ANMC
AUSTRALIAN NURSING & MIDWIFERY COUNCIL

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

Revised September 2009
Revised November 2010

Report prepared by Dr. Denise Ryan

Developed with input from the Australian College of Midwives, in consultation with the Midwifery Education Standards Advisory Committee (a committee of the Australian College of Midwives)

ANMC
AUSTRALIAN NURSING & MIDWIFERY COUNCIL

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

Revised September 2009
Revised November 2010

Report prepared by Dr. Denise Ryan

Developed with input from the Australian College of Midwives, in consultation with the Midwifery Education Standards Advisory Committee (a committee of the Australian College of Midwives)

ISBN 978-0-9807515-3-6

The *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia —with Evidence Guide, Midwives* was first published in 2009.

Australian Nursing & Midwifery Council
PO Box 873
Dickson ACT 2602

T + 61 2 6257 7960
F + 61 2 6257 7955
www.anmc.org.au

CONTENTS

National Accreditation Standards and Criteria

PREAMBLE

These standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia are the result of the final stage of the Australian Nursing and Midwifery Council's (ANMC) National Accreditation of Nursing and Midwifery Courses Project. Stage 1 of the project resulted in a discussion paper recommending the development of a national framework. The national framework was subsequently developed as Stage 2 of the project and endorsed by the ANMC in February 2007.

These standards and criteria fit the ANMC's national framework. The framework establishes a process within which courses are granted recognition and approval for a specified time, having met defined requirements. The standards and criteria provide specific indicators for measuring whether a course fulfils the defined requirements. The standards and criteria have been developed in conjunction with a steering committee of key industry stakeholders, including regulators, professional bodies and academics. The midwifery standards have been developed incorporating material provided by the Australian College of Midwives (ACM) in consultation with the Midwifery Education Standards Advisory Committee (MESAC) in relation to profession-specific requirements and key terminology.

The development of these standards and criteria, while part of the broader accreditation project, is also a discrete undertaking. It takes advantage of research and consultation not available at the time the framework was established and consequently there are some emphases not found in the framework. Departures in principle or intent from the framework are clearly identified. Otherwise, the two documents as congruent with and complement each other and, together, they provide a comprehensive accreditation tool.

There are **nine standards**, each underpinned by a set of **criteria**. The nine standards draw on the 'accreditation criteria' described in the ANMC National Accreditation Framework.

Each standard has a '**statement of intent**' drawing attention to the underlying motivation for the standard or the principles on which it depends. Each standard is expressed as a requirement for the education provider to produce evidence of the arrangements for aspects of quality assurance. The statement of intent is followed by a list of the **criteria** that are pertinent to demonstrating the overarching standard.

Under the list of criteria is an **'evidence guide'**, providing suggestions on how compliance with each criterion may be demonstrated. Alternate means of demonstrating compliance with criteria may be found and the education provider is free to use other means. In some cases, evidence is mandatory and this is indicated with an (M). Indications in the evidence guide of cross referencing between the standards and criteria point to the potential to cite evidence otherwise provided on related criteria rather than duplicating evidence. They also provide an aid to understanding and navigating the intersections between the standards and criteria.

The **explanation of terms** clarifies key terminology. The **discussion** provides a rationale for the draft standards and criteria in the context of current industry views and contemporary health care research, policy and practice—in Australia and internationally.

The central dilemma confronting the development of the accreditation standards and criteria is the need to balance the costs and practicalities of implementation with the need to protect the public. According to the National Nursing and Nursing Education Taskforce (N3ET) (2006) *Commonwealth Funding for Clinical Practicum*

report, education standards should be 'practical, achievable and where necessary enforceable.'[1] In accordance with this principle, the accreditation standards and criteria have been developed as minimum standards for protecting the public. This acknowledges also that the education provider, having participated in quality assurance processes in accord with the relevant education sector as a pre-requisite for applying for professional accreditation, has already passed a rigorous validating process which is unnecessary to duplicate. The emphasis in these accreditation standards is on producing competent practitioners to protect the public rather than on the quality and integrity of courses and institutions, which is the focus of the education sectors' quality assurance processes.

The principal standards for determining competent practitioners are the ANMC National Competency Standards documents. These establish the national benchmark for entry to practice. The national competency standards for the midwife 'are the core competency standards' by which the midwife's performance is assessed 'to obtain and retain' a licence to practise as a midwife in Australia.[2] The competency standards establish the required graduate outcomes for education courses and the minimum standards expected for the protection of the public. For the purposes of the standards, these outcomes will be referred to as 'graduate competency outcomes'. The expectation on which the standards for midwives are developed is that new graduates be competent for beginning-level practice with 'foundational knowledge, professional attitudes and essential skills that are both transferable and a firm base on which to build.'[3]

While it is the regulatory authorities which must be satisfied that a graduate is competent to practise and which issue the licence to practise, they do this on the basis that the graduate has, in gaining a qualification from an institution with an accredited education course, provided ample testimony of his/her competence as a beginning professional. The course provider's goal is to ensure that its graduates, while not being orientated to particular workplaces, have the required common and transferable skills and knowledge upon which to build the specific skills and knowledge that the context of their practice demands. The purpose of course accreditation is to judge whether, on the basis of the evidence provided by the course provider, this goal is likely to be achieved.

The standards and criteria are relevant to the national registration and accreditation context of 2010 and beyond. Transition arrangements will be put in place to ensure that education providers and students are not disadvantaged in relation to current course offerings that differ fundamentally from the national standards. With this in mind, the standards aim for single pathways to minimum qualifications, understanding that where there are existing alternative pathways, these will be able to continue during the transition period that comes into effect after 2010.

The ANMC acknowledges the assistance of the Australian Department of Health and Ageing and the expert members of the Steering Committee which comprised nursing and midwifery regulators, academics, professional organisations and individual professions in the development of these Standards and Criteria.

1 N3ET (2006). *Commonwealth funding for Clinical Practicum: a report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*, p. 26. Available at: <http://www.nnnet.gov.au/> [Accessed: 10 October 2007].

2 ANMC (2006). *National Competency Standards for the Midwife* 1st edition. Available at: <http://www.anmc.org.au/professional_standards/index.php> [Accessed: 10 January 2008].

3 N3ET (2006). *Commonwealth funding*, p. 27.

ACRONYMS

ACM	Australian College of Midwives
AQF	Australian Qualifications Framework
ANMC	Australian Nursing and Midwifery Council
AUQA	Australian Universities Quality Agency
AVCC	Australian Vice-Chancellors' Committee
COAG	Council of Australian Governments
DEST	Department of Education, Science and Training
ICN	International Council of Nurses
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
MESAC	Midwifery Education Standards Advisory Committee
MCEETYA	Ministerial Council of Education, Employment, Training and Youth Affairs
N3ET	National Nursing and Nursing Education Taskforce
NMRA	Nursing and Midwifery Regulatory Authority
OECD	Organisation for Economic Co-operation and Development
RCNA	Royal College *of* Nursing, *Australia*
RPL	recognition of prior learning
UNESCO	United Nations Educational, Scientific and Cultural Organization
UK	United Kingdom

EXPLANATION OF TERMS

Terms used here that have equivalents in the ANMC National Accreditation Framework (2007) use the existing definitions from the framework and are identified by an *. Where definitions of terms rely on other sources, these sources are identified.

ACADEMIC STAFF

Academic staff are education provider employees who meet the requirements established in standard 2 (must be registered and hold a qualification higher than that for which the students they instruct are studying) and who are engaged in the teaching, supervision, support and/or assessment of students in relation to their acquisition of the required skills, knowledge, attitudes and graduate competency outcomes.

AGREEMENT

Agreement is a shared formal agreement between the education provider and any health service providers through which students gain their professional experience, based on the policies demonstrated in relation to standard 1.

ASSESSMENT

Assessment is the process of collecting evidence and making judgements as to whether a learning outcome has been met (adapted from 'assessment' Nurses Board of South Australia (2005)—*Standards for Approval of Education Providers and Courses*).

ASSESSMENT TYPES

Includes *formative assessment (intended to provide feedback for the purposes of future learning, development and improvement) and *summative assessment (that leads to an indication of whether or not certain criteria have been met or whether certain outcomes have been achieved).

ASSESSMENT TASKS

Includes, for instance, written papers or oral presentations.

ASSESSMENT CONTEXTS

Includes the professional practice context and the simulated or laboratory context.

'BEING WITH'

'Being with' a woman refers to a woman-centred approach where the midwifery student is directly and actively involved with the woman as she spontaneously gives birth to her baby vaginally. It includes the midwifery student attending to third stage and facilitating initial mother and baby interaction. (ACM advice to the ANMC National Accreditation Standards project 2008–09)

COMPETENCE

Competence is the combination of the knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability (from ANMC (2007) *National Decision Making Framework—Final Framework*).

CONSUMER

Consumer is used generically to refer to client (nursing) and to woman (midwifery). 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.

WOMAN

The term "woman" includes the woman, her baby (born and unborn), and, as negotiated with the woman, her partner, significant others and community (adapted from the ANMC (2007) *National Decision Making Framework—Final Framework*).

CONTINUING COMPETENCE

Continuing competence is the ability of midwives to demonstrate that they have maintained their competence in their current area and context of practice (from ANMC (2007) *Draft National Continuing Competence Framework—Draft 2*).

CONTINUITY OF CARE EXPERIENCE

Continuity of care experience means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. The intention of the continuity of care experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, where practicable and irrespective of the carers chosen by the woman or of the availability of midwifery continuity of care models (ACM advice to the ANMC National Accreditation Standards project 2008–09).

COURSE

Course is the full program of study and experiences required to be undertaken before a qualification recognised under the Australian Qualifications Framework (AQF) and approved by the regulatory authority can be conferred (e.g., Bachelor of Midwifery leading to registration as a midwife).

CROSS-BORDER HIGHER EDUCATION

Cross-border higher education includes higher education that takes place in situations where the teacher, student, course, education provider or course materials cross national jurisdictional borders. It may include higher education by public/private and not-for-profit/for-profit providers. It encompasses a wide range of delivery modes, in a continuum from face-to-face (taking various forms such as students travelling abroad and campuses abroad) to distance learning (using a range of technologies and including e-learning). (adapted from United Nations Educational, Scientific and Cultural Organization (UNESCO) guidelines definition of cross-border higher education, p. 7 note 2; AQPN toolkit definition 2.1: 'the delivery in one country of education that directly originates, in whole or in part, from another country'). Contrast with Department of Education, Science and Training (DEST) definition of 'Australian Transnational Education' in *A National Quality Strategy for Australian Transnational Education and Training* a discussion paper (2005) 2.1 which is a more restricted concept: 'As distinct from education and training provided in a purely distance mode, transnational education and training includes a physical presence of instructors offshore.'

CULTURAL SAFETY

Cultural safety means 'the effective midwifery care of women from other cultures by a midwife who has reflected on her own cultural identity and recognises the impact of her culture on her practice'. Unsafe cultural practice is 'any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual'. Culture includes age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Cultural safety allows a woman and her family to judge whether the health service and delivery of health care is safe for them (Midwifery Council of New Zealand (2007) *Competencies for Entry to the Register of Midwives*).

DELIVERY MODE

Delivery mode is the means by which courses are made available to students: on-campus or in mixed-mode, by distance or by e-learning methods.

*EDUCATION PROVIDER

Education provider is an Australian university responsible for a *course*, the graduates of which are eligible to apply for midwifery registration in Australia.

GRADUATES

Graduates are students who, having undertaken a *course*, are eligible to apply for midwifery registration.

GRADUATE COMPETENCY OUTCOMES

Graduate competency outcomes are *learning outcomes* that correlate with the ANMC National Competency Standards and that establish the benchmark for midwifery registration.

HEALTH SERVICE PROVIDER

Health service providers are health units or other appropriate service providers, where students undertake a period of supervised professional experience as part of a *course*, the graduates of which are eligible to apply for midwifery registration (adapted from definition for 'clinical facilities' in the ANMC National Accreditation Framework).

INTERNATIONAL DEFINITION OF THE MIDWIFE

The midwife is a person who, having been regularly admitted to a midwifery educational program, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the assessing of medical or other appropriate assistance, and the carrying out of other 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 childcare (Adopted by the International Confederation of Midwives Council meeting 19 July 2005, Brisbane, Australia, ACM 2006).

LEARNING OUTCOMES

Learning outcomes are the skills, knowledge and attitudes identified as the requirements for satisfactory course completion including, but not limited to, the *graduate competency outcomes*.

MIDWIFERY INQUIRY

Midwifery inquiry entails Page's five steps of evidence-based midwifery:

1) finding out what is important to the woman and her family
2) using the information from the clinical examination
3) seeking and assessing the evidence to inform decisions
4) talking it through
5) reflecting on outcomes, feelings and consequences

(Lesley Ann Page and Patricia Percival eds. (2000) *The New Midwifery: Science and Sensitivity in Practice*. London, Churchill Livingstone, pp. 9–10), together with the application and contribution to the broader ongoing inquiry into midwifery practice forged by collaborative evaluation of ongoing practices and research to advance midwifery knowledge (drawing on aspects of definition of 'Nursing Inquiry' in J Crisp and B McCormack 'Critical inquiry and practice development' and in J Crisp and C Taylor *Potter and Perry's Fundamentals of Nursing*. edn. 3, Sydney, Elsevier, in press).

PRACTICE

Practice is any midwifery role which the graduate, having become a licensed or endorsed practitioner, undertakes. Practice is not restricted to the provision of direct care only. Being 'in practice' includes using midwifery knowledge in a direct relationship with women where it encompasses the social, emotional, cultural, spiritual, physical and psychological aspects of the woman's childbearing experience (in Page and Percival eds. (2000) *The New Midwifery*, p. 75). It also includes working in midwifery management, administration, education, research, professional advice, regulatory or policy development roles, which impact on midwifery service delivery (adapted from the definition in the ANMC (2007) *Draft National Continuing Competence Framework—Draft 2*, itself adapted from the Nursing Council of New Zealand 2004).

PRIMARY HEALTH CARE PHILOSOPHY

Midwifery education should prepare graduates to work within a primary health care philosophy. Since the Declaration of Alma-Ata in 1978, primary health care principles have influenced all World Health Organization policies. In relation to maternity services this means an approach that:

> addresses issues related to equity and access
> encompasses determinants of health such as the influence of culture, education and income
> develops services based on need that are affordable, sustainable and evidence-based
> promotes community participation in all aspects of the development, implementation and evaluation of services

- encourages the development of community-based services
- fosters collaboration, continuity of care and integrated services
- uses appropriate technology
- encourages self-reliance and the empowerment of community members.

(ACM 2006; 2007)

*PROCEDURAL FAIRNESS

Procedural fairness involves the following principles:

- The decision-maker must be impartial and unbiased regarding the matter to be decided, and must have no pecuniary or [proprietary] interest in the outcome.
- Those who may be adversely affected by a decision must be given prior notice of the case and a fair opportunity to prepare for and answer the case and present their own case.
- The decision must be based on sound argument and evidence.
- Those affected must be given the reasons for the decision.

PROFESSIONAL EXPERIENCE

Professional experience is any midwifery learning experience, including in simulated environments or professional experience placements, which assists students to put theoretical knowledge into practice. It must include but may not be limited to continuity of care experiences.

PROFESSIONAL EXPERIENCE PLACEMENT

Professional experience placement is the component of midwifery education that allows students to put theoretical knowledge into practice within the consumer care environment (adapted from the ANMC *Standards for Registered Nurses*). It must include but may not be limited to continuity of care experiences. It excludes simulation.

REGULATION

Regulation is all the legitimate and appropriate means—governmental, professional, private and individual—whereby order, identity, consistency and control are brought to the profession. The profession and its members are defined; the scope of practice is determined; standards of education and of ethical and competent practice are set; and systems of accountability are established through these means (*International Council of Nurses (ICN) Regulation Terminology* (2005) Version 1).

NURSING AND MIDWIFERY REGULATORY AUTHORITIES

Nursing and midwifery regulatory authorities (NMRAs), including the state and territory nursing and midwifery boards or equivalent authorities (adapted from the ANMC *Accreditation Framework*—NMRAs).

RISK ASSESSMENT AND RISK MANAGEMENT

Risk assessment and risk management together form an effective risk management system. This system is one incorporating strategies to:

> identify risks and hazards
> assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
> prevent the occurrence of the risks, or minimise their impact (from the ANMC *Decision Making Framework*).

SIMULATION

Simulation is a teaching and learning strategy to assist students to achieve direct consumer care skills, knowledge and attitudes in relation to a tool or environment (including skills learned in a laboratory setting) which reproduces aspects of the *professional experience* environment.

STUDENT

A student is any person enrolled in a *course* leading to midwifery registration.

SUPERVISION AND/OR SUPPORT

Supervision and/or support is where, for instance, an *academic staff* member or midwife supports and/or supervises a student undertaking a course for entry to the midwifery profession on a *professional experience placement*. It includes supervision and/or support provided in relation to the student's participation in continuity of care experiences.

UNIVERSITY/UNIVERSITIES

A university or universities are 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 (MCEETYA) vouches for the quality of the institution; and which 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. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.

WOMAN-CENTRED MIDWIFERY

The priniciples of woman-centred midwifery are identified in the *Australian College of Midwives Philosophy Statement*:*

Midwife means 'with woman'. This meaning shapes midwifery's philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women's work of bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women which, in turn, 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—the focus is on the woman, not on the institutions or the professionals involved
> includes collaboration and consultation between health professionals.

* ACM 2006; 2007; 2004. The ACM has drawn on the work and ideas of national and international leaders in midwifery and documents and websites from a range of organisations, including: New Zealand College of Midwives, Nursing Council of New Zealand, Nursing and Midwifery Council (NMC), United Kingdom (UK) (formerly United Kingdom Central Council for Nursing, Midwifery and Health Visiting/English National Board for Nursing, Midwifery and Health Visiting), Royal College of Midwives, College of Midwives of British Columbia, College of Midwives of Ontario, Nurses Board of Victoria, Queensland Nursing Council, the World Health Organization, Guilliland and Pairman (1995), Leap (2004).

DOMAIN 1: COURSE MANAGEMENT

STANDARD ONE: GOVERNANCE

The course provider demonstrates policies, procedures, processes and practices in regard to: quality assurance and improvement; course design and management; consultation and collaboration; and ensuring resources adequate to course implementation.

STATEMENT OF INTENT

That courses have adequate governance arrangements to produce graduates with the required graduate competency outcomes, as detailed in the ANMC *National Competency Standards for Midwives*.

CRITERIA

The course provider is required to demonstrate or confirm:

1) Current quality assurance and accreditation in the relevant education sector in Australia—midwifery courses must show evidence of Australian university quality assurance and accreditation.
2) Course development, monitoring, review, evaluation and quality improvement.
3) Collaborative approaches to course organisation and curriculum design between academic staff, students, consumers and key stakeholders.
4) That students are provided with facilities and resources sufficient in quality and quantity to enable the attainment of the required graduate competency outcomes.
5) How shared formal agreements between the education provider and any health service providers where students gain their professional experience are developed and reviewed, and justification of their requirements.
6) How risk assessments of and risk minimisation strategies for any environment where students are placed to gain their professional experience are developed.
7) That credit transfer or the recognition of prior learning (RPL) is consistent with both AQF national principles and the expected outcomes of regulatory authorities for practice.
8) The equivalence of course outcomes for courses taught in Australia in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
9) The equivalence of course outcomes for cross-border education in all delivery modes in which the course is offered (courses delivered on-campus or in mixed-mode, by distance or by e-learning methods).
10) Monitoring of staff performance and ongoing academic staff development, and of staff having current relevant professional registration.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Confirmation of successful completion of the Australian Universities Quality Agency (AUQA) audit report, including date of expiration of approval (M). Listing on the current AQF register. Account of any restrictions on accreditation status (M).
	2) Current template for school course review documentation, such as evaluation, quality improvement plan, reports or descriptions of ways in which these processes have impacted or will impact on course design and delivery. Documentation of the need for and viability of the course relative to the jurisdiction in which the course is to be delivered (e.g., evidence of consultation with industry and support for course in region(s) where it is to be offered). Scoping study.
	3) Collaboration activities—Advisory Committee membership and Monitoring Committee membership. Documentation of collaborative curriculum development—Terms of Reference for committees and minutes of meetings.
	4) Evidence of resources (cross reference with standard 8, criterion 1).
	5) Guidelines that prescribe content of agreements. Meeting minutes of negotiation of agreements.
	6) Guidelines or policies for risk assessments. Risk minimisation strategies.
	7) Credit transfer and RPL policies—including description of how curriculum is 'matched' to determine RPL (M). Examples of RPL for an overseas registered midwife. Documentation that identifies process and outcomes for RPL.
	8) Description of processes to ensure equivalence of course outcomes. Documentation of arrangements for online courses to satisfy professional experience component of course (M).
	9) Description of processes to ensure equivalence of course outcomes. Documentation of arrangements for offshore courses to satisfy professional experience component of course (M) (e.g., breakdown of onshore and offshore teaching). Declaration regarding teaching and assessment in English (also standard 4, criterion 7, final placement in Australia).
	10) Copies of policies and descriptions of processes for staff performance review, for identifying and dealing with staff non-compliance of requirements for maintaining midwifery registration (or other professional registration where applicable). Descriptions of staff professional development activities. Policies regarding personal staff performance development plans.

ISSUES TO NOTE

The argument for mandating that courses must be offered by a university is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines>

STANDARD TWO: ACADEMIC STAFFING

The course provider demonstrates policies, procedures, processes and practices to demonstrate that staff are qualified and prepared for their roles and responsibilities in relation to teaching, supervising and assessing students.

STATEMENT OF INTENT

That staff are qualified and sufficient in number to provide students with the support and the expertise necessary to attain their graduate competency outcomes.

CRITERIA

The course provider is required to demonstrate that:

1) the Head of Discipline responsible for midwifery curriculum development is a midwife academic with current registration and endorsement as a midwife, who maintains active involvement in the midwifery profession and who demonstrates strong links with contemporary midwifery education and/or research
2) academic staff members hold a tertiary qualification relevant to their midwifery profession as a minimum qualification and are midwives with a current practising certificate
3) in cases where an academic staff member's qualifications do not include midwifery their qualifications are relevant to the education of the given students (e.g., in cross-disciplinary courses)
4) academic staff hold a qualification that is higher than the qualification for which the students they educate are studying (or justification of where exceptions to this criterion should be made)
5) academic staff are qualified to fulfil their teaching responsibilities, including current competence in area of teaching.
6) staffing arrangements around course delivery are aligned with course outcomes.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Position descriptions indicating minimum qualifications and requirement for current practising certificate. Sample copies of curriculum vitae.
	2) Position descriptions indicating requirement for minimum qualifications and current practising certificate. Description of processes for checking that staff maintain current practising certificate. Sample copies of relevant current practising certificates.
	3) List of current academic staff, including teaching experience, qualifications and courses taught (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Policies for staff recruitment. Justification of staff selection against course delivery (cross reference with standard 8, criterion 4).

STANDARD THREE: STUDENTS

The course provider demonstrates policies, procedures, processes and practices which establish: equal opportunities for all midwifery students to successfully meet the requirements for registration as a midwife; that midwifery students are informed pre-enrolment of specific entry requirements or learning styles that the course may require; and that midwifery students are aware of regulatory authorities' requirements for entry to practice.

STATEMENT OF INTENT

That courses are underpinned by equal opportunity principles in terms of recruitment, enrolment and support of students and that students are given the opportunity to make informed course selections pre-enrolment, understanding any:

> specific requirements of the provider for entry to the course
> specific teaching and learning approaches through which the course is delivered, or
> regulatory authorities' requirements for registration.

CRITERIA

The course provider is required to demonstrate:

Recruitment:

1) that students are informed of specific requirements for right of entry to midwifery professional experience placements
2) that students are informed of regulatory authorities' criteria for registration to practice.

Enrolment:

3) that Aboriginal and Torres Strait Islander students are encouraged to enrol
4) that students from other groups under-represented in the midwifery profession, especially those from culturally and linguistically diverse groups, are encouraged to enrol
5) that students who have diverse academic, work and life experiences are encouraged to enrol.

Support:

6) that provision is made for the range of support needs for Aboriginal and Torres Strait Islander students
7) that provision is made for the range of support needs of students: from other groups underrepresented in the midwifery profession; from diverse academic, work and life experiences and achievements; of diverse social and cultural backgrounds; and of diverse ages
8) that all students have equal opportunity to gain all graduate competency outcomes regardless of the mode of course delivery.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of requirements for police checks, vaccination etc. for professional experience placement, including processes for non-compliance (M).
	2) Course handbook or equivalent with details of requirements—English language requirements, demonstration of good character, immunisation compliance—and links to regulatory authority information and criteria for registration to practice (M).
	3) Equal opportunity policies with regard to admission. Evidence of university policy and course application (M).
	4) As per criterion 3.
	5) As per criterion 3.
	6) Description of student support services for Aboriginal and Torres Strait Islander students. University policy and course application (M).
	7) Description of student support services for students from diverse cultural and linguistic backgrounds, for mature age students etc. Disability support services. University policy and course application (M).
	8) Course handbook or equivalent with details of mode(s) of delivery of courses, including professional experience requirements and information technology requirements (M).

STANDARD FOUR: COURSE LENGTH AND STRUCTURE

The course provider demonstrates policies, procedures, processes and practices to establish theoretical and practical learning opportunities for the achievement of the midwifery graduate competency outcomes.

STATEMENT OF INTENT

That the course structure is sufficient to gain the midwifery graduate competency outcomes and that substantial midwifery experience is incorporated into the course to promote early engagement and to allow final preparation for the transition to professional midwifery practice.

CRITERIA

The course provider is required to demonstrate that:

1) for courses leading to registration as a midwife the minimum qualification must be a university-based bachelors degree (or where relevant a postgraduate qualification)
2) the minimum length of the bachelor degree (or where relevant a postgraduate qualification) must be equivalent to three years full time, planned across the full calendar year to enable optimal exposure to continuity of care experience.
3) the minimum length of the pre-registration midwifery course must be at least 12 months full time where the midwifery student is a registered nurse
4) the course must ensure midwifery continuity of care and effective development of midwifery graduate competency outcomes for midwifery students
5) theory and practice must be integrated throughout midwifery courses in equal proportions (50% theory and 50% practice)
6) the midwifery professional experience placement must be included as early as is educationally sound to facilitate early engagement with the professional context
7) extended midwifery professional experience placement, including continuity of care experience, must be included towards the end of the course of study in Australia to consolidate graduate competency outcomes and to facilitate transition to professional midwifery practice.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Course handbook or equivalent with details of course length and structure (M).
	2) As per criterion 1.
	3) As per criterion 1.
	4) Copy of full course outline (M).
	5) As per criterion 4, indicating that theory includes teaching hours and independent study and that practice includes both professional experience placement and continuity of care experiences following individual women. Map, grid and/or table of total professional experience outcomes in relation to graduate competency outcomes (M).
	6) Description of professional experience arrangements in the first year of the course.
	7) Description of length and timing (date) of last professional experience placement of course. Location of placement (cross reference with standard 1, criteria 8 and 9, on course equivalence).

DOMAIN 2: CURRICULUM

STANDARD FIVE: CURRICULUM CONTENT

The course provider demonstrates policies, procedures, processes and practices to establish that the curriculum promotes a woman-centred midwifery philosophy as the foundation of practice within a framework of primary health care in order to comprehensively achieve the graduate competency outcomes.

STATEMENT OF INTENT

That the curriculum meets the requirements of midwifery as a practice-based discipline by integrating content and philosophy developed from the International Definition of a Midwife (adopted by the International Confederation of Midwives in July 2005) and the ANMC *National Competency Standards for the Midwife* and relevant midwifery codes and standards.

CRITERIA

The course provider is required to demonstrate that:

1) the curriculum has been mapped against the ANMC *National Competency Standards* for midwives to demonstrate how the graduate competency outcomes are to be achieved.
2) the selection, organisation, sequencing and delivery of learning experiences provides students with the opportunity to attain all required graduate competency outcomes.
3) the curriculum addresses specifically the history, health and culture of Aboriginal and Torres Strait Islander Peoples as well as the principles of cultural safety.
4) the central focus of the course is on midwifery and contemporary midwifery practice addressing, across the length of the course, how woman-centred care and primary health care principles underpin the ANMC competency standards across these four domains:
   - legal and professional practice
   - midwifery as primary practice
   - midwifery as primary health care
   - reflective and ethical practice.
5) evidence-based approaches are applied to theory and practice.
6) a variety of practice-based learning opportunities are offered, especially in professional experience areas that espouse a midwifery philosophy and promote midwifery models of care both in the community and in hospitals.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Map, grid and/or table of competency standards against specific curriculum content/ units, including cross referencing with standard 4, criterion 5, where applicable (M).
	2) Rationale and philosophy for course content and organisation of units.
	3) Identification of Aboriginal and Torres Strait Islander content in the course with explicit reference to the ANMC position statement on 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment' (M).
	4) Detailed description of course content relative to the requirements indicated, including reference to relevant current reports. Identification of contemporary legal, professional and published information sources in support of the content (M) (cross reference with standard 4, criterion 4, where applicable).
	5) Identification of content focused on or related to evidence-based practice across the course (M). Benchmarking against selected examples of national and international best practice. Examples of research and evidence-led curriculum.
	6) Description and examples of range of learning experiences used across the course. Lesson plans indicating range of learning experiences used across the course (cross reference with standards 6 and 8, where applicable).

STANDARD SIX: APPROACHES TO TEACHING AND LEARNING

The course provider demonstrates policies, procedures, processes and practices to establish that the course is consistent with contemporary teaching and learning best practice.

STATEMENT OF INTENT

That woman-centred, evidence informed, primary health care approaches to teaching and learning underpin the course and that teaching and learning approaches provide Australian and international best practice perspectives on midwifery.

CRITERIA

The course provider is required to demonstrate:

1) The course curriculum design and framework and expected learning outcomes.
2) Congruence between content, practical application, competency achievement and teaching and learning strategies.
3) Understanding of current Australian and international best practice teaching and learning approaches.

4) Learning opportunities with other maternity care practitioners, to a) promote ongoing referral, consultation and learning collaborations and effective liaison with community agencies and b) to ensure that a primary health care model of maternity care provision underpins midwifery education.
5) A commitment to the development of midwifery graduates with the capacity for autonomous learning, critical analysis and evaluation, reflective and ethical practice, and professional advocacy, responsibility and accountability.
6) A commitment to the development of graduates who have the capacity to continue to learn throughout their careers.
7) Varied and relevant learning experiences that can accommodate differences in student learning styles.
8) That the approaches to teaching and learning achieve the stated course outcomes.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Curriculum framework with teaching and learning outcomes identified (cross reference with standard 4, criterion 4 (M)). Examples of unit outlines (M).
	2) Description of how congruence between content, practical application, competency achievement and teaching and learning strategies is achieved. Copy of course vision and/or philosophy (M).
	3) Statement and description of current Australian and international teaching and learning approaches relative to course teaching and learning approaches. Staff publications in teaching and learning (cross reference with standard 9).
	4) Lesson plans indicating interprofessional learning and teaching approaches between maternity care practitioners. Examples from curriculum of opportunities for collaborative learning.
	5) Lesson plans indicating the strategies used to promote the development of graduates with the capacity for autonomous learning, critical analysis and evaluation, reflective and ethical practice, and professional advocacy, responsibility and accountability (cross reference with standard 4, criterion 4, where applicable).
	6) Lesson plans indicating strategies used to promote development of graduates who continue to learn throughout their careers. Examples of modelling of lifelong learning philosophy.
	7) As per standard 5, criterion 6.
	8) Identification and examples of evaluation strategies for teaching and learning approaches. Reports and results of these strategies. Course experience questionnaires. Student destination surveys.

STANDARD SEVEN: STUDENT ASSESSMENT

The course provider demonstrates policies, procedures, processes and practices to establish that the course incorporates a variety of approaches to assessment that are suited to the nature of the learning experiences and that achieve the required learning outcomes.

STATEMENT OF INTENT

That assessment is explicitly and comprehensively linked to the attainment of midwifery graduate competency outcomes, is consistent with best practice assessment approaches and uses diverse assessment techniques.

CRITERIA

The course provider is required to demonstrate:

1) That graduates have achieved each graduate competency outcome on completion of the course.
2) That the level and number of assessments are consistent with determining the achievement of the graduate competency outcomes.
3) A variety of assessment types and tasks, applied in formative and summative assessments, across the course to enhance individual and collective learning.
4) A variety of assessment contexts, to ensure demonstration of targeted skills leading to competence.
5) Assessment in the professional experience context to demonstrate competence in the provision of midwifery care.
6) Procedural fairness, validity and transparency of assessment.
7) That the education provider remains ultimately accountable for the assessment of students in relation to their professional experience assessment.
8) That assessments reflect collaborative arrangements between students, midwives, academics and health service providers.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Matrix/statement of achievement demonstrating where competency standards have been met within the course
	2) Examples of how competence is being assessed across the curriculum, aligned with mapping of competencies against content as required in standards 4 and 5.
	3) Description and/or list of range of assessment types used. Lesson plans and/or unit outlines indicating range of assessment types used.
	4) Description and/or list of range of assessment contexts used, including those in structured or simulated environments. Lesson plans and/or unit outlines indicating range of assessment contexts used, including those in structured or simulated environments.
	5) Identification and description of formative and summative assessments undertaken in professional experience context. Examples of assessments. Lesson plans and/or unit outlines indicating assessments used in professional experience context.
	6) Validation models for assessment. Description and justification for chosen assessment tools. Policies for dealing with lack of progression, misadventure, grievance. Identification of how this is demonstrated within university quality assurance process.
	7) Statement acknowledging education provider's accountability for student assessment in the professional experience context.
	8) List of collaborative activities and stakeholders involved. Description of processes to engage stakeholders.

STANDARD EIGHT: PROFESSIONAL EXPERIENCE

The course provider demonstrates policies, procedures, processes and practices to establish that midwifery professional experience provides the learning conditions in which students can achieve the midwifery graduate competency outcomes.

STATEMENT OF INTENT

That professional experience promotes learning and that the conditions in which it is provided are risk assessed and risk managed. Professional experience must ensure a woman-centred approach and meet specified minimum requirements.

CRITERIA

The course provider is required to demonstrate:

1) Shared formal agreements between the education provider and all health service providers where students gain their professional experience.
2) Risk assessment of and risk minimisation for all environments where students are placed to gain their professional experience.
3) Collaborative approaches to evaluation of student professional experience placements.
4) Supervision models for professional experience placement and the relationship of the models to the achievement of learning outcomes.
5) Effective and ethical recruitment processes that enable women to participate freely in the continuity of care experiences for students, and enable students to link up readily with women who consent to participate.
6) That academic staff engaged in supporting and/or assessing students on professional experience placements are experienced in and prepared for the role.
7) That midwives engaged in supporting and/or assessing students on professional experience placements are prepared for and supported in the role.

The course provider is required to demonstrate the inclusion of periods of professional experience in their course so students can complete all these minimum supervised professional experience requirements, regardless of the length of course:

1) Twenty (20) continuity of care experiences. Specific requirements of these experiences include:
    a) enabling students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, irrespective of the availability of midwifery continuity of care models
    b) participation in continuity of care models involving contact with women that commences in early pregnancy and continues up to four to six weeks after birth
    c) supervision by a midwife (or in particular circumstances a medical practitioner qualified in obstetrics)
    d) consistent, regular and ongoing evaluation of each student's continuity of care experiences
    e) a minimum of eight (8) continuity of care experiences towards the end of the course and with the student fully involved in providing midwifery care with appropriate supervision
    f) engagement with women during pregnancy and at antenatal visits, labour and birth as well as postnatal visits according to individual circumstances. Overall, it is recommended that students spend an average of 20 hours with each woman across her maternity care episode
    g) provision by the student of evidence of their engagement with each woman.
2) Attendance at 100 antenatal visits with women, which may include women being followed as part of continuity of care experiences.
3) Attendance at 100 postnatal visits with women and their healthy newborn babies, which may include women being followed as part of continuity of care experiences.
4) 'Being with' 40 women giving birth, which may include women being followed as part of continuity of care experiences.
5) Experience of caring for 40 women with complex needs across pregnancy, labour and birth, and the postnatal period, which may include women the student is following through as part of their continuity of care experiences.
6) Experience in the care of babies with special needs.
7) Experience in women's health and sexual health.

8) Experience in medical and surgical care for women and babies.
9) Experience in:
   a) antenatal screening investigations and associated counselling
   b) referring, requesting and interpreting results of relevant laboratory tests
   c) administering and/or prescribing medicines for midwifery practice*
   d) actual or simulated midwifery emergencies, including maternal and neonatal resuscitation
   e) actual or simulated vaginal breech births
   f) actual or simulated episiotomy and perineal suturing
   g) examination of the newborn baby
   h) provision of care in the postnatal period up to four to six weeks following birth, including breastfeeding support
   i) perinatal mental health issues including recognition, response and referral.

* understanding that midwives cannot prescribe in all jurisdictions

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Shared formal agreements, or a sample signed copy of a formal agreement together with a register of agreements (including date when agreements were first developed and when they are due to expire) between the education provider and any health service providers where students gain their professional experience, based on the policies demonstrated in relation to standard 1, criterion 5 (M).
	2) Description of and guidelines for parameters of student activity when on professional experience placement, based on the policies demonstrated in relation to standard 1, criterion 6 (M).
	3) Post-placement evaluation of students' experience of the professional experience environment for quality-improvement purposes (cross reference with standard 6, criterion 8, where applicable).
	4) Description and justification of how students are supervised on professional experience placement with reference to how the nature and degree of supervision impacts on learning outcomes.
	5) Policies regarding ethical recruitment of women. Description of processes used to assist students to link with women who consent to participate in continuity of care experiences.
	6) Outline of preparation programs and resources for staff. Policies regarding minimum experience and qualifications. Preparation and development of models and resources for assessors.
	7) Outline of preparation programs and resources for midwifes conducting student assessment in the professional experience context. Policies regarding their minimum experience and qualifications.

EVIDENCE GUIDE—PROFESSIONAL EXPERIENCE REQUIREMENTS

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Description and identification of continuity of care opportunities within the course, including identification of where they meet the requirements established in a) to g), as detailed above (cross reference with standard 4, criterion 4, where applicable).
	2) Description and identification of antenatal opportunities within the course (cross reference with standard 4, criterion 4, where applicable).
	3) Description and identification of postnatal opportunities within the course (cross reference with standard 4, criterion 4, where applicable).
	4) Description and identification of opportunities within the course for students 'being with' 40 women giving birth, where: a) 'being with' a woman refers to a woman-centred approach where the midwifery student is directly and actively involved with the woman as she spontaneously gives birth to her baby vaginally and inclusive of the student attending to third stage and facilitating initial mother and baby interaction. b) this cannot be achieved by individual students, this number may be reduced to a minimum of 30 women giving birth spontaneously, provided that the student assists with at least 20 further births. Cross reference with standard 4, criterion 4, where applicable.
	5) Description and identification of opportunities within the course for students to experience caring for 40 women with complex needs, as per the criterion (cross reference with standard 4, criterion 4, where applicable).
	6) Description and identification of opportunities within the course for students to experience caring for babies with special needs (cross reference with standard 4, criterion 4, where applicable).
	7) Description and identification of opportunities within the course for students to experience women's health and sexual health (cross reference with standard 4, criterion 4, where applicable).
	8) Description and identification of opportunities within the course for students to experience medical and surgical care for women and babies (cross reference with standard 4, criterion 4, where applicable).
	9) Description and identification of opportunities within the course for students to experience the requirements listed a) to i). Cross reference with standard 4, criterion 4, where applicable.

STANDARD NINE: RESEARCH

The course provider demonstrates policies, procedures, processes and practices to establish that graduates are educated in midwifery inquiry and that the contribution of academic staff to the education course is informed by research and scholarship.

STATEMENT OF INTENT

That students are exposed to, and their learning informed by, current research and that they develop the skills themselves to undertake research, apply it to their practice and share it with the women with whom they work.

CRITERIA

The course provider is required to demonstrate that midwifery academics:

1) use current research in teaching and learning
2) are actively engaged in research and scholarship and with course development and delivery
3) encourage and support midwifery students to develop skills in midwifery inquiry, which includes evidence-based practice
4) help to develop students' awareness of the ethics of research and applying research to practice
5) induct students, as future professionals, into a culture of midwifery inquiry.

EVIDENCE GUIDE

Criterion	Examples of evidence that may be produced to demonstrate compliance with criterion. Except where indicated with an (M) signifying 'mandatory', the Evidence Guide represents suggestions only and the provider may demonstrate the criterion with reference to other means.
	1) Description of current research relative to course teaching and learning approaches. Description of processes of course development committees.
	2) List of staff research activities, including publications (cross reference with standard 6, criterion 3), and any involvement in curriculum development committees. Teaching portfolios.
	3) Lesson plans and unit outlines identifying content focused on or related to midwifery inquiry across the course.
	4) Lesson plans and unit outlines identifying content focused on or related to the ethics and application of research across the course.
	5) Student seminar series programs. Faculty research grants and activities. Departmental staff-student forums.

DISCUSSION

STANDARD 1

This broad standard underpins the standards that follow it, establishing criteria for course governance that are consistent with the principles established under the ANMC's *National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia*. These principles include:

- a commitment to the quality of professional education and the assurance of graduate outcomes (criteria on quality improvement, staff performance and development, and equivalence across modes and sites of delivery)
- inclusiveness and transparency (criteria on consultative approaches to course organisation and design)
- procedural fairness (criteria for RPL)
- accountability (criterion on risk assessment and minimisation)
- efficiency, demonstrated through avoiding duplication of the education sector quality assurance processes.

Section 4.1—Education Institutions—of the ANMC's *National Framework for Accreditation* states that:

> Education institutions that are quality assured or accredited as institutions within their sector by recognised agencies do not need to be separately accredited by the [Nurses and Midwives Regulatory Authority] NMRA ... Where a provider is not accredited or quality assured by such a recognised agency, such accreditation or assurance should be sought before an approach is made to the NMRA for professional accreditation of courses.

In accordance with the framework, the standards mandate education provider accreditation under the quality assurance accreditation processes of the education sector (universities—AUQA) as a pre-requisite for applying for professional course accreditation and dispense with education provider standards.

The argument for mandating that courses must be offered by a 'university' is articulated in the ANMC position statement 'Registered nurse and midwife education in Australia'.[4] The definition of university, for the purposes of this document, is those institutions listed as Australian universities on the AQF Register. Being listed on the register indicates that the MCEETYA vouches for the quality of the institution; and which 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 those institutions that operate with a 'university college' title or with a specialised university title, where they meet these protocols. This follows the ANMC position statement (2008) 'Registered nurse and midwife education in Australia'.[5]

4 ANMC (2008). 'Registered Nurse and Midwife Education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 2 June 2008].

5 Also Australian Qualifications Framework Register: <http://www.aqf.edu.au/register.htm#university> and the process of higher education quality assurance: <http://www.aqf.edu.au/quality.htm>; ANMC (2008) 'Registered Nurse and Midwife Education in Australia', following MCEETYA (2006). *National Protocols for Higher Education Approval Processes*, Protocol D, Additional criteria, D1 and D2. Available at: <http//www.mceetya.edu.au/verve/-resources/RevisedNational Protocols20081.pdf> [Accessed: 14 November 2007].

Collaboration and consultation among key stakeholders are important for informed curriculum design, good course organisation and the productive partnerships for sound placements that students need to gain professional experience. Research indicates that good partnerships between the education provider and health service providers in organising placements for students contributes significantly to a positive experience for the student and leads to positive learning outcomes. A partnership can be considered 'good' where communication and information-sharing systems between the education and health sectors are established, where there is a shared vision of professional experience, where respect is demonstrated across the two sectors, and where approaches to care incorporate the community.[6]

Formalising the relationship between the education provider and the professional experience environment is recommended by Clare et al (2003), in which a number of benchmarks for best practice in providing professional experiences for students in undergraduate courses are established.[7] The N3ET (2006) *Commonwealth Funding for Clinical Practicum* report notes that there has been broad uptake of these recommendations.[8] Clare et al (2003) suggests that this may take the form of memoranda of agreement, service agreements, or affiliation agreements that include articulation of a joint commitment to and a shared philosophy of education, roles and responsibilities, and equal and reciprocal involvement in the partnership.[9] The standard here on evidence of policies for the development of such agreements should be read in conjunction with standard 8.

The necessity of formalising the relationship between the education provider and the professional experience environment is articulated in the *National Accreditation Standards for Registered Nurses*.[10] The *Standards for Midwives* share the same processes in relation to this issue. The standard here on evidence of policies for the development of such agreements should be read in conjunction with standard 8.

The criterion on policies for risk assessment and minimisation to determine suitable environments for students to attain professional experience also adopts the same rationale and processes as are formulated in relation to the *Accreditation Standards for Registered Nurses*. Rather than requiring demonstration of a safe environment for students to gain their professional experience, the criterion instead requires that education providers take inventory of possible risks to students, other health care personnel, and to consumers, and to formulate plans to limit the risk of adverse events, weighing issues related to the particular context, the experience levels of the personnel concerned, and the demands of the professional environment. An example of a policy that exemplifies the intent of this criterion is Queensland Health's *Student Health Professionals Home Visiting Policy*.[11] This policy precludes students from attending consumers alone on home visits, except in clearly identified instances where the student is in their final year and risk screening indicates a low risk of adverse events. The risk assessment

6 Nurses and Midwives Board of Western Australia (ND) Clinical education for the future project: 'Key elements for optimal clinical learning experience for nurses and midwives'. Available at: <http://www.nmbwa.org.au/2/2051/50/clinical-educat.pm> [Accessed: 9 October 2007]; also Judith Clare, Helen Edwards, Diane Brown and Jill White (2003) 'Evaluating Clinical Learning Environments: Creating Education-Practice Partnerships and Clinical Education Benchmarks for Nursing.' *Learning Outcomes and Curriculum Development in Major disciplines: Nursing Phase 2 Final Report*. Australian Universities Teaching Committee (AUTC). School of Nursing & Midwifery, Flinders University, Adelaide, Australia, on criteria that indicate good partnerships for clinical learning. The AUTC report pre-dates bachelor of midwifery courses in Australia but the benchmarks may be seen as applicable to midwifery as well as nursing courses.

7 Clare et al (2003). *Evaluating Clinical Learning Environments*.

8 N3ET (2006) *Commonwealth funding for Clinical Practicum: a report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*. Available at: <http://www.nnnet.gov.au/> [Accessed 10 October 2007].

9 Clare et al (2003*). Evaluating Clinical Learning Environments*, Benchmark 1, pp. 57–58.

10 ANMC (2009). Project to Develop Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia: Registered Nurses. Referred to hereafter as 'ANMC National Accreditation Standards for Registered Nurses'. I'm not sure this is correct. I think it's often also just'Acceditation Standards for Registered Nurses'.

11 Queensland Health (2004). *Student Health Professionals Home Visiting Policy*. Available at: <http://www.health.qld.gov.au/sop/documents/23859.pdf> [Accessed: 15 January 2008].

finds that home visits in a consumer's house represent a high risk environment for adverse events. To minimise this risk students on placement must be supervised, except where the risk is reduced by the factors described. This criterion should also be read in conjunction with standard 8.

Recognition of prior learning is covered within the quality assurance processes the education provider has undergone. The AQF has established national principles and models for RPL and these should be observed in preparing an RPL policy.[12] There is still an argument that professional accreditation should mandate maximum RPL in relation to nursing and midwifery in accord with the view that a minimum course length is necessary to ensure adequate opportunity to gain the full range of competency standards. Existing RPL policies from the NMRAs take varied approaches, hence the criterion on RPL stipulates that in addition to AQF compliance on RPL, the provider must meet expected outcomes of the regulatory authorities.

Quality in cross-border education is an important and increasing concern and bodies, including the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) and UNESCO, have established guidelines and codes of good practice to meet these concerns.[13] In Australia, the AUQA's own auditing mechanisms have been found to be in line with UNESCO guidelines.[14] This means that education providers with AUQA accreditation—e.g., all universities—have already met cross-border education quality assurance. New modes of education delivery, such as e-learning, also place burdens on accreditation processes in terms of ensuring comparable quality education. Given the conflicting demands to allow for innovation and diversified approaches to teaching while ensuring standardisation of graduate outcomes, at home and abroad, through traditional or new teaching methods, one way to ensure course equivalence is by emphasising competency-based learning outcomes.[15] For professional regulatory purposes, this fits with the professions' commitment to competency standards as the means by which to assess a practitioner's fitness to practise. The criteria on equivalence of course outcomes in standard 1, therefore, are based on the premise that no matter where or how the course is delivered, students must meet the required graduate competency outcomes. This is consistent with the tenor of the *Standards of Good Practice Abroad* (2008), developed by the Forum on Education Abroad, in which the benchmarks in the academic framework, for the award of credit, academic requirements of courses, and credit for internships or field research is that they be 'consistent with home institution standards.'[16]

12 AQF (2004). *RPL national principles*. Available at: <http://www.aqf.edu.au/rplnatprin.htm> [Accessed: 10 February 2008].

13 INQAAHE (2007). *Guidelines of Good Practice*. Available at: <http://www.inqaahe.org/> [Accessed: 4 October 2007]; UNESCO (2005). *Guidelines for Quality Care Provision in Cross-border Higher Education*. Available at <http://www.unesco.org/education/guideines.E.indd.pdf> [Accessed 7 January 2008]; UNESCO (2006) *UNESCO/APQN Toolkit: Regulating the Quality of Cross-border Education*. Bangkok. Available at: <http://www.apqn.org/files/virtual-library/other-reports/unesco-apqn-toolkit.pdf> [Accessed: 7 January 2008].

14 David Woodhouse (2006). 'The Quality of Transnational Education: a provider view'. *Quality in Higher Education* 12(3): p. 280.

15 Organisation for Economic Cooperation and Development (OECD) (2003) *Enhancing Consumer Protection in Cross-border Higher Education: Key Issues Related to Quality Assurance, Accreditation and Recognition of Qualifications*, p. 17. Available at: <http://www.oecd.org/dataoecd/11/38/20196012.pdf> [Accessed: 7 January 2008].

16 Forum on Education Abroad (2008). *Standards of Good Practice for Education Abroad*. 3rd edition. Available at: <http://www.forumea.org/documents/ForumEAStandardsGoodPrctMarch2008.pdf> [Accessed: 28 October 2008].

STANDARD 2

Australian NMRAs generally include specific requirements of the head of a midwifery course—that they are persons registered as a midwife in the relevant state or territory.[17] Internationally, the Midwifery Council of New Zealand and the Nursing and Midwifery Council of the United Kingdom have similar requirements for heads of discipline (in the UK, 'lead midwife').[18] The New Zealand requirements, consistent with these standards, also call for academic staff to hold registration as a midwife.[19] The Framework provides the basis for the criterion that in cross-disciplinary teaching where the academic is not a midwife, there should be evidence of relevance of qualifications (Framework 4.2.8, note 15).

The criteria under standard 2 also aims to ensure there is expert professional input to course development and that staff have qualifications at a higher level than the students they are educating. This is consistent with some allied health profession accreditation standards. The Australian Pharmacy Council (2005) *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria* asks that a school have not less than three continuing appointments in pharmacy or where this is not the case, demonstration of how expert input for curriculum development is to be assured; the Council on Chiropractic Education Australasia Inc (2003) indicates that the head of unit 'should' be a qualified chiropractor and that academic staff are to have qualifications and experience 'well in advance of the level at which they are teaching'.[20]

The standard also aims for alignment of teaching staff and course delivery needs. Criterion 6 asks the education provider to demonstrate this: to justify staff selection relative to the demands of teaching the course to achieve quality outcomes.

STANDARD 3

RECRUITMENT

The criteria on recruitment are designed to ensure that students are given adequate information to make considered course selections, given their personal circumstances, backgrounds and learning styles. With respect to the criterion on regulatory authorities' requirements for entry to practice, it is important that students understand when making course selections that while completion of their course makes them eligible to apply for registration or enrolment, endorsement or authorisation, regulatory authorities may require additional evidence of 'fitness to practise'. The regulatory authorities' requirements may be driven by legislative requirements. The legislation of all states and territories stipulates English language proficiency for entitlement to registration or enrolment. The New South Wales *Nurses and Midwives Act* (1991 no. 9), Part 1 4B—'competence to practise nursing or midwifery'—for instance, requires that the applicant has sufficient physical and mental capacity, knowledge and skill to practise, and has sufficient communication skills, including an adequate command of English.

---

17 National Nursing and Education Taskforce (2006). *Nursing and Midwifery Legislation and Regulation Atlas*. Available at: <http://www.nnnet.gov.au/downloads/rec4_atlascomplete.pdf> [Accessed: 6 November 2007], 9.16.17 Hereafter referred to in the text as 'Atlas'.

18 Midwifery Council of New Zealand (2007). *Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations*, Section 3, 1.4; Nursing and Midwifery Council (NMC UK) (2004). *Standards of proficiency for pre-registration midwifery education 03 04*, Standard 1, section 2, pp. 12–13. Available at <http://www.nmc-uk.org/Article.aspx?ArticleID=2596> [Accessed: 25 October 2007].

19 Midwifery Council of New Zealand (2007). *Standards* Section 3, 2.2.4.

20 Australian Pharmacy Council (2005). *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria*. Available at: <http://www.apec.asn.au/PDF/NAPSACAccredCriteria.pdf> [Accessed: 10 June 2008]; Council on Chiropractic Education Australasia Inc (2003). *Standards for First Professional Award Programs in Chiropractic*. Available at: <http://www.ccea.com.au/images/PDF%20Documents/Accreditation/Accreditation%20Standards%200903.pdf> [Accessed: 10 June 2008].

The standards here do not mandate minimum criteria for 'fitness to practise'. They anticipate a regulatory context in which students will be registered for practice.

ENROLMENT

Equity and access issues have a clear place in education sectors' quality assurance processes[21], yet it is still desirable that the professional accreditation process emphasises this. It should be noted that this does not negate the fundamental principle of ensuring that students have the ability to meet course requirements—a principle reflected also in the World Health Organization (2008) (draft) Global Standards for the Initial Education of Professional Nurses and Midwives.[22]

The emphasis on Equal Employment Opportunity principles for Aboriginal and Torres Strait Islander students is in keeping with the broader remit of the ANMC to foreground cultural competence issues in nursing and midwifery education. This is reflected in the ANMC's position statement 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'. The intent of this statement is to ensure that the education of all undergraduate and pre-enrolment nursing and midwifery students prepares them for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular health needs and respecting their cultural values.[23] Though this statement goes to curriculum content issues principally, it also serves to illustrate the broad commitment the ANMC has to acknowledging the importance of equity issues with regard to Aboriginal and Torres Strait Islander Peoples. The statement is consistent with a standard that demands equity and access for these peoples in relation to entering, not just being treated by, the midwifery profession. Most importantly, cultural safety is a regulatory concern that ensures midwifery care is delivered safely and ethically. Cultural safety is fundamental to public protection—protection from care that is not respectful of or in the interest of the consumer.

SUPPORT

It is also important as a central point in relation to all issues that graduates attain all competency standards. Standard 3 contains a criterion on the need to ensure access for all students, regardless of background, to the facilities and support they need to attain those standards. It is related to, but not entirely covered by, the criterion in standard 1 relating to providing sufficient facilities and resources for graduate competency standards to be met. The criterion in standard 3 asks for evidence that students with special equity and access needs are provided for.

21 Australian Vice-Chancellors' Committee (AVCC) (2005). *Universities and their Students: Principles for the Provision of Education by Australian Universities* . Available at: <http://www.universitiesaustralia.edu.au> [Accessed: 10 January 2008].

22 World Health Organization (2008) (draft) *Global Standards for the Initial Education of Professional Nurses and Midwives*, 5.2.2.

23 ANMC (2007) 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 29 January 2008].

STANDARD 4

A Bachelor of Midwifery degree has been offered in Australia in some states and territories since 2002, as described in the ANMC position statement 'Registered nurse and midwife education in Australia'. A university-based education for midwives is important in developing the uniform national accreditation standards for all the health professions advocated in the 2005 Australian Government Productivity Commission Report, and which is the goal of COAG planned heath workforce reforms.[24] The recently released *Improving Maternity Services in Australia: The Report of the Maternity Services Review* draws attention to the need for inconsistent approaches to midwifery education to 'be addressed for national registration and to facilitate a greater role for midwives in maternity care.'[25]

COURSE LENGTH REQUIREMENTS

The broad consultation process undertaken for this project highlighted a number of concerns about the draft proposals on course length requirements, particularly with implementation issues. Taking these concerns into account—and in further consultation with the ACM and MESAC (a committee of the Australian College of Midwives)—the project concluded that for the safety and protection of the public, and having regard for the need to educate midwives who are competent to meet the needs of the Australian community into the future, the minimum course lengths and structure should be as now detailed in this standard.

Preceding the deliberations undertaken in relation to this project, the ACM has held a number of consultations on education standards since 2000. The advice made available to this project draws on this body of knowledge. It includes advice in relation to the requirement in criterion 2 that courses are 'planned across the full calendar year to enable optimal exposure to continuity of care experience'. This requirement aims to maximise professional experience placement opportunities, recognising that professional experience placements are in high demand across the year and also that following a woman in a continuity-of-care experience is a commitment that cannot always be managed within a semester-limited timeframe—pregnancy and birth do not necessarily conform to student timetables. The requirement aims to remove constraints from students and academics to fit experiences into such a timeframe and is consistent with current practice in a number of midwifery courses in Australia.

The ACM upholds the principle that regardless of route of entry to the profession, all midwifery graduates should emerge from their education having achieved the same level of competency and the same repeated practice requirements. Some explanatory detail of the grounds on which the requirements on course length and structure in this standard, and the professional experience requirements detailed in standard 8, have been developed. These have been provided to the ANMC by the ACM, and are as follows:

> DISCUSSION OF EVIDENCE FOR MIDWIFERY EDUCATION STANDARDS IN AUSTRALIA.
>
> As is the case for most health professions, there is no Level One evidence for midwifery education entry to practice standards. Other levels of evidence come into play, not least international consensus, professional judgement, practice experience, logic and common sense. This 'evidence' includes standards that are set both in Australia and by other countries, informed by the collective wisdom of what is appropriate in terms of minimum exposure of students to integrated theory and practice. The aim is to produce graduates with the competence and confidence to practise midwifery safely, autonomously, responsibly, and according to the ANMC Competency Standards for Midwives underpinned by woman-centred care and primary health care principles.

24 Productivity Commission (2005). *Australia's Health Workforce, Research Report*, Canberra, p. 140; Council of Australian Governments (COAG) National Reform Agenda: Health: Health Workforce. Available at: <http://www.coag.gov.au/meetings/130407/index.htm> [Accessed: 14 November 2007].

25 Commonwealth of Australia (2009). *Improving Maternity Services in Australia: The Report of the Maternity Services Review*, p. 44. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview-report> [Accessed: 23 February 2009].

GLOBAL ISSUES REGARDING STANDARDS

The midwifery scope of practice is defined and prescribed at international level, and this definition is codified in Australia in the ANMC's national competency standards for the midwife. There is also a high degree of consensus among other developed countries about the minimum standards students of midwifery should meet to enter practice. The ACM's work on the development of national standards for entry to practice has been informed by international consensus. Childbearing women in Australia meet the same kinds of demographic, age and other characteristics of women in other OECD countries, and therefore have the same kinds of need from their midwives.

MEETING THE NEEDS OF CONTEMPORARY AUSTRALIAN MATERNITY SERVICES

The ACM believes that international comparability is also important for Australian midwifery education standards because of the strong moves, supported by both national and state/territory governments to expand women's access to primary continuity of care by midwives. Such care has been confirmed by numerous studies to substantially improve health outcomes for both mothers and babies.

Australian midwifery is changing rapidly in terms of opportunities for midwives to practise according to their full role and scope of practice. Maternity service facilities are crying out for change to allow their students more exposure to practice. There is a move to develop maternity services that are compatible with services in other countries where the potential contributions of midwives are fully recognised and used. It is essential that we continue to develop a midwifery workforce that can respond to changing community needs and expectations. The… provisions in the midwifery education standards… are intended to ensure that midwifery graduates in the future are well placed to respond to the needs of both women and their families, and service providers.[26]

The requirement that theory and practice integration throughout midwifery courses must be in equal proportions (50% theory and 50% practice), envisages that theory must include teaching hours and independent study and practice must include professional experience placement and continuity of care experiences following individual women.

Standard 4 addresses issues relating to the timing and length of professional experience placements. Issues relating to the nature and content of professional experience placements are dealt with in Standard 8. As discussed in the National Standards for Registered Nurses, the view that professional experience or clinical education in the health care context is vital for developing professional competencies remains prevalent. It is considered essential for promoting cultural acclimatisation and for limiting attrition rates. Early engagement with the professional context in addition to an uninterrupted block towards the end of courses is advocated on this basis.[27]

STANDARD 5

Specific requirements for midwifery professional experiences are included under standard 8. As is required for students to demonstrate graduate competency outcomes on course completion, curriculum design needs to focus on the national competency standards so these can be identified or mapped against curriculum content. Beyond this, the requirements in standard 5 centre on ensuring that curriculum is centrally concerned with midwifery and midwifery practice across the course and that the Australian context and Australian health priorities are represented.

26 ACM (2008). Letter to ANMC, dated 1 December 2008, in response to ANMC request for further information to support education standards requirements. Attachment B.

27 Also ANMC National Accreditation Standards for Registered Nurses, discussion under standard 4.

As stated earlier, the ANMC statement 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment' is to ensure that the education of undergraduate and pre-enrolment nursing and midwifery students prepares them for working with people of Aboriginal and Torres Strait Islander backgrounds—understanding their particular health needs and respecting their cultural values.[28] The import of this statement is carried directly into this standard.

Recommendation 10 of *The Report of the Maternity Services Review* draws attention to the need for 'all professional bodies involved in the education and training of the maternity workforce [to] ensure that cultural awareness training is a core component of their curricula.'[29] The standard is also consistent with *Dadirri: A nursing guide to improve Indigenous health*, which recommends that NMRAs implement course accreditation guidelines that include criteria to assess midwifery curricula with regard to Aboriginal and Torres Strait Islander education content.[30]

The criterion on evidence-based approaches to theory and practice complements the requirements in standard 9 related to research and evidence-based practice being integral to the education of midwives. The concept of evidence-based practice as it is used in the standards draws on the five steps proposed by Lesley-Ann Page and as included under the concept of 'midwifery inquiry' in the Explanation of Terms. (Further discussion in Standard 9).

Finally, and complementing the specific criteria for professional experience under standard 8, this standard seeks to ensure that curriculum incorporates a variety of practice-based learning opportunities, especially in professional experience areas, which espouse a midwifery philosophy and in midwifery models of care, both in the community and in hospitals.

STANDARD 6

The aim of standard 6 is for providers to establish teaching and learning approaches that are demonstrably compatible with course outcomes. These outcomes include graduates who are safe and competent for beginning-level practice and who understand the need, and have the skills and capacity to grow in their professional roles. As articulated in the Accreditation Standards for Registered Nurses, the goal is to create a 'learning culture' for health professionals. This goal informs the criteria on the capacity for continued learning beyond graduation. It understands that learning and professional development are ongoing processes, as is key to the intent of the ANMC's national framework for continuing competence for nurses and midwives. Further, midwives require a professional education and training to be prepared to fulfil the ongoing professional demands that will be made of them upon graduation.

28 ANMC (2007). 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'.

29 Commonwealth of Australia (2009). *Improving Maternity Services in Australia: The Report of the Maternity Services Review*, p. 31.

30 Indigenous Nurse Education Working Group (2004). *Dadirri: A nursing guide to improve Indigenous health*, Recommendation 2.

In addition to making autonomous decisions where required about patient care, midwives are required to contribute to multi-disciplinary healthcare teams, with medical and allied health professionals. Women's safety and the maintenance of high-quality care dictates that midwives be adequately prepared for interprofessional communication and collaboration. This provides midwives with the ability to detect and prevent errors; to ensure tailored intervention from the most well-equipped health professional, to forge a shared evidence base for the benefit and protection of consumers, and to ensure greater reliability in implementing health care interventions.[31] This is supported by the World Health Organization's (2008) draft *Global Standards for the Initial Education of Professional Nurses and Midwives*. See 3.3.2 'Nursing or midwifery schools use inter-professional teamwork approaches in their classroom and clinical learning experiences' and the third of the three principles underpinning the global standards which is that 'an inter-professional approach to education and practice is critical.' The importance of interprofessional learning for health professional education is the focus of a recent study: *Interprofessional Health Education in Australia: a proposal for future research and development*, Learning and Teaching for International Practice, Australia.[32] It is expressed in the criterion on 'learning opportunities with other maternity care practitioners to promote ongoing referral, consultation and learning collaborations'.

Recognising different learning styles and ensuring that teaching and learning approaches can accommodate these is central to the contemporary learner-centred philosophies of and approaches to teaching and learning. This is important not only to allow midwifery students to be treated as individuals within the learning process but also to tailor the most beneficial approach to the nature of the learning event.

STANDARD 7

For the purposes of professional accreditation to be met, all graduate competency outcomes must be assessed by course completion. The education provider must demonstrate that each competency standard is covered in the curriculum (standards 5 and 8) and that each has been assessed. While more work is needed to establish the efficacy of competency standards as a benchmark for assessing fitness to practise, a recent publication indicates that the introduction of the ANMC National Competency Standards has proved to be important in working towards national consistency and that the standards are seen to be making a positive contribution to professional practice in giving practitioners an enhanced sense of 'professional standing and enabl[ing] them to identify their areas of practice.'[33] Standardising the assessment of competence through the development of quality assessment tools is the goal of and the challenge for education providers. Course providers need to demonstrate procedural fairness, validity and transparency of assessments and the quality of assessors and assessment tools.

The need to cater to different learning styles and to prepare students to competently undertake professional tasks and to cope with the demands of the work environment dictates the standard on assessment by a diversity of tasks and types.

31 Merrick Zwarenstein and Scott Reeves (2006). 'Knowledge Translation and Interprofessonal Collaboration: where the rubber of evidenced-based care hits the road of 'teamwork', *Journal of Continuing Education in the Health Professions* 26 (1), pp. 46–54.

32 Learning and Teaching for international Practice, Australia (2008). *Interprofessional Health Education in Australia: a proposal for future research and development*. Available at: <http://www.education.uts.edu.au/research2/projects/l-tipp-proposal-dec08.pdf> [Accessed: 23 February 2009].

33 Mary Chiarella, Debra Thoms et al. (2008). 'An Overview of the competency movement in nursing and midwifery', *Collegian* 15 (2): p. 47.

A variety of assessment contexts is also required, based on the view that learning contexts provide different opportunities for different types of learning and that, importantly, demonstrating competence must include a demonstration of putting skills into practise in the professional experience environment. Finally, demonstration of collaborative approaches to assessment is asked for. This criterion extends and complements some of the criteria in other standards (standards 1 and 8) that are linked by the principle of collaboration in course development and implementation by the education provider, health service providers and personnel involved in the student's education.

STANDARD 8

The criteria under this standard reflect the view that students need to develop their graduate competency outcomes through professional experience placements. This includes exposure to and the opportunity to practise in contexts through which specific skill-sets can be acquired. For instance, it is not enough that students learn the theory of cultural safety and competence. They need to be exposed to professional experiences involving consumers with different cultural health and safety needs. For midwifery education, professional experience placement provides continuity of care experiences that cannot be achieved solely through simulation, reliant as thse experiences are on the relationship estabilished between women and their midwives.

At the same time, teaching and learning approaches such as simulated learning are important ways to augment other skills and learning activities, such as collaborative learning and reflective practice. A study on simulation used for interprofessional health education in Norway, for instance, noted that it allowed time to explore team decision-making and to reflect on experiences.[34]

The criteria on formal agreements and risk management have been discussed under standard 1 and should be read in conjunction with that standard's complementary criteria. As discussed in relation to the National Accreditation Standards for Registered Nurses, assessing venues of all students leaving a professional experience placement environment in terms of how they rated the experience is required as a quality improvement measure.[35]

In recent years Australian NMRAs have generally required that students gain their professional experience in a supernumerary capacity. Almost all NMRAs were reported as having implied or explicit requirements for supernumerary status (Atlas 9.16.8). *The National Review of Nursing: Midwifery Education* claimed, however, that 'there are problems associated with the supernumerary ... status of students that appear, in many cases, to exacerbate the separation of the program from industry involvement or investment as well as creating economic problems for students.'[36]

The AVCC's (2007) Discussion Paper: 'A National Internship Scheme' claims that tertiary students in vocational programs should be able to support themselves during their study with jobs that complement their studies and increase their readiness to enter the workforce on graduation.[37] The criterion regarding the supervision models for professional experience placement recognises that while learning experiences need to be protected, a strict requirement that all professional experience should be in a supernumerary capacity would disadvantage future innovative approaches to professional experience. The criterion asks for the provider to demonstrate their supervision model and its relationship to achieving learning outcomes. This also encompasses supervision ratios.

34 Jane Mikkelsen Kyrkjebø, Guttorm Brattebø and Hilde Smith-Strøm (2006). 'Improving patient safety by using interprofessional simulation training in health professional education', *Journal of Interprofessional Care* 20(5): pp. 507–516.

35 Also, ANMC National Accreditation Standard for Registered Nurses, discussion under standard 8.

36 *National Review of Nursing Education: Midwifery Education* (2003). Available at: <http://www.dest.gov.au/archive/highered/nursing/pubs/midwifery_03_2002/NRNE_0302_executivesummary.htm> [Accessed: 2 October 2007].

37 Australian Vice-Chancellors' Commission (2007) *Discussion Paper: A National Internship Scheme*. Available at: :<http://www.universitiesaustralia.edu.au/documents/publications/discussion/A-National-Internship-Scheme.pdf> [Accessed: 9 January 2008].

Australian NMRAs generally agree that staff engaged in supervising students on professional experience should be sufficient in number to help students to accomplish the required learning outcomes (Atlas 9.16.11 and 9.14.11). While in the past some NMRAs have mandated ratios such as one staff member to eight students, there is 'little contemporary robust evidence to support 1:8 supervision ratios', according to the N3ET (2006) *Commonwealth Funding* report. The criterion asks instead for justification of the assured learning outcomes, whatever supervision arrangements are in place.

In many cases, the core criteria under this standard complement the criteria in other standards, as is indicated in the text. They are grouped into a discrete standard in deference to the importance of this aspect of the educational experience and to consolidate and capture outstanding requirements in relation to professional experience. The criteria that follow lay out the professional experience requirements for midwives, including continuity of care experiences. These complement standard 5's curricular requirements.

PROFESSIONAL EXPERIENCE REQUIREMENTS DISCUSSION

'Continuity of care experience', as detailed in the Explanation of terms, is intended to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, where practicable and irrespective of the carers chosen by the woman or of the availability of midwifery continuity of care models. Nicky Leap explains that 'where midwives provide continuity of care, they 'follow' individual women across the interface between hospital and community services' and discusses the need to prepare student midwives such that they are 'capable of providing continuity of care in all settings on completion of study.'[38]

'Continuity of care is *both a philosophy and a process* that is facilitated through a partnership between a woman and her midwife/midwives (emphasis added)'.[39] In this regard the experience is crucial to the development of the skills and knowledge necessary for midwifery practice and the development of the attitudes and principles underpinning midwifery practice. The consultation feedback on the draft standards for this project strongly attests to the value of the continuity of care experience from the perspective of academics and students involved in courses in which these experiences were successfully integrated.

Continuity of care experiences should be viewed as an integral part of midwifery learning and professional experience placement, not as an additional demand, such that the specific professional experience requirements can be gained in the course of the continuity of care experiences. These experiences should allow the student to follow a woman throughout her care and in the setting of care chosen by the woman, with due regard to appropriate agreements and risk management requirements as detailed in this standard. As detailed in core criterion 5 in this standard, continuity of care experiences should be the result of effective and ethical recruitment processes that enable women to participate freely in students' continuity of care experiences and enable students to link up readily with women who consent to participate.

38 Nicky Leap (2002). *Educating Australian Midwives: current debates and concerns*. Sydney, University of Technology, Centre for Family Health and Midwifery.

39 College of Midwives of British Columbia (2007). *Model of Midwifery Practice*. Available at: <http://www.cmbc.bc.ca/pdf.shtml?Model-of-Midwifery-Practice> [Accessed: 17 February 2009]; The terminology and understandings of continuity of care Caroline Homer, Pat Brodie, Nicky Leap (2008). *Midwifery Continuity of Care: a practical guide*. Sydney, Churchill Livingstone, chapter 1.

The professional experience requirements detailed in this standard, and as discussed earlier in the discussion on standard 4, are based on the advice of the ACM, together with the MESAC, and consider the feedback received on the consultation drafts from this project in 2008. As discussed in relation to standard 4, the professional experience requirements aim to prepare students to be competent to meet the needs of the Australian community into the future, in line with educational standards in other comparable developed countries.[40] The recent maternity services report corroborates this decision, advocating moves in professional education to assist midwives having a greater role in maternity care.[41]

Further background and explanatory detail on the professional experience requirements is provided by the ACM, with reference to research that supports their introduction, as quoted below:

> A SUMMARY DISCUSSION OF THE ISSUES AND EVIDENCE PERTAINING TO CONTINUITY OF CARE EXPERIENCES
>
> The 'follow through' [continuity of care] experience is an innovation developed in Australia (as first published in the 2001 ACM BMid standards). It is designed to allow students to gain first hand supervised clinical experience of developing a professional relationship with and caring for women despite there being limited opportunities for students to practise in models providing midwifery continuity of care.
>
> Advice from educators and regulators in Europe and the UK indicates these countries are considering incorporating this innovation in their education standards, as all countries struggle to tackle rising rates of medical intervention in childbirth and difficulties attracting and retaining midwives associated with fragmented care services (See Gray's 2008 preliminary findings for the value of follow through experience).
>
> MINIMUM PRACTICE REQUIREMENTS
>
> Minimum practice requirements are a safety valve to protect the public. In the past, there have been examples in some parts of Australia where local standards require 'competency' assessment with no minimum practice requirements. It was not uncommon for graduates in these jurisdictions to be signed off as 'competent' on qualification having attended fewer than five births. This was very damaging to the reputation of Australian midwifery education.
>
> More time does not necessarily guarantee competence but most countries recognise that a minimum level of time and practice requirements should be set to ensure sufficient exposure for midwives to graduate with the confidence to practise according to the International Confederation of Midwives (ICM) international definition of a midwife, taking responsibility for the full care of mothers and babies, consulting and referring when complications are identified.
>
> EVIDENCE REGARDING FOLLOW THROUGH EXPERIENCE
>
> There is strong evidence around continuity of midwifery care. While it is true that no evidence existed on the value of the follow through experience *per se*, there is a substantial body of evidence on the health benefits to women and their babies of continuity of midwifery care (Enkin et al 2000; Homer et al 2001; Hatem et al 2008; Reed & Sandall 2008) and many parallels can be drawn between this body of evidence and the follow through experience.

40 Midwifery Council of New Zealand (2007). *Standards*; NMC UK (2004). *Standards.*

41 Commonwealth of Australia (2009). *Improving Maternity Services in Australia: The Report of the Maternity Services Review*, p. 44.

Doctoral research undertaken in the past few years by Joanne Gray has shown that:

1) The follow through experience provides midwifery students with unique and important learning opportunities that they would not experience in standard clinical placements alone.
2) These learning experiences occur, primarily, because the student is with the woman. It is this relationship that provides learning.
3) The follow through experience can provide positive learning experiences for students even when the woman is not in a midwifery model of care.
4) Students are likely to learn more from these experiences if they are embedded firmly within courses, where support is provided for reflection, and where they are not forced to take a superficial approach to these experiences due to an excessive workload (J Gray, 2008 Unpublished PhD thesis).

Learning that occurs within the follow through experience can be explained through the situated learning theory (Lave & Wenger, 1991). This theory supports learning occurring in authentic contexts, where the learner is 'apprenticed' with an experienced practitioner. More exposure to situated learning environments will have a positive impact on student learning.

Previous research by Barclay and Leap (Barclay, 1995; Leap, 2002) indicated that midwifery students receive their midwifery practice experience through placement in medicalised, fragmented maternity care systems. Students then do not have the skills and confidence to work in midwifery-led models on graduation. It is essential that midwifery graduates are prepared who are 'work ready' and, in midwifery, the workplace is changing. No longer will midwifery graduates be satisfied working in fragmented models. Graduates need to be prepared for what the future is, not what we currently have.

The work of Billie Hunter also provides evidence to support midwives working in models of care with which they are ideologically connected. Hunter (2004) conducted research into how midwives experienced and managed emotion in their work. She recognised that midwives experienced a conflict of ideology when they worked in a maternity setting providing care that was in conflict with the care they would ideally like to provide. Hunter (2004, p. 266) identified that it was the 'coexistence of contradictory ideologies of midwifery practice which created dissonance for midwives'.

EVIDENCE REGARDING NUMBERS OF FOLLOW THROUGH EXPERIENCES

There is widespread support for continuity of care experiences to be included in midwifery entry to practice programs according to the submissions made to ACM in the past 2 consultation rounds on education standards. Where opinions differ is on the appropriate number of such experiences.

Concern about the number of experiences has arisen from a number of implementation issues. In some states, the original provision for follow through experiences was misunderstood. The wording in the initial standards published by ACM led to some educators and regulators assuming that these experiences were additional to the 1,500 hours of clinical experience already required of students rather than an integral part of this experience as was intended. For this reason when ACM revised the BMid standards in 2006, this point was clarified, and a provision of around 20 hours per woman was made so that clinical hours for follow throughs were counted appropriately.

Another implementation issue was around whether students were to effectively study and analyse the experience of each woman they followed. Some universities obliged students to write a case study on each woman followed, which added enormously to the workload for students. While reflection on the insights and knowledge gained through following women is important, there need to be ways of supporting this process that are not onerous on the students, and which do not reduce the woman to an object of study rather than a recipient of care.

A further implementation challenge has been linking students with women (something that many universities struggled with initially with huge time costs being imposed on students in 'recruiting' women). This has been resolved by most institutions with the development of more coordinated systems with employers to enable interested women to meet a student who can follow them through their maternity episode. The practical issues for students of being on call for the labour and birth of women they follow has also been challenging for some students and educators. Some universities have had limited scope to offer flexibility to students who might have been up all night caring for a labouring woman and who consequently miss scheduled lectures or tutorials the following day. For others this has been less of an issue.

Gray's research into students' experiences has shown that for these kinds of reasons, many students feel 30 experiences are too many and the participants spoke frequently of quality vs quantity. There is no comprehensive evidence to support this, or any other number, so the only thing we can base our determination of a suitable number on is experience with such programs to date. In light of submissions from both students and educators, during earlier rounds of consultations on the draft standards in 2007, ACM reduced the draft requirement from 30 women to 20 women. This followed lengthy discussion and debate in a range of fora including MESAC, a consultation forum organised at the ACM national midwifery conference in September 2007 (Canberra) and the ACM Board. While opinions still vary, the strongest support exists for 20. Any more and there seem to be no way out of the difficulties outlined above, any fewer and we run the risk of students not gaining any value from these.

As we are aware, access to clinical practice is limited due to financial costs, maternity units feeling 'overloaded' with students and lack of appropriate midwifery education support. One of the rationales for a minimum of 20 experiences is the increased exposure to midwifery practice that this will, of necessity, provide for midwifery students. The increasing demand for woman- centred continuity of midwifery care requires the midwife to have had a considerable range of experiences with women and babies in order to take a lead care role.

There is no doubt that the achievement of the proposed professional experiences will be a challenge in many Australian settings, especially those involving private maternity services. The introduction of these requirements will support the changes to midwifery involvement in care that have been recommended in recent reviews of maternity services and has recently been endorsed by the federal health minister, Nicola Roxon. This should be seen as an opportunity to strengthen the nexus between education and practice and will be helpful in ensuring the midwifery profession is well placed in the future to respond to community needs and expectations.[42]

The requirements in this standard include 4) 'Being with' 40 women giving birth, which may include women being followed as part of continuity of care experiences. Where this cannot be achieved by individual students, this number may be reduced to a minimum of 30 women giving birth spontaneously, provided that the student assists with at least 20 further births.

42 ACM (2008). Letter to ANMC, dated 1 December 2008, in response to ANMC request for further information to support education standards requirements. Attachment D.

STANDARD 9

The International Confederation of Midwives has made a statement on the role of the midwife in research which recommends that 'midwifery education include the theory and practical application of research so that midwives are able to appraise, interpret and critically apply valid research findings'.[43] In its position statement on nursing research the ICN supports efforts to improve access to 'education which prepares nurses to conduct research, critically evaluate research outcomes, and promote appropriate application of research findings to nursing practice.'[44] The literature reviewed for this project highlights that research and evidence-based practice is a recurring theme in international education standards.

In Australia, health professions cognate with midwifery have similar expectations. The Royal College *of* Nursing, *Australia* (RCNA) and the Australian Nursing Federation have made a joint position statement on the importance of nursing research. Points 13 and 14 support integrating research outcomes into undergraduate nursing courses.[45] The Australian Medical Council standard 1.7 requires that 'the medical course is set in the context of an active research program within the school' and states that 'it is desirable that most academic staff be "research active" and that all academic staff are seen to be involved in scholarly activities.'[46]

Standard 9 aims to establish that course development must be informed by research and that students need to themselves develop research skills for their practice. In this regard, a range of outcomes need to be addressed. Students need to be prepared, as future clinicians, to apply research to their provision of care. Beyond this, they also need to be educated to contribute to research initiatives within their sphere of practice, perhaps by contributing to the collection or implementation of research data. Beyond their undergraduate studies, students who choose to move into midwifery research need to be able to participate in all aspects of the research process including conducting or participating in research projects to advance midwifery knowledge.[47] The N3ET conducted a study in 2006—*Priorities for Nursing and Midwifery Research*—which made the point that:

> Research findings are utilised at all levels of health service: by practitioners (not only nurses and midwives) at the clinical interface; managers and executives involved in managing clinical risk and developing organisation policies and procedures; academics in professional education and training; and in forming local or national health policies and strategies.[48]

The study also found that pre- and post-registration educational programs that reflect and harness the value of research (e.g., where research and evidence-based practice are integrated and/or embedded into the program) are important in fostering the skills and positive attitudes to research needed by nurses and midwives.[49]

---

43 International Confederation of Midwives (1999). *The role of the midwife in research*. Available at: <http://www.internationalmidwives.org/index.php?module=ContentExpress&func=display&ceid=32&bid=22&btitle=ICM%20Documents&meid=26> [Accessed: 5 February 2008].

44 ICN (2007). Position Statement: *Nursing Research*. Available at <http://www.icn.ch/policy.htm> [Accessed: 10 January 2008].

45 Royal College *of* Nursing, *Australia* and Australian Nursing Federation (2007). Joint Position Statement: *Nursing Research*. Available at: <http://www.rcna.org.au/site/positionstatement.php> [Accessed: 10 January 2008].

46 Australian Medical Council (2007). *Assessment and Accreditation of Medical Schools: Standards and Procedures*, pp. 7–8.

47 This point relies on evidence underpinning the discussion on the educational preparation of Registered nurses—discussion in the ANMC National Accreditation Standards for Registered Nurses.

48 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*. Available at: <http://www.nnnet.gov.au/downloads/rec8_m_bennett_priorities_report.pdf> [Accessed: 16 February 2009].

49 N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*.

Education courses need to be based on and incorporate research and prepare students in midwifery inquiry, which incorporates the five steps of evidence-based midwifery proposed by Lesley Ann Page:

1) finding out what is important to the woman and her family
2) using the information from the clinical examination
3) seeking and assessing the evidence to inform decisions
4) talking it through
5) reflecting on outcomes, feelings and consequences.[50]

In addition to these five steps, the concept of midwifery inquiry in this document encompasses the contribution to the broader and ongoing inquiry into midwifery practice forged by collaborative evaluation of ongoing practices and research to advance midwifery knowledge.[51]

50 Lesley Ann Page and Patricia Percival eds. (2000). *The New Midwifery: Science and Sensitivity in Practice*. London, Churchill Livingstone, pp. 9–10.

51 Also ANMC National Accreditation Standards for the Registered Nurse, 'Nursing Inquiry', from Crisp et al. In press.

REFERENCE LIST

ACM (2008). Letter to ANMC dated 1 December 2008 in response to ANMC request for further information to support education standards requirements.

ACM (2007). *Draft National Standards for the Accreditation of Midwifery Education Programs in Australia*.

ACM (2006). *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to Initial Registration as a Midwife in Australia*.

ACM (2004). *Philosophy Statement for Midwifery*. Available at: <http://www.midwives.org.au/AboutUs/ACMPositionStatements/ACMPhilosophyStatementforMidwifery/tabid/259/Default.aspx> [Accessed: 2 February 2009].

Australian Government Department of Education Science and Training (2005). *A National Quality Strategy for Australian Transnational Education and Training a discussion Paper*. Available at: <http://aei.dest.gov.au/AEI/GovernmentActivities/QAAustralianEducationAndTrainingSystem/QualStrat_pdf.pdf> [Accessed: 7 January 2008].

Australian Medical Council (2007). *Assessment and Accreditation of Medical Schools: Standards and Procedures*.

ANMC (2009). Project to develop standards and criteria for the accreditation of nursing and midwifery courses leading to registration, enrolment, endorsement and authorisation in Australia: registered nurses.

ANMC (2007). *National Accreditation Framework*. Available at: <http://www.anmc.org.au/professional_standards/index.php> [Accessed: 10 January 2008].

ANMC (2007). *Draft Literature Review: National Accreditation Standards and Criteria Project*.

ANMC (2007). *National Decision Making Framework—Final Framework*. Available at: <http://www.anmc.org.au/professional_standards/index.php> [Accessed: 10 February 2009]

ANMC (2008). 'Registered Nurse and Midwife Education in Australia'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 2 June 2008]

ANMC (2007). 'Inclusion of Aboriginal and Torres Strait Islander Peoples Health and Cultural Issues in Courses Leading to Registration and Enrolment'. Available at: <http://www.anmc.org.au/position_statements_guidelines/position_statements.php> [Accessed: 29 January 2008].

ANMC (2006). *National Competency Standards for the Midwife*, 1st edition. Available at: <http://www.anmc.org.au/professional_standards/index.php> [Accessed: 10 January 2008].

ANMC (2007). *Draft National Continuing Competence Framework—Draft 2*. Available at: <http://www.anmc.org.au/projects/current_projects.php#continuingcompetence> [Accessed: 10 February 2008].

Australian Pharmacy Council (2005). *New Zealand and Australian pharmacy schools accreditation committee Accreditation Criteria*. Available at: <http://www.apec.asn.au/PDF/NAPSACAccredCriteria.pdf> [Accessed: 10 June 2008].

AQF (2004). RPL national principles. Available at: <http://www.aqf.edu.au/rplnatprin.htm> [Accessed: 10 February 2008].

Australian Qualifications Framework Register (2008). Available at: <http://www.aqf.edu.au/register.htm#university> [Accessed: 19 June 2008].

AVCC (2007). *Discussion Paper: A National Internship Scheme*. Available at: <http://www.universitiesaustralia.edu.au/documents/publications/discussion/A-National-Internship-Scheme.pdf> [Accessed: 9 January 2008].

AVCC (2005). *Universities and their Students: Principles for the Provision of Education by Australian Universities*. Available at: <http://www.universitiesaustralia.edu.au> [Accessed: 10 January 2008].

Chiarella M & Thoms D et al. (2008). 'An Overview of the competency movement in nursing and midwifery', *Collegian* 15 (2): pp. 45–53.

Clare J, Edwards H, Brown D & White J. (2003). *Evaluating Clinical Learning Environments: Creating Education-Practice Partnerships and Clinical Education Benchmarks for Nursing. Learning Outcomes and Curriculum Development in Major disciplines: Nursing Phase 2 Final Report*. Australian Universities Teaching Committee. School of Nursing & Midwifery, Flinders University, Adelaide, Australia.

College of Midwives of British Columbia (2007). *Model of Midwifery Practice*. Available at: <http://www.cmbc.bc.ca/pdf.shtml?Model-of-Midwifery-Practice> [Accessed 17: February 2009].

Commonwealth of Australia (2009). *Improving Maternity Services in Australia: The Report of the Maternity Services Review*. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview-report> [Accessed: 23 February 2009].

COAG National Reform Agenda: Health: Health Workforce. Available at: <http://www.coag.gov.au/meetings/130407/index.htm> [Accessed: 14 November 2007].

Council on Chiropractic Education Australasia Inc (2003). *Standards for First Professional Award Programs in Chiropractic*. Available at: <http://www.ccea.com.au/images/PDF%20Documents/Accreditation/Accreditation%20Standards%200903.pdf> [Accessed: 10 June 2008]

Crisp J & Taylor C eds., *Potter and Perry's Fundamentals of Nursing*, 3rd edition, Elsevier, Sydney, in press.

Forum on Education Abroad (2008). *Standards of Good Practice for Education Abroad*, 3rd edition. Available at: <http://www.forumea.org/documents/ForumEAStandardsGoodPrctMarch2008.pdf> [Accessed: 28 October 2008].

Homer C, Brodie P & Leap N. (2008). Midwifery Continuity of Care: a practical guide. Sydney, Churchill Livingstone.

Indigenous Nurse Education Working Group (2004). *Dadirri: A nursing guide to improve Indigenous health*.

INQAAHE (2007) Guidelines of Good Practice. Available at: <http://www.inqaahe.org/> [Accessed: 4 October 2007].

International Confederation of Midwives (1999). *The role of the midwife in research*. Available at: <http://www.internationalmidwives.org/index.php?module=ContentExpress&func=display&ceid=32&bid=22&btitle=ICM%20Documents&meid=26> [Accessed: 5 February 2008].

ICN (2007). Position Statement: Nursing Research. Available at: <http://www.icn.ch/policy.htm> [Accessed: 10 January 2008].

ICN (2005). Regulation Terminology version 1. Available at: <http://icn.ch/regterms.htm> [Accessed: 2 January 2009].

Leap N. (2002). Educating Australian Midwives: current debates and concerns. Sydney, University of Technology, Centre for Family Health and Midwifery.

Learning and Teaching for International Practice, Australia (2008). Interprofessional Health Education in Australia: a proposal for future research and development. Available at: <http://www.education.uts.edu.au/research2/projects/l-tipp-proposal-dec08.pdf> [Accessed: 23 February 2009].

Midwifery Council of New Zealand (2007). *Standards for approval of pre-registration midwifery education programmes and accreditation of tertiary education organisations.*

Midwifery Council of New Zealand (2007). *Competencies for Entry to the Register of Midwives*. Available at: <http://www.midwiferycouncil.org.nz/main/Competencies/> [Accessed: 17 February 2009].

Mikkelsen Kyrkjebø J, Guttorm Brattebø K & Smith-Strøm H. (2006). 'Improving patient safety by using interprofessional simulation training in health professional education', *Journal of Interprofessional Care*, October 2006; 20(5): pp. 507–516.

MCEETYA (2006). *National Protocols for Higher Education Approval Processes*, Protocol D, Additional critieria, D1 and D2. Available at: <http//www.mceetya.edu.au/verve/-resources/RevisedNational Protocols20081.pdf> [Accessed: 14 November 2007].

N3ET (2006). Nursing and Midwifery Legislation and Regulation Atlas. Available at: <http://www.nnnet.gov.au/downloads/rec4_atlascomplete.pdf> [Accessed: 6 November 2007].

N3ET (2006). *Commonwealth funding for Clinical Practicum: a report on Commonwealth funding to support the costs of clinical practicum for undergraduate nurses and midwives in Australia*. Available at: <http://www.nnnet.gov.au/> [Accessed: 10 October 2007].

N3ET (2006). *Priorities for Nursing and Midwifery Research in Australia*. Available at: <http://www.nnnet.gov.au/downloads/rec8_m_bennett_priorities_report.pdf> [Accessed: 16 February 2009].

National Review of Nursing Education: Midwifery Education (2003). Available at: <http://www.dest.gov.au/archive/highered/nursing/pubs/midwifery_03_2002/NRNE_0302_executivesummary.htm> [Accessed: 2 October 2007].

Nurses Board of South Australia (2005). *Standard for Approval of Education Providers and Courses*. Available at: <http://ww.nursesboard.sa.gov.au> [Accessed: 25 October 2007].

Nurses and Midwives Board of Western Australia. Clinical education for the future project: 'Key elements for optimal clinical learning experience for nurses and midwives'. Available at: <http://www.nmbwa.org.au/2/2051/50/clinical-educat.pm> [Accessed: 9 October 2007].

NMC UK (2004). *Standards of proficiency for pre-registration midwifery education 03 04*. Available at: <http://www.nmc-uk.org/Article.aspx?ArticleID=2596> [Accessed: 25 October 2007].

NMC UK (2004). *Standards of proficiency for pre-registration nursing education 02 04*. Available at: <http://www.nmc-uk.org/aSection.aspx?SectionID=32> [Accessed: 25 October 2007].

OECD (2003). *Enhancing Consumer Protection in Cross-border Higher Education: Key Issues Related to Quality Assurance, Accreditation and Recognition of Qualifications*. Available at: <http://www.oecd.org/dataoecd/11/38/20196012.pdf> [Accessed: 7 January 2008].

Page, LA & Percival P eds. (2000). *The New Midwifery: Science and Sensitivity in Practice*. London, Churchill Livingstone.

Productivity Commission (2005). *Australia's Health Workforce, Research Report*, Canberra.

Queensland Health (2004). Student Health Professionals Home Visiting Policy. Available at: <http://www.health.qld.gov.au/sop/documents/23859.pdf> [Accessed: 15 January 2008].

Royal College *of* Nursing, *Australia* and Australian Nursing Federation (2007). Joint Position Statement: Nursing Research. Available at: <http://www.rcna.org.au/site/positionstatement.php> [Accessed: 10 January 2008].

UNESCO (2005). *Guidelines for Quality Care Provision in Cross-border Higher Education*. Available at: <http://www.unesco.org/education/guideines.E.indd.pdf> [Accessed: 7 January 2008].

UNESCO (2006). *UNESCO/APQN Toolkit: Regulating the Quality of Cross-border Education.* Bangkok. Available at: <http://www.apqn.org/files/virtual-library/other-reports/unesco-apqn-toolkit.pdf> [Accessed: 7 January 2008].

Woodhouse, D. (2006). 'The Quality of Transnational Education: a provider view'. *Quality in Higher Education* 12(3): pp. 277–281.

World Health Organization/Sigma Theta Tau International (2008). (Draft) *Global Standards for the Initial Education of Professional Nurses and Midwives*.

Zwarenstein, M & Reeves S. (2006). 'Knowledge Translation and Interprofessonal Collaboration: where the rubber of evidenced-based care hits the road of 'teamwork', *Journal of Continuing Education in the Health Professions* 26 (1), pp. 46–54.

Attachment A

Reference list supplied by the Australian College of Midwives; supporting detail provided by the Australian College of Midwives on education standards, as cited under discussion on standards 4 and 8.

Barclay L. (1995). 'The education of midwives in Australia: current trends and future directions', in T. Murphy Black. (ed.), *Issues in Midwifery*, pp. 99–117. Edinburgh: Churchill Livingstone.

Barclay L & Brodie P. et al. (2003). *The AMAP Report*, vol. I & II. Sydney, Centre for Family Health & Midwifery, University of Technology.

Brodie P. (2002). 'Addressing the barriers to midwifery: Australian midwives speaking out'. *Journal of the Australian College of Midwives Inc*. 15(3): pp. 5–14.

Brodie, P & Barclay L. (2001). 'Contemporary issues in Australian midwifery regulation'. *Australian Health Review* 24(4): 103 p. 118.

Department of Health and Ageing (2008). 'Improving our Maternity Services', A discussion paper by the Australian Government, September 2008.

Enkin M, Keirse JNC, Neilson J, Crowther C, Duley L, Hodnett E & Hofmeyr J. (2000). *A Guide to Effective Care in Pregnancy and Childbirth*. 3rd edition. Oxford. OUP. Available at: <http://maternitywise.org/guide/about.html> Accessed?

Gray, J. (2008). 'The Follow Through Experience for Midwifery Students', unpublished doctoral research dissertation, pending completion, University of Technology, Sydney.

Hatem M, Sandall J, Devane D, Soltani H & Gates S. (2008). 'Midwife led versus other models of care for childbearing women'. *Cochrane Database of Systematic Reviews* (issue 4, art. no. CD004667. DOI: 10.1002/14651858.CD004667. pub. 2).

Homer CS, Davis GK, Brodie PM, Sheehan A, Barclay LM, Wills J & Chapman MG. (2001). Collaboration in maternity care: a randomised controlled trial comparing community based continuity of care with standard hospital care. BJOG; 108(1): pp.16–22.

Hunter B. (2004). Conflicting ideologies as a source of emotion work in midwifery. Midwifery, 20(3), pp. 261–272.

Lave J & Wenger E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge: Cambridge University Press.

Leap N. (2002). 'Identifying the midwifery practice component of Australian midwifery education programs: results of the Australian Midwifery Action Project (AMAP)'. *Australian Journal of Midwifery* 15(3): pp. 15–23.

Leap N & Barclay L. (2002). National Review of Midwifery Education. Report to the National Review of Nursing Education. Canberra, Department of Education, Training and Youth Affairs and the Department of Health and Aged Care.

Leap N & Barclay L. et al. (2003). 'Results of the Australian Midwifery Action Project Education Survey. Paper 2: Barriers to effective midwifery education as identified by midwifery course coordinators'. *Australian Journal of Midwifery* 16(3): pp. 6–11.

Leap N, Barclay, L. et al. (2003). 'Results of the Australian Midwifery Action Project Education Survey. Paper 3: Workforce Issues'. *Australian Journal of Midwifery* 16(3): pp. 12–17.

Maternity Services Interjurisdictional Committee (2008). *Primary Maternity Services in Australia: A Framework for Implementation*. Australian Health Ministers' Advisory Council.

Reed B. & Sandall, J (2008). *The 2000 Study: Albany Midwives Practice Statistics over 10 years*. Paper presented at the International Confederation of Midwives 28th Triennial Congress, Glasgow.

Tracy S, Barclay, L. et al. (2000). 'Contemporary issues in the workforce and education of Australian midwives'. *Australian Health Review* 23(4): pp. 78–88.