019. Survey responses were analysed using NVivo. Analysis of the responses can be found at Initial Survey Analysis.

Literature search

ANMAC conducted a literature search for relevant policy, standards or discussion documents on Australian Government and other websites relating to midwifery practice, standard development, education, policy and regulation. The literature search, together with feedback from the online survey identified the following issues for consideration in this paper:

- Accreditation standards framework
- Learning to be a midwife in the practice setting
  - practice experiences
  - scope of practice
- Inter-professional learning

Consultation process

ANMAC's Chief Executive Officer (CEO) convened a Professional Reference Group to work with the Director of Accreditation Services and guide the review. Membership comprises key stakeholders and midwifery professionals who provide insights into regulation, education and health policy. Members were selected after the CEO reviewed expressions of interest. The Professional Reference Group reports and provides advice to the CEO.

PRG Members:

- Ms Nicole Allan, Maternity Services Officer, Australian Nursing and Midwifery Federation (Vic Branch), VIC
- Associate Professor Kathleen Baird, School of Nursing and Midwifery, Griffith University, QLD
- Ms Catherine Bell, Birth Cartographer, Bellabirth, NSW
- Ms Janice Butt, Women's Healthcare Australasia, WA
- Adjunct Professor Tanya Farrell, Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, VIC

- Professor Joanne Gray, Head, Graduate School of Health, University of Technology Sydney, NSW
- Ms Petrina Halloran, Policy Manager, Strategy and Policy, Nursing and Midwifery Board of Australia, VIC
- Associate Professor Donna Hartz, College of Nursing and Midwifery, Charles Darwin University, NSW
- Ms Ruth King, Midwifery Advisor, Education Unit, Australian College of Midwives, SA
- Professor Helen McLachlan, Professor of Midwifery and Discipline Lead (Midwifery), School of Nursing and Midwifery, LaTrobe University, VIC
- Ms Sarah Nicholls, Community Midwife, Community Midwifery Program, WA
- Ms Alecia Staines, Maternity Consumer Network, QLD
- Ms Glenys Wilkinson, Executive Director Professional Services, Australian Pharmacy Council, ACT
- Professor Moira Williamson, Dean, School of Nursing, Midwifery & Social Sciences, Central Queensland University, QLD

How stakeholders can participate

In Stage 1 of the consultation, stakeholders can provide feedback by:

1. Completing an online survey.

The questions in this consultation paper are reproduced in the online survey, which is accessible via SurveyMonkey

2. Preparing a written submission.

Written submissions must include the stakeholder's name and contact details (phone number, email address). They can be emailed to ANMAC: standardsreview@anmac.org.au

Or posted to:

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

In the interest of transparency, all written submissions will be published on ANMAC's website, unless the stakeholder has asked for their submission to remain confidential.

Material supplied in confidence, should be clearly marked 'In confidence' and be provided as a separate attachment to non-confidential material. Information that is confidential or submitted in confidence will be treated as such, if the stakeholder explains why such treatment is necessary. Stakeholders may be asked to provide a non-confidential summary of confidential material or explain why such a summary cannot be provided.

ANMAC will publish a summary of survey results on its website.

SURVEY RESPONSES OR WRITTEN SUBMISSIONS ARE REQUESTED BY THE CLOSE OF BUSINESS ON 10 JULY 2019

ANMAC's website will be updated to reflect each review stage. Stage 2 of consultation is planned for August 2019.

ANMAC expects to release the revised Standards in February 2020, subject to NMBA approval.

Background

The midwifery landscape

Workforce characteristics and planning

In 2017/18, 33,486 midwives were registered in Australia [5]. This figure includes 28,277 dual registrants (nurse and midwife). Other relevant workforce statistics include the following:

- Midwives make up 4.8% of all registered health practitioners in Australia.
- The number of midwives decreased by 0.2% between 2016/17 and 2017/18.
- The age bracket with the largest number of midwives was 55–59 (294 midwives and 5,680 dual registrants).
- For midwives only, the age bracket with the largest number was 25–29 (934).
- Projections for midwifery workforce supply and demand (2009-2025) predicted a balanced workforce with a short-term position of supply exceeding demand, based on 5% to 6% of the workforce leaving per year from 2016 to 2025[6].

Profile of childbearing women

In 2016, 310, 247 women gave birth in Australia, an increase of 12% since 2006 [7]. 97% women gave birth in a hospital; 5,640 women (1.8%) gave birth in a Birth Centre while 905 women (0.03%) gave birth at home.

Other characteristics of childbearing women (2006 to 2016) include the following:

- Maternal age is increasing with 23% of mothers who gave birth in 2016 aged 35 years or older.
- Approximately 4.4% of all mothers who gave birth in 2016 were Indigenous—slightly higher than the proportion of Indigenous women of reproductive age in the population (3.4%).
- Indigenous mothers were on average younger than non-Indigenous mothers (25.9 years compared with 30.7).
- Increasing rates of maternal obesity, with almost 50% of women being overweight or obese at the first antenatal visit.
- 37.4% per 1000 women had Gestational Diabetes.
- Increasing rates of intervention:
  - 34 % of all births occurred by caesarean section
  - decrease in spontaneous labour onset (57% to 48%)
  - increased rates of induction of labour (25% to 31%)

These statistics demonstrate that childbearing women are experiencing increasing rates of long-term conditions such as obesity and diabetes. Further, women are experiencing increasing rates of medical interventions during labour [7]. While numerous factors influence a women's birth experience, declining rates of physiological birth have the potential to negatively impact on women's physical and psychological health [8]. Research [9, 10] demonstrates midwifery continuity of care models improve birthing outcomes for women and babies including those with identified risk factors.

Midwifery care in the Australian context

The Strategic Direction for Australian Maternity Services (2018) draft plan aims to ensure that maternity services in Australia are equitable, culturally safe, woman-centred, informed and evidence-based [11]. The draft asserts that women are the decision-makers in relation to their care which should reflect their individual needs throughout the childbearing period. The draft plan acknowledges that continuity of care is important to women and supports increasing access to these models.

Midwives are the primary providers of care for childbearing women in Australia: providing care across the health continuum from wellness to complexity. They work in diverse models of care including, but not limited to, public and private hospital maternity care, midwifery-led continuity care, team midwifery care, shared care and private midwifery care. A majority of midwives work in a hospital setting where care is often fragmented [12].

The pressures faced by midwives in their day-to-day work is gaining increasing acknowledgement. Studies highlight that midwives often feel unable to provide the quality of care they want to give and feel hampered in their ability to influence the way care is planned and provided [13]. Lack of autonomy has been linked to poorer emotional and professional well-being in midwives [14, 15] and long-term intentions to leave the profession. One study highlighted that early career midwives were most likely to leave the profession due to dissatisfaction with their role [13].

Working in a midwife-led continuity of care model is beneficial for midwives. They report increased occupational satisfaction, increased well-being and more autonomy of practice than midwives who work in standard or non-continuity models of care [16]. However, although the importance of continuity of care is acknowledged in policy documents [17] there is presently only limited implementation of the model [12]. The factors influencing wider implementation are multifaceted including (but not limited to) the need for organisational support and consumer demand, however one of the factors involves the interest and availability of midwives to work in midwifery continuity models of care [17].

New graduates may be the ideal recruits for the model. Studies demonstrate that newly graduated midwives feel well prepared to work in midwifery led continuity of care models [16] however researchers found there are limited opportunities for new graduate midwives due to the generally applied requirement to have a year or more experience prior to working in this model. Research conducted in New Zealand supports the safety of new graduate midwives in providing continuity of care to women in a caseload model [18]. While there are differences between Australia and New Zealand in the way maternity care is provided and the methods of support available to newly graduated midwives, the research provides evidence to support the employment of new graduate midwives to work in a midwife-led continuity of care model [19]. As such it emphasises the importance of continuing to provide students of midwifery pre-registration programs exposure to continuity models of care.

Midwives play a crucial role in the provision of healthcare for women, babies and families in Australia. Future oriented accreditation standards are key to ensuring that education programs reflect contemporary workforce requirements. Critical appraisal of the standards are required to support the next generation of midwives to be well equipped to provide midwifery care that is woman-centred, informed and evidence-based.

Accreditation standards framework

The recent report of Australia's Health Workforce - Strengthening the education foundation (2017) [1] highlighted the need to create consistency and collaboration across the health professions in accrediting educational programs. Revision of the Standards provides an opportunity to improve effectiveness while reducing the repetition of evidence required in the current framework of nine standards.

A five-standard accreditation framework has been adopted by other professional groups including the draft Registered Nurse Accreditation Standards (2019) [20] currently awaiting approval. The framework reduces the level of detail, complexity and duplication, is considered to flexible and responsive, and supports innovation while ensuring that the standards reflect core professional knowledge and skills.

In the interests of consistency in the accreditation of midwifery and nursing programs, ANMAC will adopt the five-standard framework for the revision of the Standards.

The framework consists of the following:

- Safety of the public
- Governance
- Program of study
- Student experience
- Student assessment

Similar to the format of the existing Standards, each standard in the revised format will be defined, followed by criteria outlining what is required to meet that particular standard. A mapping exercise will ensure that criteria within the existing nine standards are mapped to the five-standard framework. This mapping exercise will ensure alignment with the present Standards and the NMBA Midwife Standards for Practice [4] with core knowledge and skills continuing to be captured in the revised framework.

Learning to be a midwife in the practice setting

Practice experiences

Midwifery is a woman-centred, political, primary health care discipline founded on the relationships between women and their midwives [21]. Becoming a skilled caring professional lies at the heart of midwifery. Midwifery education in Australia has evolved over time with a transition from hospital-based education to the tertiary setting. Pre-registration programs in midwifery require significant practice experience to be completed and undergraduate and postgraduate pathways must fulfil the minimum practice requirements as outlined in the accreditation standards.

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).

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 perspective was supported to some extent by respondents to the online survey. They also considered that time spent focussing on achieving the current minimum practice requirements impacted negatively on the quality of the relationships that students were able to build with women. This perceived reduced quality of relationship was also linked to the undermining of the concept of woman-centred care.

In discussing the lack of evidence for the prescribed numbers, an alternative view argues that not everything that is important can be subjected to a randomised control trial; nor even counted [24].

Requiring students to complete specified numbers of experiences is not merely a task-oriented exercise, but is also a confidence building approach, with students more confident in their competence as they successfully complete more experiences [24, 25]. There is further evidence to support this perspective with research demonstrating that increasing confidence was associated with competence [26].

Respondents to the online survey consistently identified ‘time’ as crucial in relation to learning in the practice setting. More time learning in practice was linked to the perception of competence and increased confidence. Time was also linked to work readiness (‘graduates with too little experience’). More time (and

therefore more exposure to practice and more experience) was linked to the achievement of basic skills, reducing the theory practice gap, improved clinical decision making and greater understanding of workplace organisation and models of care (working and supporting women in medicalised models, experiencing Midwifery Group Practice).

Competence in the workplace goes beyond the knowledge, attitudes and skills assessed in an episode of care. Practice in midwifery provides the opportunity of experiential learning, together with the application of theoretical knowledge. Additionally, practice facilitates a growing familiarity and comfort with differing models of maternity care, teamwork and the work environment. Many of these elements are not easily measured or assessed through competency assessments. It should be noted that these are the elements that may positively contribute to readiness to practice.

Revision of the Standards provides an opportunity to consider whether minimum practice requirements should continue to be prescribed.

QUESTION 1
Please indicate your agreement/disagreement with the following statement. The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. Strongly Disagree Disagree Unsure/Don't Know Agree Strongly Agree Please provide a rationale for your choice.

The full scope of practice

A midwife is a person with prescribed educational preparation and competence for practice who is registered by the NMBA [4].

The revised Standards should continue to equip students with the knowledge, skills and professional behaviours required of a midwife. There is a need to ensure sufficient periods of practice in pre-registration programs to ensure the development of core midwifery skills that support midwives to function to the full scope of midwifery practice.

The need to ensure that 'midwives were educated to work, on graduation, to the full scope of midwifery practice' was a consistent theme in responses to the online survey. In a discussion about pre-registration educational content, three nationally recognised midwifery educators argued that midwifery students should be educated 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 [27].

Respondents (n=126) to the online survey identified a range of skills they considered crucial to prepare a midwife capable and confident to meet the challenges of professional practice in the next five years. Nearly a decade later those skills identified in the online survey (intravenous cannulation, ordering and interpreting relevant pathology tests and prescribing and administering medications) are similar to those previously identified in the literature. It is therefore timely to consider how the standards can ensure that students in pre-registration programs are educated to meet and work to the full scope of midwifery practice.

QUESTION 2
How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet and work to the full scope of midwifery practice?

Inter-professional learning for collaborative practice

Midwives care for women and babies across the health continuum from wellness to complexity. As such they interact with a range of other health professionals. Australia's healthcare system has been described as operating in silos, where boundaries between health professionals can result in poor coordination of care [28]. Teamwork, which is crucial for quality care, depends on communication, collaboration and respect across multidisciplinary teams. 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. Inter-professional learning (IPL) is defined as occurring when two or more professions learn with, from and about each other to improve collaboration and the quality of care [28].

Previous research has identified barriers and facilitators to implementing IPL in undergraduate education in health. Barriers include lack of funding by institutions, difficulties with scheduling activities across discipline groups, unclear expectations and over-crowded curriculums. Facilitators include positive staff attitudes, support for developing faculty expertise, shared inter-professional vision and equal status among professional groups engaged in an activity [29].

An inter-professional learning workshop [28] explored issues related to IPL with contributors from diverse professional groups. Participants considered that accreditation standards could be a motivator by signalling support for IPL and practice. They thought it crucial to develop standards that applied to various practice settings and were achievable for education providers in geographically diverse areas. The workshop participants also highlighted the importance of ensuring that standards allowed for cross-professional supervision where appropriate.

The current Standards require education providers to include opportunities for students to engage in activities that facilitate IPL for collaborative practice (2.4, 3.5 and 8.4). It is therefore timely to consider how revising the Standards can continue to support education providers to innovate and strengthen IPL in their curricula.

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

Additional Issues

The following question seeks to provide an opportunity for the identification of issues not covered in this consultation paper.

QUESTION 4
What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed in this consultation paper?

Summary

This consultation paper presents the current evidence on selected issues relevant to revising the Midwife Accreditation Standards. While some issues raised are not new, it is crucial to respond to the challenges of developing accreditation standards for innovative and future directed pre-registration midwifery programs.

Glossary

Caseload midwifery – A model of maternity care where women have a primary midwife assigned to them throughout pregnancy, labour and birth and the postnatal period. Each midwife has an agreed number (caseload) of women per year and acts as a second or back-up midwife for women who have another midwife as their primary carer [30].

Criteria – rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

Competence – the combination of skills, knowledge, attitudes, values and abilities underpinning effective and /or superior performance in a profession or occupational area.

Education provider/program provider – university, or other higher education provider, responsible for a program of study leading to the award of a Bachelor Degree in midwifery as a minimum.

Governance – framework, systems and processes supporting and guiding the organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

Health Practitioner Regulation National Law Act (2009) – legislation contained in the schedule to the Act, which provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010. It covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health performance arrangements and privacy and information – sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner.

Health service providers – health facilities or other appropriate service providers, where students undertake supervised workplace experience as part of a nursing or midwifery program of study.

Health Workforce Australia (HWA) – initiative of the COAG and established to meet the challenges of providing a health workforce that responds to the needs of the Australian community.

Inter-professional learning (IPL) – when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

NMBA – Nursing and Midwifery Board of Australia. The NMBA undertakes functions as set by the Health Practitioner Regulation National Law Act 2009 (Qld) as in force in each state and territory. The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public.

Midwife – a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise midwifery in Australia.

Midwife-led continuity of care/Midwifery-led continuity of care - where the midwife is the lead professional starting from the initial booking appointment, up to and including the early days of parenting [7, 31].

Scope of practice – refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law.

Standard – level of quality or attainment.

Student – any person enrolled in a program from which graduates are eligible to apply for registration to practice as a registered midwife.

Supervision – can be direct or indirect:

- Direct supervision is when the supervisor is present and personally observes, works with, guides and directs the person being supervised.

- Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, needs of the person receiving care and the needs of the person being supervised.

Professional practice experiences – involves placement, for a set period, in settings across health facilities including in the community where possible. During this period, students apply theoretical knowledge in the health care setting to develop practice skills and become socialised into the midwifery profession.

Program or program of study – full program of study and experiences that must be completed before a qualification recognised under the Australian Qualifications Framework, such Bachelor, Graduate Diploma or Master of Midwifery, can be awarded.

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Appendix A

Stakeholder List and Reach

INTERNAL STAKEHOLDERS	REACH
ANMAC Board	Australian College of Nursing (including student members) Australian Nursing and Midwifery Federation (Federal, state and territory offices) Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Council of Deans Nursing and Midwifery (Aust and NZ) Australian College of Midwives (FYI)
ANMAC Accreditation Committees ENAC MAC NPAC RNAC	Individual Academics and Clinicians
Strategic Accreditation Advisory Committee (SAAC)	Chief Nursing and Midwifery Officer TAFE Director- Nursing VET Sector – RTO Consumer Representative (WA) CATSINaM
EXTERNAL STAKEHOLDERS	**REACH**
Australian Commission on Safety and Quality in Health Care (ACSQHC)	Health Direct Australia
Australian Council on Healthcare Standards (ACHS)	National Council- Boards in each state
Australian Council for Private Education and Training (ACPET)	BCA National Silver Chain Training & RDNS Training – open colleges of health… University of Notre Dame Industrylink Training Site Institute House of Learning Pty. Ltd. Top End Group Training Pty ltd Australian Skills Institute Pty Ltd. Monash College Academies Australasia
Australian Health Care Reform Alliance	Australian College of Nurse Practitioners Australian Federation of AIDS Organisations Catholic Health Australia Chronic Illness Alliance Doctors Reform Society National Rural Health Alliance
Australian Health Practitioner Regulation Agency (AHPRA)	National Organisation

INTERNAL STAKEHOLDERS	REACH
Australian Health Ministers Advisory Council (AHMAC)	National Organisation
Australian Nursing and Midwifery Federation (ANMF)	National Office – ANMAC Board ANMF – NT Branch ANMF – SA Branch ANMF – Tas Branch ANMF – VIC Branch ANF – WA Branch ANMF – NSW Nurses and Midwives Association ANMF – Queensland Nurses Union
Australian Private Hospital Association	Ramsay Health Care Aust St Vincent's Private The Bays Hospital Group Adventist HealthCare Limited Toowong Private Hospital Ramsay Health Care Australia Eye-Tech Day Surgeries Healthscope Friendly Society Private Hospital
Childbirth and Parenting Educators Australia	
Australian Society of Independent Midwives (ASIM)	
Australian Health Informatics Society of	PHN Central and Eastern Sydney JP Consulting Medtasker Metro North Hospital and Health Service Metro South Health (QLD Govt.) MIMS Calvary Healthscope Pathology South (Tasmania) St. Vincents Health Australia
Australian Society for Simulation in Healthcare (ASSH)	???
Coalition of National Nursing and Midwifery Organisations (CONNMO)	Audiometry Nurses Association of Australia (ANAA) Australasian College for Infection Prevention and Control Australasian Cardiovascular Nursing College (ACNC) Australasian Hepatology Association Australasian Neuroscience Nurses' Association Australasian Rehabilitation Nurses' Association Inc (ARNA) Australasian Sexual Health and HIV Nurses Association Australian and New Zealand Urological Nurses Society (ANZUNS) Australian and New Zealand Society for Vascular Nurses (ANZSVN) Australian & New Zealand Orthopaedic Nurses Association

INTERNAL STAKEHOLDERS	REACH
	Australian Association of Nurse Surgical Assistants Australian Association of Stomal Therapy Nurses Inc. Australian College of Critical Care Nurses (ACCCN) Australian College of Holistic Nurses Inc (ACHN) Australian College of Mental Health Nurses Inc (ACMHN) Australian College of Midwives (ACM) Australian College of Neonatal Nurses (ACNN) Australian College of Nurse Practitioners (ACNP) Australian College of Nursing (ACN) Australian College of Perioperative Nurses (ACORN) Australian College of Children and Young People's Nurses Australian Day Surgery Nurses Association (ADSNA) Australian Dermatology Nurses Association Australian Diabetes Educators Association (ADEA) Australian Faith Community Nurses Association Australian Forensic Nurses Association Australian Nurse Teachers' Society Australian Nursing and Midwifery Federation (ANMF) Australian Ophthalmic Nurses Association National Council (AONANC) Australian Primary Health Care Nurses Association Australian Student and Novice Nurse Association (ASANNA) Australian Women's Health Nurse Association Inc Cancer Nurses Society of Australia College of Emergency Nursing Australia (CENA) Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) Continence Nurses Society Australia (CoNSA) Council of Deans of Nursing and Midwifery (Australia & New Zealand) CRANAplus Discharge Planning Association Drug and Alcohol Nurses of Australasia (Inc.) (DANA) Endocrine Nurses Society of Australasia Flight Nurses Australia Inc. Gastroenterological Nurses College of Australia (GENCA) Hyperbaric Technicians and Nurses Association Maternal Child & Family Health Nurses of Australia (MCFHNA) Medical Imaging Nurses Association (MINA) National Enrolled Nurses Association of Australia (NENA) Nursing Informatics Australia (NIA) Otorhinolaryngology, Head & Neck Nurses Group Inc Palliative Care Nurses Australia Psychogeriatric Nurses Association Australia Inc (PGNA) Renal Society of Australasia Thoracic Society of Australia and New Zealand Transplant Nurses Association Wounds Australia
Consumers	Consumers Health Forum of Australia (National)

INTERNAL STAKEHOLDERS	REACH
	Health Care Consumers Association (ACT) Health Consumer (NSW) Health Consumer (QLD) Health Issues Centre (VIC) Friends of the Top End Health Services (NT) Health Consumers Council (WA) Health Consumers Alliance of SA Inc
CRANA*plus*	Australasian Foundation for Plastic Surgery Abt Associates Apunipima Cape York Council Belmore Nurses Bureau Central Australian Aboriginal Congress Central Australia health Service Primary Health Care Centre for Remote health CQ Nurse Derby Aboriginal Health Service Gidgee healing Healthcare Australia HealthX Indian Ocean Territories health Service Katherine West Health Board Kimberley Aboriginal Medical Service Council Marthakal Homeslands Health Service Mount Isa Centre for Rural and Remote health NATSIHWA Ngaanyatjarra Health Services Northern Territory PHN NSW Air Ambulance On Island Health Service Accreditation and Nursing Otway health and Community Services Remote Area health Corps RNS Nursing Royal Flying Doctor Services (QLD/SA/NT) Rural Health West Rural LAP Silver Chain Spinifex Tasmanian Health Services DHHS Top End Health Service Primary Care Torres and Cape Hospital and Health Service WA Country Health Services – Kimberley Population Unit Western Desert Dialysis YNA YNA Cairns YNA Oxley

INTERNAL STAKEHOLDERS	REACH
Health Informatics Australia	Nursing Informatics Australia Committee PHN Central and Eastern Sydney JP Consulting Medtasker Metro North Hospital and Health Service Metro South Health (QLD Govt.) MIMS Calvary Healthscope Pathology South (Tasmania) St. Vincents Health Australia
Health Professions Accreditation Collaborative Forum (HPACF)	Australian Dental Council Australian Medical Council Australian Pharmacy Council Australian Physiotherapy Council Australian Psychology Accreditation Council Australian Osteopathic Accreditation Council Australian and New Zealand Podiatry Accreditation Council Council on Chiropractic Education Australasia Occupational Therapy Council (Australian and New Zealand) LTD Optometry Council of Australia and New Zealand Aboriginal and Torres Strait Islander Health Practice Accreditation Committee Chinese Medicine Accreditation Committee Medical Radiation Practice Accreditation Committee
Midwives Australia	
National Rural Health Alliance	ACEM-RRRC - Australasian College for Emergency Medicine's Rural, Regional and Remote Committee ACHSM - Australasian College of Health Service Management (rural members) ACM-RRAC - Australian College of Midwives Rural and Remote Advisory Committee ACN-RN&MCI - Australian College of Nursing (Rural Nursing and Midwifery Community of Interest) ACRRM - Australian College of Rural and Remote Medicine AGPN - Australian General Practice Network AHHA - Australian Healthcare and Hospitals Association AHPARR - Allied Health Professions Australia Rural and Remote AIDA - Australian Indigenous Doctors' Association ANMF - Australian Nursing and Midwifery Federation (rural nursing and midwifery members) APA (RMN) - Australian Physiotherapy Association (Rural Members Network) APS - Australian Paediatric Society APS (RRPIG) - Australian Psychological Society (Rural and Remote Psychology Interest Group) ARHEN - Australian Rural Health Education Network Limited CAA (RRG) - Council of Ambulance Authorities (Rural and Remote Group)

INTERNAL STAKEHOLDERS	REACH
	CATSINaM - Congress of Aboriginal and Torres Strait Islander Nurses and Midwives CWAA - Country Women's Association of Australia ESSA (RRIG) - Exercise and Sports Science Australia (Rural and Remote Interest Group) FRAME - Federation of Rural Australian Medical Educators IAHA - Indigenous Allied Health Australia ICPA - Isolated Children's Parents' Association NACCHO - National Aboriginal Community Controlled Health Organisation NATSIHWA - National Aboriginal and Torres Strait Islander Health Worker Association NRHSN - National Rural Health Students' Network PA (RRSIG) - Paramedics Australasia (Rural and Remote Special Interest Group) PSA (RSIG) - Rural Special Interest Group of Pharmaceutical Society of Australia RACGP Rural: The Royal Australian College of General Practitioners RDAA - Rural Doctors' Association of Australia RDN of ADA - Rural Dentists' Network of the Australian Dental Association RFDS - Royal Flying Doctor Service RFW - Royal Far West RHWA - Rural Health Workforce Australia RIHG of CAA - Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia ROG of OA - Rural Optometry Group of Optometry Australia RPA - Rural Pharmacists Australia SARRAH - Services for Australian Rural and Remote Allied Health SPA-RRMC - Speech Pathology Australia - Rural and Remote Member Community
National Rural Health Student Network (NRHSN)	28 university Rural Health Clubs from all states and territories.
New Zealand Nursing and Midwifery Regulatory Bodies	Nursing Council of New Zealand Midwifery Council of New Zealand
Nursing and Midwifery Board of Australia (NMBA)	Lynette Cusack - Chair
Simulation Australasia	
Tertiary Education Quality and Standards Agency	
Trans-Tasman Midwifery Education Consortium	Auckland University of Technology Flinders University Griffith University University of Canberra University of South Australia University of Technology Sydney Australian College of Midwives Otago Polytechnic Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

INTERNAL STAKEHOLDERS	REACH
Women's Healthcare Australasia	
Federal Government	**Department of Health** Minister for Health Minister for Aged Care Assistant Minister for Health Chief Nursing and Midwifery Officer COAG – Health Council Principle Committees (HWPC) Australian Health Ministerial Advisory Council (AHMAC) **Department of Education and Training** Minister for Education and Training Assistant Minister for Vocational Education and Skills COAG – Education Council **Australian Digital Health Agency** Australian Digital Health Agency Board
State and Territory Government	Chief Nursing and Midwifery Officers (jurisdictional)