

Review of the Midwife Accreditation Standards

Consultation paper 2

Table of Contents

Executive summary	3
Consultation questions	5
Introduction	7
Aim of the review.....	7
Review process.....	7
Purpose of the second consultation paper.....	8
Consultation process.....	8
How stakeholders can participate	9
Background	10
Consultation paper 1.....	10
Supervised midwifery practice experiences	10
Continuity of care experiences (CoCE)	10
Labour and birth care	11
Prescribing	12
Draft Accreditation Standards	13
Additional Issues.....	20
Summary	21
Glossary	22
References	24

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 or endorsement as a nurse and/or a midwife. The Nursing and Midwifery Board of Australia (NMBA) is responsible for the regulation of nurses and midwives and approves the accreditation standards.

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 2 of the consultation undertaken by ANMAC to gather feedback from stakeholders. Responses to Consultation Paper 1 identified issues requiring further stakeholder feedback. The issues are briefly outlined below and expanded upon later in the paper. Additionally, draft Midwife Accreditation Standards are presented for stakeholder feedback.

Type and number of supervised midwifery practice experiences

A majority of respondents agreed that the midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. However, some stakeholders advocated a reduction in aspects of the practice experiences.

Continuity of care experiences (CoCE)

Currently, the Standards require each student to engage with a minimum of 10 women in a Continuity of care experience (CoCE) during their midwifery education. Engagement “involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth”. Some respondents to Consultation 1 argue that requiring students to attend a majority of the labours and births is onerous, unfair and impacts on the safety of rural students travelling long distances. They propose removing attendance at the labour and births for the majority of women and replacing it with a requirement to attend the labour and birth ‘where possible’.

Labour and birth care

Although most women in Australia give birth vaginally (67%), there is a trend away from unassisted vaginal birth. Between 2005 and 2015, spontaneous vaginal births in Australia decreased from 59% to 54% respectively. Some respondents to Consultation Paper 1 highlighted that the reduction in the number of women giving birth vaginally and unassisted negatively impacts on opportunities for students to act as primary birth attendant for 30 women. Respondents therefore propose a reduction in the number of spontaneous vaginal births required in the Standards.

ANMAC seeks feedback from stakeholders on whether or not these aspects of the minimum practice requirements should be changed.

Prescribing for graduates of an entry-to-practice midwifery program

The need to ensure that midwives are educated to work, on graduation, to the full scope of midwifery practice was a consistent theme in the responses to Consultation Paper 1. In particular, respondents considered that it was timely to explore how graduates of entry-to-practice midwifery programs could be prepared to prescribe within their scope of practice.

Not all respondents were in favour of such a change and they argued that prescribing was an advanced skill and the education to prescribe should remain a postgraduate course.

As part of this revision of the midwife accreditation standards, it is timely to seek feedback from stakeholders on whether or not educational preparation for prescribing should be included in pre-registration midwifery programs.

Draft Midwife Accreditation Standards

This consultation paper also presents draft standards for consideration. The draft standards incorporate feedback received in the consultation process to date and aim to support innovation while ensuring programs reflect core midwifery knowledge and skills and enable graduates to meet the NMBA Midwife standards for practice. An extensive mapping exercise was undertaken to ensure essential criteria from the 2014 Midwife Accreditation Standards continue to be reflected in the draft version and ANMAC seeks feedback from stakeholders on the draft accreditation standards.

Consultation questions

QUESTION 1

Continuity of care experiences

Please choose one of the following options for student engagement with women during continuity of care experiences.

Option 1 –attend the labour and birth for a majority of women (present requirement)

or

Option 2 –attend the labour and birth where possible

Please select one

1. Option 1
2. Option 2
3. Don't know/unsure

Please provide a rationale for your choice.

QUESTION 2

Labour and birth care

Should the number of spontaneous vaginal births for whom the student is primary birth attendant remain at 30 women (present requirement)?

Yes/No/Unsure

Please provide a rationale for your choice.

QUESTION 3

Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry-to-practice midwifery programs?

Yes/No/Unsure

QUESTION 4

What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?

QUESTION 5

Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?

QUESTION 6

Are there any additional criteria that should be included?

QUESTION 7

Are there any criteria that could be deleted or amalgamated with another criteria?

QUESTION 8

Please provide any other feedback about the structure/content of the draft standards

QUESTION 9

Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?

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)[1] (the National Law).

- a. developing accreditation 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 [2] 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 [3]
- 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, s46 (2), states that [1]:

In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of 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 and NMBA approved midwife program is eligible for registration and can practice in a safe and competent manner.

Purpose of the second consultation paper

This second consultation paper identifies how the National Law underpins the aim of this review. It describes the consultation process to date, including how the next stage of feedback can be provided and offers context to promote stakeholder understanding of key issues relating to, and engagement with, the review process. This paper presents draft midwife accreditation standards for consideration and feedback. Additional issues where further stakeholder consultation is sought are present.

The questions included in this paper form the basis for discussion. For the review to achieve its aim, it is important that organisations and individuals with an interest in midwife education provide critical input that is supported by evidence. This paper has been distributed to such organisations and individuals, inviting them to write a submission or answer the online survey.

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
- Professor Hannah Dahlen, Professor of Midwifery and Higher Degree Research Director, School of Nursing and Midwifery, Western Sydney University, NSW
- 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, La Trobe 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
- Dr Margaret Gatling, Director Accreditation Services, Australian Nursing and Midwifery Accreditation Council
- Ms Bridget Roache, Associate Director, Australian Nursing and Midwifery Accreditation Council

How stakeholders can participate

In Stage 2 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. All written submissions should include the [written submission form](#) to provide publication permission.

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

SURVEY RESPONSES OR WRITTEN SUBMISSIONS ARE REQUESTED BY CLOSE OF BUSINESS 6 JANUARY 2020

ANMAC's website will be updated to reflect each review stage. Stage 3 of consultation is planned for early 2020.

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

Background

Consultation paper 1

Consultation paper 1 sought stakeholder responses on issues related to the revision of the Standards. The issues included whether or not to continue to mandate minimum practice requirements, how to ensure that graduates of an entry-to-practice program are educated to meet the full scope of midwifery practice and how best to support interprofessional learning. Stakeholders were also asked to identify additional issues which they considered important to address in the review.

One hundred and thirty-seven stakeholders responded to the online survey and/or provided written responses. Respondents reflected the range of stakeholders including consumers, students of midwifery, early career midwives, midwives, midwife academics, national organisations, program providers and health service providers. When assessing the contribution of stakeholders, the responses from national organisations, program providers and health service providers represent the feedback from large numbers of stakeholders and so the number of responses to individual questions is not a true reflection of the weight of stakeholder feedback. A summary of responses to Consultation paper 1 can be found [here](#).

Supervised midwifery practice experiences

A majority of respondents (n= 118) agreed that the midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. While comment on changes to the type and number of experiences was not specifically sought in the first consultation paper, feedback received from a number of stakeholders included comments related to the numbers and/or requirements of the following midwifery practice experiences.

Continuity of care experiences (CoCE)

Research supports the educational value of CoCE in enabling students to develop midwifery knowledge and skills. Students value engaging with women in the CoCE. They report increased confidence and skills and a better understanding of woman-centred care, the philosophical underpinning of midwifery practice [4-8]. While students value the opportunity to develop the midwifery skill of relationship building with childbearing women, they report a number of challenges (impact on personal lives, ability to undertake part-time work, impact on attendance at university and fulfilling compulsory practice commitments) [4, 5, 8-10]. The largest study of Australian students (n=401) and academics (n=35) undertaken in Victoria, reported major concerns regarding the impact of CoCE's on student's capacity to meet university course requirements and that students spent extensive periods of time on-call within and outside the university semester. This study was undertaken when the Standards required 20 CoCE's, with an average of 20 hours per experience [10].

To address the challenges and concerns identified in the research, individual program providers have implemented strategies designed to better support students engaging in CoCEs [9, 11, 12]. Additionally, a group of midwifery academics argue that changing the way CoCEs are embedded in the curriculum, implementing flexible program delivery and the use of blended learning models have the capacity to better support midwifery students' engagement in CoCE [13].

Student experience with women in a CoCE has been an integral component of midwifery education in Australia since 2002. Currently, ANMAC accreditation standards require each student to engage with a minimum of 10 women during their pre-registration program. Engagement

'involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth' [2, pg. 24].

The benefits and challenges of engaging in CoCE's reported in the literature above were also highlighted in responses to Consultation Paper 1. Of the respondents who commented on the number of CoCE's, a majority either indicated support for the current number or advocated for an increase.

The issue of attendance at the labour and birth was raised. When the Standards were revised in 2014 it was argued that attendance at most births '*enhance(d) the quality of this valued learning experience*' [2, pg.7]. Some respondents to Consultation Paper 1 argue that requiring students to attend a majority of the labours and births is onerous, unfair and impacts on the safety of rural students travelling long distances. They propose removing the compulsory labour and birth attendance requirement for the majority of women and replacing it with a requirement to attend the labour and birth 'where possible'.

ANMAC seeks feedback on whether or not the requirement to attend the labour and birth for a majority of women should be amended. Two options are provided for consideration. Option 1 requires the student to attend the labour and birth of the majority of women with whom they engage in a CoCE. Option 1 supports the current requirement for the student to provide care throughout the childbearing experience (pregnancy, labour, birth & the postnatal period).

Option 2 reduces the requirement to, 'attend the labour and birth where possible'. It allows the student to continue to count the CoCE in the circumstances where they have been unable to be present during the labour and/or birth. These circumstances may include (but are not limited to) competing requirements such as university attendance and rostered practice. Option 2 supports flexibility for the student in achieving the required number CoCE. It may reduce the impact on students' personal lives and their professional responsibilities outlined previously.

QUESTION 1

Continuity of care experiences

Please choose one of the following options for student engagement with women during continuity of care experiences.

Option 1 –attend the labour and birth for a majority of women (present requirement)

or

Option 2 –attend the labour and birth where possible

Please select one

1. Option 1
2. Option 2
3. Don't know/unsure

Please provide a rationale for your choice.

Labour and birth care

Although most women in Australia give birth vaginally (67%)[14], there is a trend away from unassisted vaginal birth. Between 2005 and 2015, spontaneous vaginal births in Australia decreased from 59% to 54% respectively [15]. The trend towards fewer spontaneous vaginal births increased with maternal age. Women 40 years and over were more likely to experience an instrumental birth. Socioeconomic status also appeared to influence the likelihood of a woman experiencing an instrumental vaginal birth, with women in the highest socioeconomic areas experiencing a higher rate of birth assistance than women in the lowest socioeconomic area (57% versus 50% respectively)[15]. Women had a higher probability of normal birth if they lived outside major metropolitan areas and did not receive private obstetric care [16].

Some respondents to Consultation Paper 1 highlighted that the reduction in the number of women giving birth vaginally and unassisted has negatively impacted on opportunities for students to act as primary birth attendant. Respondents therefore proposed reducing the required number of spontaneous vaginal births.

Being a midwife involves a commitment to supporting normal birth [17] and student midwives are in a key position to support normal birth while caring for women as part of their required practice experiences [18]. Acting as the primary birth attendant is foundational knowledge that '*support(s) the transition to registered (midwife) practice in contemporary maternity care settings*' [2, pg. 7]. There is an absence of high level evidence to support a link between completing a designated number of practice experiences and competence. There is, however, evidence from the medical and nursing literature that practice (repetition) is not merely a task oriented exercise but is a confidence building approach to learning with students more confident in their competence as they successfully complete more clinical experiences [19, 20]. ANMAC seeks feedback on whether or not the number of spontaneous vaginal births for whom the student acts as the primary birth attendant should remain at 30 women.

QUESTION 2

Labour and birth care

Should the number of spontaneous vaginal births for whom the student is the primary birth attendant remain at 30 women (present requirement)?

Yes/No/Unsure

Please provide a rationale for your choice.

Prescribing

In Australia, suitably qualified midwives are authorised to prescribe scheduled medicines to their scope of practice under the Health Practitioners Regulation National Law Act (2009) [1] (in accordance with the relevant state or territory poisons legislation) and their registration is endorsed by the Nursing and Midwifery Board of Australia (NMBA). The benefits of midwife prescribing described in the literature include safe faster access to medications (particularly in rural and remote regions), more effective use of resources, increased consumer satisfaction, promotion of workforce mobility and enabling midwives to work to the full scope of practice [21, 22].

The need to ensure that midwives are educated to work, on graduation, to the full scope of midwifery practice was a consistent theme in the responses to the Consultation Paper 1. In particular, some respondents considered that it was timely to explore how graduates of entry-to-practice programs could be prepared to prescribe within their scope of practice.

The discussion about prescribing in midwifery takes place in the wider context of considering the future of registered nurse and midwife prescribing. In 2017, the NMBA and the Australian and New Zealand Council of Chief Nursing and Midwifery Officers developed a discussion paper exploring potential models of prescribing by registered nurses and midwives [23]. The discussion paper outlined the key elements of a nationally consistent prescribing framework including education, ongoing competence, practice standards and legislation. At the time there was strong support by the professions for enhancing the role of nurses and midwives in providing safe and timely access to medicines for consumers by expanding their ability to prescribe [23].

Evidence of the learning required by health professionals to safely prescribe includes the following. The Health Professionals Prescribing Pathway [24] provides a nationally consistent approach to the prescribing of medicines by health professionals and the National Prescribing Service Prescribing Competencies Framework [25] describes the competencies required by health professionals to prescribe medicines

appropriately, safely and effectively in the Australian context. Currently, entry-to-practice midwifery programs in Australia prepare midwives to safely administer medications via protocol or standing orders.

Although some respondents to Consultation Paper 1 considered that education for prescribing should be included in entry-to-practice midwifery programs in Australia, others believed that prescribing was an advanced skill and the education to prescribe should remain a postgraduate course.

As part of this revision of the midwife accreditation standards it is timely to seek feedback from stakeholders on whether or not educational preparation for prescribing should be included in entry-to-practice midwifery programs.

QUESTION 3

Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry-to-practice midwifery programs?

Yes/No/Unsure

QUESTION 4

What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?

Draft Accreditation Standards

Table 1 presents the draft Midwife Accreditation Standards. These standards take the feedback received in the initial consultation survey and the first consultation paper into account. The Standards are presented in the five standard format adopted in the proposed Registered Nurse Accreditation Standards. The move to a five standard framework is in line with other health professions as well as other international accreditation authorities. The standards are designed to reduce the level of detail, complexity and duplication while remaining flexible and responsive. The standards continue to support innovation while ensuring programs reflect core midwifery knowledge and skills and allow graduates to meet the NMBA Midwife standards for practice.

An extensive mapping exercise was undertaken to develop the draft standards to ensure core midwifery knowledge and skills continue to be reflected. This mapping is provided in the second column of Table 1. An essential evidence document will be a companion to the standards. This document is designed to assist education providers in the submission of documentation to meet the standards. This document will be developed in conjunction with stakeholders towards the end of this review.

The draft standards continue to require education providers to offer a discrete subject of study addressing the history, culture and health for Aboriginal and Torres Strait Islander peoples, as well as requiring inclusion of midwifery practice specific to Aboriginal and Torres Strait Islander women embedded throughout the program. This discrete subject of study was first introduced in the Midwife Accreditation Standards 2014 [2] and is maintained in these standards as part of ANMAC's commitment to improving Aboriginal and Torres Strait Islander health as well as ensuring midwives who graduate from an accredited program are able to demonstrate the NMBA Midwife standards for practice [3].

Table 1: Draft Midwife Accreditation Standards

MIDWIFE ACCREDITATION STANDARDS	
An essential evidence document accompanies the Midwife Accreditation Standards. This document is integral to the standards and a submission against these standards is not complete without providing the essential evidence. Additional evidence may be provided or requested.	
STANDARD 1: SAFETY OF THE PUBLIC	CURRENT STANDARDS MAPPING
1.1 The program's guiding principle is safety of the public.	4.4g
1.2 The program is delivered in Australia ¹ to prepare graduates for safe and ethical practice.	3.12, 3.13,
1.3 Program admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements: <ul style="list-style-type: none"> a. to meet the program's inherent requirements b. to demonstrate English language proficiency either through providing a declaration that English is their primary language or achievement of minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard² c. to meet the requirements for placement in midwifery practice settings d. for registration with the NMBA on completion of the program 	5.6, 6.1b and g, 6.2, 8.5
1.4 The education provider ensures that midwifery settings in which students undertake midwifery practice experience (MPE) have: <ul style="list-style-type: none"> a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards b. midwives who are prepared for the supervisory role and are able to supervise and assess students during all MPE c. relevant registered health practitioners available for collaborative teaching and learning opportunities in interprofessional settings. 	8.1, 8.2, 8.6, 8.7
1.5 Students are registered with the Nursing and Midwifery Board of Australia (NMBA) before their first MPE.	6.1c

¹ Except as it relates to criteria 2.4 and 3.1.

² Registration standard: English language skills. Nursing and Midwifery Board of Australia, 2019. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills.aspx>

1.6 The education provider has processes in place to manage students with identified impairments ³ that, in the course of MPE, may place the public at risk. These processes include procedures for mandatory reporting ⁴ where required.	6.1d
1.7 Program progression policies and rules ensure that only those students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for midwifery practice experience.	2.3
STANDARD 2: GOVERNANCE	
2.1 Academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider.	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7
2.2 The governance structure for the education provider conducting the program ensures the Head of Discipline is registered as a midwife with the NMBA, with no conditions on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The Head of Discipline: <ul style="list-style-type: none"> a. is appointed at a senior level and can demonstrate active, strong links to contemporary practice b. has responsibility for academic oversight of the program c. promotes high-quality teaching and learning experiences for students to enable graduate competence d. ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements 	1.4, 7.6
2.3 There is consultation into the design and ongoing management of the program including external stakeholders of the midwifery profession, Aboriginal and/or Torres Strait Islander peoples, consumers, students, professional organisations and other relevant industry stakeholders.	1.5, 3.1, 4.7, 5.12
2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NMBA Midwife standards for practice. ⁵	1.8, 3.14
2.5 Program quality improvement mechanisms incorporate evaluation information from a variety of sources and address: <ul style="list-style-type: none"> a. risk assessment of student learning environments b. student evaluations 	9.1; 9.2; 9.3; 9.4; 9.5

³ Definition available from: <https://www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs/Registration-Standards-FAQs.aspx#impairment>

⁴ Australian Health Practitioner Regulation Agency. Guidelines for Mandatory Notifications. Available from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>

⁵ <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx>

<p>c. internal and external academic and health professional evaluations</p> <p>d.evidence-based developments in:</p> <ul style="list-style-type: none"> i. midwifery professional education ii. health professional education iii. health and health care. 	
STANDARD 3: PROGRAM OF STUDY	
<p>3.1 The program of study is undertaken in Australia. Where there is an offshore component, the program must:</p> <ul style="list-style-type: none"> a. have no more than one-fifth of the full program completed offshore b.demonstrate equivalence of learning outcomes 	1.2, 4.8
<p>3.2 Evidence that the program of study is delivered at an Australian Qualifications Framework level 7 or above for the award of a Bachelor Degree as a minimum.</p> <ul style="list-style-type: none"> a. There is a minimum period of 12 months to conduct the program for a Registered Nurse to become a Midwife 	1.3, 3.7
<p>3.3 The curriculum document articulates both the midwifery philosophy and educational philosophy and its practical implementation into the program of study.</p>	2.1
<p>3.4 Teaching and learning articulates contemporary practices in midwifery health and education, and responds to emerging trends based on research, technology and other forms of evidence.</p>	2.2, 2.3, 3.2, 3.4, 4.1, 4.2, 4.3, 4.4f, 4.4h,
<p>3.5 Program content and subject learning outcomes ensures:</p> <ul style="list-style-type: none"> a. achievement of the NMBA Midwife Standards for Practice b.recognition of regional, national and global health priorities c. recognition of safety and quality standards as they relate to healthcare d.integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including: <ul style="list-style-type: none"> i. social and emotional wellbeing of women ii. complex family health, domestic and family violence, still birth, bereavement care iii. perinatal mental health iv. equivalence in all delivery modes in which the program is offered. 	2.4a, 3.3, 3.7, 3.10, 3.11, 3.12, 4.1c, 5.7, 5.13, 8.3
<p>3.6 Program content and subject learning outcomes integrates interprofessional and intra-professional learning and practice.</p>	2.4j; 3.5, 8.4

3.7 Principles of diversity, culture, inclusion and cultural safety for all people are embedded in program content and subject learning outcomes	4.6, 4.7
3.8 Program content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice.	4.3, 4.4a, 4.4f
3.9 Program content and subject learning outcomes support the development of student knowledge and skills in pharmacotherapeutics and quality use of medicines. This includes the supply and administration of medicines	5.9
3.10 Program content and subject learning outcomes develop understanding and appreciation of the diversity of: <ul style="list-style-type: none"> a. consumer perspectives of maternity care and the woman's right to make choices b. consumer advocacy, diversity of women's choices and self-determination c. evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice 	4.5
3.11 The program includes: <ul style="list-style-type: none"> a. midwifery theory specific to Aboriginal and Torres Strait Islander peoples' history, culture and health taught from an Indigenous perspective as a discrete subject of study and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework⁶ b. culturally safe midwifery practice specific to Aboriginal and Torres Strait Islander peoples embedded throughout the program. 	4.7
3.12 The program includes: <ul style="list-style-type: none"> a. theory and practice that is integrated throughout the programs in equal proportions (50% theory and 50% practice) and not exceeding one-fifth of the MPE requirements being achieved outside Australia b. MPE as soon as practically possible, early in the program to facilitate engagement with the professional context of midwifery c. MPE toward the end of the program conducted in Australia, to demonstrate achievement of the NMBA Midwife standards for practice d. Inclusion of MPE so students can complete the following minimum supervised MPE requirements: <ul style="list-style-type: none"> • Engage with a minimum of 10 women for continuity of care experiences (to include 4 antenatal visits, 2 postnatal visits and for the majority of women, the labour and birth) • 100 antenatal episodes of care (this may include women the student is following as part of the continuity of care experiences) • act as the primary birth attendant for 30 women who experience a spontaneous vaginal birth (this may include women the student is following as part of the continuity of care experiences). • provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth – regardless of mode 	3.6, 3.8; 3.11, 3.12, 8.11

⁶ Available from: <https://www.linmen.org.au/project/nursing-and-midwifery-aboriginal-and-torres-strait-islander-health-curriculum-framework/>

<ul style="list-style-type: none"> • experience in care for 40 women with complex needs across pregnancy, labour, birth or the postnatal period (this may include women the student is following as part of the continuity of care experiences). • 100 postnatal episodes of care with women and where possible, their babies (this may include women the student is following as part of the continuity of care experiences). • experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles. • experiences in women's health, and sexual and reproductive health • minimum of 2 episodes of contact following the birth of her baby in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation • experience in undertaking 20 full examinations of a newborn infant • experiences in care of the neonate with special care needs 	
3.13 Program resources are sufficient to facilitate student achievement of the NMBA Midwife standards for practice, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice and MPEs.	2.4 a-j;4.1e, 7.1; 7.2; 7.3; 8.9, 8.10, 8.11
3.14 The program includes content and sequencing that incorporates simulated learning experience to prepare students for MPE.	3.9
3.15 Staff teaching into the program: <ul style="list-style-type: none"> a. are qualified and experienced to deliver the subjects they teach b. are midwives when the subject relates to midwifery practice c. hold one qualification higher than the program of study being taught. 	7.7; 7.8; 7.9,7.10, 7.11, 7.12, 8.6
STANDARD 4: STUDENT EXPERIENCE	
4.1 Program information provided to students is relevant, timely, transparent and accessible.	6.4, 7.2
4.2 The education provider identifies and supports the academic learning needs of students.	6.5
4.3 Students are informed of, and have access to, grievance and appeals processes.	5.10, 6.7
4.4 Students are informed of, and have access to, pastoral and/or personal support services.	6.4, 7.1
4.5 Students are represented on program advisory and decision-making committees.	3.1; 5.12
4.6 Equity and diversity principles are observed and promoted in the student experience.	6.1, 6.2, 6.3, 6.6; 6.8; 6.9; 6.10

4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.	8.8
STANDARD 5: STUDENT ASSESSMENT	
5.1 Program learning outcomes and assessment strategies are aligned.	5.3
5.2 Subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Midwife standards for practice.	3.3; 8.8
5.3 Contemporary approaches to midwifery practice experiences mapped against the NMBA Midwife standards for practice	5.1; 5.3, 5.4; 5.5; 5.7, 5.8,
5.4 Assessments include the appraisal of competence in pharmacotherapeutics and the quality use of medicines.	5.9
5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression. The summative assessment appraises competence against the NMBA Midwife standards for practice before successful completion of the program.	5.4, 5.11
5.6 The education provider is ultimately accountable for ensuring students are supervised and assessed by a midwife or other health professional (where relevant) while on MPE.	5.8; 5.13

ANMAC seeks feedback on the draft Midwife Accreditation Standards.

QUESTION 5

Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice?

QUESTION 6

Are there any additional criteria that should be included?

QUESTION 7

Are there any criteria that could be deleted or amalgamated with another criteria?

QUESTION 8

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

Additional Issues

The following question seeks to provide an opportunity for the identification of issues not covered so far in the consultation process.

QUESTION 9

Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process?

Summary

This paper presents selected issues identified from the feedback received to the first consultation paper. While some of the issues have been considered previously, it is crucial to gather further feedback from stakeholders in order to develop accreditation standards capable of supporting innovative and future directed pre-registration midwifery programs. The paper also presents a draft version of the standards in a five-standard format with mapping to the Midwife Accreditation Standards 2014.

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.

Criteria – specific statements against which a program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation.

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

Continuity of care experience (Midwifery) – ongoing midwifery relationship between the student and the woman from initial contact in pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and individual health care settings. The intention of this experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, irrespective of the carers chosen by the woman or the availability of midwifery continuity of care models. In terms of the student of a re-entry to the register midwifery program, it is likely that the relationship between the student and the woman will begin late in the pregnancy and include antenatal, intrapartum and postnatal care experiences.

Education provider – organisational entity responsible for the design and delivery of a program of study from which graduates are eligible to apply for nursing or midwifery registration or endorsement.

Governance – framework, systems and processes supporting and guiding an 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) (The National Law) – Adopted in each state and territory, setting out the provisions of the Health Practitioner Regulation National Law. The National Law has been adopted by the parliament of each state or territory through adopting legislation. The National Law is generally consistent in all states and territories. New South Wales did not adopt Part 8 of the National Law.

Health service providers – Health units or other appropriate service providers where students undertake supervised workplace experience as part of a program, the graduates of which are eligible to apply for nursing or midwifery registration.

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. HWA closed on 6 August 2014 the essential functions were transferred to the Federal Department of Health.

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

Midwifery practice experience – All midwifery learning experiences, including in simulated environments or midwifery practice experience placements (see next entry) that assists students to put theoretical knowledge into practice. Includes, but may not be limited to, continuity of care experiences.

Midwifery practice experience placement – component of midwifery education that allows students to put theoretical knowledge into practice within the consumer care environment. Includes, but may not be limited to, continuity of care experiences. Simulation is integral to preparing students for clinical placement experiences; however, it is not a component of midwifery practice experience placement.

Nursing and Midwifery Board of Australia (NMBA) – The national body responsible for the regulation of nurses and midwives in Australia.

Midwife – protected title for a person with prescribed educational preparation and competence for practice who is registered by the NMBA. The NMBA has endorsed the International Confederation of Midwives definition of a midwife and applied it to the Australian context.

The International Confederation of Midwives definition of a midwife is ‘A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery. 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, p. 1).

Program or program of study – Full program of study and experiences that are required to be undertaken before a qualification, statement of completion or attainment can be awarded (see also approved program of study).

Scope of practice – refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law. The actual scope of practice of individual practitioners is influenced by the settings in which they practise, the health needs of people, the level of competence and confidence of the midwife and the policy requirements of the service provider.

Standard – level of quality or attainment.

Student – Any person enrolled in a program leading to registration as a nurse or 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.

References

1. Australian Health Practitioner Regulation Agency, *Health Practitioner Regulation Law Act*. 2009.
2. Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards 2014*: Canberra.
3. Nursing and Midwifery Board of Australia, *Midwife Standards for practice*. 2018, Nursing and Midwifery Board of Australia Melbourne VIC
4. Browne, J., et al., "Continuity of care" experiences in midwifery education: Perspectives from diverse stakeholders. *Nurse Education in Practice*, 2014. **14**: p. 573-578.
5. Gray, J., Taylor, J., Newton, M., *Embedding continuity of care experiences: An innovation in midwifery education*. *Midwifery*, 2016. **33**: p. 40-42.
6. McKellar, L., Kempster, C., *We're all in this together: Midwifery student peer mentoring*. *Nurse Education in Practice*, 2017. **24**: p. 112-117.
7. Sidebotham, M., *Australian midwifery students and the continuity of care experience - getting it right*. *The Practising Midwife*, Sept 2014.
8. Tierney, O., et al., *The Continuity of Care Experience in Australian midwifery education - What have we achieved?* *Women and Birth*, 2017. **30**: p. 200-205.
9. McKellar, L., et al., *Call the midwifery student: facilitating continuity of care experience in midwifery education*. *Women and Birth*, 2014. **27**(4): p. e61-66.
10. McLachlan, H., et al., *Exploring the 'follow-through experience': A statewide survey of midwifery students and academics conducted in Victoria, Australia*. *Midwifery*, 2013. **29**: p. 1064-1072.
11. Sidebotham, M., et al., *Future focussed, flexible and innovative: Designing midwifery education programs that drive cultural change enabling implementation of best practice models*, in *31st International Confederation of Midwives Congress: Midwives: making a difference in the world 2017*: Toronto, Canada.
12. Lilley, D. and R. Woolley, *Enhancing the student experience: The role of the Midwifery Practice Coordinator*, in *Power Passion and Politics. 22nd ACM National Conference*. 2019: Canberra, ACT.
13. Gamble, J., et al. *Acknowledging the primacy of continuity of care experiences in midwifery education*. *Women and Birth*, 2019. DOI: <https://doi.org/10.1016/j.wombi.2019.09.002>.
14. AIHW, *Australia's Mothers and Babies 2015 - in Brief*. 2017, Australian Institute of Health and Welfare: Canberra.
15. AIHW, *Australia's Mothers and Babies 2017 - in Brief*. 2019, Australian Institute of Health and Welfare: Canberra.
16. Prosser, S., A. Barnett, and Y. Miller *Factors promoting or inhibiting normal birth*. *BMC Pregnancy and Childbirth*, 2018. DOI: <https://doi.org/10.1186/s12884-018-1871-5>.
17. International Confederation of Midwives, *Position Statement: Keeping birth normal*. 2014, International Confederation of Midwives: UK.
18. Sidebotham M., *Promoting normal birth - the student midwives contribution*, in *MIDIRS Midwifery Digest*. 2012, Royal College of Midwives: UK.
19. Clanton, J., et al., *The relationship between confidence and competence in the development of surgical skills*. *J Surg Educ*, 2014. **2014**(71): p. 3.
20. Tabari Khomeiran, R., et al., *Professional Competence: Factors described by nurses as influencing their development*. *International Nursing Review*, 2006. **53**: p. 66-72.
21. Nissen, I. and G. Kyle, *Non-medical prescribing in Australia*. *Australian Prescriber*, 2010. **33**(6): p. 166-167.
22. Small, K., et al., *Midwifery Prescribing In Australia*. *Australian Prescriber*, 2016. **39**(6): p. 215-218.
23. Australian and New Zealand Council of Chief Nursing and Midwifery Officers and Nursing and Midwifery Board of Australia, *Registered nurse and midwife prescribing - Discussion paper*. 2017.
24. Health WorkForce Australia, *The Health Professionals Prescribing Pathway (HPPP) - Final Report*. 2013: Adelaide.

25. NPS Better choices Better health, *Competencies required to prescribe medicines: putting quality use of medicines into practice*. 2012: National Prescribing Service, Sydney.