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**Midwife Accreditation Standards review:**
**Trans-Tasman Midwifery Education Consortium response to Consultation paper 1**

9 July 2019

The Trans-Tasman Midwifery Education Consortium welcomes the opportunity to contribute to the revised Australian Midwife Accreditation Standards.

We have now grown to include 13 universities and polytechnics offering midwifery education in Australia and New Zealand. Ten Consortium members represent Australian universities. The Australian College of Midwives and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives are also Consortium members.

**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.*
**Response: Strongly Agree**

The Trans-Tasman Midwifery Education Consortium strongly agrees to maintain the requirement for minimum supervised midwifery practice experiences within midwifery programs leading to registration. Students require both quality placement experiences and sufficient practice to be safe and competent midwifery practitioners on program completion. We also support maintaining a 50:50 theory/clinical practice ratio.

Maintaining the minimum number of midwifery practice experiences is deemed necessary to ensure:

- students gain sufficient experience and practice to be workforce ready
- maintenance of university and industry support of appropriate midwifery practice placements in both hours and practice across all midwifery clinical areas
- graduates gain qualifications which are internationally recognised and will increase their ability to register in other countries which require minimum practice experiences.

Whilst 'clinical experience numbers' may appear arbitrary, we need to align with the UK/European requirements to ensure we are preparing global midwives, who are experienced, safe and competent. If there is no evidence to say it doesn't work, then why abandon it?

Any reduction in clinical practice standards risks universities and industry partners reducing allocation of student placements to reduce associated costs.

We recommend that the following midwifery practice experiences minimum number amendments. Continuity of Care Experience return to requiring a minimum of 20 with:

- maintain a minimum of 4 antenatal visits, and requirement to attend greater than 50% attendance at the birth
- increase to a minimum of 3 postnatal visits, one of which must be undertaken in the community between 4-8 weeks post birth (and may include midwifery/GP 6 week visit, child/youth/family health visit

In addition to minimum practice experiences, it is recommended that:

- clinical competency must also be assessed
- education providers be able to provide evidence that students have met minimum practice experience standards if requested
- the standards reflect flexible possibilities for alternate definitions of 'supervised practice'

To ensure that clinical practice arrangements are optimising the clinical education experience. The 'Evaluation of clinical learning environments (MidSTEP)' research project is one of a number of projects designing and evaluating innovative approaches.

Midwifery programs should be transitioning students' clinical practice towards caseload midwifery models rather than fragmented care models/shift work, maximise flexibility through blended learning, and always centre on the needs of women.

**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?*

The Trans-Tasman Midwifery Education Consortium strongly agrees that midwifery pre-registration programs educate students to meet the full scope of midwifery practice and that the Australian education standards must prepare midwives who meet the International Confederation of Midwives, *Essential Competencies for* Midwives. Further, that the scope of midwifery practice should not be limited by the history/perception of midwifery practice in Australia and by employers. Students must be afforded teaching, simulation and clinical practice opportunities to be able to provide comprehensive midwifery care in hospital, birthing centre and home birth environments. Full scope of practice clinical skills should include:

- Midwifery care of the woman with complex needs (including pre-existing and arising medical conditions, obesity, sexual health, and family violence).
- Venepuncture, cannulation
- Perineal care and perineal repair
- Newborn physical assessment
- Breastfeeding support and management of complex breastfeeding issues
- Abortion and post-abortion care
- Contraception and sexual health
- Screening investigations
- Breech and multiple births

The Trans-Tasman Midwifery Education Consortium supports the inclusion of prescribing and investigations/diagnostics into pre-registration programs, however we recognise that this would require additional minimum program time periods (e.g. 4- year BMid), and policy change.
The Trans-Tasman Midwifery Education Consortium recommends that the public health role of the midwife needs to be enhanced as evidenced by the 'Priorities in midwifery education' Delphi study conducted by the TTMEC.

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

The Trans-Tasman Midwifery Education Consortium strongly agrees that midwifery students should be afforded inter-professional learning (IPL) opportunities to 'break down professional silo's, whilst enhancing collaborative and non-hierarchical relationships in effective teams' (Frenk et al 2010, p. 1951).
Education providers should provide an outline of their IPL strategies, based on validated IPL theory/frameworks, and provide evidence of strategies for classroom/online teaching, laboratory/online simulation and within clinical practice.

Inter-professional learning experiences will be gained not only through learning experiences with students from other disciplines, such as medicine, physiotherapy, para-medicine, social work and pharmacology, but also through interactions with and learning with/from health professionals from other disciplines.

Strategies may include:

- IPL within Continuity of Care Experiences, ideally within caseload models of care to enable students to see inter-professional collaboration and referral process across the continuum of woman centred maternity care
- Simulated practice – clinical and professional skills
- Use of evolving technologies and virtual environments, e.g. First Life
- Student's inclusion in industry partner IPL opportunities. e.g. PROMPT

**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?*

The Trans-Tasman Midwifery Education Consortium proposes that the following additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in the consultation paper.

*Midwifery Program lead*
Midwifery Program lead needs to be addressed in the standards to ensure stronger and more visible leadership within midwifery education. The Midwifery Discipline Head should require minimum of Associate Professor, and PhD qualification. Contemporary practice requirement needs to be needs to be defined, and at minimum requires the Head of Midwifery to be actively researching. National discussion is required about whether leads and academics teaching into the program should also be clinically active.

*First Peoples*
Affirmative action for First Peoples must continue to be strengthened to ensure adequate cultural safety preparation for students and graduates and to grow the First Peoples midwifery workforce. Universities should provide appropriate professional development and support to ensure academic cultural safety/competence.

*Additional placement settings*
Community based placements must be part of the midwifery student experience, whether through COCE or some other structured clinical placement.

*Other comments*
Education providers must provide evidence of:

- appropriate and ongoing stakeholder engagement
- inclusion of and measurement of critical thinking
- recruitment of high quality, experienced and qualified academic staff and clinical learning support arrangements.

Yours sincerely,

Andrea Gilkison,

Chair Trans-Tasman Midwifery Education Consortium

**On behalf the Trans-Tasman Midwifery Education Consortium members:**

**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, Monash University, Charles Darwin University, Western Sydney University, University of Newcastle, Southern Cross University**