

## Accreditation standards review

### Written submission form

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## Response to the Midwife Accreditation Standards (the Standards)

Monash Nursing and Midwifery (MNM) appreciate the opportunity to provide feedback on the Standards. This submission focuses on key issues identified in consultation paper one: Learning to be a midwife (practice experience and scope of practice) and Inter-professional learning.

The submission is made on behalf of:

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## 1. Learning to be a midwife-Practice experience

MNM strongly support the continuation of specific minimum practice requirements, as detailed in the accreditation standards. We acknowledge the number of hours to reach competency will vary between individuals, however retaining a basic 'safety net' will help to ensure all students have appropriate opportunity and exposure to clinical experiences to gain the necessary midwifery skills. Furthermore, we are concerned that removing minimum numbers may, in some situations, erode student engagement with their practical requirements. It should be noted however, that even when students have the opportunity to practice in the clinical setting, not all will achieve adequate proficiency during their placements. Therefore, MNM support the use of competency based assessments, in conjunction with minimum practice hours. In Victoria, the *Midwifery Clinical Assessment Tools (MCATs)*, developed by MIDAC, have been used successfully for this purpose.

The specific number of practice requirements should align to international expectations and be based on the best available evidence; this requires input from students, clinicians, academics,

women and other stakeholders. MNM support the current practice requirement related to antenatal/postnatal episodes of care, labour & birth care and neonatal checks.

Based on our experience MNM suggest the following in regard to *Continuity of care*

*Experiences:*

- Current: minimum of 10 women
- Recommended : minimum 6 women

Rationale: The Continuity of Care Experience (CoCE) is a highly valuable component of midwifery education. However, CoCEs require a significant commitment, in terms of availability and time, which can be very challenging for students. The primary benefits of the CoCE flow from the development of an ongoing relationship with each women, through her pregnancy, birth and early postnatal period. As such, we recommend a small reduction in the total number of CoCE so that the emphasis is on the quality of the experience, rather than quantity. By relieving some of the burden associated with the current COCE workload, students will be more available to focus on a meaningful therapeutic relationship with each woman.

## **2. Learning to be a midwife-Scope of practice**

MNM strongly support education of midwives that enables them to work to full scope of practice according to the international definition of a midwife.

We appreciate that some midwives are unable to fulfil their full scope of practice in the current maternity system in Australia. Nevertheless, MNM assert that education providers should continue to align with the international best practice and help to drive the necessary change so all women have access to continuity of care by a known midwife.

Regarding perineal suturing:

ICM's 'Essential Competencies for Basic Midwifery Practice' (2018) state midwives should be able to:

*Inspect vaginal and perineal areas for trauma, and repair as needed, following policies and protocols (section 3b)*

MNM consider it important that students understand that suturing is a core midwifery skill. It is acknowledged that it may be difficult for students to have access to appropriate clinical experiences to become competent, therefore the option of practice and assessment using simulation should be considered.

Regarding prescribing:

MNM considers prescribing and ordering diagnostic tests as advanced practice activities which require additional education post registration.

### **3. Inter-professional learning (IPL)**

MNM support the current requirements for all midwifery students to undertake IPL in order to develop their capacity for collaborative practice. We believe that IPL should engage students in multiple disciplines with particular emphasis on medicine.