

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

First Consultation Paper

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Published by the Australian Nursing and Midwifery Accreditation Council (ANMAC), Canberra, February 2015.

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Introduction

In 2010 the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the independent accrediting authority for nursing and midwifery programs of study and has responsibility for maintaining and developing the integrity of accreditation standards for professions under its mandate. Consequently, all ANMAC accreditation standards undergo cyclical review so that they remain current and effective. Revised or new standards once approved by the Nursing and Midwifery Board of Australia (NMBA) are the standards used by ANMAC to assess and accredit programs that lead to registration, enrolment or endorsement of nurses and midwives in Australia.

Under Section 35(1) of the National Law, graduates of programs of study will not be eligible for registration or endorsement unless the program of study undertaken is accredited by an approved accreditation authority and that such accreditation is approved by the NMBA as meeting the education requirements for registration.¹ The *Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives*², NMBA approved in 2010, are currently used to assess and accredit midwife re-entry to the register programs³. These standards are now due to be revised and updated.

The previous work in developing these standards is recognised and valued. This review seeks to refine and improve the current standards through a process of constructive and respectful engagement with stakeholders so that the standards continue to meet the following objective of the National Law⁴:

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

Aim of the review

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

- contemporary and aligned with emerging research, policy and relevant industry guidance

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

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

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

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

- able to ensure midwives re-entering the register are suitably educated and qualified to practise in a competent and ethical manner
- acceptable to the profession and relevant stakeholders
- able to support continuous development of a flexible, responsive and sustainable Australian health workforce
- supportive of innovation in the education of health practitioners
- acceptable to the community in supporting safe, accessible, quality care.

Review process

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

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

The ANMAC review process⁶ ensures stakeholder feedback, expert opinion, any relevant National or International benchmarks, as well as the best available evidence is used in the development of standards content. The iterative process for stakeholder consultation provides ANMAC with an opportunity to:

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

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

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

Purpose of the consultation paper

This Consultation Paper identifies how the National Law underpins the aim of this review. It describes the process of consultation, including how to provide feedback and offers contextual information to promote stakeholder understanding of key issues and engagement with the review process. This paper also presents the first draft of the revised standards for stakeholder comment and transcribes the online survey questions.

To achieve the aim of the review, it is important that organisations and individuals with an interest in the education of midwives provide critical input. This paper has therefore been distributed to organisations and individuals with an interest in the practice of midwifery,

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

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

midwifery education and/or midwifery accreditation standards and who may wish to contribute in writing or attend scheduled consultation forums. Appendix A provides a wide-ranging list of stakeholders identified for participation in the consultation process.

Literature search

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

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

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

Further documents were provided by professional networks and identified when searching bibliographies of relevant articles.

Consultation process

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

- Chair - Ms Francine Douce, Maternity Services Inter Jurisdictional Committee nominee
- Ms Sarah Stewart, Australian College of Midwives (ACM) nominee
- Ms Janice Butt, ACM - Midwifery Education Advisory Committee nominee
- Ms Patricia Lowe, Australian College of Nursing nominee
- Ms Jan White, Australian and New Zealand Council of Chief Nurses and Midwives nominee
- Ms Julie Reeves, Australian Nursing and Midwifery Federation nominee
- Ms Karel Williams, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives nominee
- Professor Sue McDonald, Council of Deans of Nursing and Midwifery nominee
- Ms Melissa Fox, Maternity Choices of Australia nominee

- Ms Petrina Halloran, Nursing and Midwifery Board of Australia, Australian Health Practitioner Regulation Agency nominee
- Ms Maree Reynolds, Women's Healthcare Australasia nominee
- Dr Jan Taylor, ANMAC - Chair of the Midwife Accreditation Committee
- Dr Margaret Gatling, ANMAC, Associate Director of Professional Programs
- Ms Jane Douglas, ANMAC, Associate Director of Professional Programs

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

How stakeholders can participate.

In Stage 1 of consultation stakeholders can provide feedback by:

1. Attending a consultation forum:

- Register for attendance by emailing standardsreview@ANMAC.org.au.
- Forums are scheduled for:
 - Melbourne, 28 May 2015
 - Perth, 18 June 2015

2. Completing the online survey:

- Accessible via www.surveymonkey.com/r/ReEntry_Midwifery_Survey_1
- Questions in the consultation paper are reproduced in this online survey.
- Identify whether the submitted response is on behalf of an individual or an organisation.

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

Survey responses or submissions are requested by close of business on 19 May 2015

The ANMAC website will be updated to reflect each stage of the review – **Stage 2 of consultation is planned for mid-August 2015** followed by a summative forum in Brisbane planned for 22 September 2015.

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

Background

The Australian midwifery landscape

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

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

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

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

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

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

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

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

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

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

- Increasing co-ordination by Australian Governments in Closing the Gap between Aboriginal and Torres Strait Islander peoples and other Australians, with a target to halve the gap in mortality rates for Indigenous children under the age of five by 2018¹⁵
- Ageing of the midwifery workforce:¹⁶
 - In 2013, the average age of employed midwives was 48.1 years and 52.4% were aged 50 and over.
- Decreasing numbers of registered midwives:¹⁷
 - A fall from 52,273 in 2009 to 33,969 in 2013 – representing a decline of 35%
 - This may be related to dual registered nurse/midwives not actively working in midwifery and so unable to meet a recency of practice standard.

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

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

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

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

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

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

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

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

Design of re-entry to the register accreditation standards

In Australia the NMBA sets the requirements for nurses and midwives who are no longer registered and are seeking to return to the register through the Recency of Practice Registration Standard²⁰ and supporting guideline documents^{21 22}.

Under the NMBA Recency of Practice Registration Standard, midwives are required to have sufficient practice within the preceding five years to demonstrate competence in their profession. Midwives who do not meet this requirement or have lapsed their registration will be individually assessed by the NMBA and may be found eligible to re-enter the register upon successful completion of an approved re-entry to the register midwifery program²³ of study.

The recent review of the ANMC Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards – Registered Nurse²⁴ has assisted ANMAC in establishing a number of guiding principles to underpin nursing and midwifery re-entry to the register accreditation standards – these include:

- Governance, performance and quality assurance of program providers needs to be subject to standards set by National education regulators e.g. Tertiary Education Quality Standards Agency²⁵ (TEQSA), Australian Skills Quality Authority²⁶ (ASQA).
- Accreditation standards for re-entry to the register programs need to align with the profession's NMBA approved entry to practice program accreditation standards as these, at a minimum, articulate the desired competency graduate outcomes required for NMBA registration.
- The Australian Qualification Framework²⁷ (AQF) level requirements for the re-entry to the register program should be consistent with the level specified in the profession's NMBA approved entry to practice accreditation standards.
- Student attributes on entry to a program need to be taken into consideration when reviewing accreditation standards, particularly in relation to program design, structure and content and in the management of professional practice experience.

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

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

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

²³ Re-fresher midwifery programs are different to re-entry to the register midwifery programs in that they are designed for registered midwives undertaking continuing professional development so that they maintain compliance with the Recency of Practice Registration Standard.

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

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

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

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

- The clinical and theoretical components of a Re-entry to the Register Program need to support attainment of the profession's standards for practice so that when successfully completed, graduates are eligible to apply for registration and be awarded a statement of attainment and/or completion.
- Education providers delivering re-entry to the register programs need to be experienced in assessing students against the profession's standards for practice.

Key areas for consideration

In acknowledgement of the above principles the first draft of the Re-entry to the Register Midwife Accreditation Standards has been closely aligned to the NMBA approved Midwife Accreditation Standards²⁸. Key areas for stakeholder consideration mostly relate to the adapted areas of the Midwife Accreditation Standards and whether they facilitate the achievement of graduate outcomes required to re-enter the register as a midwife.

Standard 1 Governance

Program provider characteristics

To date a variety of institutions have had NMBA approved re-entry to the register midwifery programs including health services, Universities and the Australian College of Midwives. Under the current ANMC re-entry to the register accreditation standards²⁹ such program providers are required to show evidence of 'relevant education sector' quality assurance and accreditation.

To ensure nationally consistent, quality education and outcomes for students undertaking re-entry to the register programs, it is proposed that all institutions offering such programs be subject to TEQSA standards – either directly or through partnership arrangements – for performance, quality assurance and governance.

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

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

Version 1 DRAFT Re-entry to the Register Midwife Accreditation Standards.

A proposed criterion to ensure program providers are subject to the same standards of education, performance, quality assurance and governance expected of higher education providers and Universities. (Proposed criterion 1.1)

The program provider demonstrates:

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

²⁹ Australian Nursing and Midwifery Council, 2010, Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

1.1 Current registration with:

- a. TEQSA as an Australian university or other higher education provider⁷ offering an entry to practice midwifery program⁸, or
- b. TEQSA as an Australian university or other higher education provider not offering an entry to practice midwife program that has a formal agreement in place with an Australian university or other higher education provider with current TEQSA registration and offering an entry to practice midwifery program, or
- c. Australian Skills Quality Authority as an Australian registered training organisation that has a formal governance arrangement in place with an Australian university or other higher education provider, which has current registration with TEQSA and offers an entry to practice midwifery program.

Question 3. Do you support the inclusion of the above criterion (a, b and c) in the Re-entry to the Register Midwife Accreditation Standards?

Criterion 1.1a a) Yes b) No

Criterion 1.1b a) Yes b) No

Criterion 1.1c a) Yes b) No

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

Standards relating to program design and structure

The design and structure of a re-entry to the register midwifery program is significantly affected by the clinical and academic attributes of the students undertaking the program. Re-entry to the register students already have foundational knowledge and skills when entering the program. This enables curricula for the re-entry to the register midwifery program to concentrate midwifery content and use more flexible approaches to teaching and learning. As a consequence specifications found in the following criteria from the Midwife Accreditation Standards are not considered relevant to the design and structure of a re-entry to the register program:

- a theory to practice ratio (Criterion 3.8)
- program duration (Criterion 3.7)
- timing of midwifery practice experience (Criteria 3.6 and 3. 11), or
- block credit and advanced standing arrangements (Criterion 3.14)
- off shore arrangements for midwifery practice experience (Criterion 4.8)

This has led to the above criteria being reworded or removed in the first draft of the revised Re-entry to the Register Midwife Accreditation Standards.

Standard 4 Program content

There is little contemporary research that addresses requirements for re-entry to the register midwifery programs. There is evidence to suggest the importance of these programs in developing student confidence and self-esteem in professional practice and the importance of

formalised learning structures.³⁰ A small study in 2003 identified student support for program content that includes professional issues, information updates, skills enhancement and is underpinned by modern midwifery philosophy.³¹ There is currently no high level evidence that identifies optimum content or structure for a re-entry to the register midwifery program or evaluates the outcomes of currently offered education models.

Benchmarking of international regulatory policies (see table below) indicates there is little consistency in requirements for program length and content. However, a degree of content cross over occurs in the following areas:

- Assessment, planning, implementation and evaluation of midwifery care
- Legislative, regulatory requirements for practice
- Research appreciation and evidence based care/practice
- Reflective practice
- Emergency care including neonatal and maternal resuscitation
- Medication management or pharmacy.

It should be noted that Standard 4 Program Content in the first draft of the revised Re-entry to the Register Midwife Accreditation Standards will continue to include criteria that ensures program content addresses:

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

A key area for stakeholder consideration are the proposed revisions to Criterion 4.4, which in the Midwife Accreditation Standards addresses the learning needs of students entering practice for the first time. This criterion now needs to specify content that best prepares students for return to practice in a contemporary Australian maternity care environment. In revising this criterion, content similarly identified in the above international regulatory requirements and in the Midwife Accreditation Standards has been adapted for inclusion.

³⁰ McMurtrie L, Cameron M, OLuanaigh P, and Osborne Y, 2014. Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians return to practice. *Nurse Education Today*, 34, pp. 761-765.

³¹ Bullen M, 2003. Overcoming the undersupply – supporting midwives' return to practice. *Australian Midwifery*, 16, 4, pp. 14-17.

Table: Key elements of international regulation for re-entry to the register midwifery programs

Regulator	Nursing and Midwifery Council, United Kingdom ³²	Ireland Nursing and Midwifery Council ³³	Midwifery Council of New Zealand ³⁴
Length	> 5 days	6 weeks full time	Varies with period of lapse
Content	<ul style="list-style-type: none"> • Assessment, planning, implementation and evaluation of midwifery care • Legislative, regulatory requirements for practice • Research appreciation and evidence based care/practice • Reflective practice, self-assessment as part of continuing professional development • Emergency care • Relevant health, social policy • Current issues in education and practice • National and local health care structure • Multidisciplinary team collaboration and care. 	<ul style="list-style-type: none"> • Assessment, planning, implementation and evaluation of maternal/neonatal care • Professional, ethical and legal issues (detailed) • Research appreciation and evidenced-based practice (detailed) • Critical thinking, problem solving, decision making, reflective practice • Components of midwifery care philosophy (detailed, includes advocacy) • Emergency care • Detect/prevent/manage abnormality/deterioration/in woman and their babies • Care of sick, small newborns • Promotion of maternity child health • Clinical Skills – lifting; neonatal and maternal resuscitation; infection control; management of medication, blood products, IV and epidural; fetal monitoring; record keeping. 	<p>> 5 year break, (12 months to complete)</p> <ul style="list-style-type: none"> • Technical skills • Breastfeeding • Neonatal and maternal resuscitation • Smoking cessation • National Screening • Family Violence • Prescribing and pharmacy • Cultural competence • Information Technology systems • Guidelines – diabetes, changes to care, preeclampsia • Period of supervised practice <p>> 8 year break, add following (24 months to complete)</p> <ul style="list-style-type: none"> • Neonatal Examination • Childbirth physiology • Complicated pregnancy and birth • Clinical – 20 weeks of practice, across all areas, with clinical practice plan.

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

³² Nursing and Midwifery Council UK, 2011. The Prep Handbook. Viewed at www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf on 5 February

³³ An Bord Altranais, 2005. Return to Midwifery Practice Courses. Viewed at: www.nursingboard.ie/en/edu-return_practise.aspx on 5 February 2015.

³⁴ Midwifery Council of New Zealand, Updated 2011, Return to Practice Policy. Viewed at: www.midwiferycouncil.health.nz/return-to-practice-programmes/ on 5 February 2015.

Version 1 DRAFT Re-entry to the Register Midwife Accreditation Standards.**Proposed criterion to offer further guidance on content inclusion in re-entry to the register midwifery programs. (Proposed criterion 4.4)**

The program provider demonstrates:

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

- a. Reflective practice
- b. Research appreciation and translation
- c. Legislative, regulatory and ethical requirements for practice
- d. Assessment, planning, implementation and evaluation of midwifery care
- e. Emergency care including neonatal and maternal resuscitation
- f. Pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwifery scope of practice and context
- g. Health informatics and health technology.

Question 4. Do you support the inclusion of the above criterion in the Re-entry to the Register Midwife Accreditation Standards?

Criterion 4.4a a) Yes b) No

Criterion 4.4b a) Yes b) No

Criterion 4.4c a) Yes b) No

Criterion 4.4d a) Yes b) No

Criterion 4.4e a) Yes b) No

Criterion 4.4f a) Yes b) No

Criterion 4.4g a) Yes b) No

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

Standard 8 Management of midwifery practice experience

The Australian Nursing and Midwifery Council, 2010, Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards – Midwives³⁵ require midwifery practice experiences to be consistent with the requirements in the 2009 ANMC accreditation standards for entry to practice midwifery programs³⁶. Additionally, the ANMC recommended:³⁷

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

The new 2014 ANMAC Midwife Accreditation Standards³⁸ continue to specify numbers and types of minimum midwifery practice experiences required in entry to practice midwifery programs. To maintain alignment with the entry to practice accreditation standards and to incorporate the benchmark set by the current re-entry accreditation standards it is proposed that criterion 8.11 specify students complete 25% of the minimum midwifery practices experiences mandated in the 2014 Midwife Accreditation Standards.

Without evidence or international benchmarks to guide specification of clinical requirements, stakeholders are asked to consider whether the proposed minimum midwifery practice experiences:

- provide sufficient midwifery practice experience to enable re-entry to the register students to develop confidence in practice and demonstrate achievement of the National Competency Standard for the Midwife.
- are able to be practically implemented in a shortened program of study (re-entry programs have historically been three months in length), given that the type and number of experiences will influence the duration of the program.

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

³⁵ Australian Nursing and Midwifery Council, 2010. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

³⁶ Australian Nursing and Midwifery Council, 2009. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide – Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

³⁷ Australian Nursing and Midwifery Council, 2010. Standards and Criteria for the Accreditation of Nursing and Midwifery Courses: Re-entry to the Register Standards Midwives. Viewed at: www.anmac.org.au/sites/default/files/documents/2010_ANMC_ReEntry_Midwives_August_2014.pdf on 5 February 2015.

³⁸ Australian Nursing and Midwifery Accreditation Council, 2014. Midwife Accreditation Standards. Viewed at: www.anmac.org.au/sites/default/files/documents/Re-entry_Registered_Nurse_Accreditation_Standards_2014.pdf on 5 February 2015

Version 1 DRAFT Re-entry to the Register Midwife Accreditation Standards.

Proposed criterion that stipulates minimum midwifery practice experience requirements are to be approximately 25% of those specified in the Midwife Accreditation Standards. (Proposed criterion 8.11)

The program provider demonstrates:

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

'Continuity of care experience' (with recruitment in the third trimester)

- a. (iii) engage with a minimum of **2** women—engagement involves attending four antenatal visits, two postnatal visits and, the labour and birth.

'Antenatal care'

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

'Labour and birth care'

- c. Under the supervision of a midwife, act as the primary *accoucheur* for **7** women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences.
- d. Provide direct and active care to an additional **2** women throughout the first stage of labour and, where possible, during birth – regardless of mode.

'Complex care'

- e. Experience in caring for **10** women with complex needs across pregnancy, labour, birth or the postnatal period. This may include women the student has engaged with as part of their continuity of care experiences.

'Postnatal care'

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

'Neonatal care'

- j. Experience in undertaking **5** full examinations of a newborn infant.

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

Question 5. Do you support the inclusion of the above proposed criterion in the Re-entry to the Register Midwife Accreditation Standards?**Proposed criterion 8.11:**

Continuity of care experiences	a) Yes	b) No
Antenatal care	a) Yes	b) No
Labour and birth care	a) Yes	b) No
Complex care	a) Yes	b) No
Postnatal care	a) Yes	b) No

Neonatal care**a) Yes****b) No**

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

Complete standards

Review of the first draft of the revised Re-entry to the Register Midwife Accreditation Standards requires assessment of the standards' clarity, accuracy and completeness. Stakeholders are, therefore, asked to consider whether there are any omission, gaps, duplications or errors in these standards.

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

Question 6. Please review all standards and criteria and identify any issues, gaps, omissions, duplications or errors.

Standard 1:

Standard 2:

Standard 3:

Standard 4:

Standard 5:

Standard 6:

Standard 7:

Standard 8:

Standard 9:

Glossary and terms:

Conclusion

ANMAC as the independent accrediting authority for nursing and midwifery programs of study is responsible for maintaining and developing the integrity of accreditation standards for professional programs. The review of the Re-entry to the Register Midwife Accreditation Standards has now commenced. The outcome of this review process, which includes wide ranging consultation, will be revised Re-entry to the Register Midwife Accreditation Standards that protect the public and are acceptable to the community, the midwifery profession, related jurisdictions, employers and relevant education providers. A further outcome will be revised standards that are nationally consistent, contemporary, comprehensive and clearly articulated.

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

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

Glossary and abbreviations

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

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

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

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

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

CREDIT is the value assigned for the recognition of equivalence in content and learning outcomes between different types of leaning and/or qualifications. Credit reduces the amount of learning required to achieve a qualification and may be through credit transfer, articulation, recognition of prior learning or advanced standing.³⁹

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

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

³⁹ Australian Qualification Framework, 2012. Recognition of Prior Learning: An Explanation. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/06/RPL-Explanation.pdf on 6 March 2015.

practitioners and students undertaking programs of study leading to registration as a health practitioner.

INTERPROFESSIONAL LEARNING occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.⁴⁰

PHARMACODYNAMICS is the study of the biochemical and physiological effects of drugs and the mechanisms of their action in the body.

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

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

PRIMARY HEALTH CARE PRINCIPLES are listed in the Declaration of Alma Ata⁴¹ as:

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

⁴⁰ Australian Nursing and Midwifery Accreditation Council, 2012. Registered Nurse Accreditation Standards. Viewed at www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf on 5 February 2015.

⁴¹ WHO; UNICEF (1978). Declaration of Alma-Ata: report on the International Conference on Primary Health Care, 6-12 September, Alma-Ata, USSR. Viewed at www.who.int/publications/almaata_declaration_en.pdf on 5 February 2015.

- Relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

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

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

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

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

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

The purpose of a regulatory impact statement is to give decision makers a balanced assessment based on the best available information and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.⁴²

STANDARD refers to a level of quality or attainment.

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

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

⁴² Office of Best Practice Regulation (2013). *Best Practice Regulation Handbook*. Viewed at: www.dPMC.gov.au/office-best-practice-regulation/publications/best-practice-regulation-handbook on 5 February 2015.

WOMAN is a term that includes the woman, her baby (born and unborn), and, as negotiated with the woman, her partner, significant others and community.⁴³

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

Midwifery is a woman-centred, political, primary health care discipline founded on the relationships between women and their midwives. Midwifery—⁴⁴

- 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.

⁴³ Nursing and Midwifery Board of Australia, September 2007. *National framework for the development of decision-making tools for nursing and midwifery practice*. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#dmf on 5 February 2015.

⁴⁴ Australian College of Midwives' Philosophy of Midwifery based on work from: New Zealand College of Midwives; Nursing Council of New Zealand; Nursing and Midwifery Council (United Kingdom); Royal College of Midwives; College of Midwives of British Columbia; College of Midwives Ontario, former Australian College of Midwives Incorporated; Nurses Board of Victoria; Nursing Council of Queensland; World Health Organization; Guiland and Pairman (1995) and Leap (2004). Viewed at www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019 on 5 February 2015.

Appendix A. Stakeholder list

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

- Answering questions from the Consultation Papers via Survey Monkey at www.surveymonkey.com/r/ReEntry_Midwifery_Survey_1
- Submitting comments or submissions via the following dedicated email address: standardsreview@anmac.org.au.

Table: Key stakeholder list

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

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

Appendix B. First DRAFT Re-entry to the Register Midwife Accreditation Standards

STANDARD 1: GOVERNANCE

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

STANDARD 2: CURRICULUM CONCEPTUAL FRAMEWORK

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

STANDARD 3: PROGRAM DEVELOPMENT AND STRUCTURE

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

STANDARD 4: PROGRAM CONTENT

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

STANDARD 5: STUDENT ASSESSMENT

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

STANDARD 6: STUDENTS

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

STANDARD 7: RESOURCES

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

STANDARD 8: MANAGEMENT OF MIDWIFERY PRACTICE EXPERIENCE

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

STANDARD 9: QUALITY IMPROVEMENT AND RISK MANAGEMENT

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

Standard 1: Governance

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

Criteria

The education provider must provide evidence of:

- 1.1 Refer to Question 1, pp. 11-12.
- 1.2 Current accreditation of the re-entry to the register midwifery program of study by the university (or TEQSA for non-self-accrediting higher education providers) detailing the expiry date and any recommendations, conditions and progress reports related to the school.
- 1.3 Meeting Australian Qualifications Framework (AQF) requirements for a minimum level 7, and having been issued with a statement of completion and/or attainment by the governing Australian university or higher education provider.
- 1.4 Current, documented academic governance structure for the university or other higher education provider and the school conducting the program (program provider) that ensures academic oversight of the program and promotes high-quality teaching and learning, scholarship, research and ongoing evaluation.
- 1.5 Terms of reference for relevant school committees and advisory and/or consultative groups, including direct consumer involvement and partnerships with Aboriginal and Torres Strait Islander health professionals and communities.
- 1.6 Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.
- 1.7 Governance arrangements between the university or other higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.
- 1.8 Policies relating to the use of credit or recognition of prior learning, consistent with AQF national principles, are not available to students seeking to enter the re-entry to the register midwifery program.

Standard 2: Curriculum conceptual framework

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

Criteria

The program provider demonstrates:

- 2.1 A clearly documented conceptual framework for the program, including a curriculum underpinned by:
 - a. a woman-centred midwifery philosophy
 - b. a midwifery continuity of care philosophy
 - c. primary health care principles
 - d. an education philosophy.
- 2.2 The incorporation of contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies to enhance the delivery of curriculum content, accommodate differences in student learning styles and stimulate student engagement and learning.
- 2.3 A program of study that is congruent with contemporary and evidence-based approaches to midwifery practice and education and underpinned by principles of safety and quality in health care.⁴⁵
- 2.4 Teaching and learning approaches that:
 - a. enable achievement of stated learning outcomes
 - b. facilitate the integration of theory and practice
 - c. scaffold learning appropriately throughout the program
 - d. encourage the development and application of critical thinking and reflective practice
 - e. engender deep rather than surface learning
 - f. encourage students to become self-directed learners

⁴⁵ Including the current *Australian Safety and Quality Framework for Health Care* released by the Australian Commission on Safety and Quality in Health Care. Viewed at: www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf on 5 February 2015.

- g. embed recognition that graduates take professional responsibility for continuing competence and life-long learning
- h. instil in students the desire and capacity to continue to use and learn from research throughout their careers
- i. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills
- j. incorporate an understanding of, and engagement with, intraprofessional and interprofessional learning for collaborative practice.

Standard 3: Program development and structure

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

Criteria

The program provider demonstrates:

- 3.1 Consultative and collaborative approaches to curriculum design and program organisation between academic staff, those working in health disciplines, students, consumers and other key stakeholders including Aboriginal and Torres Strait Islander health professionals and communities.
- 3.2 Contemporary midwifery and education practice in the development and design of the curriculum.
- 3.3 A map of subjects against the National Competency Standards for the Midwife that clearly identifies the links between learning outcomes, assessments and required graduate competencies.
- 3.4 Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.
- 3.5 Opportunities for student interaction with other health professions to support understanding of the multi-professional health care environment and facilitate interprofessional learning for collaborative practice.
- 3.6 Midwifery practice experience placement⁴⁶ is incorporated into the program across a variety of care settings and is sufficient for students to meet the National Competency Standards for the Midwife and achieve the minimum midwifery practice requirements stipulated in Standard 8.
- 3.7 That content and sequencing of the program of study, and where possible, additional simulated learning⁴⁷ opportunities, prepare students for undertaking the specified midwifery practice experience.
- 3.8 Midwifery practice experience is included in Australia to consolidate the acquisition of competence and facilitate transition to practice and a summative assessment is made against all National Competency Standards for the Midwife in a midwifery practice setting.

⁴⁶ Refer to glossary for an operational definition of midwifery practice experience placement.

⁴⁷ Refer to glossary for an operational definition of simulated learning.

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

Standard 4: Program content

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

Criteria

The program provider demonstrates:

- 4.1 A comprehensive curriculum document, based on the conceptual framework discussed in Standard 2 that includes:
 - a. program structure and delivery modes
 - b. subject outlines
 - c. links between subject learning outcomes and their assessment and the National Competency Standards for the Midwife
 - d. teaching and learning strategies
 - e. a midwifery practice experience plan across a variety of midwifery practice settings.
- 4.2 The program content focuses on contemporary midwifery practice. This includes woman-centred midwifery care, midwifery continuity of care and primary health care principles as well as incorporation of regional, national and international maternity care priorities, research, policy and reform.
- 4.3 Research and evidence-based inquiry underpins all elements of curriculum content and delivery.
- 4.4 Refer to Question 4, p. 15.
- 4.5 Inclusion of content that develops understanding and appreciation of consumer perspectives of maternity care, the woman's right to make choices, and the role of the midwife to provide information relating to safety and care alternatives to support the woman's informed choice.
- 4.6 Inclusion of content giving students an appreciation of the diversity of Australian culture, to develop and engender their knowledge of cultural respect and safety.
- 4.7 Inclusion of subject matter specifically addressing Aboriginal and Torres Strait Islander peoples' histories, health, wellness and cultures, as well as midwifery practice issues relevant to Aboriginal and Torres Strait Islander peoples.

Standard 5: Student assessment

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

Criteria

The program provider demonstrates:

- 5.1 A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.
- 5.2 Clear statements about assessment and progression rules and requirements are provided to students at the start of each subject.
- 5.3 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.
- 5.4 Both formative and summative assessment types and tasks exist across the midwifery practice experience and theoretical components of the program to enhance individual and collective learning as well as inform student progression.
- 5.5 A variety of assessment approaches across a range of contexts to evaluate competence in the essential knowledge, skills and behaviours required for midwifery practice.
- 5.6 Student communication competence and English language proficiency are assessed before undertaking midwifery practice experience.
- 5.7 Appropriate assessment is used in midwifery practice experience to evaluate student ability to meet the National Competency Standards for the Midwife.
- 5.8 Ultimate accountability for the assessment of students in relation to their midwifery practice experience.
- 5.9 Assessments include the appraisal of competence in pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwife's scope of practice and midwifery context.
- 5.10 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.
- 5.11 Processes to ensure the integrity of any online assessment.
- 5.12 Collaboration between students, health service providers and academics in selecting and implementing assessment methods.

- 5.13 A summative assessment of student achievement of competence against the National Competency Standards for the Midwife is conducted by a midwife⁴⁸ in an Australian midwifery practice setting before program completion.

⁴⁸ Has current Australian general registration as a midwife.

Standard 6: Students

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

Criteria

The program provider demonstrates:

- 6.1 Applicants are informed of the following before accepting an offer of enrolment:
 - a. modes for program delivery and location of midwifery practice experience placements
 - b. specific requirements for entry to the program of study, including English language proficiency
 - c. requirements for registration as specified in the NMBA Re-entry to Practice Policy
 - d. compliance with the National Law by notifying the Australian Health Practitioner Regulation Agency (AHPRA) if a student undertaking midwifery practice experience has an impairment that may place the public at risk of harm
 - e. specific requirements for right of entry to health services for midwifery practice experience placements (including fitness for practice, immunisation and criminal history)
 - f. continuity of care experience requirements and implications for academic and personal life
 - g. requirements for registration as a midwife by the NMBA including, but not limited to, the explicit registration standard on English language skills.
- 6.2 Students are selected for the program based on clear, justifiable and published admission criteria.
- 6.3 Students have sufficient English language proficiency and communication skills to successfully undertake academic experience and midwifery practice experience requirements throughout the program.
- 6.4 Students are informed about, and have access to, appropriate support services, including counselling, health care and academic advisory services.
- 6.5 Processes to enable early identification of and support for students not performing well academically or with professional conduct issues.
- 6.6 All students have equal opportunity to attain the National Competency Standards for the Midwife. The mode or location of program delivery should not influence this opportunity.

- 6.7 Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
- 6.8 Affirmative action strategies are adopted to support the enrolment of Aboriginal and Torres Strait Islander students and a range of supports are provided to students.
- 6.9 Other groups under-represented in the midwifery profession, especially those from culturally, socially and linguistically diverse backgrounds, are encouraged to enrol and a range of supports are provided to students.
- 6.10 People with diverse academic, work and life experiences are encouraged to enrol in the program.

Standard 7: Resources

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

Criteria

The program provider demonstrates:

- 7.1 Staff, facilities, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.
- 7.2 Students have sufficient and timely access to academic and clinical teaching staff to support their learning.
- 7.3 A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.
- 7.4 Staff recruitment strategies:
 - a. are culturally inclusive and reflect population diversity
 - b. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.
- 7.5 Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.
- 7.6 The Head of Discipline responsible for midwifery curriculum development holds current Australian general registration as a midwife with no conditions relating to conduct, holds a relevant post graduate qualification, maintains active involvement in the midwifery profession, and has strong links with contemporary midwifery education and research.
- 7.7 Staff teaching, supervising and assessing midwifery practice related subjects have current Australian general registration as a midwife with relevant clinical and academic preparation and experience.
- 7.8 Academic staff are qualified in midwifery for their level of teaching to at least one tertiary qualification standard higher than the program of study being taught or with equivalent midwifery practice experience.
- 7.9 In cases where an academic staff member's tertiary qualifications do not include midwifery, that their qualifications and experience are relevant to the subject(s) they are teaching.
- 7.10 Processes to ensure academic staff demonstrate a sound understanding of contemporary midwifery research, scholarship and practice in the subject(s) they teach.

- 7.11 Teaching and learning takes place in an active research environment where academic staff are engaged in research and/or scholarship and/or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.
- 7.12 Policies and processes to verify and monitor the academic and professional credentials, including registration, of current and incoming staff and evaluate their performance and development needs.

Standard 8: Management of midwifery practice experience

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

Criteria

The program provider demonstrates:

- 8.1 Constructive relationships and clear contractual arrangements with all health providers where students gain their midwifery practice experience and processes to ensure these are regularly evaluated and updated.
- 8.2 Risk management strategies in all environments where students are placed to gain their midwifery practice experience and processes to ensure these are regularly reviewed and updated.
- 8.3 Midwifery practice experiences provide timely opportunities for experiential learning of curriculum content that is progressively linked to the attainment of the National Competency Standards for the Midwife.
- 8.4 Each student is provided with a variety of midwifery practice experiences with opportunities for intraprofessional and interprofessional learning and the development of knowledge, skills and behaviours for collaborative practice.
- 8.5 Policies and procedures for effective and ethical⁴⁹ recruitment processes that enable women to participate freely and confidentially in continuity of care experiences and students to engage readily with women who consent to participate.
- 8.6 Clearly articulated models of supervision, support, facilitation and assessment are in place for all midwifery practice experience settings, including all aspects of continuity of care experiences, so students can achieve the required learning outcomes and National Competency Standards for the Midwife.
- 8.7 Mechanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences.
- 8.8 Academics, midwives and other health professionals engaged in supervising, supporting and/or assessing students during midwifery practice experiences are adequately prepared for the role and seek to incorporate cultural, contemporary and evidence-based Australian and international perspectives on midwifery practice.
- 8.9 Assessment of midwifery competence within the context of the midwifery practice experience, including continuity of care, is undertaken by a midwife practicing in

⁴⁹ For an explanation of what is considered ethical midwifery practice see: *Code of professional conduct for midwives in Australia*. Viewed at: www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codeofethics on 5 February 2015.

Australia with current skills needed to assess undergraduate students against the National Competencies for the Midwife.⁵⁰

- 8.10 Appropriate resources are provided, monitored and evaluated to support students while on midwifery practice experience, including continuity of care experiences.
- 8.11 The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum⁵¹, supervised midwifery practice experience requirements.⁵²

Continuity of care experiences

- a. Experience in woman-centred care as part of continuity of care experiences. The student is supported to:
- i. establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care
 - ii. provide midwifery care within a professional practice setting and under the supervision of a midwife
 - iii. Refer to Question 5, pp. 17-18.
 - iv. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

Antenatal care

- b. Refer to Question 5, pp. 17-18.⁵³

Labour and birth care

- c. Refer to Question 5, pp. 17-18.

This also involves:

- i. providing direct and active care in the first stage of labour, where possible
- ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required

⁵⁰ Must hold current Australian general registration as a midwife.

⁵¹ These are minimum requirements. Where possible, it is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.

⁵² Minimum practice requirements may be counted more than once. Example: as per individual circumstances, continuity of care experiences may also be counted toward episodes of antenatal and postnatal care, acting as primary *accoucheur*, providing labour care, caring for women with complex needs or neonatal examination.

⁵³ Episodes of care may include multiple episodes of care for the same woman where her care needs have altered. Example: as a result of a natural progression through the antenatal or postnatal periods or due to evolving complex needs.

- iii. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation
 - iv. assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral and clinical handover.
- d. Refer to Question 5, pp. 17-18.

Complex care

- e. Refer to Questions 5, pp. 17-18.⁵⁴

Postnatal care

- f. Refer to Questions 5, pp. 17-18.
- g. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.⁵⁵
- h. Experiences in women's health and sexual health.
- i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation.

Neonatal care

- j. Refer to Questions 5, pp. 17-18.⁵⁶
- k. Experiences in care of the neonate with special care needs.⁵⁷

⁵⁴ These women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f). Refer to the glossary for an operational definition of complex needs.

⁵⁵ The Baby Friendly Health Initiative is underpinned by the 'Ten Steps to Successful Breastfeeding' and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding.

⁵⁶ This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences.

⁵⁷ Refer to the glossary for an operational definition of 'special care needs'.

Standard 9: Quality improvement and risk management

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

Criteria

The program provider demonstrates:

- 9.1 Responsibility and control of program development, monitoring, review, evaluation and quality improvement delegated to the school with oversight by the academic board or equivalent.
- 9.2 Regular evaluation of academic and clinical supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.
- 9.3 Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.
- 9.4 Quality cycle feedback gained from stakeholders, including consumers, is incorporated into the program of study to improve the experience of theory and practice learning for students.
- 9.5 Regular evaluation and revision of program content to include contemporary and emerging issues surrounding midwifery practice, health care research and health policy and reform.
- 9.6 Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.

Glossary and abbreviations

Academic staff—education provider staff who meet the requirements established in Standard 7 (must be registered and hold a relevant qualification higher than that for which the students they instruct are studying) and are engaged in teaching, supervising, supporting and/or assessing students for acquiring required skills, knowledge, attitudes and graduate competency outcomes.⁵⁸

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

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

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

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

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

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

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

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

Assessment contexts—includes the professional practice context and simulated or laboratory contexts.⁵⁹

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

Assessment types—includes formative assessment (intended to provide feedback for future learning, development and improvement) and summative assessment (that indicates whether certain criteria have been met or certain outcomes have been achieved).⁶⁰

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

⁵⁸ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁵⁹ *ibid.*

⁶⁰ *ibid.*

Credit—is the value assigned for the recognition of equivalence in content and learning outcomes between different types of learning and/or qualifications. Credit reduces the amount of learning required to achieve a qualification and may be through credit transfer, articulation, recognition of prior learning or advanced standing.⁶¹

Collaborative practice—refers to a group of maternity care professionals who collaborate with each other and with women in the planning and delivery of their maternity care.⁶²

Competence—the combination of skills, knowledge, attitudes, values and abilities underpinning effective and/or superior performance in a profession or occupational area.⁶³

Competent—refers to the person who has competence across all the domains of competencies applicable to the midwife, at a standard judged to be appropriate for the level of midwife being assessed.⁶⁴

Complex needs—relates to women requiring care beyond what would be considered routine or normal by the health service. Refers to the application of care principles for a range of experiences including maternity emergencies and recognising and responding to clinical deterioration in women with complex needs.⁶⁵ This is inclusive of situations where women may be experiencing risks to social and psychological wellbeing, mental health or requiring medical or surgical care.

Consumer—a term used generically to refer to a woman receiving care. Advising consumers of their right to make informed choices in relation to their care, and obtaining their consent, are key responsibilities of all health care personnel.⁶⁶

Continuing competence—the ability of midwives to demonstrate they have maintained their competence in their current area and context of practice.⁶⁷

Continuity of care experience—refers to the ongoing midwifery relationship between the student and the woman from initial contact in pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and individual health care settings. The intention of this experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, irrespective of the carers chosen by the woman or the availability of midwifery continuity of care models.⁶⁸

⁶¹ Australian Qualification Framework, 2012. Recognition of Prior Learning: An Explanation. Viewed at: www.aqf.edu.au/wp-content/uploads/2013/06/RPL-Explanation.pdf on 6 March 2015.

⁶² Australian Government, National Health and Medical Research Council, 2010. National guidance on Collaborative Maternity Care. Viewed at: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/CP124.pdf on 5 March 2015.

⁶³ NMBA, 2006. *National Competency Standards for the Midwife*, Canberra. Viewed at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards on 5 February 2015.

⁶⁴ *ibid.*

⁶⁵ For examples of women with complex needs refer to Codes B and C in the current *Australian College of Midwives National Midwifery Guidelines for Consultation and Referral*.

⁶⁶ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁶⁷ ANMC, 2009. *Continuing Competence Framework*. Canberra. Viewed at www.equals.net.au/pdf/73727_Continuing_Competence_Framework.pdf on 5 February 2015.

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

In terms of the student of a re-entry to the register midwifery program, it is likely that the relationship between the student and the woman will begin late in the pregnancy and include antenatal, intrapartum and postnatal care experiences.

Criminal history—is defined in the National Law as:

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

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

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

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.⁶⁹

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

Cultural safety—the effective midwifery practice of a person or a family from another culture, as determined by that person or family. Culture includes, but is not restricted to: age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The midwife delivering the midwifery service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.⁷⁰

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

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

Delivery mode—the means by which programs are made available to students: on-campus or in mixed-mode, by distance or by e-learning methods.⁷¹

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

⁶⁹ NMBA, 2010. *Criminal History Registration Standard*. Viewed at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 5 February 2015

⁷⁰ Adapted from Nursing Council of New Zealand, *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice*, last amended July 2011. Viewed at www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses on 5 February 2015.

⁷¹ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

Emotional intelligence—the ability to understand, identify in oneself and others, and manage emotions. Includes the domains of self-monitoring, self-regulation, self-motivation, empathy and social skills.⁷²

English language proficiency—where English language skills, including listening, reading, writing and speaking, are at a level enabling the provision of safe, competent practice. Demonstration of English language proficiency, as per the NMBA English Language Skills Registration Standard, is a criterion for registration.⁷³

Equivalent professional experience—refers to the successful completion of a qualification equivalent to that being taught and sufficient post-graduate professional experience⁷⁴ in the discipline being taught, to demonstrate competence in applying the discipline’s principles and theory.

Fitness for practice—refers to being able to demonstrate no professional impediment, or physical or mental incapacity that would preclude a person from nursing or midwifery practice.⁷⁵

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

Graduates—students who, having undertaken a program, are eligible to apply for midwifery registration.⁷⁶

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

Health informatics—refers to the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.⁷⁷

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

Health service providers—refers to health units or other appropriate service providers, where students undertake supervised professional experience as part of a program, the graduates of which are eligible to apply for midwifery registration (adapted from definition for ‘clinical facilities’ in the ANMC National Accreditation Framework).⁷⁸

⁷² Goleman, D., 2005. *Emotional Intelligence (Why it can matter more than IQ)*. 10th anniversary edition. Bantam Books. London.

⁷³ NMBA, 2011. *English Language Skills Registration Standard*. Viewed at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx 5 February 2015.

⁷⁴ To be read in the context of the *Nursing and Midwifery Recency of Practice Registration Standards*, NMBA. Viewed at: www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx on 5 February 2015.

⁷⁵ Adapted from NMBA, 2010. *Framework for the Assessment of Internationally Qualified Nurses and Midwives for Registration*.

⁷⁶ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁷⁷ Standards Australia, 2013. *e-health: What is Health Informatics?* Viewed at www.e-healthstandards.org.au/ABOUT014/WhatIsHealthInformatics.aspx on 5 February 2015.

⁷⁸ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at

Higher education provider—tertiary education provider who meets the Higher Education Standards Framework (Threshold Standards) as prescribed by the *Tertiary Education Quality and Standards Agency Act 2011* and is registered with TEQSA.⁷⁹

International definition of the midwife—a person who has successfully completed a midwifery education program that is duly recognised in the country where it is located and that is based on the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice and the framework of the International Confederation of Midwives Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

Scope of practice

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and infant. This care includes preventative measures, promotion of normal birth, detection of complications in mother and child, access of medical care or other appropriate assistance, and carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care.

A midwife may practise in any setting, including the home, community, hospitals, clinics or health units.⁸⁰

Interprofessional learning—occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.⁸¹

Learning outcomes—the skills, knowledge and attitudes identified as the requirements for satisfactory program completion including, but not limited to, the graduate competency outcomes.⁸²

Life-long learning—includes learning firmly based in clinical practice situations, formal education, continuing professional development and informal learning experiences within the workplace. Also involves the learner taking responsibility for their own learning, and investing time, money and effort in training or education on a continuous basis.⁸³

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

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

www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁷⁹ TEQSA, 2011. Higher Education (Threshold Standards) 2011 Legislative Instrument, Chapter 2. Viewed at www.teqsa.gov.au/higher-education-standards-framework on 5 February 2015.

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

⁸¹ ANMAC, 2012. Registered Nurse Accreditation Standards. Viewed at www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf on 5 February 2015.

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

⁸³ Adapted from Homer C, Griffiths M, Ellwood D, Kildea S, Brodie PM and Curtin A, 2010. *Core Competencies and Educational Framework for Primary Maternity Services in Australia: Final Report*. Centre for Midwifery Child and Family Health, University of Technology Sydney, Sydney.

theoretical knowledge into practice. Includes, but may not be limited to, continuity of care experiences.⁸⁴

Midwifery practice experience placement—the component of midwifery education that allows students to put theoretical knowledge into practice within the consumer care environment. Includes, but may not be limited to, continuity of care experiences. Simulation is integral to preparing students for clinical placement experiences; however, it is generally not a component of midwifery practice experience placement.

National Competency Standards for the Midwife—core competency or practice standards by which performance and professional conduct is assessed to obtain and retain registration as a registered midwife.⁸⁵

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

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

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

Primary health care principles: are described in the Declaration of Alma Ata as:⁸⁶

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

⁸⁴ Adapted from ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁸⁵ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

⁸⁶ World Health Organization (1978); United Nations Children's Fund. *Declaration of Alma-Ata: report on the International Conference on Primary Health Care*, 6 to 12 September, Alma-Ata, Union of Soviet Socialist Republics (Soviet Union). Viewed at www.who.int/publications/almaata_declaration_en.pdf on 5 February 2015.

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

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

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

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

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

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

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

The purpose of a regulatory impact statement is to give decision makers a balanced assessment based on the best available information and to inform interested stakeholders and the community about the likely impact of the proposal and the information decision makers took into account.⁸⁷

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

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

⁸⁷ Office of Best Practice Regulation (2013). *Best Practice Regulation Handbook*. Viewed at: www.finance.gov.au/obpr/proposal/handbook/Content/01-productivity-evidence-based-policy.html on 5 February 2015.

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

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

Special care needs—relates to babies experiencing a deviation from physiological functioning or normal postnatal adaptation and who require care beyond what is considered normal or routine by the health service. Refers to the application of care principles for a range of experiences including neonatal resuscitation, stabilisation for transfer and recognising and responding to clinical deterioration in the neonate.⁸⁸

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

Standard—a level of quality or attainment.

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

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

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

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

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

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

Woman—a term including the woman, her baby (born and unborn), and, as negotiated, with the woman, her partner, significant others and the community.⁸⁹

Woman-centred midwifery—principles of woman-centred midwifery are identified in the Australian Council of Midwives’ philosophy statement. Midwife means ‘with woman’. This meaning shapes

⁸⁸ For examples of neonates with special care needs refer to postpartum infant clinical indications, codes B and C, in the current *Australian College of Midwives, National Midwifery Guidelines for Consultation and Referral*.

⁸⁹ ANMC, 2009. *Midwives Standards and Criteria for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorisation in Australia with Evidence Guide*. Canberra. Viewed at www.anmac.org.au/sites/default/files/documents/ANMC%20Accreditation%20Standards%20-%20Midwives%20-%20November%202010.pdf on 5 February 2015.

midwifery's philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women's work in bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women which, in turn, protects and enhances the health and wellbeing of society.

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

Midwifery:⁹⁰

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

⁹⁰ Australian College of Midwives' Philosophy of Midwifery based on work from: New Zealand College of Midwives; Nursing Council of New Zealand; Nursing and Midwifery Council (United Kingdom); Royal College of Midwives; College of Midwives of British Columbia; College of Midwives Ontario, former Australian College of Midwives Incorporated; Nurses Board of Victoria; Nursing Council of Queensland; World Health Organization; Guiland and Pairman (1995) and Leap (2004). Viewed at www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10019 on 5 February 2015.