Australian Nursing & Midwifery Accreditation Council

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Review of the Re-entry to the Register Midwife Accreditation Standards

Second Consultation Paper

For Stakeholders
August 2015

Contents

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Introduction

In 2010 the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the independent accrediting authority for nursing and midwifery programs of study and has responsibility for developing and maintaining the integrity of accreditation standards for professions under its mandate. Consequently, all ANMAC accreditation standards undergo cyclical review so that they remain current and effective. 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.

Under Section 49(1) of the Health Practitioner Regulation National Law, as in force in each state and territory (National Law), graduates of programs of study may not be eligible for registration or endorsement unless the program of study undertaken is accredited by an approved accreditation authority and that such accreditation is approved by the NMBA as meeting the education requirements for registration.[1] The *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives*[2], NMBA approved in 2010, are currently used to assess and accredit re-entry to the register midwifery programs[3]. These standards are now due to be revised and updated.

The previous work in developing the current standards is recognised and valued. This review seeks to refine and improve these standards through a process of constructive and respectful engagement with stakeholders so that the standards continue to meet the following objective of the National Law[4]:

> …to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

Aim of the review

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

[1] AHPRA, *Health Practitioner Regulation Law ACT*, 2009, as in force in each state and territory. Viewed at www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 5 February 2015.

[2] Australian Nursing and Midwifery Council, 2010, Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

[3] A re-entry to the register program is a program of study accredited by Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the National Board that prepares nurses and midwives for re-entry to the register after a lapse in practice and removal from the register for a period that exceeds the requirement in the NMBA Recency of Practice Registration Standard. NMBA, Principles for the assessment of nursing and midwifery applicants for re-entry to practice, February 2014, p. 4. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/reentry-to-practice.aspx on 5 March 2015.

[4] AHPRA, *Health Practitioner Regulation Law Act*, 2009, as in force in each state and territory. Viewed at www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 5 February 2015.

- contemporary and aligned with emerging research, policy and relevant industry guidance
- able to ensure midwives re-entering the register are suitably educated and qualified to practise in a competent and ethical manner
- 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, quality care.

Review process

ANMAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards; this law states that:

> In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.[5]

The ANMAC review process[6] ensures stakeholder feedback, expert opinion, any relevant National or International benchmarks, as well as the best available evidence is used in the development of standards content. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

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

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation as part of a preliminary assessment on the revised standards' regulatory impact.

A robust standards review process is essential if ANMAC is to assure the NMBA and the community that a graduate of an accredited re-entry to the register midwifery program can practice in a safe and competent manner.

Purpose of the second consultation paper

The second consultation paper identifies how the National Law underpins the review's aims. It describes the process for continuing consultation, including opportunities for feedback and contextual information to promote stakeholder understanding of key issues and engagement with the review process. This paper also presents the second draft of the revised standards (Appendix A), developed through the synthesis of stakeholder feedback from the first stage of consultation with EAG guidance.

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[5] AHPRA, *Health Practitioner Regulation Law ACT*, 2009, as in force in each state and territory. Viewed at www.ahpra.gov.au/Legislation-and-publications/Legislation.aspx on 5 February 2015.

[6] ANMAC Protocol for the Development and Review of Nursing and Midwifery Accreditation Standards, 2012. Viewed at: www.anmac.org.au/document/protocol-review-nursing-and-midwifery-accreditation-standards on 5 February 2015.

To achieve the aim of the review, it is important that organisations and individuals with an interest in the education of midwives are invited to provide critical input. This paper has therefore been distributed to organisations and individuals with an interest in the practice of midwifery, midwifery education and/or midwifery accreditation standards and who may wish to contribute to the review in writing or participate in the final consultation forum. Appendix B provides a wide-ranging list of stakeholders identified by the EAG for participation in the consultation process.

Literature search

A targeted literature search for relevant literature pertaining to the review of the standards for re-entry to the register midwifery education programs was undertaken to inform the first and second consultation papers. The CINAHL and Medline databases were searched using combinations of the following terms: “midwi* education”; “midwi* retraining, refresher, re-registration”; “midw* accreditation, education, standards, criteria, guidelines, regulation”; competenc*; “midwi* re-entry, return to practice, return to workforce”; “expanding nursing/midwifery workforce”; “curricul*/program/course midwi*, re-entry, re-registration, retraining”; “refresher, re-entry, re-registration preparation"; “experience; practice requirements; clinical hours; theory; teaching; learning”.

Searches were limited to papers published from 2000 onward and in English only. Results show a body of explorative or descriptive work that relates to the nursing profession and only a small number of articles that specifically address midwives returning to practice.

A search was also conducted for relevant policy, standard or discussion documents on Australian Government websites and on National and international Midwifery Regulatory Authority websites.

Further documents were garnered through professional networks and from bibliographies of relevant articles.

Consultation process

The ANMAC Board convened an Expert Advisory Group (EAG) to guide the review process. The EAG also reports and offers advice to ANMAC’s Standards Assessment and Accreditation Committee on any arising issues. The selected EAG, as listed below, provides expertise in: consumer advocacy, clinical practice, continuing and higher education, health service delivery and management, regulation and accreditation, industrial matters and Aboriginal and Torres Strait Islander cultures:

- Chair - Ms Francine Douce, Maternity Services Inter Jurisdictional Committee nominee
- Ms Sarah Stewart, Australian College of Midwives (ACM) nominee
- Ms Janice Butt, ACM - Midwifery Education Advisory Committee nominee
- Ms Patricia Lowe, Australian College of Nursing nominee
- Ms Jan White, Australian and New Zealand Council of Chief Nurses and Midwives nominee
- Ms Julie Reeves, Australian Nursing and Midwifery Federation nominee

- Ms Karel Williams, Palawa woman, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives nominee
- Professor Sue McDonald, Council of Deans of Nursing and Midwifery nominee
- Ms Melissa Fox, Maternity Choices of Australia nominee
- Ms Petrina Halloran, Nursing and Midwifery Board of Australia, Australian Health Practitioner Regulation Agency nominee
- Ms Maree Reynolds, Women's Healthcare Australasia nominee
- Dr Jan Taylor, ANMAC - Chair of the Midwife Accreditation Committee
- Dr Margaret Gatling, ANMAC, Associate Director of Professional Programs
- Ms Jane Douglas, ANMAC, Associate Director of Professional Programs

During the review, the EAG oversee project planning, document development, stakeholder engagement and feedback synthesis.

How stakeholders can participate.

Stage 2 of consultation of this review commences on 14 August – stakeholders can provide feedback by:

Survey responses or submissions are requested by COB on 28 September 2015

1. Completing the online survey:

- Accessible via www.surveymonkey.com/r/ReEntry_Midwifery_Survey_2
  - Questions in the consultation paper are reproduced in this online survey.
  - NB: Please identify whether the submitted response is on behalf of an individual or an organisation.

2. Emailing a written response to standardsreview@ANMAC.org.au.

3. Attending the final consultation forum:

- Please register your attendance by emailing standardsreview@ANMAC.org.au
  - Now to be held in Brisbane on Tuesday, 29 September 2015.

The ANMAC website will be updated to reflect each stage in the standards review. Revised Re-entry to the Register Midwife Accreditation Standards are expected to be released in 2016 subject to NMBA approval.

Background

The Australian midwifery landscape

In the review of these accreditation standards consideration needs to be given to health, education and social factors that influence midwifery practice. It is important for midwives returning to the workforce to be aware of the maturation of midwifery as a discrete profession and the changing landscape within which midwifery is practised characterised by:

- Increasing maternal age:[7]
  - In 2013 the median age of all mothers for births registered was 30.8 years compared to 29.5 years in 2003.
  - In 2012 14% of first time mothers were aged 35 years or older compared with 12% in 2003.
- Increasing numbers of registered births:[8]
  - Since 2009 over 300, 000 births per year have been registered in Australia, with the highest ever recorded being 309 600 births in 2012; a total increase of 21.5% since 2003.
- Increasing rate of caesarean section:[9]
  - Rates of caesarean section have risen from 18% in 1991 to 32% in 2011. At the same time, vaginal births without intervention fell from 70% to 56%.
  - The rate of caesarean section was 41% among mothers aged 35–39 and 49% for mothers aged 40.
- Increasing rates of maternal obesity and associated conditions in pregnancy.[10]
- Increasing demand and access to midwifery managed models of care for normal risk women.[11]
- Increasing high level evidence that concludes most women should be offered midwife-led care as it is associated with less intervention, including less pre-term birth, epidurals, episiotomies and instrumental births; although caution is recommended for women with substantial medical or obstetric risks. [12] Other high quality research reports that in women of any risk, caseload maternity care is safe and cost effective.[13]
- Decreasing availability of maternity services in rural and remote areas.[14]

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[7] Hilder L, Zhichao Z, Parker M, Jahan S, Chambers G, 2014. Australia's mothers and babies 2012. *Perinatal statistics series no. 30.* Cat. no. PER 69. Canberra: AIHW. Viewed at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550054 on 5 February 2015.

[8] Australian Bureau of Statistics, 2012. *Year Book Australia.* Viewed at: www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3301.0Main%20Features32013?opendocument&tabname=Summary&prodno=3301.0&issue=2013&num=&view= on 5 February 2015.

[9] Australian Institute of Health and Welfare, 2014. Australia's health series no. 14. Cat. No. AUS 178. Canberra. Viewed at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547757 on 5 February 2015.

[10] McIntyre H, Gibbons K, Flenady V and Callaway L, 2012. Overweight and obesity in Australian mothers: epidemic or endemic? *Medical Journal of Australia*, 196(3), pp. 184-188.

[11] Standing Council on Health, 2012. National Maternity Services Plan - Implementation plan for the middle years 2012-2013. Viewed at: www.health.gov.au/internet/main/publishing.nsf/Content/F420E32902A516B5CA257BF0001ACCA5/$File/120416%20middle%20year%20plan-%20FINAL%20PDF.pdf on 5 February 2015

[12] Sandall J, Soltani H, Gates S, Shennan A and Devane D, 2013. 'Midwife-led continuity models versus other models of care for childbearing women', *Cochrane Database of Systematic Reviews*. Issue 8. art. no.: CD004667. DOI: 10.1002/14651858.CD004667.pub3. Viewed at: www.summaries.cochrane.org/CD004667/midwife-led-continuity-models-versus-other-models-of-care-for-childbearing-women#sthash.7tvFzQ2O.dpuf on 25 November 2013.

[13] Tracy S, Hatrz D, Tracy M, Allen J, Forti A, Hall B, White J, Lainchbury A, Stapleton H, Beckmann M, Bisits A, Homer C, Fourer M, Welsh A, and Kildea S. 2013, Caseload midwifery care versus standard maternity care for women of any risk: M@NGO, a randomised controlled trial. *The Lancet*, 382 (9906), 1723-1732.

[14] National Rural Health Alliance Incorporated, 2012. Fact Sheet 25, Rural Maternity Services: Investing in the future. Viewed at: http://ruralhealth.org.au/sites/default/files/publications/fact-sheet-25-maternity-services.pdf on 5 February 2015.

- Increasing co-ordination by Australian Governments in Closing the Gap between Aboriginal and Torres Strait Islander peoples and other Australians, with a target to halve the gap in mortality rates for Indigenous children under the age of five by 2018[15]
- Ageing of the midwifery workforce:[16]
  - In 2013, the average age of employed midwives was 48.1 years and 52.4% were aged 50 and over.
- Decreasing numbers of registered midwives:[17]
  - A fall from 52,273 in 2009 to 33,969 in 2013 – representing a decline of 35%
  - This may be related to dual registered nurse/midwives not actively working in midwifery and so unable to meet a recency of practice standard.

Currently there is some uncertainty regarding the data that predicts future needs of the midwifery workforce. This is in part due to the complexity of identifying midwives from registration, employment and higher education (dual degree pathway) data.[18] The current trends in the midwifery landscape, as described above, suggest a future demand for pathways that support re-entry to the register as a midwife.

The revised accreditations standards will support preparation of students so that they are able, on re-entry to the register, to work as competent, safe practitioners in the current maternity care environment. This is an environment that continues to be shaped by the 2010 *National Maternity Service Plan,* which, in its final years of implementation, is working toward the following vision for Australian maternity services:[19]

> Maternity care will be woman-centred, reflecting the needs of each woman within a safe and sustainable quality system. All Australian women will have access to high-quality, evidence-based, culturally competent maternity care in a range of settings close to where they live. Provision of such maternity care will contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Appropriately trained and qualified maternity health professionals will be available to provide continuous maternity care to all women.

[15] Australian Government, 2013. Closing the Gap, Prime Minister's Report. Viewed at: https://www.dss.gov.au/sites/default/files/documents/02_2013/00313-ctg-report_fa1.pdf on 5 march 2015.

[16] Australian Institute of Health and Welfare, 2013. Nursing and Midwifery Workforce – focus on midwives. Viewed at: www.aihw.gov.au/workforce/nursing-and-midwifery/midwives/ 5 February 2015.

[17] Australian Institute of Health and Welfare, 2014. How many nurses and midwives are there? Viewed at: www.aihw.gov.au/workforce/nursing-and-midwifery/how-many/ on 5 February 2015

[18] Australian Government, 2013. Final Report of the Review of Australian Government Health Workforce Programs - the Mason Review. Viewed at: www.health.gov.au/internet/main/publishing.nsf/Content/D26858F4B68834EACA257BF0001A8DDC/$File/Review%20of%20Health%20Workforce%20programs.pdf on 5 February 2015

[19] Australian Health Ministers Conference, *National Maternity Service Plan*. 2010

Design of re-entry to the register accreditation standards

In Australia, the NMBA Recency of Practice Registration Standard[20] and supporting documents[21] [22] set the requirements for nurses and midwives who no longer meet this registration standard and are seeking to return to practice.

Under the NMBA Recency of Practice Registration Standard, midwives are required to have a minimum of 450 hours of practice within the preceding five years to maintain registration in their profession. Midwives who do not meet this requirement or have lapsed their registration will be individually assessed by the NMBA and may be required to successfully complete an approved re-entry to the register midwifery program[23] of study.

The recent publication of the ANMAC Re-entry to the Register Registered Nurse Accreditation Standards[24] has assisted ANMAC in establishing a number of guiding principles to underpin nursing and midwifery re-entry to the register accreditation standards – these include:

- Governance, performance and quality assurance of program providers needs to be subject to standards set by National education regulators e.g. Tertiary Education Quality Standards Agency[25] (TEQSA), Australian Skills Quality Authority[26] (ASQA).
- Accreditation standards for re-entry to the register programs need to align, as much as possible, with the relevant NMBA approved entry to practice program accreditation standards as these, at a minimum, articulate the minimum graduate outcomes required for NMBA registration.
- The Australian Qualification Framework[27] (AQF) level requirements for the re-entry to the register program should be consistent with the level specified in the profession's NMBA approved entry to practice accreditation standards.
- Student attributes on entry to a program need to be taken into consideration when reviewing accreditation standards, particularly in relation to program design, structure and content and in the management of professional practice experience.
- The clinical and theoretical components of a Re-entry to the Register Program need to support attainment of the profession's standards for practice so that when successfully

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[20] Nursing and Midwifery Board of Australia, Recency of practice registration standards. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 5 February 2015.

[21] Nursing and Midwifery Board of Australia, 2013, Principles for the assessment of nursing and midwifery applicants for entry to practice. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#guidelinesforregistrationstandards on 5 February 2015.

[22] Nursing and Midwifery Board of Australia, 2012, NMBA Re-entry to practice policy. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx on 5 February 2015.

[23] Re-fresher midwifery programs are different to re-entry to the register midwifery programs in that they are designed for registered midwives undertaking continuing professional development so that they maintain compliance with the Recency of practice registration standard.

[24] Australian Nursing and Midwifery Accreditation Council, Re-entry to the Register Registered Nurse Accreditation Standards 2014. Viewed at: www.anmac.org.au/sites/default/files/documents/Re-entry_Registered_Nurse_Accreditation_Standards_2014.pdf on 5 February 2015

[25] Australian Government, Higher education standards framework. Viewed at: www.teqsa.gov.au/higher-education-standards-framework on 5 February 2015.

[26] Australian Government, Australian Skills Quality Authority. Standards for VET accredited courses. Viewed at: www.asqa.gov.au/course-accreditation/standards-for-vet-accredited-courses.html on 5 February 2015.

[27] Australian Qualification Framework 2nd Edition, 2013, Level 7 Bachelor Degree. Viewed at www.aqf.edu.au/aqf/in-detail/aqf-levels/ on 5 February 2015.

completed, graduates are eligible to apply for registration and be awarded a statement of completion and/or attainment.

- Education providers delivering re-entry to the register programs need to be experienced in assessing students against the profession's standards for practice.

Key areas for consideration

In acknowledgement of the above principles each draft of the revised Re-entry to the Register Midwife Accreditation Standards has been closely aligned to the NMBA approved Midwife Accreditation Standards.[28]

Feedback from stakeholders participating in stage one of consultation (Appendix C) has assisted the EAG to understand the implications of proposed revisions to the accreditation standards and how criterion wording or content can be improved. Moreover, stakeholder feedback has also highlighted where further stakeholder consultation is required to guide development of the next draft of the Re-entry to the Register Midwife Accreditation Standards. In particular, feedback is sought in relation to the following proposed criteria:

- Criterion 1.1 and 1.8 – further guidance on governance arrangements
- Criterion 3.6 – specification of program length
- Criterion 4.4 – modification to program content
- Criterion 8.11 – modification to minimum practice requirements
- All standards – for clarity, accuracy and completeness.

Standard 1 Governance

Program provider characteristics

In the first version of the revised Re-entry to the Register Midwife Accreditation Standards it was proposed that all institutions offering such programs be subject to TEQSA standards – either directly or through partnership arrangements – for performance, quality assurance and governance. This was to ensure nationally consistent, quality education and outcomes for students undertaking re-entry to the register programs

To achieve this, the revised accreditation standards would require all program providers to be an accredited higher education provider or be a registered training organisation (RTO) who has formal evidence of a relationship with such a provider.

The overall stakeholder response to this proposal:

Criterion 1.1a was supported by 93% of individual respondents and all 15 of the organisations that responded to this question.

Criterion 1.1b was supported by 67% of individual respondents and all 15 of the organisations that responded to this question.

Criterion 1.1c was supported by 75% of individual respondents and thirteen out of the fifteen organisations that responded to this question.

[28] Australian Nursing and Midwifery Accreditation Council, 2014. Midwife Accreditation Standards. Viewed at: www.anmac.org.au/sites/default/files/documents/Re-entry_Registered_Nurse_Accreditation_Standards_2014.pdf on 5 February 2015

Stakeholders' comments formed the following themes:

- Concerns with VET sector program delivery in terms of capacity to provide a scholarly and research-based learning environment for return to practice midwives.
- Maintaining consistent governance arrangements between re-entry to practice and entry to practice Midwife Accreditation Standards.
- Continuing a flexible approach to program providers and program delivery so that program viability and sustainability is promoted.

Further, some of the stakeholders supporting the inclusion of this criterion recommended education providers be asked to provide details of the formal agreement so that the quality of the governance arrangement can be more accurately assessed by accrediting authorities.

This criterion is retained in version 2 of the draft standards due to:

- the overall stakeholder support for the revised governance arrangements
- program quality being safeguarded by requiring education providers to demonstrate:
  - current accreditation with the relevant education sector
  - a formal agreement with a TESQSA accredited higher education provider who offers an entry to practice midwifery program
- in-principle alignment with other NMBA approved re-entry to the register accreditation standards.

As a further quality safeguard, it is proposed this criterion also include a footnote requiring education providers to detail the roles and responsibilities of each agency in the formal agreement.

Stakeholders can respond to this proposal by answering the following question from the online survey. (Note: In the survey questions 1 & 2 are demographic.)

Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

Proposed footnote addition to criterion 1.1 to ensure program providers demonstrate the quality of governance arrangements with other education providers (Proposed criterion 1.1)

The program provider demonstrates:

Current registration with:

a. TEQSA as an Australian university or other higher education provider [7] offering an entry to practice midwifery program[8], or

b. TEQSA as an Australian university or other higher education provider not offering an entry to practice midwife program that has a formal agreement* in place with an Australian university or other higher education provider with current TEQSA registration and offering an entry to practice midwifery program, or

c. Australian Skills Quality Authority as an Australian registered training organisation that has a formal governance arrangement* in place with an Australian university or other higher

education provider, which has current registration with TEQSA and offers an entry to practice midwifery program.

*A formal contractual agreement that details the roles and responsibilities of each of the education providers in the program's governance, design, delivery, resourcing and quality and risk management, as well as in student support, student assessment and management of midwifery practice experience.

Question 3. Do you support the inclusion of the proposed footnote addition in criterion 1.1?

a) Yes b) No

If you answered 'no', please identify your reason(s) and state how you would amend the content of the footnote.

Credit and recognition of prior learning

A number of stakeholders requested the revised Re-entry to the Register Midwife Accreditation Standards provide greater clarity regarding students' eligibility for credit or recognition of prior learning (RPL).

Completing a re-entry to the register program of study is a requirement that is determined by the NMBA.[29] [30] This pathway to the register is reserved for applicants who are assessed as being unsuitable for a period of supervised practice alone and, therefore, need upskilling in both midwifery knowledge and skills.[31]

Successful completion of a re-entry program restores the practitioner's compliance with the NMBA's Recency of Practice Registration Standard and makes them eligible to apply for re-entry to the discipline's practice register. Consequently and in alignment with other NMBA approved re-entry to the register accreditation standards, students are not eligible for credit or RPL when commencing a re-entry to the register midwifery program of study.

This position is reiterated in the second draft of the Re-entry to the Register Midwife Accreditation Standards, with the criterion being reworded to increase conceptual clarity.

Stakeholders can respond to this proposal by answering the following question from the online survey.

Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

Proposed rewording of criterion 1.8 to clarify credit and recognition of prior learning are not available to students undertaking a re-entry to the register midwifery program of study.

The education provider must provide evidence of:

Strategies to inform students seeking to enter a re-entry to the register midwifery program that they are not eligible to apply for credit or recognition of prior learning.

[29] Refer to Section 3 Articulation, recognition of prior learning and credit arrangement meet the appropriate criteria, criteria 3.4 in the TEQSA, 2011. Higher Education (Threshold Standards) 2011 Legislative Instrument. Viewed at: www.teqsa.gov.au/higher-education-standards-framework on 3 July 2015.

[30] Nursing and Midwifery Board of Australia, 2012, NMBA Re-entry to practice policy. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx on 3 July 2015.

[31] Ibid

Question 4. Does the proposed rewording of this criterion clarify the position that students seeking to enter a re-entry to the register midwifery program of study are not eligible for credit, advanced standing or recognition of prior learning?

Criterion 1.8 a) Yes b) No

If you answered 'no', please identify your reason(s) and state how you would amend the content of the specific criterion.

Standard 3 Program development and structure

The design and structure of a re-entry to the register midwifery program is significantly affected by the clinical and academic attributes of the students undertaking the program. Re-entry to the register students already have foundational midwifery knowledge and skills on program entry. This enables curricula for the re-entry to the register midwifery program to concentrate both midwifery content and midwifery practice experiences. The appropriate length for a re-entry midwifery program was a key point of stakeholder discussion. Feedback indicates guidance on the length of the re-entry to the register midwifery program in the revised accreditation standards would be supported by stakeholders.

Analysis of stakeholder feedback, available evidence and international benchmarks provided no insight as to the optimal length of a re-entry midwifery program. Stakeholders recommended the program length be sufficient to enable completion of the required minimum of midwifery practice experience and support students' demonstration of competence and confidence in practice. Specifying the program's length was considered by some stakeholders to be important for the purposes of contracting clinical placements, securing indemnity insurance and assessing the viability of program delivery.

There was some concern that a program length of less than 3 months would not provide sufficient time to complete the required minimum practice experiences. One organisation noted that in the entry to practice Midwife Accreditation Standards the minimum length of a postgraduate midwifery program for registered nurses was 12 months (Criterion 3.7). They suggested that as re-entry students were expected to complete 25% of the midwifery practice experiences required in these programs, a re-entry program should also reflect 25% of the time taken to complete a postgraduate program.

A challenge test

Offering students a challenge test is considered problematic in the context of midwifery education. This is because the clinical component of a midwifery program is not based on a minimum number of clinical hours, as is the case for registered nurse programs, but rather on completing a minimum number of midwifery practice experiences. A challenge test to reduce time spent in the maternity care setting would, therefore, potentially diminish student exposure to experiences that prepare them for the contemporary midwife's full scope of practice, including experience in continuity of care. It is for this reason that the option to exit early from the re-entry to the register midwifery program is excluded from the Re-entry to the Register Midwife Accreditation Standards.

In view of stakeholder feedback the following criterion is proposed to provide guidance on the minimum length of a re-entry to the register midwifery program of study.

Stakeholders can respond to this proposal by answering the following question from the online survey.

Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.
Proposed criterion that offers guidance on program duration. (Proposed criterion 3.6)

The program provider demonstrates:

That the minimum length of the re-entry to the register midwifery program is 3 months full time.

Question 5. Do you support the inclusion of proposed criterion 3.6 in the Re-entry to the Register Midwife Accreditation Standards?

Criterion 3.6 a) Yes b) No

If you answered 'no', please identify your reason(s) and state how you would amend the content of the specific criterion.

Standard 4 Program content

In the first consultation paper it was noted that Standard 4 Program Content in the first draft of the revised Re-entry to the Register Midwife Accreditation Standards ensured program content addressed:

- Women-centred care (Criterion 4.2)
- Women's informed choice (Criterion 4.5)
- Midwifery continuity of care and primary health care principles (Criterion 4.2)
- Cultural safety (Criterion 4.6)
- Aboriginal and Torres Strait Islander people's histories, health, wellness and cultures (Criterion 4.7)

It was also acknowledged that re-entry to practice students have different attributes and learning needs to students who were entering the profession for the first time. This difference was considered when framing Criterion 4.4 in the first draft of the Re-entry to the Register Midwife Accreditation Standards.

Contemporary research and benchmarking of relevant international regulatory publications showed little consensus as to what specific program content optimised graduate outcomes in re-entry to the register midwifery programs.

Stakeholders were asked to consider proposed content specified in Criterion 4.4, which *adapted* content shared across international regulatory publications and the entry to practice Midwife Accreditation Standards.

The overall stakeholder response to this proposal:

Criterion 4.4 was supported by all individuals and all responding organisations (15). One organisation did, however, suggest removal of 'health informatics and technology'. Other stakeholders advised wording modifications or content additions.

In summary stakeholders provided the following feedback:

- Align more closely with the entry to practice midwifery program content by adding:
  - critical thinking or evaluation
  - professional issues
  - professional advocacy
- Ensure graduates are optimally prepared for return to practice by:
  - emphasising the need for *contemporary* midwifery practice
  - adding complex care
  - broadening the focus of 'emergency care' by removing references to specific types of emergencies
  - adding content that supports recognising and responding to deterioration in the woman and/or her baby.

The EAG critically assessed this feedback with the aim of resolving any omissions, duplications and/or gaps in content for re-entry to the register midwifery program curricula. The EAG also acknowledged that the NMBA has published a suite of documents that offer professional guidance to nurses and midwives. In light of these considerations further revisions were proposed to Criterion 4.4 in the second draft of the Re-entry to the Register Midwife Accreditation Standards.

Stakeholders can respond to proposed modifications in Criterion 4.4 by answering the following question in the online survey.

Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

Proposed rewording (in blue text) of criterion 4.4 to more comprehensively guide content inclusion in re-entry to the register midwifery programs.

The program provider demonstrates:

4.4 Program content includes but is not limited to supporting further development and application of knowledge and skills in:

a. Critical thinking and reflective practice
b. Research appreciation and translation
c. Legislative, regulatory*, and ethical requirements for contemporary practice
d. Assessment, planning, implementation and evaluation of midwifery care
e. Complex and emergency care, including recognising and responding to deterioration in the woman and/or baby

f. Pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwifery scope of practice and context

g. Health informatics and health technology.

*Footnote: refer to professional guidance provided in NMBA policies, guidelines and codes. Available at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx

Question 6. Do you support the proposed modifications to Criterion 4.4 in the Re-entry to the Register Midwife Accreditation Standards?

Criterion 4.4a	a) Yes	b) No
Criterion 4.4c	a) Yes	b) No
Footnote 4.4c	a) Yes	b) No
Criterion 4.4e	a) Yes	b) No

If you answered 'no', please identify your reason(s) and state how you would amend the content of the specific criterion.

Standard 8 Management of midwifery practice experience

The current Australian Nursing and Midwifery Council, 2010, Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards – Midwives[32] require midwifery practice experiences to be consistent with the requirements in the 2009 ANMC accreditation standards for entry to practice midwifery programs[33]. Additionally, the ANMC recommended:[34]

> 25% of the requirements mandated in the ANMC (2009) [entry to practice] Standards and Criteria should be used by education providers as a guide to developing specifications for a re-entry to practice course.

The 2014 ANMAC Midwife Accreditation Standards[35] continue to specify numbers and types of minimum midwifery practice experiences required in entry to practice midwifery programs. To maintain alignment with the entry to practice Midwife Accreditation Standards and to incorporate the benchmark set by the current re-entry accreditation standards, the first consultation paper proposed that criterion 8.11 continue to specify re-entry students complete

[32] Australian Nursing and Midwifery Council, 2010. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

[33] Australian Nursing and Midwifery Council, 2009. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide – Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[34] Australian Nursing and Midwifery Council, 2010. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

[35] Australian Nursing and Midwifery Accreditation Council, 2014. Midwife Accreditation Standards. Viewed at: www.anmac.org.au/sites/default/files/documents/Re-entry_Registered_Nurse_Accreditation_Standards_2014.pdf on 5 February 2015

25% of the minimum midwifery practices experiences mandated in the entry to practice Midwife Accreditation Standards.

The overall stakeholder response to this proposal:

Criterion 8.11 a, b, c, d, e and f inclusion was supported by 86% of individual respondents.

Criterion 8.11j inclusion was supported by 93% of individual respondents.

Ten of the fourteen organisations that responded to this question supported inclusion of criterion 8.11. Other organisations identified areas of concern:

- One jurisdictional health department did not support the antenatal and postnatal care specifications and stated arbitrary numbering may unduly increase clinical time.
- Another jurisdictional health department only supported the CoCE and neonatal care specifications and expressed concern with achieving the number of other experiences.
- Another jurisdictional health department did not support the labour and birth care specifications and recommended an increase in numbers to better support return to practice.
- One National organisation stated 'there is no objection to these criterion' but did not support their inclusion due to contextual barriers in accessing supervised practice.

Themes in stakeholder feedback included:

- Requests for minor wording or number adjustments:
  - In CoCE: increase experiences to a total of 3, reduce antenatal visits to a minimum of 2, re-consider the need to attend the birth
  - In birth and labour care: increase primary *accoucheur* experiences to 10, re-consider the ratio between the numbers of birth and labour care experiences
  - In complex care: re-consider the balance between complex and physiological care experiences, ensure experiences are spread across the childbirth continuum.
- Requests for guidance regarding the length of time required to complete the specified minimum practice requirements (see Standard 3 above)
- Sharing of perspectives on numbering of minimum requirements.
- Reporting of issues relating to the clinical practice context.

The EAG reviewed all stakeholder feedback in conjunction with criteria that related to assessment of student competence or minimum numbers of midwifery practice experiences. Following this review the EAG concluded:

- Criteria 3.9, 5.4, 5.5 and 5.13 satisfactorily addressed the assessment of student competence (listed in Appendix A).
- Specifying the minimum number of midwifery practice experiences is required to ensure alignment with the entry to practice Midwife Accreditation Standards.
- Criterion 8.11a – on balance the CoCE specifications in the first draft of the accreditation standards support both the quality of CoCE and a viable program length.

- Criterion 8.11e – currently does not ensure students gain experience in caring for women with complex needs across a variety of points in the childbirth continuum.
- Criterion 8.11c –further stakeholder consultation is required to determine an appropriate ratio of labour and birth care experiences.

Stakeholders can respond to changes in criteria 8.11c and 8.11e by answering the following questions in the online survey.

Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

Proposed modifications to criteria 8.11c and 8.11e to ensure the learning needs of students undertaking a re-entry to the register midwifery program of study are appropriately reflected in the minimum midwifery practice experience requirements.

The program provider demonstrates:

Criterion 8.11 The inclusion of midwifery practice experience in the program, so students can complete the following minimum supervised midwifery practice experience requirements.

'Labour and birth care'

c. Under the supervision of a midwife, act as the primary *accoucheur* for **7** women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences.

d. Provide direct and active care to an additional **2** women throughout the first stage of labour and, where possible, during birth – regardless of mode.

'Complex care'

e. Experience in caring for 10 women with complex needs, ensuring student experiences are varied across pregnancy, labour, birth and the postnatal periods. This may include women the student has engaged with as part of their continuity of care experiences.

NB: All other criteria remain unchanged and footnotes to these criteria will continue to permit minimum practice requirements being counted more than once.

Question 7. Do the specified minimum numbers in criterion 8.11c and 8.11d represent an appropriate ratio (7:2) of birth and labour care experiences for students undertaking a re-entry to the register midwifery program?

a) Yes b) No

If you answered 'no', please identify your reason(s) and state how you would amend the numbers/ratio in these specific criterion.

Question 8. Do you support the proposed modification to Criterion 8.11e in the Re-entry to the Register Midwife Accreditation Standards?

a) Yes b) No

If you answered 'no', please identify your reason(s) and state how you would amend the content of this specific criterion.

Complete standards

Stakeholders provided valuable feedback when reviewing the standards as a whole. Version 2 of the draft Re-entry to the Register Midwife Accreditation Standards is distinguished by

feedback initiated changes, which appear in blue text throughout the second draft of the revised accreditation standards (Appendix A).

Changes include:

- Standards 1, criteria 1.1 and 1.8
- Standard 3, criteria 3.6, 3.8 and 3.9
- Standard 4, criteria 4.4 and 4.6
- Standard 6, criteria 6.1
- Standard 8, criteria 8.11
- Glossary terms – *Accoucheur*, Competence (reference), Cultural Safety, Graduates, Interprofessional Learning, Midwifery practice experience placement, Statement of Attainment/Completion and Supervision and Support.

Stakeholders are again asked to consider whether revisions to the accreditation standards have introduced any issues, omissions, gaps, duplications or errors.

Stakeholders can respond by answering the following question in the online survey.

Question 9. Please review all standards and criterion in the second draft of the Re-entry to the Register Midwife Accreditation Standards and provide feedback in relation to identified issues, gaps, omissions, duplications or errors.

Standard 1:

Standard 2:

Standard 3:

Standard 4:

Standard 5:

Standard 6:

Standard 7:

Standard 8:

Standard 9:

Glossary and terms:

Conclusion

ANMAC as the independent accrediting authority for nursing and midwifery programs of study is responsible for maintaining and developing the integrity of accreditation standards for professional programs. The review of the Re-entry to the Register Midwife Accreditation

Standards is now in the second stage of consultation. The outcome of this review process, which includes wide ranging consultation, will be revised Re-entry to the Register Midwife Accreditation Standards that protect the public and are acceptable to the community, the midwifery profession, related jurisdictions, employers and relevant education providers. A further outcome will be revised accreditation standards that are nationally consistent, contemporary, comprehensive and clearly articulated.

The ANMAC Board will oversee and consider the outcomes of the review. The Expert Advisory Group will guide the review and inform and offer advice to ANMAC's Standards Accreditation and Assessment Committee.

Revised Re-entry to the Register Midwife Accreditation Standards are expected to be released in 2016 subject to NMBA approval.

Consultation paper glossary and abbreviations

AHPRA is the Australian Health Practitioner Regulation Agency and is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA supports the National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme. AHPRA manages the registration and renewal processes for health practitioners and students around Australia.

ANMAC is the Australian Nursing and Midwifery Accreditation Council and is the independent accrediting authority for Nursing and Midwifery under the National Registration and Accreditation Scheme. ANMAC sets standards for accreditation and accredits nursing and midwifery programs leading to registration and endorsement, and for the providers of those programs.

AQF is the Australian Qualifications Framework and is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

ASQA is the Australian Skills Quality Authority and is the national regulator for Australia's vocational education and training sector that regulates courses and training providers to ensure nationally approved quality standards are met.

BLOCK CREDIT refers to the recognition of previously completed formal training and/or qualifications, such that credit is given for whole stages or components of a program.

CREDIT is the value assigned for the recognition of equivalence in content and learning outcomes between different types of leaning and/or qualifications. Credit reduces the amount of learning required to achieve a qualification and may be through credit transfer, articulation, recognition of prior learning or advanced standing.[36]

EDUCATION PROVIDER is a university or other higher education institution, or a recognised training organisation (RTO) that is responsible for a program the graduates of which are eligible to apply for nursing or midwifery registration or endorsement.

HEALTH PRACTITIONER REGULATION NATIONAL LAW ACT 2009, OR THE NATIONAL LAW, the National Law is contained in the Schedule to the Act. This second stage legislation provides for the full operation of the National Registration and Accreditation Scheme for the Health Professions from 1 July 2010 and covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health and performance arrangements, and

[36] Australian Qualification Framework, 2012. Recognition of Prior Learning: An Explanation. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/06/RPL-Explanation.pdf on 6 March 2015.

privacy and information-sharing arrangements. The purpose of the National Law is to protect the public by establishing a national scheme for the regulation of health practitioners and students undertaking programs of study leading to registration as a health practitioner.

INTERPROFESSIONAL LEARNING occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.[37]

PHARMACODYNAMICS is the **s**tudy of the biochemical and physiological effects of drugs and the mechanisms of their action in the body.

PHARMACOKINETICS is the study of the bodily absorption, distribution, metabolism and excretion of drugs.

NMBA is the Nursing and Midwifery Board of Australia and is the national regulator for the nursing and midwifery professions in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all nurses and midwives registered within Australia must meet.

PRIMARY HEALTH CARE PRINCIPLES are listed in the Declaration of Alma Ata[38] as:

- Reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience.
- Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.
- Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.
- Involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.
- Requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate.

[37] Australian Nursing and Midwifery Accreditation Council, 2012. Registered Nurse Accreditation Standards. Viewed at www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf on 5 February 2015.

[38] WHO; UNICEF (1978). Declaration of Alma-Ata: report on the International Conference on Primary Health Care, 6-12 September, Alma-Ata, USSR. Viewed at www.who.int/publications/almaata_declaration_en.pdf on 5 February 2015.

- Should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.
- Relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

PROGRAM refers to the full program of study and experiences that are required to be undertaken before a qualification, such as a statement of completion or attainment, can be awarded.

PROGRAM PROVIDER refers to the school or faculty responsible for the design and delivery of a program of study in midwifery leading to the award associated with the entry to practice midwifery program.

RECOGNITION OF PRIOR LEARNING refers to an assessment process for the students formal and informal learning to determine the extent to which that they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

REGULATION IMPACT STATEMENT is a key component of the Australian Government's best practice regulation process, containing seven elements that set out:

1. Problems or issues
2. Desired objectives
3. Options that may achieve the desired objectives
4. Assessment of impact
5. Consultation
6. Recommended option
7. Strategy to implement and review the preferred option.

The purpose of a regulatory impact statement is to give decision makers a balanced assessment based on the best available information and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.[39]

STANDARD refers to a level of quality or attainment.

STUDENT is any person enrolled in a program leading to general registration as a midwife.

TEQSA is the Tertiary Education Quality and Standards Agency and is responsible for regulating and assuring the quality of Australia's large, diverse and complex higher education sector. TEQSA registers and evaluates the performance of higher education providers against the Higher Education Standards Framework and undertakes compliance and quality assessments.

[39] Office of Best Practice Regulation (2013). *Best Practice Regulation Handbook.* Viewed at: www.dpmc.gov.au/office-best-practice-regulation/publications/best-practice-regulation-handbook on 5 February 2015.

WOMAN is a term that includes the woman, her baby (born and unborn), and, as negotiated with the woman, her partner, significant others and community.[40]

WOMAN-CENTRED MIDWIFERY principles are identified in the Australian Collage of Midwives Philosophy Statement: *Midwife means 'with woman'*. This meaning shapes midwifery's philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women's work of bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women which, in turn, protect and enhance the health and wellbeing of society.

Midwifery is a woman-centred, political, primary health care discipline founded on the relationships between women and their midwives. Midwifery –[41]

- focuses on a woman's health needs, her expectations and aspirations encompasses the needs of the woman's baby, and includes the woman's family, her other important relationships and community, as identified and negotiated by the woman herself.
- is holistic in its approach and recognises each woman's social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself.
- recognises every woman's right to self-determination in attaining choice, control and continuity of care from one or more known caregivers.
- recognises every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals.
- is informed by scientific evidence, by collective and individual experience and by intuition.
- aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so all women remain connected to their social support systems.
- the focus is on the woman, not on the institutions or the professionals involved.
- includes collaboration and consultation between health professionals.

[40] Nursing and Midwifery Board of Australia, September 2007. *National framework for the development of decision-making tools for nursing and midwifery practice*. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#dmf on 5 February 2015.

[41] Australian College of Midwives' Philosophy of Midwifery based on work from: New Zealand College of Midwives; Nursing Council of New Zealand; Nursing and Midwifery Council (United Kingdom); Royal College of Midwives; College of Midwives of British Columbia; College of Midwives Ontario, former Australian College of Midwives Incorporated; Nurses Board of Victoria; Nursing Council of Queensland; World Health Organization; Guilland and Pairman (1995) and Leap (2004). Viewed at www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019 on 5 February 2015.

Appendix A. Re-entry to the Register Midwife Accreditation Standards – second draft

Please note: Standards are open to change based on feedback from the consultation period.

Version 2 of the draft accreditation standards is distinguished by changes written in blue text.

STANDARD 1: GOVERNANCE

The education provider has established governance arrangements for the re-entry to the register midwifery program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the National Competency Standards for the Midwife.

STANDARD 2: CURRCICULUM CONCEPTUAL FRAMEWORK

The program provider makes explicit, and uses a contemporary conceptual framework for the re-entry to the register midwifery program of study that encompasses the educational philosophy underpinning design and delivery and the philosophical approach to midwifery practice.

STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE

The program of study is developed in collaboration with key stakeholders to reflect contemporary trends in midwifery practice and education, comply with AQF level 7, and enable graduates to meet the National Competency Standards for the Midwife. Midwifery practice experience is sufficient to enable safe and competent midwifery practice by program completion.

STANDARD 4: PROGRAM CONTENT

The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Midwife and incorporates Australian and international best practice perspectives on midwifery as well as existing and emerging regional, national and international health priorities.

STANDARD 5: STUDENT ASSESSMENT

The curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and robustly measure achievement of required learning outcomes. This includes a summative assessment of student performance against the National Competency Standards for the Midwife.

STANDARD 6: STUDENTS

The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

STANDARD 7: RESOURCES

The program provider has adequate facilities, equipment and teaching resources, as well as staff who are qualified, capable and sufficient in number to enable students to attain the National Competency Standards for the Midwife.

STANDARD 8: MANAGEMENT OF MIDWIFERY PRACTICE EXPERIENCE

The program provider ensures that every student is given a variety of supervised midwifery practice experience conducted in environments providing suitable opportunities and conditions for students to attain the National Competency Standards for the Midwife.

STANDARD 9: QUALITY IMPROVEMENT AND RISK MANAGEMENT

The program provider is able to assess and address risks to the program, its outcomes and students, and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of graduates.

Standard 1: Governance

The education provider has established governance arrangements for the re-entry to the register midwifery program of study that develop and deliver a sustainable, high-quality education experience for students, to enable them to meet the National Competency Standards for the Midwife.

Criteria

The education provider must provide evidence of:

1.1 Under consultation, refer to Question 3, pp. 13-14.

1.2 Current accreditation of the re-entry to the register midwifery program of study by the university (or TEQSA for non-self-accrediting higher education providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school.

1.3 Meeting Australian Qualifications Framework (AQF) requirements for a minimum level 7, and having been issued with a statement of completion and/or attainment by the governing Australian university or higher education provider.

1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) that ensures academic oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.

1.5 Terms of reference for relevant school committees and advisory and/or consultative groups, including direct consumer involvement and partnerships with Aboriginal and Torres Strait Islander health professionals and communities.

1.6 Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.

1.7 Governance arrangements between the university or other higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.

1.8 Under consultation, refer to Question 4, pp. 14-15.

Standard 2: Curriculum conceptual framework

The program provider makes explicit, and uses a contemporary conceptual framework for the re-entry to the register midwifery program of study that encompasses the educational philosophy underpinning design and delivery and the philosophical approach to midwifery practice.

Criteria

The program provider demonstrates:

2.1 A clearly documented conceptual framework for the program, including a curriculum underpinned by:

a. a woman-centred midwifery philosophy

b. a midwifery continuity of care philosophy

c. primary health care principles

d. an education philosophy.

2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies to enhance the delivery of curriculum content, accommodate differences in student learning styles and stimulate student engagement and learning.

2.3 A program of study that is congruent with contemporary and evidence-based approaches to midwifery practice and education and underpinned by principles of safety and quality in health care.[42]

2.4 Teaching and learning approaches that:

a. enable achievement of stated learning outcomes

b. facilitate the integration of theory and practice

c. scaffold learning appropriately throughout the program

d. encourage the development and application of critical thinking and reflective practice

e. engender deep rather than surface learning

f. encourage students to become self-directed learners

[42] Including the current *Australian Safety and Quality Framework for Health Care* released by the Australian Commission on Safety and Quality in Health Care. Viewed at:: www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf on 5 February 2015.

g. embed recognition that graduates take professional responsibility for continuing competence and life-long learning

h. instil in students the desire and capacity to continue to use and learn from research throughout their careers

i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills

j. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.

Standard 3: Program development and structure

The program of study is developed in collaboration with key stakeholders to reflect contemporary trends in midwifery practice and education, comply with AQF level 7 and enable graduates to meet the National Competency Standards for the Midwife. Midwifery practice experience is sufficient to enable safe and competent midwifery practice by program completion.

Criteria

The program provider demonstrates:

3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in health disciplines, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals and communities.

3.2 Contemporary midwifery and education practice in the development and design of the curriculum.

3.3 A map of subjects against the National Competency Standards for the Midwife that clearly identifies the links between learning outcomes, assessments and required graduate competencies.

3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.

3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate interprofessional learning for collaborative practice.

3.6 Under consultation, refer to Question 5, p. 16.

3.7 Midwifery practice experience placement[43] is incorporated into the program across a variety of care settings and is sufficient for students to meet the National Competency Standards for the Midwife and achieve the minimum midwifery practice requirements stipulated in Standard 8.

3.8 That content and sequencing of the program of study, and where possible, additional simulated learning[44] opportunities, prepare students for undertaking the specified midwifery practice experience.

3.9 Midwifery practice experience is conducted in Australia to support the acquisition of competence and facilitate transition to practice. A summative assessment is made

[43] Refer to glossary for an operational definition of midwifery practice experience placement.

[44] Refer to glossary for an operational definition of simulated learning, to be read in conjunction with the definition for midwifery practice experience placement.

against all National Competency Standards for the Midwife in a midwifery practice setting.

3.10 Equivalence of subject outcomes for programs taught in Australia in all delivery modes in which the program is offered, whether subjects are delivered on-campus or in mixed mode, by distance or by e-learning methods.

Standard 4: Program content

The program content delivered by the program provider comprehensively addresses the National Competency Standards for the Midwife and incorporates Australian and international best practice perspectives on midwifery as well as existing and emerging regional, national and international health priorities.

Criteria

The program provider demonstrates:

4.1 A comprehensive curriculum document, based on the conceptual framework discussed in Standard 2 that includes:

a. program structure and delivery modes

b. subject outlines

c. links between subject learning outcomes and their assessment and the National Competency Standards for the Midwife

d. teaching and learning strategies

e. a midwifery practice experience plan across a variety of midwifery practice settings.

4.2 The program content focuses on contemporary midwifery practice. This includes woman-centred midwifery care, midwifery continuity of care and primary health care principles as well as incorporation of regional, national and international maternity care priorities, research, policy and reform.

4.3 Research and evidence-based inquiry underpins all elements of curriculum content and delivery.

4.4 Under consultation, refer to Question 6, pp. 17-18.

4.5 Inclusion of content that develops understanding and appreciation of consumer perspectives of maternity care, the woman's right to make choices, and the role of the midwife to provide information relating to safety and care alternatives to support the woman's informed choice.

4.6 Inclusion of content giving students an appreciation of the diversity of Australian cultures, to develop and engender their knowledge of cultural respect and safety.

4.7 Inclusion of subject matter specifically addressing Aboriginal and Torres Strait Islander peoples' histories, health, wellness and cultures, as well as midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples.

Standard 5: Student assessment

The curriculum incorporates a variety of approaches to assessment that suit the nature of the learning experience and robustly measure achievement of required learning outcomes. This includes a summative assessment of student performance against the National Competency Standards for the Midwife.

Criteria

The program provider demonstrates:

5.1 A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.

5.2 Clear statements about assessment and progression rules and requirements are provided to students at the start of each subject.

5.3 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.

5.4 Both formative and summative assessment types and tasks exist across the midwifery practice experience and theoretical components of the program to enhance individual and collective learning as well as inform student progression.

5.5 A variety of assessment approaches across a range of contexts to evaluate competence in the essential knowledge, skills and behaviours required for midwifery practice.

5.6 Student communication competence and English language proficiency are assessed before undertaking midwifery practice experience.

5.7 Appropriate assessment is used in midwifery practice experience to evaluate student ability to meet the National Competency Standards for the Midwife.

5.8 Ultimate accountability for the assessment of students in relation to their midwifery practice experience.

5.9 Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwife's scope of practice and midwifery context.

5.10 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.

5.11 Processes to ensure the integrity of any online assessment.

5.12 Collaboration between students, health service providers and academics in selecting and implementing assessment methods.

5.13 A summative assessment of student achievement of competence against the National Competency Standards for the Midwife is conducted by a midwife[45] in an Australian midwifery practice setting before program completion.

[45] Has current Australian general registration as a midwife.

Standard 6: Students

The program provider's approach to attracting, enrolling, supporting and assessing students is underpinned by values of transparency, authenticity, equal opportunity and an appreciation of social and cultural diversity.

Criteria

The program provider demonstrates:

6.1 Applicants are informed of the following before accepting an offer of enrolment:

a. modes for program delivery and location of midwifery practice experience placements

b. specific requirements for entry to the program of study, including English language proficiency

c. requirements for registration as specified in the NMBA Re-entry to Practice Policy

i. a NMBA letter of referral is required when applying to enter the program

d. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency (AHPRA) if a student undertaking midwifery practice experience has an impairment that may place the public at risk of harm

e. specific requirements for right of entry to health services for midwifery practice experience placements (including fitness for practice, immunisation and criminal history)

f. continuity of care experience requirements and implications for academic and personal life

g. requirements for registration as a midwife by the NMBA including, but not limited to, the explicit registration standard on English language skills.

6.2 Students are selected for the program based on clear, justifiable and published admission criteria.

6.3 Students have sufficient English language proficiency and communication skills to successfully undertake academic experience and midwifery practice experience requirements throughout the program.

6.4 Students are informed about, and have access to, appropriate support services, including counselling, health care and academic advisory services.

6.5 Processes to enable early identification of and support for students not performing well academically or with professional conduct issues.

6.6 All students have equal opportunity to attain the National Competency Standards for the Midwife. The mode or location of program delivery should not influence this opportunity.

6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.

6.8 Affirmative action strategies are adopted to support the enrolment of Aboriginal and Torres Strait Islander students and a range of supports are provided to students.

6.9 Other groups under-represented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and a range of supports are provided to students.

6.10 People with diverse academic, work and life experiences are encouraged to enrol in the program.

Standard 7: Resources

The program provider has adequate facilities, equipment and teaching resources, as well as staff who are qualified, capable and sufficient in number to enable students to attain the National Competency Standards for the Midwife.

Criteria

The program provider demonstrates:

7.1 Staff, facilities, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.

7.2 Students have sufficient and timely access to academic and clinical teaching staff to support their learning.

7.3 A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.

7.4 Staff recruitment strategies:

a. are culturally inclusive and reflect population diversity

b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.

7.5 Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.

7.6 The Head of Discipline responsible for midwifery curriculum development holds current Australian general registration as a midwife with no conditions relating to conduct, holds a relevant post graduate qualification, maintains active involvement in the midwifery profession, and has strong links with contemporary midwifery education and research.

7.7 Staff teaching, supervising and assessing midwifery practice related subjects have current Australian general registration as a midwife with relevant clinical and academic preparation and experience.

7.8 Academic staff are qualified in midwifery for their level of teaching to at least one tertiary qualification standard higher than the program of study being taught or with equivalent midwifery practice experience.

7.9 In cases where an academic staff member's tertiary qualifications do not include midwifery, that their qualifications and experience are relevant to the subject(s) they are teaching.

7.10 Processes to ensure academic staff demonstrate a sound understanding of contemporary midwifery research, scholarship and practice in the subject(s) they teach.

7.11 Teaching and learning takes place in an active research environment where academic staff are engaged in research and/or scholarship and/or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.

7.12 Policies and processes to verify and monitor the academic and professional credentials, including registration, of current and incoming staff and evaluate their performance and development needs.

Standard 8: Management of midwifery practice experience

The program provider ensures that every student is given a variety of supervised midwifery practice experiences conducted in environments providing suitable opportunities and conditions for students to attain the National Competency Standards for the Midwife.

Criteria

The program provider demonstrates:

8.1 Constructive relationships and clear contractual arrangements with all health providers where students gain their midwifery practice experience and processes to ensure these are regularly evaluated and updated.

8.2 Risk management strategies in all environments where students are placed to gain their midwifery practice experience and processes to ensure these are regularly reviewed and updated.

8.3 Midwifery practice experiences provide timely opportunities for experiential learning of curriculum content that is progressively linked to the attainment of the National Competency Standards for the Midwife.

8.4 Each student is provided with a variety of midwifery practice experiences with opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.

8.5 Policies and procedures for effective and ethical[46] recruitment processes that enable women to participate freely and confidentially in continuity of care experiences and students to engage readily with women who consent to participate.

8.6 Clearly articulated models of supervision, support, facilitation and assessment are in place for all midwifery practice experience settings, including all aspects of continuity of care experiences, so students can achieve the required learning outcomes and National Competency Standards for the Midwife.

8.7 Mechanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences.

8.8 Academics, midwives and other health professionals engaged in supervising, supporting and/or assessing students during midwifery practice experiences are adequately prepared for the role and seek to incorporate cultural, contemporary and evidence-based Australian and international perspectives on midwifery practice.

8.9 Assessment of midwifery competence within the context of the midwifery practice experience, including continuity of care, is undertaken by a midwife practicing in

[46] For an explanation of what is considered ethical midwifery practice see: *Code of professional conduct for midwives in Australia*. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codeofethics on 5 February 2015.

Australia with current skills needed to assess undergraduate students against the National Competencies for the Midwife.[47]

8.10 Appropriate resources are provided, monitored and evaluated to support students while on midwifery practice experience, including continuity of care experiences.

8.11 The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum[48], supervised midwifery practice experience requirements.[49]

Continuity of care experiences - recruitment may occur from 28 weeks onwards

a. Experience in woman-centred care as part of continuity of care experiences. The student is supported to:

   i. establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care

   ii. provide midwifery care within a professional practice setting and under the supervision of a midwife

   iii. engage with a minimum of 2 women – engagement involves attending four antenatal visits, two postnatal visits and the labour and birth

   iv. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

Antenatal care

b. Attendance at 25 antenatal episodes of care.[50] This may include women the student is following as part of their continuity of care experiences.

Labour and birth care

c. Under consultation, refer to Question 7, p. 20.

d. Under consultation, refer to Question 7, p. 20.

This also involves:

   i. providing direct and active care in the first stage of labour, where possible

[47] Must hold current Australian general registration as a midwife.

[48] These are minimum requirements. Where possible, it is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.

[49] Minimum practice requirements may be counted more than once. Example: as per individual circumstances, continuity of care experiences may also be counted toward episodes of antenatal and postnatal care, acting as primary *accoucheur*, providing labour care, caring for women with complex needs or neonatal examination.

[50] Episodes of care may include multiple episodes of care for the same woman where her care needs have altered. Example: as a result of a natural progression through the antenatal or postnatal periods or due to evolving complex needs.

ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required

iii. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation

iv. assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral and clinical handover.

Complex care

e. Under consultation, refer to Questions 8, p.20.[51]

Postnatal care

f. Attendance at 25 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.

g. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.[52]

h. Experiences in women's health and sexual health.

i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation.

Neonatal care

j. Experience in undertaking 5 full examinations of a newborn infant.[53]

k. Experiences in care of the neonate with special care needs.[54]

[51] These women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f). Refer to the glossary for an operational definition of complex needs.

[52] The Baby Friendly Health Initiative is underpinned by the 'Ten Steps to Successful Breastfeeding' and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding.

[53] This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences.

[54] Refer to the glossary for an operational definition of 'special care needs'.

Standard 9: Quality improvement and risk management

The program provider is able to assess and address risks to the program, its outcomes and students, and has a primary focus on continually improving the quality of the teaching and learning experience for students and the competence of graduates.

Criteria

The program provider demonstrates:

9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement delegated to the school with oversight by the academic board or equivalent.

9.2 Regular evaluation of academic and clinical supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.

9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.

9.4 Quality cycle feedback gained from stakeholders, including consumers, is incorporated into the program of study to improve the experience of theory and practice learning for students.

9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding midwifery practice, health care research and health policy and reform.

9.6 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

Glossary and abbreviations

Academic staff—education provider staff who meet the requirements established in Standard 7 (must be registered and hold a relevant qualification higher than that for which the students they instruct are studying) and are engaged in teaching, supervising, supporting and/or assessing students for acquiring required skills, knowledge, attitudes and graduate competency outcomes.[55]

Accoucheur—is used in the standard by its colloquial meaning, that is, a midwife, of any gender, who is the primary birth attendant conducting the birth of the baby.

However, it is noted that this word, which is French in origin, means a male midwife or a man who assists women during or giving birth. The feminine version of this word is *accoucheuse.*

Advanced standing—refers to the recognition of prior learning through experience and/or studies.

Assessment contexts—includes the professional practice context and simulated or laboratory contexts.[56]

Assessment tasks—includes, for instance, written papers, oral presentations or demonstrations of competence in midwifery practice.

Assessment types—includes formative assessment (intended to provide feedback for future learning, development and improvement) and summative assessment (that indicates whether certain criteria have been met or certain outcomes have been achieved).[57]

Australian Health Practitioner Regulation Agency—is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA supports the National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme. AHPRA manages the registration and renewal processes for health practitioner and students around Australia.

Australian Nursing and Midwifery Accreditation Council—is the independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. ANMAC sets standards for accreditation and accredits nursing and midwifery programs leading to registration and endorsement, and for the providers of those programs.

Australian Nursing and Midwifery Council—evolved into ANMAC following approval as the accrediting authority for nursing and midwifery. ANMC authored the original set of accreditation standards as well as the National Competency Standards for the Midwife.

Australian Qualifications Framework—is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

Australian Skills Quality Authority—is the national regulator for Australian's vocational education and training sector that regulates courses and training providers to ensure nationally approved quality standards are met.

Australian university—refers to a higher education provider registered with TEQSA in the 'Australian university' provider category.

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[55] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[56] ibid.

[57] ibid.

Collaborative practice—refers to a group of maternity care professionals who collaborate with each other and with women in the planning and delivery of their maternity care.[58]

Competence—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area.[59]

Competent—refers to the person who has competence across all the domains of competencies applicable to the midwife, at a standard judged to be appropriate for the level of midwife being assessed.[60]

Complex needs—relates to women requiring care beyond what would be considered routine or normal by the health service. Refers to the application of care principles for a range of experiences including maternity emergencies and recognising and responding to clinical deterioration in women with complex needs.[61] This is inclusive of situations where women may be experiencing risks to social and psychological wellbeing, mental health or requiring medical or surgical care.

Consumer—a term used generically to refer to a woman receiving care. Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care personnel.[62]

Continuing competence—the ability of midwives to demonstrate they have maintained their competence in their current area and context of practice.[63]

Continuity of care experience—refers to the 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.[64]

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.

Credit—is the value assigned for the recognition of equivalence in content and learning outcomes between different types of learning and/or qualifications. Credit reduces the amount of learning

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[58] Australian Government, National Health and Medical Research Council, 2010. National guidance on Collaborative Maternity Care. Viewed at: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/CP124.pdf on 5 March 2015.

[59] NMBA, 2006. *National Competency Standards for the Midwife*, Canberra. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards on 5 February 2015.

[60] ibid.

[61] For examples of women with complex needs refer to Codes B and C in the current *Australian College of Midwives National Midwifery Guidelines for Consultation and Referral*.

[62] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[63] ANMC, 2009. *Continuing Competence Framework.* Canberra. Viewed at www.equals.net.au/pdf/73727_Continuing_Competence_Framework.pdf on 5 February 2015.

[64] ANMC, *2009. Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide.* Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

required to achieve a qualification and may be through credit transfer, articulation, recognition of prior learning or advanced standing.[65]

Criminal history—is defined in the National Law as:

Every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence.

Every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.[66]

Criteria—refers to statements used to support a standard on which a judgement or decision in relation to compliance can be based.

Cultural safety—is effective midwifery practice with a person or a family from other cultures, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; indigeneity, ethnic origin or migrant experience; religious or spiritual belief; and disability. The midwife delivering the midwifery service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identities and wellbeing of an individual.[67]

Curriculum—incorporates the program's total planned learning experience including: educational and professional midwifery philosophies program structure and delivery modes subject outlines links between subject learning outcomes, their assessment and the National Competency Standards for the Midwife teaching and learning strategies midwifery practice experience placement plan.

Deep versus surface learning—surface learning is when students accept information at face value and focus on merely memorising it as a set of unlinked facts. This leads to superficial, short-term retention of material, such as for examination purposes. In contrast, deep learning involves the critical analysis of new ideas, linking them to already known concepts and principles. This leads to understanding and long-term retention of concepts so they can be used to solve problems in unfamiliar contexts. Deep learning promotes understanding and application for life.

Delivery mode—the means by which programs are made available to students: on-campus or in mixed-mode, by distance or by e-learning methods.[68]

Education provider—is a university or other higher education institution, or a recognised training organisation (RTO) that is responsible for a program; the graduates of which are eligible to apply for nursing or midwifery registration or endorsement.

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[65] Australian Qualification Framework, 2012. Recognition of Prior Learning: An Explanation. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/06/RPL-Explanation.pdf on 6 March 2015.

[66] NMBA, 2010. *Criminal History Registration Standard*. Viewed at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 5 February 2015

[67] Adapted from Nursing Council of New Zealand, *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*, last amended July 2011, p. 7. Viewed at www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses on 3 July 2015.

[68] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

Emotional intelligence—the ability to identify in oneself and others, understand and manage emotions. Includes the domains of self-monitoring, self-regulation, self-motivation, empathy and social skills.[69]

English language proficiency—where English language skills, including listening, reading, writing and speaking, are at a level enabling the provision of safe, competent practice. Demonstration of English language proficiency, as per the NMBA English Language Skills Registration Standard, is a criterion for registration.[70]

Equivalent professional experience—refers to the successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience[71] in the discipline being taught, to demonstrate competence in applying the discipline's principles and theory.

Fitness for practice—refers to being able to demonstrate no professional impediment, or physical or mental incapacity that would preclude a person from nursing or midwifery practice.[72]

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.

Graduates—those who, having undertaken a program of preparation/education, are eligible to apply for midwifery registration.[73]

Head of school/Head of discipline—refers to the lead midwifery academic responsible for designing and delivering the midwifery program of study on behalf of the education provider.

Health informatics—refers to the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.[74]

Health Practitioner Regulation National Law Act 2009 **(the National Law)**—this legislation contained in the schedule to the Act, provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010 and covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health and 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—refers to health units or other appropriate service providers, where students undertake supervised professional experience as part of a program, the graduates of which are eligible to apply for midwifery registration (adapted from definition for 'clinical facilities' in the ANMC National Accreditation Framework).[75]

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[69] Goleman, D, 2005. *Emotional Intelligence (Why it can matter more than IQ).* 10th anniversary edition. Bantam Books. London.

[70] NMBA, 2011. *English Language Skills Registration Standard*. Viewed at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx 5 February 2015.

[71] To be read in the context of the *Nursing and Midwifery Recency of Practice Registration Standards*, NMBA. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 5 February 2015.

[72] Adapted from NMBA, 2010. *Framework for the Assessment of Internationally Qualified Nurses and Midwives for Registration*.

[73] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[74] Standards Australia, 2013. *e-health: What is Health Informatics?* Viewed at www.e-health.standards.org.au/ABOUTIT014/WhatisHealthInformatics.aspx on 5 February 2015.

[75] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

Higher education provider—tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the *Tertiary Education Quality and Standards Agency Act 2011* and is registered with TEQSA.[76]

Interprofessional learning—occurs when members of two or more professions learn with, from and about each other to improve collaboration and the quality of care.[77]

Learning outcomes—the skills, knowledge and attitudes identified as the requirements for satisfactory program completion including, but not limited to, the graduate competency outcomes.[78]

Life-long learning—includes learning firmly based in clinical practice situations, formal education, continuing professional development and informal learning experiences within the workplace. Also involves the learner taking responsibility for their own learning, and investing time, money and effort in training or education on a continuous basis.[79]

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

Midwife, international definition—a person who has successfully completed a midwifery education program that is duly recognised in the country where it is located and that is based on the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education; 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.

Scope of practice

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 infant. This care includes preventative measures, promotion of normal birth, detection of complications in mother and child, access of medical care or other appropriate assistance, and 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 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.[80]

Midwifery practice experience—refers to all midwifery learning experience, including in simulated environments or midwifery practice experience placements (see next entry) that assist students to put

[76] TEQSA, 2011. Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2. Viewed at www.teqsa.gov.au/higher-education-standards-framework on 5 February 2015.

[77] ANMAC, 2012. Registered Nurse Accreditation Standards. Viewed at www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf on 5 February 2015.

[78] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[79] Adapted from Homer C, Griffiths M, Ellwood D, Kildea S, Brodie PM and Curtin A, 2010. *Core Competencies and Educational Framework for Primary Maternity Services in Australia: Final Report*. Centre for Midwifery Child and Family Health, University of Technology Sydney, Sydney.

[80] International Confederation of Midwives, 2011. *International Definition of the Midwife*, Brisbane.

theoretical knowledge into practice. Includes, but may not be limited to, continuity of care experiences.[81]

Midwifery practice experience placement—the 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.

National Competency Standards for the Midwife—core competency or practice standards by which performance and professional conduct is assessed to obtain and retain registration as a registered midwife.[82]

Nursing and Midwifery Board of Australia—The NMBA is the national regulator for the nursing and midwifery professions in Australia. It is established under the Health Practitioner Regulation National Law, as in force in each state and territory. Its primary role is to protect the public and set standards and policies that all nurses and midwives registered within Australia must meet.

Pharmacodynamics—study of the biochemical and physiological effects of drugs and the mechanisms of their action in the body.

Pharmacokinetics—study of the bodily absorption, distribution, metabolism, and excretion of drugs.

Primary health care principles: are described in the Declaration of Alma Ata as:[83]

- Reflect and evolve from the economic conditions and socio-cultural and political characteristics of the country and its communities and are based on the application of the relevant results of social, biomedical and health services research and public health experience.
- Address the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.
- Include at least education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.
- Involve, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.
- Require and promote maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary health care, making fullest use of local, national and other available resources. To this end develops through appropriate education the ability of communities to participate.

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[81] Adapted from ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide. February 2009*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[82] Adapted from ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

[83] World Health Organization (1978); United Nations Children's Fund. *Declaration of Alma-Ata: report on the International Conference on Primary Health Care*, 6 to 12 September, Alma-Ata, Union of Soviet Socialist Republics (Soviet Union). Viewed at: www.who.int/publications/almaata_declaration_en.pdf on 5 February 2015.

- Should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need.
- Rely, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

Program—refers to the full program of study and experiences that are required to be undertaken before a qualification, such as a statement of completion or attainment, can be awarded.

Program provider—refers to the school or faculty responsible for designing and delivering a program of study in midwifery leading to the award of a Bachelor Degree in Midwifery as a minimum.

Recognition of prior learning—refers to an assessment process for the students formal and informal learning to determine the extent to which that they have achieved required learning outcomes, competency outcomes or standards for entry to and/or partial or total completion of a qualification.

Registered nurse—a person with appropriate educational preparation and competence for practice, who is registered by the NMBA to practise nursing in Australia.

Regulation impact statement—is a key component of the Australian Government's best practice regulation process and contains seven elements that set out:

1. Problems or issues
2. Desired objectives
3. Options that may achieve the desired objectives
4. Assessment of impact
5. Consultation
6. Recommended option
7. Strategy to implement and review the preferred option.

The purpose of a regulatory impact statement is to give decision makers a balanced assessment based on the best available information and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.[84]

Research—according to Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education specifications for the Higher Education Research Data Collection, research comprises: creative work undertaken on a systematic basis to increase stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications any activity classified as research which is characterised by originality; should have investigation as a primary objective and the potential to produce results that are sufficiently general for humanity's stock of knowledge (theoretical and/or practical) to be recognisably increased; most higher education research work would qualify as research pure basic research, strategic basic research, applied research and experimental development.

Scholarship—refers to application of a systematic approach to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual) and professional practice. Also includes applying this new knowledge to the enrichment of the life of society.

[84] Office of Best Practice Regulation (2013). *Best Practice Regulation Handbook.* Viewed at: www.finance.gov.au/obpr/proposal/handbook/Content/01-productivity-evidence-based-policy.html on 5 February 2015.

School—refers to an organisational entity of an education provider responsible for designing and delivering a program of study in nursing or midwifery. Where the school of midwifery is part of a larger faculty, the school is regarded as the program provider for these standards.

Simulated learning—educational methods or experience evoking or replicating aspects of the real world in an interactive manner. As an educational method it can provide learning conditions to develop competency in less common clinical practice areas such as maternity and neonatal emergencies, vaginal breech births, perineal infiltration and episiotomies. It may also be used to develop foundational skills including, but not limited to, venepuncture, cannulation, catheterisation, perineal repair and interpretation of fetal heart patterns.

Special care needs—relates to babies experiencing a deviation from physiological functioning or normal postnatal adaptation and who require care beyond what is considered normal or routine by the health service. Refers to the application of care principles for a range of experiences including neonatal resuscitation, stabilisation for transfer and recognising and responding to clinical deterioration in the neonate.[85]

Spontaneous vaginal birth—when a woman gives birth vaginally, unassisted by forceps or vacuum extractor. The labour may or may not be spontaneous.

Standard—a level of quality or attainment.

Student—any person enrolled in a program leading to general registration as a midwife.

Statement of attainment/completion—means a statement issued by an education provider to a person confirming that the person has satisfied the requirements of the program specified in the statement.

Student assessment—process to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Subject—unit of study taught within a program of study.

Supervision and support—where, for instance, a suitably prepared academic staff member or midwife supervises and supports a student undertaking a re-entry to the register midwifery program on a professional experience placement. Includes supervision and support provided for the student's participation in continuity of care experiences.

Tertiary Education Quality and Standards Agency—is responsible for regulating and assuring the quality of Australia's large, diverse and complex higher education sector. TEQSA registers and evaluates the performance of higher education providers against the Higher Education Standards Framework and undertakes compliance and quality assessments.[86]

Woman—a term including the woman, her baby (born and unborn), and, as negotiated, with the woman, her partner, significant others and the community.[87]

Woman-centred midwifery—principles of woman-centred midwifery are identified in the Australian Council of Midwives' philosophy statement. Midwife means 'with woman'. This meaning shapes midwifery's philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women's work in bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are

[85] For examples of neonates with special care needs refer to postpartum infant clinical indications, codes B and C, in the current *Australian College of Midwives, National Midwifery Guidelines for Consultation and Referral*.

[86] TEQSA, 2011. Higher Education (Threshold Standards) 2011 Legislative Instrument. Viewed at www.teqsa.gov.au/higher-education-standards-framework on 5 February 2015.

[87] ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women which, in turn, protects and enhances the health and wellbeing of society.

Midwifery is a woman-centred, political, primary health care discipline founded on the relationships between women and their midwives.

Midwifery:[88]

- focuses on a woman's health needs, her expectations and aspirations
- encompasses the needs of the woman's baby, and includes the woman's family, her other important relationships and community, as identified and negotiated by the woman herself
- is holistic in its approach and recognises each woman's social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself
- recognises every woman's right to self-determination in attaining choice, control and continuity of care from one or more known caregivers
- recognises every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals
- is informed by scientific evidence, by collective and individual experience and by intuition
- aims to follow each woman across the interface between institutions and the community—through pregnancy, labour and birth and the postnatal period—so all women remain connected to their social support systems
- focuses on the woman, not on the institutions or professionals involved
- includes collaboration and consultation between health professionals.

[88] Australian College of Midwives' Philosophy of Midwifery based on work from: New Zealand College of Midwives; Nursing Council of New Zealand; Nursing and Midwifery Council (United Kingdom); Royal College of Midwives; College of Midwives of British Columbia; College of Midwives Ontario, former Australian College of Midwives Incorporated; Nurses Board of Victoria; Nursing Council of Queensland; World Health Organization; Guilland and Pairman (1995) and Leap (2004). Viewed at www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019 on 5 February 2015.

Appendix B. Stakeholder list

Other interested parties or individuals not listed here are able to provide feedback by:

- Answering questions from the Consultation Papers via Survey Monkey at www.surveymonkey.com/r/ReEntry_Midwifery_Survey_2
- Submitting comments or submissions via the following dedicated email address: standardsreview@anmac.org.au.

Table: Key stakeholder list

Agency Name
Australian Commission on Safety and Quality in Health Care
Australian Nursing and Midwifery Federation (ANMF) - Federal Secretary
ANMF – Australian Capital Territory
ANMF - Queensland Nursing Union
ANMF - Northern Territory
ANMF - NSW Nurses and Midwives' Association
ANMF - South Australia
ANMF - Tasmania
ANMF - Victoria
Australian Nursing Federation - Western Australia
Australian and New Zealand Council of Chief Nurses and Midwives
Australian College of Midwives
Australian College of Nursing
Australian Council for Private Education and Training
Australian Health Ministers Advisory Council
Australian Health Practitioner Regulation Agency
Australian Private Hospitals Association
Australian Skills Quality Authority
Australian Society of Independent Midwives
Chamber of Commerce and Industry, Western Australia
Chief Nurse and Midwifery Officer, ACT Health
Chief Nurse and Midwifery Officer, Queensland Health
Chief Nurse and Midwifery Officer, NSW Health
Chief Nurse and Midwifery Officer, NT Department of Health and Community Services
Chief Nurse and Midwifery Officer, South Australia Department of Health
Chief Nurse and Midwifery Officer, Tasmania Department of Health and Human Services

Chief Nurse and Midwifery Officer, Victoria Department of Health
Chief Nurse and Midwifery Officer, Western Australia Department of Health
Childbirth and Parenting Educators of Australia
Commonwealth Chief Nurse and Midwifery Officer
Community Service and Health Industry Skills Council
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Consumer Health Forum of Australia
Council of Australian Governments – Health Council
Council of Australian Governments – Education Council
Council of Deans of Nursing and Midwifery (Australia & New Zealand)
Council of Remote Area Nurses of Australia plus Remote Health Professionals
Department of Health (Commonwealth)
Epworth Freemasons
Health Professions Accreditation Councils' Forum
Maternity Choices Australia
Maternity Choices Australia Australian Capital Territory
Maternity Choices Australia Queensland
Maternity Choices Australia New South Wales
Maternity Choices Australia Northern Territory
Maternity Choices Australia South Australia
Maternity Choices Australia Tasmania
Maternity Choices Australia Western Australia
Maternity Choices Australia Victoria
Maternity Services Inter Jurisdictional Committee
MIDAC – Midwifery Academics Victoria
Midwifery Council of New Zealand
National Association of Childbirth Educators
National Rural Health Alliance
NT Department of Health and Community Services – Office of the Chief Nurse and Midwifery Office
Nursing and Midwifery Board of Australia
RMIT University
TAFE Directors Australia
Tertiary Education Quality and Standards Agency
Women's Healthcare Australasia

Appendix C. Stakeholder participation

- 29 survey responses, nine of which were submitted on behalf of organisations. Not all questions were answered by individual respondents. Six organisations provided written submissions only.
- Wide consultation was evident in that 16 organisations participated in consultation, including health departments from seven jurisdictions. Other National organisations provided health service industry, education provider, professional, rural, industrial and quality and safety perspectives.
- All states and territories were represented in the written feedback - the highest proportion from Queensland, followed by New South Wales.
- Midwife clinicians provided the highest proportion of individual survey responses.
- All roles were represented in individual survey responses with the exception of 'Other health care professional'.
- Perth and Melbourne forums – a total of 20 stakeholder representatives participated.
- Organisations that provided written feedback included:

Name of organisations	Type
ACT Health	Jurisdictional
Australian College of Midwives	National
Australian College of Nursing	National
Australian Commission on Safety and Quality in Healthcare	National
Australian and New Zealand Council of Chief Nurses and Midwives	National
Australian Nursing and Midwifery Federation	National
Chief Nurse and Midwifery Office, South Australia	Jurisdictional
Childbirth and Parenting Educators of Australia	National
Council of Deans of Nursing and Midwifery	National
CRANA*plus*	National
Office of the Chief Nurse and Midwife, Tasmania	Jurisdictional
Northern Territory Government	Jurisdictional
Nursing and Midwifery Office, New south Wales	Jurisdictional
Nursing and Midwifery Office, Western Australia	Jurisdictional
Nursing and Midwifery Workforce, Victoria	Jurisdictional
Women's Healthcare Australasia	National