Australian Nursing & Midwifery Accreditation Council

# MAS Consultation Paper 3

**Consultation paper 3**

**Owner:** Accreditation
**Revision:** 1.0
**Date of Issue:** 30 June 2020

# Executive summary

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is appointed by the Nursing and Midwifery Board of Australia (NMBA) as the external accreditation entity to exercise one or more accreditation functions for nursing and midwifery programs of study under the *Health Practitioner Regulation Law ACT 2009*. ANMAC is responsible for the accreditation and monitoring of NMBA approved nursing and midwifery programs leading to registration and endorsement. ANMAC is also responsible for developing accreditation standards for approval by the NMBA. In developing accreditation standards ANMAC is required to ensure there is wide ranging consultation from a broad range of stakeholders. ANMAC works in collaboration with the NMBA in planning the cyclical review of Accreditation Standards which follow the NMBA review of practice standards.

The Midwife standards for practice are the core standards that provide a framework for practice for all midwives across all areas and contexts of practice. The Midwife standards for practice were updated in 2018 and ANMAC is now updating the Midwife Accreditation Standards (the Standards) to ensure that programs of study are current and contemporary and form the framework for NMBA approved programs leading to registration as a midwife. The current Standards were approved by the NMBA in 2014 and ANMAC is in the process of updating the Standards. This paper contributes to stage three of the consultation process with a broad range of stakeholders. It is important to note that ANMAC has a responsibility to ensure that the Standards are developed to meet the midwife practice standards and support innovative, future focused, entry-to-practice midwifery programs. Responses to Consultation Paper 2 identified issues that require further exploration by stakeholders to ensure we get the right balance. The percentage of responses to the questions are recorded here, however ANMAC has to rely on as much evidence as possible and the needs of the community to inform the standard rather than the number of responses to issues.

The issues for consultation are briefly outlined below and expanded upon later in the paper.

### Educational preparation for prescribing for graduates of an entry-to-practice midwifery program

A small majority of responses (55%) to Consultation Paper 2 were in favour of including education for prescribing in entry-to-practice midwifery programs. Overall, 247 participants (individual & organisational) responded to this question. One hundred and thirty-six responses (55%) were in favour of including education for prescribing while 71 responses (29%) were against. The remaining 40 responses (16%) were uncertain. There were differences between the responses of participants who completed the online survey (n=222) and those who submitted a written response to this question (n=25) with 56% of online survey responses in favour of including education for prescribing in the Standards compared to equal numbers for and against its inclusion in the written submissions.

The benefits of midwife prescribing described in the literature are significant and the need to ensure that midwives are educated to work, on graduation, to the full scope of midwifery practice has been a consistent theme in the consultation feedback to date. This revision of the Standards provides an opportunity to include the educational preparation to prescribe in entry-to-practice midwifery programs.

ANMAC is seeking feedback on whether or not the educational preparation for prescribing as outlined in the draft standards provides graduates with the knowledge and skills to safely prescribe scheduled medicines within the scope of midwifery practice .

## Draft Standards

A revised draft of the Midwife Accreditation Standards is presented in Table 5. In revising the document, the feedback received in the consultation process to date was considered. The Standards are presented in a five standard format designed to reduce the level of detail, complexity and duplication while remaining flexible and responsive.

ANMAC seeks feedback from stakeholders on the revised draft Midwife Accreditation Standards.

# Introduction

In 2010, the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the independent accrediting authority for nursing and midwifery programs of study. ANMAC performs the following accreditation functions as defined in section 42 of the *Health Practitioner Regulation National Law Act 2009* (Qld)[1] (the National Law):

a. developing accreditations standards for approval by a National Board

b. assessing programs of study and the education providers that provide the programs of study to determine whether the programs meet approved accreditation standards.

The NMBA approved the current Midwife Accreditation Standards [2] in 2014. They are due to be revised and updated. Revised or new standards—once approved by the Nursing and Midwifery Board of Australia (NMBA)—are the standards used by ANMAC to assess and accredit programs that lead to registration, enrolment or endorsement of nurses and midwives in Australia.

## Aim of the review

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

- contemporary and aligned with emerging research, policy and relevant industry guidance
- able to ensure midwives are suitably educated and qualified to practice in a competent and ethical manner to the required NMBA Midwife standards for practice [3]
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce
- supportive of innovation in the education of health practitioners
- acceptable to the community in supporting safe, accessible and quality care.

## Review process

ANMAC, as an independent accrediting authority, must comply with the National Law when reviewing and developing accreditation standards. This law, s46 (1] states that:
In developing an accreditation standard for a health profession, an accreditation authority must undertake wide-ranging consultation about the content for the standard.

ANMAC's review process ensures stakeholder feedback, expert opinion, relevant national or international benchmarks, and the best available evidence is used in developing standard content. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

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

Stakeholder-identified benefits and burdens are considered by the Office of Best Practice Regulation, Department of the Prime Minister and Cabinet, during the preliminary assessment of the regulatory impact of the revised standards.

A robust review process is essential if ANMAC is to assure the NMBA and the community that a graduate of an accredited midwife program is eligible for registration and can practice in a safe and competent manner.

# Purpose of the third consultation paper

This third consultation paper identifies how the National Law [1] underpins the aim of this review. It describes the consultation process to date, including how the next stage of feedback can be provided and offers context to promote stakeholder understanding of key issues relating to, and engagement with, the review process. This paper presents a revised draft of the midwife accreditation standards for consideration and feedback.

The questions included in this paper form the basis for discussion. For the review to achieve its aim, it is important that organisations and individuals with an interest in midwife education provide critical input. This paper has been distributed to such organisations and individuals, inviting them to write a submission for consideration.

# Consultation process

ANMAC's Chief Executive Officer (CEO) convened a Professional Reference Group to work with the Director of Accreditation Services to provide advice during the process of review. Membership comprises key stakeholders and midwifery professionals who provide insights into regulation, education and health policy. Members were selected after the CEO reviewed expressions of interest. The Professional Reference Group reports and provides advice to the CEO.

PRG Members:

- Ms Nicole Allan, Maternity Services Officer, Australian Nursing and Midwifery Federation
- Associate Professor Kathleen Baird, School of Nursing and Midwifery, Griffith University, QLD
- Ms Catherine Bell, Birth Cartographer, Bellabirth, NSW
- Ms Janice Butt, Women's Healthcare Australasia, WA
- Professor Hannah Dahlen, Professor of Midwifery and Higher Degree Research Director, School of Nursing and Midwifery, Western Sydney University, NSW
- Adjunct Professor Tanya Farrell, Senior Maternity Advisor, Safer Care Victoria and Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, VIC
- Professor Joanne Gray, Head, Graduate School of Health, University of Technology Sydney, NSW
- Ms Petrina Halloran, Policy Manager, Strategy and Policy, Nursing and Midwifery Board of Australia
- Associate Professor Donna Hartz, College of Nursing and Midwifery, Charles Darwin University, NSW
- Ms Ruth King, Midwifery Advisor, Education Unit, Australian College of Midwives
- Professor Helen McLachlan, Professor of Midwifery and Discipline Lead (Midwifery), School of Nursing and Midwifery, La Trobe University, VIC
- Ms Sarah Nicholls, Community Midwife, Community Midwifery Program, WA
- Ms Alecia Staines, Maternity Consumer Network, QLD
- Ms Glenys Wilkinson, Executive Director Professional Services, Australian Pharmacy Council

- Professor Moira Williamson, Dean, School of Nursing, Midwifery & Social Sciences, Central Queensland University, QLD
- Dr Margaret Gatling, Director Accreditation Services, Australian Nursing and Midwifery Accreditation Council
- Mrs Bridget Roache, Associate Director, Australian Nursing and Midwifery Accreditation Council

# How stakeholders can participate

In Stage 3 of the consultation, stakeholders can provide feedback by preparing a written submission. Written submissions must include the stakeholder's name and contact details (phone number, email address). They can be emailed to ANMAC: standardsreview@anmac.org.au
Or posted to:
Standards Review
Australian Nursing and Midwifery Accreditation Council GPO Box 400
Canberra City ACT 2601

In the interest of transparency, all written submissions will be published on ANMAC's website, unless the stakeholder has asked for their submission to remain confidential. All written submissions should include the written submission form to provide publication permission.
ANMAC will publish written submissions on its website.

**WRITTEN SUBMISSIONS ARE REQUESTED BY THE CLOSE OF BUSINESS ON 13 AUGUST 2020**

ANMAC's website will be updated to reflect each review stage. ANMAC expects to release the revised Standards in towards the end of 2020, subject to NMBA approval.

# Background

## Consultation paper 2

A total of 254 stakeholders responded to the online survey and/or provided written responses to Consultation Paper 2. Online survey respondents (n=229) reflected a range of stakeholders including consumers, students of midwifery, early career midwives, midwives, midwife academics, national organisations, program providers and health service providers (Table 1, Appendix A).
Written submissions (n=25) were received from a diverse range of stakeholders including program providers, regulators, health service providers, a peak body, quality and safety bodies, professional organisations, a union/professional organisation, a special interest group, a midwife and a consumer (Table 2, Appendix A).

All states and territories were represented in the feedback with stakeholders from metropolitan, regional and remote areas all responding to the questions raised in the online survey (Table 3, Appendix A). Written submissions to the consultation paper represented a range of stakeholders and stakeholder organisations located in states and territories across Australia. A full summary of the feedback to Consultation Paper 2 can be found on the ANMAC website.

**Limitations**
When assessing the contribution of stakeholders, the responses from national organisations, program providers and health service providers represent the feedback from large numbers of stakeholders and so the number of responses to individual questions is not a true reflection of the weight of stakeholder opinion. Additionally, not all participants (individual or organisational) answered every question so the number of responses to each question varies.

This paper presents feedback received from stakeholders on selected issues covered in Consultation Paper 2. Items 1 and 2 are for noting. Consultation is sought on Item 3.

1. **Continuity of care experiences (CoCE) - requirement to be present at a majority of labour and births**

A total of 231 participants (individual & organisational) provided feedback to this question. One hundred and fifty-nine responses (69%) indicated agreement with continuing to require students to "attend the labour and birth for the majority of women" with whom they engage in a CoCE. Sixty-eight responses (29%) disagreed. They were in favour of attendance at the labour and birth "where possible." Four responses (2%) were unsure which option was the most useful for student learning.

Responses in favour of attendance at the majority of labour and births considered that students were enabled to experience full involvement in the CoCE, which embodied 'woman-centred' care, the philosophical underpinning of midwifery practice. Responses supporting attendance "where possible" cited difficulties experienced by students including not being notified the woman was in labour, having to travel long distances to be with the woman, compulsory attendance at lectures/tutorials and unable to be released from a rostered practice commitment.

Following discussion at the PRG and careful review of the feedback, the requirement for students to attend the labour and birth for the majority of women with whom they engage in a CoCE will continue.

This standard will therefore remain unchanged and this is reflected in the draft standards below.

2. **Act as the primary birth attendant for 30 women experiencing a spontaneous vaginal birth**.

A total of 212 participants (Individual & organisational) responded to this question in Consultation Paper 2. One hundred and fifty-seven responses (74%) agreed that the number of spontaneous vaginal births for whom the student is the primary birth attendant should remain at 30 women. Forty-eight responses (23%) recommended a reduction in the requirements (ranging from 10 to 20) and seven responses (3%) indicated they were unsure regarding a change.

Responses supporting the requirement remaining at 30 births considered that students were enabled to gain substantial experience in supporting women experiencing physiological birth. They argued this experience supported graduates' transition to practice. Responses supporting a reduction in the numbers argued that fewer numbers of women birthing spontaneously impacted on successfully achieving the requirement, promoting fragmented care where the student is 'called in for a catch' in order to achieve the required numbers.

Following discussion at the PRG and careful review of the feedback, the requirement for students to act as the primary birth attendant for 30 women will continue.

This standard will therefore remain unchanged and this is reflected in the draft standards below.

**3. Does the educational preparation for prescribing as outlined in the draft standards provide graduates with the knowledge and skills to safely prescribe?**

A small majority of responses (55%) to Consultation Paper 2 were in favour of including education for prescribing in entry-to-practice midwifery programs. Overall, 247 participants (individual & organisational) responded to this question. One hundred and thirty-six responses (55%) were in favour of including education for prescribing while 71 responses (29%) were against. The remaining 40 responses (16%) were uncertain. There were differences between the responses of participants who completed the online survey (n=222) and those who submitted a written response to this question (n=25) with 56% of online survey responses in favour of including education for prescribing in the Standards compared to equal numbers in favour and against its inclusion in the written submissions.

Responses in agreement with adding education for prescribing highlighted the benefits to the profession including support for the full scope of midwifery practice, improved quality of care for women and families and faster safer access to medications especially in rural and remote communities. They also highlighted that including the educational preparation for prescribing in entry-to-practice programs would promote more effective use of the midwifery workforce.

Responses disagreeing with adding education for prescribing considered that prescribing was an advanced skill that should be undertaken as a postgraduate qualification while others argued the inclusion of this content would necessitate increasing the duration of the entry-to-practice program. Responses indicating uncertainty about the inclusion focussed on how to manage the 'what' and 'how' issues – what content and how to incorporate the required knowledge and skills within current midwifery curricula.

Some participants sought further clarification on how graduates would meet the requirements in the NMBA Registration Standard Endorsement for scheduled medicines for midwives (Registration Standard). ANMAC requested advice from the NMBA with respect to these transitional issues to inform the development of this paper. This advice is set out in the following paragraphs.

The Registration Standard has been in place since 2010 and was reviewed throughout 2014 and 2015 and the current version commenced on 1 January 2017. A midwife who has met the requirements of the endorsement is qualified to prescribe schedule 2, 3, 4 and 8 medicines and to provide associated services required for midwifery practice in accordance with relevant state and territory legislation. There are currently 600 midwives with the endorsement (Table 4). As at March 2020 there were 6,103 midwives registered with the NMBA and a further 26,929 practitioners registered as both a Midwife and nurse (Enrolled nurse and/or Registered nurse).

Table 4 – Midwives with the Scheduled Medicines per state and territory (31 March 2020)

| Midwife | | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | No PPP^ | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Scheduled Medicines | 7 | 93 | 7 | 211 | 49 | 14 | 114 | 103 | 2 | **600** |

^ PPP – Principle place of practice

To meet the requirements of the current Registration Standard a midwife must:

- be registered as a midwife with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct
- practised as a midwife for the equivalent of three years' full-time clinical practice (5,000 hours) in the past six years, and
- successfully completed an NMBA-approved program for the endorsement or equivalent.

The proposal being consulted on in the revised Draft Standards is to introduce prescribing education into entry-to-practice programs of study. This would mean that the **education requirements** of the current Registration Standard **could** be met within an entry-to-practice program. Before a midwife could be endorsed, they would still need to meet the other requirements, as currently set (see above), in the Registration Standard.

The current *Programs Leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards 2015* [4] would provide the foundation for the requirements the entry-to-practice program would need to meet. These standards would continue in parallel with the requirements in the proposed revised Draft Standards. The accreditation standards [4], are based heavily on the requirements as set out in the *Health Professionals Prescribing Pathway* (HPPP) [5], which is a nationally consistent approach to the prescribing of medicines by health professionals and the *NPS Prescribing Competencies Framework* [6] which describes the competencies required by health professionals to prescribe medicines appropriately, safely and effectively in the Australian context.

Both the NMBA and ANMAC are cognisant that some of the double degrees or post-graduate programs may not be able to include these additional requirements within the current program format and timing. The NMBA and ANMAC would be keen for feedback on alternative methods of offering in order to meet the proposed changes in the revised Draft Standards.

NMBA and ANMAC will work with all stakeholders in the next step in the transition of midwife prescribing. The NMBA acknowledges that it will also need to review the Registration Standard in the future and that it will need to work with all key stakeholders in this transition process.

The foundation for this proposal is the need to ensure that midwives are educated to work, on graduation, to the full scope of midwifery practice which was a consistent theme in the responses to Consultation Papers 1 and 2. The benefits of midwife prescribing described in the literature are significant and include

support for the full scope of midwifery practice, improved quality of care for women and families, better access to medications especially in rural and remote communities, and more effective use of the midwifery workforce [7–9]. This revision of the Standards provides an opportunity to include education for prescribing in entry-to-practice midwifery programs.

ANMAC is seeking feedback on whether or not the educational preparation for prescribing as outlined in the draft standards provides graduates with the knowledge and skills to safely prescribe.

**QUESTION 1**

The educational preparation for prescribing outlined in the draft accreditation standards will prepare graduates to safely prescribe scheduled medicines within the scope of midwifery practice.

Please indicate your agreement/disagreement with this statement using the following options.

Yes

No

Unsure/other

Where possible please provide a rationale to support your response.

## Draft Accreditation Standards

Table 5 presents a revised draft of the Midwife Accreditation Standards. The Standards aim to support innovation while ensuring programs reflect core midwifery knowledge and skills and enable graduates to meet the NMBA Midwife standards for practice.

In revising the document, the feedback received in the consultation process to date was considered. Modifications have been made and some content, identified as better placed in the Essential Evidence document has been removed in preparation for inclusion in the guide. The column Essential Evidence outlines content related to Safety of the public and the NPS competencies as they are new additions to the standards. The NPS competencies have been added for your information and consideration in relation to educational preparation for prescribing.

The Essential Evidence document is designed to assist education providers in the submission of documentation to meet the Standards and will be developed in conjunction with stakeholders towards the end of this review.

**Table 5 Draft Midwife Accreditation Standards**

| Proposed Midwife Accreditation Standards | Essential Evidence (NB not all essential evidence has been described. Only evidence pertaining to safety of the public and prescribing as they are new additions to the standards) |
|---|---|
| An essential evidence document accompanies the Midwife Accreditation Standards. This document is integral to the standards and a submission against these standards is not complete without providing the essential evidence. Additional evidence may be provided or requested. | |
| **Standard 1: Safety of the public** | |
| 1.1 The program's guiding principle is safety of the public. | The Essential Evidence will require mapping of current National Safety and Quality Health Services Standards |
| 1.2 The program is delivered in Australia[1] to prepare graduates for safe and ethical practice. | |
| 1.3 The program's admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers inform applicants of the requirements:<br>a. to meet the program's inherent requirements<br>b. to demonstrate English language proficiency either through providing a declaration that English is their primary language or achievement of minimum English language test results as specified in the Nursing and Midwifery Board of Australia's (NMBA) English language skills registration standard[2]<br>c. to meet the requirements for placement in midwifery practice settings<br>d. for registration with the NMBA on completion of the program | |
| 1.4 The education provider ensures that midwifery settings in which students undertake midwifery practice experience (MPE) have:<br>a. evidence-based quality and safety policies and processes that meet relevant jurisdictional requirements and standards | |

[1] Except as it relates to criteria 3.1.

[2] Registration standard: English language skills. Nursing and Midwifery Board of Australia, 2019. Available from: https://www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills.aspx

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| b. midwives who are prepared for the supervisory role and are able to supervise and assess students during all MPE<br>c. relevant registered health practitioners available for collaborative teaching and learning opportunities in interprofessional settings. | |
| 1.5 Students are registered with the NMBA before their first MPE. | |
| 1.6 The education provider has processes in place to manage students with identified impairments[3] that, in the course of MPE, may place the public at risk. These processes include procedures for mandatory reporting[4] where required. | |
| 1.7 The program's progression policies and rules ensure that only those students who have demonstrated the requisite knowledge and skills required for safe practice are eligible for MPE. | |
| **Standard 2: Governance** | |
| 2.1 The academic governance arrangements for the program of study include current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider. | |
| 2.2 The education provider conducting the program has a governance structure that ensures the head of discipline is a midwife registered with the NMBA, with no conditions or undertakings on their registration relating to performance or conduct and holds a relevant post-graduate qualification. The head of discipline:<br>a. is appointed at a senior level and can demonstrate active, strong links to contemporary practice<br>b. has responsibility for academic oversight of the program<br>c. promotes high-quality teaching and learning experiences for students to enable graduate competence<br>d. ensures staff and students are adequately indemnified for relevant activities undertaken as part of program requirements | |

[3] Definition available from: https://www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs/Registration-Standards-FAQs.aspx#impairment

[4] Australian Health Practitioner Regulation Agency. Guidelines for Mandatory Notifications. Available from: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx

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| 2.3 The education provider undertakes consultation into the design and ongoing management of the program from external representatives of the midwifery profession, Aboriginal and/or Torres Strait Islander peoples, consumers, students, carers and other relevant stakeholders. | |
| 2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NMBA Midwife standards for practice. | |
| 2.5 The program's quality improvement mechanisms incorporate evaluation information from a variety of sources and address:<br>a. risk assessment of student learning environments<br>b. student evaluations<br>c. internal and external academic and health professional evaluations<br>d. evidence-based developments in:<br>i. midwifery professional education<br>ii. health professional education<br>iii. health and health care | |
| **Standard 3: Program of study** | |
| 3.1 The program of study is undertaken in Australia. Where there is an offshore component, the program must:<br>a. be no more than one-fifth of the full program completed offshore<br>b. demonstrate equivalence of learning outcomes | |
| 3.2 The program of study is delivered at an Australian Qualifications Framework level 7 or above for the award of a Bachelor Degree as a minimum. | |
| 3.3 The curriculum document articulates<br>a. a woman-centred philosophy<br>b. an educational philosophy<br>c. practical implementation of both within the program of study. | |

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| 3.4 Teaching and learning articulates contemporary midwifery, prescribing and health and education practice, and responds to emerging trends based on research, technology and other forms of evidence. | |
| 3.5 The program's content and subject learning outcomes ensure:<br>a. achievement of the NMBA Midwife standards for practice<br>b. achievement of competencies for the midwifery context described in the NPS: National Prescribing Competency Framework<br>c. recognition of regional, national and global health priorities<br>d. recognition of safety and quality standards as they relate to healthcare<br>e. digital health and emerging technologies<br>f. integrated knowledge of care across the childbearing continuum within the scope of midwifery practice including:<br>i. social and emotional wellbeing of women<br>ii. complex family health, domestic and family violence, still birth, bereavement care<br>iii. perinatal mental health<br>g. understanding self-care, mitigating personal risk and resilience<br>h. equivalence in all delivery modes in which the program is offered. | Essential Evidence document will outline requirements to meet 3.5b:<br>The program's content and subject learning outcomes incorporate the competencies in the NPS: National Prescribing Competency Framework in the midwifery context<br>• links between subject objectives, learning outcomes, learning assessments and the NPS: National Prescribing Competency Framework in the midwifery context<br>• knowledge and skills in pharmacotherapeutics and quality use of medicines.<br>• student knowledge and skills in the supply, administration and prescribing of medicines<br>• comprehensive understanding of the relevant State and Territory Drugs and Poisons legislation and Pharmaceutical Benefits Scheme requirements including:<br>• professional relationships and referral, including establishing collaborative arrangements with General Practitioners and Obstetricians and/or health services<br>• comprehensive understanding of the Medical Benefits Schedule and Pharmaceutical Benefits Scheme |
| 3.6 The program's content and subject learning outcomes integrate interprofessional and intra-professional learning and practice. | |
| 3.7 The program's content and subject learning outcomes embed principles of diversity, culture, inclusion and cultural safety for all people. | |
| 3.8 The program's content and subject learning outcomes support the development of research skills that include searching and reviewing research and other evidence for translation into practice. | |
| 3.9 The program's content and subject learning outcomes embed principles of diversity, culture, inclusion and cultural safety for all people | |

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| a. consumer perspectives of maternity care and the woman's right to make choices<br>b. consumer advocacy, diversity of women's choices and self-determination<br>c. evidenced-based information provided by the midwife relating to safety and care alternatives to support the woman's informed choice. | |
| 3.10 The program includes:<br>a. midwifery theory specific to Aboriginal and Torres Strait Islander peoples' history, culture and health taught from an Indigenous perspective as a mandatory subject of study and based on the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework[5]<br>b. midwifery practice specific to Aboriginal and Torres Strait Islander peoples embedded throughout the program. | |
| 3.11 The program includes:<br>a. a variety of settings, relevant to the curriculum, exclusive of simulation and not exceeding one-fifth of the MPE requirements being achieved outside Australia<br>b. MPE as soon as practically possible, early in the program to facilitate engagement with the professional context of midwifery<br>c. MPE toward the end of the program conducted in Australia, to demonstrate achievement of the NMBA Midwife standards for practice<br>d. MPE is underpinned by contractual arrangements between education providers and MPE providers. | |
| 3.12 The program includes:<br>a. theory and practice that is integrated throughout the program<br>b. inclusion of periods of MPE in the program, so students can complete the following minimum, supervised requirements:<br>**Continuity of care experiences (CoCE)**<br>I. Experience in woman-centred care as part of CoCE. The student is supported to: | |

[5] Available from: https://www.linmen.org.au/project/nursing-and-midwifery-aboriginal-and-torres-strait-islander-health-curriculum-framework/

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| i) establish, maintain, and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care<br>ii) provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate<br>iii) engage with a minimum of 10 women—engagement involves attending four antenatal and two postnatal episodes of care and, for the majority of women, the labour and birth[6]<br>iv) maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.<br><br>**Antenatal care**<br>II. Attendance at 100 antenatal episodes of care[7]. This may include women the student is following as part of their CoCE.<br><br>**Labour and birth care**<br>III. Under the supervision of a midwife, act as the primary birth attendant for 30 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:<br>i. providing direct and active care in the first stage of labour, where possible<br>ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required<br>iii. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation | |

[6] May be via telehealth

[7] May be via telehealth

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| iv. assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral, and clinical handover.<br>IV. Provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth—regardless of mode.<br><br>**Complex care**<br>V. Experience in caring for 40 women with complex needs across pregnancy, labour, birth, or the postnatal period. This may include women the student has engaged with as part of their CoCE.<br><br>**Postnatal care**<br>VI. Attendance at 100 postnatal episodes of care[8] with women and, where possible, their babies. This may include women the student has engaged with as part of their CoCE.<br>VII. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.<br>VIII. Experiences in women's health and sexual health.<br>IX. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of telehealth.<br><br>**Neonatal care**<br>X. Experience in undertaking 20 full examinations of a newborn infant.<br>XI. Experiences in care of the neonate with special care needs.<br><br>**Prescribing and diagnostics**<br>XII. supervised MPE for prescribing in simulated learning environments | |
| 3.13 Program resources are sufficient to facilitate student achievement of the NMBA Midwife standards for practice and NPS: National Prescribing Competency Framework, with attention to human and physical resources supporting all teaching and learning environments, including simulated practice and MPEs. | |

[8] May be via telehealth

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| 3.14 The program includes content and sequencing that incorporates simulated learning experience to prepare students for MPE. | |
| 3.15 Staff teaching into the program:<br>a. are qualified and experienced to deliver the subjects they teach<br>b. are midwives when the subject relates to midwifery practice<br>c. hold one qualification higher than the program of study being taught. | |
| **Standard 4: Student experience** | |
| 4.1 Program information provided to students is relevant, timely, transparent, and accessible. | |
| 4.2 Student academic learning needs are identified and supported by the education provider. | |
| 4.3 Students are informed of, and have access to, grievance and appeals processes. | |
| 4.4 Students are informed of, and have access to, pastoral and/or personal support services. | |
| 4.5 Students are represented on program advisory and decision-making committees. | |
| 4.6 Student experiences have equity and diversity principles observed and promoted. | |
| 4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement. | |
| **Standard 5: Student assessment** | |
| 5.1 The program's learning outcomes and assessment strategies are aligned. | |
| 5.2 The program's subject learning outcomes, with associated subject assessments, are clearly mapped to the NMBA Midwife standards for practice and NPS: National Prescribing Competency Framework. | The Essential Evidence document would specify ANMAC's expectations in relation to assessments pertaining to prescribing in order to assist Education Providers in preparing submissions<br>Assessments include:<br>a. appraisal of competence in pharmacotherapeutics, administration and supply and the quality use of medicines<br>b. assessing students on their prescribing practice |

| | |
|---|---|
| | c. evaluating competence in the essential knowledge, skills and behaviours required for professional prescribing practice<br>d. appraisal in MPE to evaluate students' abilities to meet the National Prescribing Competency Framework within midwifery practice |
| 5.3 Contemporary approaches to MPE's mapped against the NMBA Midwife standards for practice and the NPS: National Prescribing Competency Framework | |
| 5.4 The program has formative and summative assessment that are used across the program to enhance learning and inform student progression. The summative assessment appraises competence against the NMBA Midwife standards for practice and the NPS: National Prescribing Competency Framework before successful completion of the program. | The Essential Evidence document would specify ANMAC's expectations in relation to summative assessment pertaining to prescribing in order to assist Education Providers in preparing submissions:<br>Summative assessments of student achievement of competence against the current NPS: National Prescribing Competency Framework within midwifery practice, conducted by a health professional who is appropriately qualified, prepared and able to demonstrate current experience in assessing prescribing practice in an Australian midwifery context before program completion |
| 5.5 The education provider is ultimately responsible for:<br>a. ensuring students are supervised and assessed by a midwife or other health professional (where relevant) while on MPE | |
| 5.6 The integrity of the program's theoretical and clinical assessments is ensured through the use of contemporary, validated assessment tools, modes of assessment, sampling, and moderation processes. | |

| QUESTION 2 |
| --- |
| Do the draft accreditation standards cover the required knowledge, skills and attitudes to ensure that the graduate meets the NMBA Midwife standards for practice? |

| QUESTION 3 |
| --- |
| Please provide any other feedback about the content of the draft standards. |

## Additional Issues

The following questions seek to provide an opportunity for the identification of issues not covered so far in the consultation process or other issues you wish to raise.

| QUESTION 4 |
| --- |
| Are there further issues that should be addressed in the revision of the Midwife Accreditation Standards that have not been discussed so far in the consultation process? |

| QUESTION 5 |
| --- |
| Any additional feedback? |

# Summary

This paper presents selected issues identified from the feedback received to the second consultation paper. While some of the issues have been considered previously, it is crucial to gather further information from stakeholders in order to develop accreditation standards capable of supporting innovative and future focussed entry-to-practice midwifery programs. The paper also presents a revised draft version of the standards.

# Appendix A

**Table 1: Role identification of participants responding to Consultation Paper 2 online survey**

| RESPONDENTS | ROLE % (N)* |
|---|---|
| Consumer | 2.18 (5) |
| Midwife | 12.66 (29) |
| Midwife educator/facilitator/lecturer/teacher | 21.83 (50) |
| Endorsed midwife | 3.93 (9) |
| Student midwife | 28.38 (65) |
| Early career midwife | 4.80 (11) |
| Midwife/Registered nurse | 16.16 (37) |
| Health Service manager | 1.75 (4) |
| Nominated organisational representative (specified from text box) | 3.49 (8) |
| Midwife researcher | 1.75 (4) |
| Other (specified from text box) | 3.06 (7) |
| TOTAL | 229 |

**Table 2: Role identification of participants providing a written response to Consultation Paper 2**

| RESPONDENTS | ROLE % (N)* |
|---|---|
| Program Provider | 32 (8) |
| Regulator | 8 (2) |
| Health Service | 8 (2) |
| Peak body | 8 (2) |
| Quality and Safety organisation | 8 (2) |
| Professional organisation | 20 (5) |
| Union/professional organisation | 4 (1) |
| Midwife | 4 (1) |
| Special interest group | 4 (1) |
| Consumer | 4 (1) |
| TOTAL | 25 |

**Table 3: Participants responding to the online survey by State and Territory**

| LOCATION | % (N)* |
|---|---|
| Australian Capital Territory | 2.62 (6) |
| New South Wales (metropolitan) | 20.96 (48) |
| New South Wales (regional or remote) | 11.35 (26) |
| Queensland (metropolitan) | 16.59 (38) |
| Queensland (regional or remote) | 11.79 (27) |
| South Australia (metropolitan) | 3.49 (8) |
| South Australia (regional or remote) | 0.87 (2) |
| Victoria (metropolitan) | 11.79 (27) |
| Victoria (regional or remote) | 10.92 (25) |
| Western Australia (metropolitan) | 6.11 (14) |
| Western Australia (regional or remote) | 0.44 (1) |
| Tasmania | 1.31 (3) |
| Northern Territory | 0.44 (1) |
| National | 1.31 (3) |
| TOTAL | 229 |

# Glossary

**Continuity of care model** – A model of maternity care where women have a primary midwife assigned to them throughout pregnancy, labour and birth and the postnatal period. Each midwife has an agreed number (caseload) of women per year and acts as a second or "back-up" midwife for women who have another midwife as their primary carer.

**Criteria** – rules or tests on which a judgement or decision in relation to compliance with the Accreditation Standards can be based.

**Competence** – the combination of skills, knowledge, attitudes, values and abilities underpinning effective and /or superior performance in a profession or occupational area.

**Education provider/program provider** – university, or other higher education provider, responsible for a program of study leading to the award of a Bachelor Degree in midwifery as a minimum.

**Episode of care** – a single provision of care of one type (e.g. antenatal/postnatal).

**Governance** – framework, systems and processes supporting and guiding the organisation towards achieving its goals and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements.

**Health Practitioner Regulation National Law Act (2009)** – legislation contained in the schedule to the Act, which provides for the full operation of the National Registration and Accreditation Scheme for health professions from 1 July 2010. It covers the more substantial elements of the national scheme, including registration arrangements, accreditation arrangements, complaints, conduct, health performance arrangements and privacy and information – sharing arrangements. The purpose is to protect the public by establishing a national scheme for regulating health practitioners and students undertaking programs of study leading to registration as a health practitioner.

**Health service providers** – health facilities or other appropriate service providers, where students undertake supervised workplace experience as part of a nursing or midwifery program of study.

**Health Workforce Australia (HWA)** – initiative of the COAG and established to meet the challenges of providing a health workforce that responds to the needs of the Australian community.

**Inter-professional learning (IPL)** – when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

**NMBA** – Nursing and Midwifery Board of Australia. The NMBA undertakes functions as set by the National Law, as in force in each state and territory. The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public.

**Midwife** is a person with prescribed educational preparation and competence for practice who is registered by the NMBA. The NMBA has endorsed the ICM definition of a midwife as it applies to the Australian context (NMBA, 2017).

**Midwife-led continuity of care(r)/Midwifery-led continuity of care(r)** - where the midwife is the lead professional starting from the initial booking appointment, up to and including the early days of parenting

**Midwifery practice experiences** – involves placement, for a set period, in settings across health facilities including in the community. During this period, students apply theoretical knowledge in the health care setting to develop practice skills and become socialised into the midwifery profession.

**Primary birth attendant –** midwife primarily responsible for the woman's care during labour and birth.

**Scope of practice** – refers to the boundaries within which the profession of midwifery is educated, competent and permitted to perform by law.

**Standard** – level of quality or attainment.

**Student** – any person enrolled in a program from which graduates are eligible to apply for registration to practice as a registered midwife.

**Supervision** – can be direct or indirect:

- Direct supervision is when the supervisor is present and personally observes, works with, guides and directs the person being supervised.
- Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, needs of the person receiving care and the needs of the person being supervised.

**Telehealth** – the provision of healthcare remotely by means of telecommunications technology.

**Program or program of study** – full program of study and experiences that must be completed before a qualification recognised under the Australian Qualifications Framework, such Bachelor, Graduate Diploma or Master of Midwifery, can be awarded.

# References


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2. Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards.* 2014, Canberra.
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