Australian
Nursing & Midwifery
Accreditation Council

Midwife

Accreditation Standards 2014

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1 Preamble

1.1 Midwifery education in Australia

To apply to become a registered midwife in Australia, individuals must first have completed a program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA. Programs of study eligible for accreditation (often referred to as entry-to-practice programs) are delivered by a government-accredited university or other higher education provider. These programs lead to the award of a Bachelor or Post-graduate Degree in Midwifery.

The Australian regulatory environment in which midwives are registered, and programs of study accredited and delivered, have undergone significant change in the past few years. Higher education regulation and quality assurance have also undergone major transformation. Implementation of national reforms in health policy, particularly for maternity services, as well as governance and funding has also influenced midwifery education. These changes form the basis of reviewing and updating these Midwife Accreditation Standards.

1.2 Health practitioner regulation

In recent years, the Council of Australian Governments has established both a single national registration scheme that includes 14 health professions and a single national regulation and accreditation scheme for health education and training. These schemes have improved consistency and simplified arrangements that were once the remit of state and territory regulatory authorities.[1] The *Health Practitioner Regulation National Law Act 2009* (the National Law), enacted on July 1 2010, is the national law by which the National Registration and Accreditation Scheme for health practitioners is instituted.

The scheme has six objectives with the first of primary importance:

> **... 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.[2]**

Under s. 49(1) of the National Law, graduates of entry-to-practice midwifery programs of study are not eligible to register unless the program is accredited by ANMAC and approved by the NMBA as meeting the educational requirements for registration as a Midwife.

After the National Law was introduced, the Australian Nursing and Midwifery Council (ANMC) was appointed under the National Registration and Accreditation Scheme as the independent accreditation authority for all nursing and midwifery education providers and programs of study leading to registration and endorsement in Australia.

The name ANMC was changed to ANMAC in November 2010 to reflect its principal role as an accrediting authority. ANMAC is also responsible for monitoring education providers and programs of study leading to qualification for registration in nursing and midwifery. In addition it regularly reviews and improves the accreditation standards underpinning accreditation for programs of study under its mandate.

1 Council of Australian Governments (2008). *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions*. Viewed at: www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiques.aspx on 6 November 2014

2 AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, p. 25. Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 6 November 2014.

Professional education accreditation is concerned with the quality of the profession and its work, from the perspective of the public interest and community safety. It is part of a broader process of assuring the community that, having completed an accredited program of study, beginning professional practitioners have achieved agreed professional outcomes and are able to practise in a safe and competent manner because they are equipped with the necessary foundation knowledge, professional attitudes and essential skills. This process itself, however, relies on two fundamental principles:

1. That the education providers themselves are authorised to issue the relevant qualification and are evaluated to assure continued quality learning outcomes for their graduates.
2. That there exists a set of agreed and contemporary competency or practice standards for the profession, against which the capability of graduates of entry-to-practice programs can be assessed.

The first principle is discussed in section 1.3. The second relates to the National Competency Standards for the Midwife[3] developed in the early 1990s. These standards articulate the core competencies used to assess the performance of those wanting to obtain and retain a licence to practise as a registered midwife in Australia. Higher education providers use them when developing midwifery curricula and assessing student performance. Employers use them when evaluating new graduate performance.

The national competency standards—regularly reviewed and revised—were formally adopted by the NMBA in 2010. They will continue to be reviewed against nursing and midwifery education and practice changes. Current NMBA revisions indicate that they will in time become 'standards for practice'.

The accreditation process administered by ANMAC is an efficient and effective proxy for externally assessing graduates against competency standards. Professional program accreditation must ensure that professional standards are protected without inhibiting diversity and innovation or constraining continuous quality improvement. As with the national competency standards, the national accreditation standards are regularly reviewed to ensure relevance in the light of changes in health and education legislation, policy, delivery and ethos.

1.3 Higher education regulation

As a result of recommendations arising from the *Review of Australian Higher Education—Final Report* (the Bradley Review[4]) the Australian Government established an independent national body to regulate and assure the quality of all types of higher education. The Tertiary Education Quality and Standards Agency (TEQSA) started on 1 July 2011 to fulfil the Government's commitment to:

> **... accredit providers, evaluate the performance of institutions and programs, encourage best practice, simplify current regulatory arrangements and provide greater national consistency.[5]**

Recent directions indicate that the Government intends to assure quality while reducing the higher education regulatory burden.[6] Consequently, there is now an emphasis on improving the focus, timeliness and efficiency of TEQSA's regulatory activities.[7]

3 NMBA (2006). *National Competency Standards for the Midwife*. Viewed at: www.ahpra.gov.au/Search.aspx?q=National%20Competency%20Standards%20for%20the%20Midwife on 6 November 2014.

4 Australian Government (2008). *Review of Australian Higher Education–Final Report*. Viewed at: www.industry.gov.au/highereducation/ResourcesAndPublications/ReviewOfAustralianHigherEducation/Pages/ReviewOfAustralianHigherEducationReport.aspx on 6 November 2014.

5 Australian Government (2009). *Transforming Australia's Higher Education System*, p. 31. Viewed at: http://planipolis.iiep.unesco.org/upload/Australia/Australia_TransformingAusHigherED.pdf on 6 November 2014.

6 Australian Government (2013). *Review of Higher Education Regulation Report*. Viewed at: www.education.gov.au/review-higher-education-regulation-1 on 6 November 2014.

7 Australian Government (2011). *Tertiary Education Quality and Standards Agency Act—Ministerial Direction No. 2 of 2013 Explanatory Statement*. Viewed at: www.comlaw.gov.au/Details/F2013L01824/Explanatory%20Statement/Text on 6 November 2014.

A part of TEQSA's regulatory responsibility is to evaluate the performance of universities and other higher education providers every five years or when there is evidence that standards are not met. The Higher Education Standards Framework (Threshold Standards) 2011 sets a legislated standard by which TEQSA accredits higher education providers.[8] These standards apply to all higher education providers offering Level 5 (diploma) to Level 10 (doctoral) qualifications as described in the Australian Qualifications Framework (AQF).[9] Consequently, all higher education institutions offering degree programs in midwifery are regulated and accredited by TEQSA.

The implementation of the AQF was another government initiative arising from the Bradley Review. The AQF is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into one comprehensive framework comprising 10 levels of qualification, with a Bachelor Degree sitting at Level 7.

The AQF stipulates the learning outcomes expected within each level of education in relation to knowledge, skills and the application of both. This ensures the integrity of qualifications and standardises them across education providers, settings and delivery modes. All institutions offering entry-to-practice nursing and midwifery programs are required to comply with AQF criteria for learning outcomes. The AQF Register of Authorised Accrediting Authorities[10] lists currently accredited courses and providers.

1.4 Reform in health care funding and maternity care policy

Major reforms in the governance, funding and provision of health services[11] over recent years have aimed to increase national integration and local control of the health care system. They also aim to improve patient access and the performance, transparency and accountability of health services, while ensuring funding sustainability. In addition, new national agencies have been formed[12], one of which was Health Workforce Australia. Although decommissioned in 2014, Health Workforce Australia delivered a national, coordinated approach to health workforce reform and had the capacity to influence the role and number of midwives and their place in the system of professional health services delivery.

Maternity service reforms are also influencing the midwife's role in delivering maternity care. Rising birth numbers, increasing workforce shortages and increasing obstetric intervention rates led the Government to review Australian maternity services. The review report[13] informed the National Maternity Services Plan[14] endorsed by the Australian's Health Ministers' Conference in November 2010.

8 Australian Government (2011). *Higher Education Standards Framework (Threshold Standards)*. Viewed at: www.comlaw.gov.au/Series/F2012L00003 on 6 November 2014.

9 Australian Qualifications Framework (AQF) Council (2013). *Australian Qualifications Framework*, Second edition. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/05/AQF-2nd-Edition-January-2013.pdf on 6 November 2014.

10 AQF Council (2013). *AQF Register of AQF Qualifications and Authorised Issuing Organisations*. Viewed at: www.aqf.edu.au/register/aqf-register/ on 6 November 2014.

11 Australian Government (2010). *A National Health and Hospitals Network for Australia's Future* and *A National Health and Hospitals Network: Further Investments in Australia's Health*. Viewed at: wwwo.health.nsw.gov.au/resources/Initiatives/healthreform/pdf/NHHN_report2_GreenBook.pdf on 6 November 2014.

12 Examples: Independent Hospital Pricing Authority; National Performance Authority; Australian Commission on Safety and Quality in Health Care; Australian National Preventive Health Agency; Health Workforce Australia.

13 Australian Government (2009). *Improving Maternity Services in Australia—The Report of the Maternity Services Review*. Viewed at:www.health.gov.au/internet/main/publishing.nsf/Content/624EF4BED503DB5BCA257BF0001DC83C/$File/Improving%20Maternity%20Services%20in%20Australia%20-%20The%20Report%20of%20the%20Maternity%20Services%20Review.pdf on 6 November 2014.

14 Australian Health Ministers' Conference (2010). *National Maternity Services Plan*. Viewed at: www.health.gov.au/internet/publications/publishing.nsf/Content/BFE6AE67A9BC1BF1CA257A1B001B4B2D/$File/maternity%20plan.pdf on 6 November 2014.

The maternity care principles underpinning this five-year plan include[15]:

- improving access to quality maternity services, particularly for women in rural and remote areas
- placing the woman at the centre of care services and enabling the woman and her family to make informed and timely choices to meet individual needs
- providing continuity of care across the childbirth continuum as a key element of quality maternity care for all women and babies
- providing services that reduce health inequities faced by Aboriginal and Torres Strait Islander mothers and babies and disadvantaged populations
- providing care within a wellness paradigm, using primary health care principles and appropriately responding to emerging complications
- maximising the potential of maternity health professionals to practice to the full scope of their knowledge, skills and attributes to contribute to women's maternity care
- providing high-quality, safe, evidence-based maternity care services within an expanded range of sustainable maternity care models
- providing services staffed by a trained and qualified maternity workforce that can sustain contemporary evidence-based maternity care
- providing services, within a national system, that monitor performance, outcomes and guide quality improvement.

The importance of these maternity service reforms is accentuated by national core maternity indicators. These indicators signal ongoing increases in numbers of induction, caesarean section and instrumental vaginal birth rates among selected women with proportionate decreases in the rate of normal birth.[16] Of further concern are increases in the prevalence of women presenting with co-morbidities, for example, obesity and diabetes, which are associated with adverse pregnancy outcomes.[17,18] Statistics also indicate increases in the numbers of babies with Apgar scores[19] below 7 at 5 minutes of age.[20]

Ensuring evidenced-based maternity care is an important feature of recent maternity service reform. New evidence from Cochrane's systematic review—*Midwife-led continuity models versus other models of care for childbearing women* (2013)—concludes that most women should be offered midwife-led continuity models of care as they are associated with less intervention, including less pre-term birth, epidurals, episiotomies and instrumental births.[21] Furthermore, other randomised controlled trials show caseload midwifery models of care are cost effective and safe for women of any risk.[22,23] On the basis of

15 ibid.

16 Australian Institute of Health and Welfare (AIHW) (2013). National Perinatal Epidemiology and Statistics Unit, and AIHW (2013). *National core maternity indicators.* Cat. no. PER 58. Canberra: AIHW. Viewed at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542725 on 6 November 2014.

17 McIntyre H, Gibbons K, Flenady V and Callaway L, (2012). 'Overweight and obesity in Australian mothers: epidemic or endemic?', *Medical Journal of Australia*, Vol. 196, pp. 184–188, doi:10.5694/mjall.11120 Viewed at: www.mja.com.au/journal/2012/196/3/overweight-and-obesity-australian-mothers-epidemic-or-endemic on 6 November 2014.

18 AIHW (2010). *Diabetes in pregnancy: its impact on Australian women and their babies. Diabetes.* Series no. 14, cat. no. CVD 52. Canberra: AIHW. Viewed at: www.aihw.gov.au/publication-detail/?id=6442472448&tab=2 on 6 November 2014.

19 The Apgar score is a numerical score assigned to five newborn characteristics that, when totaled, measures post-birth adaptation. Scoring is completed at 1 and 5 minutes of age. The total score range is 1 to 10, with 'normal' being 7 or more.

20 AIHW (2013). National Perinatal Epidemiology and Statistics Unit and AIHW, (2013). *National core maternity indicators.* Cat. no. PER 58. Canberra: AIHW. Viewed at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542725 on 6 November 2014.

21 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: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004667.pub3/abstract on 6 November 2014.

22 Tracy S, Hartz D, Tracy M, Allen J, Forti A et al. (2013). 'Caseload midwifery care versus standard maternity care for women of any risk: M@NGO, a randomised controlled trial', *The Lancet*. Vol. 382, issue 9906, pp. 1723–1732, doi:10.1016/S0140-6736(13)61406-3. Viewed at: www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61406-3/fulltext on 6 November 2014.

23 McLachlan H, Forster D, Davey M, Lumley J, Farrell T et al. (2008). 'COSMOS: Comparing standard maternity care with one-to-one midwifery support: a randomised controlled trial', *BMC Pregnancy and Childbirth*. 8:35 doi:10.1186/147-2393-8-35

this research, it is likely that policy makers will continue to support midwifery-led care as an option for all Australian childbearing women.

To ensure midwives are trained and qualified to sustain contemporary, evidenced-based maternity care, programs of study leading to registration will need to incorporate:

- Understanding of midwifery philosophies, including woman-centered care and primary health care principles.
- Preparation to the full scope of midwifery practice, including foundational knowledge and skills for providing competent midwifery care in normal pregnancy and birth.
- Experience in and knowledge of detecting and reporting deviations from normal and providing complex care to women and babies.
- Knowledge of maternity care needs of Aboriginal and Torres Strait Islander communities, women with culturally and linguistically diverse backgrounds and other vulnerable groups.
- Superior skills in communication, collaboration and teamwork, as well as delegation and supervision capabilities, to facilitate safe and effective care.
- Skills in the innovative use of information technology and electronic resources, particularly to support access to regional, rural or remote maternity care.

Recent maternity care reform is defining 'contemporary maternity care' in Australia and shaping midwifery practice and education.

1.5 Background

The original Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia—with Evidence Guide were developed in February 2009 by the ANMC with key industry stakeholders, including regulators, professional bodies, consumers and academics. The standards were approved by the newly established NMBA in 2010.[24]

As the external accreditation authority for nursing and midwifery programs of study (National Law, s. 44), ANMAC has been conducting accreditation assessments of programs of study leading to qualifications in nursing and midwifery since 1 July 2010. During this time, education providers have submitted valuable feedback on the accreditation standards, as have independent assessment team members and ANMAC Associate Directors for Professional Programs.

The ANMAC Board, at its August 2011 meeting, agreed to undertake a rolling review of all accreditation standards used by ANMAC. The review of the Midwife Accreditation Standards began in December 2012 with stakeholder engagement planned in accordance with National Law that states:

> **In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content of the standard.[25]**

24 ANMC (2009). *Registered Nurse 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.

25 AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, p. 25. Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 6 November 2014.

1.6 Review of the Midwife Accreditation Standards

The ANMAC Board convened an Expert Advisory Group (see Acknowledgements) to oversee the review of the Midwife Accreditation Standards. The Expert Advisory Group developed a project timeline and identified a wide-ranging list of stakeholders to consult. A letter of invitation was sent to stakeholders outlining the process and options for providing comment and feedback throughout the review. A dedicated email address enabled stakeholders to contribute views at any time.

The review comprised two key consultation stages, each revolving around a consultation paper.

Stage 1—First consultation paper

The first consultation paper and first version of the revised standards was prepared with a consultancy firm, edited by the Expert Advisory Group, approved by the ANMAC Board and sent to stakeholders to consider before the first consultation forum was held in Brisbane (21 August 2013).

The first version of the revised Midwife Accreditation Standards incorporated the new ANMAC standard structure developed during the review of the Registered Nurse Accreditation Standards in 2012. A copy of the first consultation paper was placed on the ANMAC website with a public invitation to contribute. This paper covered the background, context, purpose and process of the review and addressed key areas of change in education and maternity health care policy pertinent to revising the nine Midwife Accreditation Standards.

Stakeholders were asked to consider specific content areas in the first version of the standards, including facilitation of intra and interprofessional learning, competency development, use of midwifery practice experience requirements, pathways to beginning practice, simulated learning, workforce preparation and new criteria relating to women-centred care, program structure and inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples' history, health wellness and culture.

The consultation paper asked for feedback on whether the first version of the standards were complete and sufficient to assure the NMBA and the Australian community that a graduate of an accredited entry-to-practice program was fit to be registered and could practise in a safe and competent manner within the context of a contemporary, Australian maternity care setting.

Stakeholders could provide feedback by attending one of eight forums held across various metropolitan, regional and rural locations, emailing a submission or by responding to an electronic survey.

Feedback indicated that there was much support for the content and intent of the first version of the Midwife Accreditation Standards. Most responses contained suggestions on how to promote the understanding, flexibility or clarity of specific criteria. Feedback also identified omissions, superfluous content or scope of practice issues.

Three key points of difference became apparent from the feedback:

1. Achieving competency: although there was support for using a competency-based approach for clinical practice, most stakeholders preferred stipulating minimum practice requirements so students would be sufficiently exposed to clinical learning. The queried rigour of competency assessment methods appeared to influence this preference.
2. Specifying minimum practice requirements: the degree to which certain minimum practice requirements should change became a point of difference, due mostly to the absence of guiding evidence and variance in stakeholder views on the relevance of international benchmarks[26] in an Australian maternity care system. As a practice requirement continuity of care experiences were highly valued by stakeholders, however increasing the quality of experiences by reducing required

26 Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. Articles 40–42 and Annex V, point 5.5.1.

numbers was a reoccurring theme. Many stakeholders referred to Australian research that reported student perceptions of continuity of care experiences. [27,28,29] This included benefits and burdens experienced by students when completing requirements. Stakeholders also held differing opinions about the importance of attending the birth as a requirement of continuity of care experiences.

3. Specifying minimum practice hours: feedback indicated substantial support for there being one accreditation standard, applicable to all entry-to-practice midwifery programs, incorporating criteria for minimum practice hours and a theory-to-practice ratio. Many stakeholders noted the absence of evidence guiding the specification of minimum practice hours. Further, an agreed quantum did not emerge from stakeholder feedback.

The Expert Advisory Group supported further stakeholder consultation to address these three key points of difference.

Stage 2—Second consultation paper

In October 2013 the second consultation paper was released, to find a convergent view that most stakeholders considered met the primary objective of the National Law.[30]

The second consultation paper acknowledged the absence of high-level evidence to guide midwifery curricula development in the above three key areas of difference. The paper also included a conceptual model for curricula design integrating key elements of stakeholder feedback. This model underpinned the second version of the standards.

Stakeholders were then asked to consider if these changes enhanced the utility of the standards and facilitated student achievement of safe, competent practice. Feedback was returned and collated before the summative consultation forum held on 11 December 2013. Final issues were addressed at the forum, with minimum practice hours and specifications for continuity of care experiences and primary *accoucheur* experiences central to discussion.

The Expert Advisory Group considered all feedback from Stage 2. Key outcomes included:

- Standard 3—Program development and structure:
  - Minimum practice hours were removed because a quantum acceptable to stakeholders could not be identified.
  - The theory-to-practice ratio was retained without change.
- Standard 8—Management of midwifery practice experience:
  - Continuity of care experiences were reduced, with attendance at most births retained, to enhance the quality of this valued learning experience.
  - No further reduction was made to primary *accoucheur* experiences. This foundational knowledge was considered necessary to support the transition to registered practice in contemporary maternity care settings.

27 McLachlan H, Newton M, Nightingale H, Morrow J and Kruger G (2013). 'Exploring the "follow-through experience": a statewide survey of midwifery students and academics conducted in Victoria, Australia'. *Midwifery,* 2013. http//dx.doi.org/10.1016/j.midw.2012.12.017.

28 Gray J, Leap N, Sheehy A and Homer C. (2013). 'Students' perceptions of the follow through experience in 3 year Bachelor of Midwifery programmes in Australia'. *Midwifery*, 2013, vol. 29, pp. 400–406.

29 Licqurish S and Seibold C. (2012). 'Chasing the numbers': Australian Bachelor of Midwifery students' experiences of achieving midwifery practice requirements for registration. *Midwifery*, 2012. Viewed at: http://dx.doi.org/10.1016/j.midw.2012.06.006 on 6 November 2014

30 To provide for the protection of the public by ensuring that only health practitioners suitably trained and qualified to practise in a competent and ethical manner are registered. AHPRA (2009). *Health Practitioner Regulation National Law Act 2009*, p. 25. Viewed at www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 6 November 2014.

1.7 Regulatory impact assessment

During the development of the Midwife Accreditation Standards, ANMAC undertook a regulatory impact assessment.[31] The Australian Government's Office of Best Practice Regulation requires national standard setting agencies such as ANMAC to consider the impact of regulation, standards and other quasi-regulation before approving such instruments. ANMAC developed the regulatory impact statement to assist its Standards Accreditation and Assessment Committee and both ANMAC and NMBA Boards to approve the proposed accreditation standards.

This assessment was undertaken in accordance with the Council of Australian Governments' Best Practice Regulation—*A Guide for Ministerial Councils and National Standard Setting Bodies 2007*. It considered such matters as the costs and benefits of introducing the new accreditation standards, the business compliance costs and the impact on competition.

The ANMAC regulatory impact assessment was submitted to the Office of Best Practice Regulation who identified the proposed changes to the current NMBA-approved national accreditation standards to be minor and, as a consequence, required no further regulatory impact statement.

1.8 Ratification and approval

The EAG and Standards Accreditation and Assessment Committee reviewed the final draft of the accreditation standards before presenting them to the ANMAC Board.

While ANMAC is responsible for developing the accreditation standards, the NMBA is responsible for approving them under the National Law. This same dual regulatory function applies to the accreditation of individual programs of study leading to registration or endorsement as a nurse or midwife.

31 ANMAC (2014). *Regulatory Impact Statement—Midwife Accreditation Standards.*

2 Introduction

2.1 Purpose of the ANMAC accreditation process

The ANMAC accreditation process is to ensure the quality of the nursing and midwifery professions and its work on behalf of public interest and public safety. The public needs to know that those who graduate from higher education provider entry-to-practice midwifery programs are competent to practise safely and effectively and eligible to be registered through the NMBA as a midwife in Australia.

Education providers ensure graduates have the common and transferable skills, knowledge, behaviours and attitudes (articulated in the National Competency Standards for the Midwife) required to practice. Accreditation evaluates if the education provider, on the basis of evidence they provide, will meet this goal.

Professional program accreditation is concerned with the quality of the profession and its work, from the perspective of the public interest and public safety. This is in contrast to accreditation (or similar assessment) of higher education providers by TEQSA for quality assurance and risk management purposes. However, having TEQSA accreditation is a prerequisite for ANMAC to assess nursing and midwifery programs for accreditation.

External professional (or occupational) accreditation helps assure the community that professionals who have completed an accredited program of study are safe and competent beginning practitioners. It is an efficient and effective proxy for assessing every graduate against the National Competency Standards for the Midwife. Accreditation therefore involves comprehensively examining the higher education provider's: governance system and quality management framework; student enrolment processes, student support, assessment and workplace experience; curriculum philosophy, curriculum structure and content; and teaching and learning approaches.

Periodic accreditation of nursing and midwifery programs stimulates education providers to review and assess their own programs. It enables providers to validate strengths of existing programs, identify areas for improvement and introduce new teaching and learning initiatives.

The ANMAC accreditation process supports diversity, innovation and evolution in approaches to education. The standards therefore have minimal prescription of curricula content, core subject inclusion and educational approaches required for program delivery.

2.2 Midwife Accreditation Standards

The Midwife Accreditation Standards detail the minimum requirements higher education providers must meet if they want their program of study to be accredited by ANMAC. TEQSA-approved higher education providers must also be accredited. Under s. 49(1) of the National Law, graduates cannot register unless their program of study is accredited by ANMAC with accreditation approved by the NMBA.

The nine Midwife Accreditation Standards are listed in Figure 1:

Figure 1—Midwife Accreditation Standards

STANDARD 1: GOVERNANCE
The education provider has established governance arrangements for the 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 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 in length and structure with the AQF for the qualification offered, 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 experiences 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.

2.3 Using the Midwife Accreditation Standards

The Midwife Accreditation Standards are designed principally for use by higher education providers seeking accreditation of an entry-to-practice program of midwifery study. ANMAC Associate Directors for Professional Programs, the Registered Midwife Accreditation Committee and members of ANMAC assessment teams evaluate programs against these standards and make recommendations to the ANMAC Board for decision making.

The standards are principally for use by higher education providers, they are also useful for anyone interested and involved in the education of midwives.

Higher education providers seeking accreditation have to complete an application pack (available at www.anmac.org.au). The pack includes the Midwife Accreditation Standards and guidance on addressing them. This guidance is regularly reviewed and updated to assist education providers prepare their submissions.

Other material to assist education providers (also available at www.anmac.org.au) includes:

- National Guidelines for the Accreditation of Nursing and Midwifery Programs Leading to Registration and Endorsement in Australia[32], which describes the structures, personnel and processes of accreditation of nursing and midwifery providers and programs of study.
- The ANMAC Assessor Handbook.[33]

32 ANMAC (2012). *National Guidelines for Accreditation of Nursing and Midwifery Programs of Study Leading to Registration and Endorsement in Australia*. November 2012. Viewed at: www.anmac.org.au/document/national-accreditation-guidelines on 6 November 2014.

33 ANMAC (2012). Assessor Handbook. Viewed at: www.anmac.org.au/sites/default/files/documents/Assessors_Handbook.pdf on 6 November 2014.

3 The Midwife Accreditation Standards

Standard 1: Governance

The education provider has established governance arrangements for the 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 Current registration with Tertiary Education Quality and Standards Agency (TEQSA) as an Australian university or other higher education provider.[34]

1.2 Current accreditation of the 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 the award of Bachelor (level 7) as a minimum.

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 Policies relating to credit transfer or the recognition of prior learning that are consistent with AQF national principles and the graduate's ability to meet the National Competency Standards for the Midwife for professional registration.

34 For an explanation of provider categories see: TEQSA (2011). *Higher Education (Threshold Standards) 2011 Legislative Instrument*, Chapter 2. Viewed at: www.teqsa.gov.au/higher-education-standards-framework on 6 November 2014.

Standard 2: Curriculum conceptual framework

The program provider makes explicit, and uses a contemporary conceptual framework for the 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.[35]

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
- 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.

35 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 6 November 2014.

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 in length and structure with the AQF for the qualification offered, 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 at each stage of the program.

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

3.6 The program ensures sufficient midwifery practice experience placement—that may occur across the calendar year—to enable optimal exposure to midwifery continuity of care experience.

3.7 That the minimum length of the pre-registration midwifery program for registered nurses be at least 12 months full time.

3.8 Theory and practice are integrated throughout midwifery programs in equal proportions (50 per cent theory and 50 per cent practice).

3.9 That content and sequencing of the program of study prepares students for midwifery practice experience and includes opportunities for simulated learning[36] wherever possible.

3.10 Midwifery practice experience placement[37] is incorporated into the program across 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.

3.11 Midwifery practice experience is included as soon as is practically possible in the first year of study to facilitate early engagement with the professional context of midwifery.

36 Refer to glossary for an operational definition of simulated learning.

37 Refer to glossary for an operational definition of midwifery practice experience placement.

3.12 Midwifery practice experience is included towards the end of the program, in Australia to consolidate the acquisition of competence and facilitate transition to practice and a summative assessment is made at this time against all National Competency Standards for the Midwife in a midwifery practice setting.

3.13 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.

3.14 Where the structure of the program allows for multiple entry pathways for which students receive block credit or advanced standing (other than on an individual basis) and evidence that each pathway meets these Midwife Accreditation Standards.

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

- a critical analysis and evaluation
- b reflective practice
- c professional advocacy
- d responsibility and accountability
- e quality improvement methodologies
- f research appreciation and translation
- g legal and ethical issues in health care and research
- h health informatics and health technology.

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 culture, to develop and engender their knowledge of cultural respect and safety.

4.7 Inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples' history, health, wellness and culture. Midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples and communities are also appropriately embedded in other subjects across the curriculum.

4.8 Equivalence of theory or midwifery practice experience gained outside Australia in terms of subject learning outcomes and assessment. Learning experiences outside Australia must not exceed one-fifth of the total program.[38]

38 An explanation of learning experiences outside Australia can be found in the ANMAC explanatory note: *Offshore components in accredited Australian Programs of Study*, April 2013. Viewed at: www.anmac.org.au/document/accreditation-explanatory-note-offshore-components-accredited-australian-programs-study on 2 October 2013.

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[39] in an Australian midwifery practice setting before program completion.

39 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 compliance with the National Law by registering students with the NMBA
- 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. For staff teaching in an entry-to-practice Masters program, this requires a relevant post-graduate qualification or equivalent midwifery practice experience.[40]

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.

40 Academic staff currently teaching into an accredited midwifery Bachelor or Diploma program of study who do not have a qualification at least one level higher than that being taught or an equivalent qualification and the required professional experience are provided with a grace period of five years to upgrade their qualifications. After this time, they will be ineligible to teach into an accredited midwifery program of study. This grace period began 1 January 2012 and will expire on 31 December 2016. New appointments to the academic staff during this period must meet the requirements of the relevant standards or be enrolled in a program of study that confers the qualification required by the standard. Excerpt from the ANMAC explanatory note: *Qualifications of Academic Staff Teaching into Nursing and Midwifery Programs of Study. V*iewed at: www.anmac.org.au/sites/default/files/documents/ANMAC_Explanatory_Note-Qualifications_of_academic_staff_teaching_into_nursing.pdf on 6 November 2014.

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[41] 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.[42]

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

41 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 6 November 2014.

42 Must hold current Australian general registration as a midwife.

8.11 The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum[43], supervised midwifery practice experience requirements.[44]

Continuity of care experiences

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—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate

   iii engage with a minimum of 10 women—engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, 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 100 antenatal episodes of care.[45] This may include women the student is following as part of their continuity of care experiences.

Labour and birth care

c Under the supervision of a midwife, act as the primary *accoucheur* for 30 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:

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

   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.

d Provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth—regardless of mode.

43 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.

44 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.

45 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.

Complex care

e Experience in caring for 40 women with complex needs across pregnancy, labour, birth or the postnatal period.[46] This may include women the student has engaged with as part of their continuity of care experiences.

Postnatal care

f Attendance at 100 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.[47]

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 20 full examinations of a newborn infant.[48]

k Experiences in care of the neonate with special care needs.[49]

46 These 40 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'.

47 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.

48 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.

49 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.[50]

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.

The French meaning of the word is a male midwife or a man who assists women in birth. The feminine version of this word is *accoucheuse*.

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

Australian Nursing and Midwifery Accreditation Council—ANMAC 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—the ANMC 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—the AQF 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.

Assessment contexts—includes the professional practice context and simulated or laboratory contexts.[51]

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).[52]

Australian Health Practitioner Regulation Agency—AHPRA is responsible for the implementation of the National Regulation and Accreditation Scheme across Australia. Supports National Health Practitioner Boards (such as the NMBA) in implementing the scheme.

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

50 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.

51 ibid.

52 ibid.

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.

Collaborative practice—where health professionals work as an effective team, optimising individual skills and talents and sharing case management to reach the highest of patient care standards.

Competence—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area.[53]

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.[54]

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.[55] 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.[56]

Continuing competence—the ability of midwives to demonstrate they have maintained their competence in their current area and context of practice.[57]

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.[58]

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.

53 ANMC (2006). *National Competency Standards for the Midwife*, January 2006, Canberra.

54 ibid.

55 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.*

56 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.

57 ANMC (2009). *Continuing Competence Framework*, February 2009, Canberra.

58 ANMC (2009). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment and Authorisation in Australia with Evidence Guide*. February 2009, Canberra.

- Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.[59]

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

Cultural safety—*t*he effective midwifery practice of a person or a family from another culture, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; 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 identity and wellbeing of an individual.[60]

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.[61]

Education provider—university, or other higher education provider, responsible for a program of study, the graduates of which are eligible to apply to the NMBA for nursing or midwifery registration or endorsement.

Emotional intelligence—the ability to understand, identify in oneself and others, and manage emotions. Includes the domains of self-monitoring, self-regulation, self-motivation, empathy and social skills.[62]

59 NMBA (2010). *Criminal History Registration Standard*. July 2010.

60 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.

61 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.

62 Goleman, D (2005). E*motional Intelligence (Why it can matter more than IQ*). 10th anniversary edition. Bantam Books. London.

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.[63]

Equivalent professional experience—refers to the successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience[64] 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.[65]

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—students who, having undertaken a program, are eligible to apply for midwifery registration.[66]

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.[67]

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. The National Law is legislated in each state and territory. The *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* outlines the administrative arrangements established under the first stage of the National Registration and Accreditation Scheme for the Health Professions (Act A).

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).[68]

63 NMBA (2011). *English Language Skills Registration Standard*. September 2011.

64 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 6 November 2014.

65 Adapted from NMBA, *Framework for the Assessment of Internationally Qualified Nurses and Midwives for Registration*. July 2010.

66 ANMC, *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.

67 Standards Australia (2013). *e-health: What is Health Informatics?* Viewed at www.e-health.standards.org.au/ABOUTIT014/WhatisHealthInformatics.aspx on 6 November 2014.

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*. February 2009, Canberra.

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.[69]

International definition of the midwife—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.[70]

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

Learning outcomes—the skills, knowledge and attitudes identified as the requirements for satisfactory program completion including, but not limited to, the graduate competency outcomes.[71]

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.[72]

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.

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 theoretical knowledge into practice. Includes, but may not be limited to, continuity of care experiences.[73]

69 TEQSA (2011). Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2. Viewed at www.teqsa.gov.au/higher-education-standards-framework on 6 November 2014.

70 International Confederation of Midwives (2011). *International Definition of the Midwife*, 15 June2011, Brisbane.

71 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.

72 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.

73 Adapted from ANMC's *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.

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 generally 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.[74]

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:[75]

- 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.
- 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.

74 Adapted from ANMC's *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.

75 ANMAC (2010). *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. 2010, Canberra.

Program—refers to the full program of study and experiences that must be completed before a qualification recognised under the AQF, such as a Bachelor or Masters of Midwifery, 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.

Regulatory impact statement—is a key component of the Australian Government's best-practice regulation process, containing seven elements setting out:

1. problems or issues that give rise to the need for action
2. desired objectives
3. options that may achieve the desired objectives (at a minimum a regulatory option, a non-regulatory or light-handed regulatory option, and a do-nothing option)
4. assessment of impact (costs, benefits and, where relevant, levels of risk) of options for consumers, business, government and the community
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.[76]

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.

76 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 12 August 2013.

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.[77]

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 midwifery registration.

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

Tertiary Education Quality and Standards Agency—TEQSA was established in July 2011 to regulate and assure the quality of Australia's large, diverse and complex higher education sector. From January 2012, TEQSA registers and evaluates the performance of higher education providers against the new Higher Education Standards Framework. TEQSA also undertakes compliance and quality assessments.

University/universities—institutions listed as Australian universities on the AQF Register. Being listed on the register indicates that the Ministerial Council of Education, Employment, Training and Youth Affairs vouches for the quality of the institution. The institutions meet the requirements of protocols A and D of the National Protocols for Higher Education Processes (2006), are established by an Australian legislative instrument, as defined in Part 3 of the National Protocols, and may include institutions operating with a 'university college' title or with a specialised university title, where they meet these protocols.

Woman—a term including the woman, her baby (born and unborn), and, as negotiated, with the woman, her partner, significant others and the community.[29]

77 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.*

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 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:

- 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.[78]

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*. February 2009, Canberra.