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| Application Pack |
| Re-entry to the Register Midwife Accreditation Standards – 2016 |

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# Submission preparation

The relevant accreditation standards for this application pack are the:

[Re-entry to the Register Midwife Accreditation Standards 2016](http://www.anmac.org.au/node/786)

When preparing documentation for review it is important to keep in mind:

* readability – present documents in a clear and concise manner
* accessibility – readers may not have access to specialised software
* searchability – readers will need to be able to easily find the evidence that you’ve provided using search tool, bookmarks, tabs or accurately referenced pages.

Your submission will be divided into two sections:

* Part 1 – Application Pack
* Part 2 – Evidence in-line with the Accreditation Standards.

To complete the Application pack fill in the ‘evidence’ column by referencing the location of the information in your evidence documents, include appendix number, title, page numbers and paragraph numbers as required or provide a hyperlink to the relevant sections. If you are submitting a modification to your currently accredited program you are only required to complete the standards that are directly relevant to the changes you are planning to make.

The glossary and abbreviations for these accreditation standards may provide further clarification and are available on the ANMAC website.

You are required to provide ANMAC with one hard copy of your submission documents and one electronic copy (USB or cloud based). Please make sure the electronic copy of the Application pack is provided in Word format not as a PDF.

Send your completed submission to:

Executive Director
Accreditation & Assessment Services
Australian Nursing & Midwifery Accreditation Council
GPO Box 400
CANBERRA CITY ACT 2601

# Program details

### Contact information

|  |  |
| --- | --- |
| EDUCATION PROVIDER |  |
| ADDRESS OF HEAD OFFICE |  |
| HEAD OF DISCIPLINE (NAME AND TITLE) |  |
| PHONE NUMBER |  |
| EMAIL |  |
| PROGRAM CONTACT PERSON (NAME AND TITLE) |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |

### Program Information

|  |  |
| --- | --- |
| PROGRAM |  |
| PROGRAM ABBREVIATION |  |
| PROGRAM OF STUDY COURSE CODE |  |
| REGISTRATION TYPE | Midwife |
| QUALIFICATION TYPE | Non-award |
| PROGRAM TYPE | Re-entry to the Register |
| ACCREDITATION TYPE | Choose an item. |
| SITES WHERE PROGRAM IS TO BE OFFERED |  |
| NO. OF STUDENTS TO BE ENROLLED PER COHORT |  |
| NO. OF COHORTS PER YEAR |  |
| PROGRAM LENGTHPart time, full time where applicable |  |
| MODES OF DELIVERY |  |
| ENTRY LEVEL ENGLISH LANGUAGE PROFICIENCY REQUIREMENTS |  |

### ANMAC use only

|  |  |
| --- | --- |
| ANMAC ASSOCIATE DIRECTOR FOR PROFESSIONAL PROGRAMS |  |
| SUBMISSION RECEIVED |  |
| PRELIMINARY REVIEW DATE |  |
| ASSESSMENT TEAM (AT) MEMBERS |  |
| DATE OF FIRST TELECONFERENCE |  |
| DATE SITE VISIT INFORMATION AND COLLATED REVIEW SENT TO EDUCATION PROVIDER |  |
| DATE OF SITE VISIT(S) |  |
| DATE(S) FURTHER EVIDENCE RECEIVED |  |
| DATE(S) OF FOLLOW UP MEETINGS |  |

### Program/units – theoretical and experiential learning

|  |  |  |  |
| --- | --- | --- | --- |
| Program/subject codes (list all) | Program/subject title | No. of theoretical hours lectures and tutorials | No of experiential hours |
| Laboratory & simulation | Professional experience off campus |
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# Declaration

Academic integrity means honesty and responsibility in scholarship. This principle forms the foundation of the education system. The intellectual property of an education institution is central to the work and structures that support the business of the institution and it is essential that this work is protected. This declaration indicates acknowledgement of and adherence to this fundamental principle.

|  |
| --- |
| Academic integrity of submissionI, [insert name] declare that all documentation in this submission, or in support of this submission, is true and correct and is the original work of [insert name of education provider] except in so far as acknowledgement is made to other sources. I acknowledge that any reporting requirements, including the submission of an Annual Declaration confirming that the program is being delivered as accredited, is a general condition of accreditation.Signature:Date: |

# 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[[1]](#footnote-1).

### Criteria

The education provider must provide evidence of:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Current registration with:
1. The Tertiary Education, Quality and Standard Agency (TEQSA) as an Australian university or other higher education provider[[2]](#footnote-2) currently offering an accredited and approved entry to practice midwifery program, or
 |  |  |
| 1. TEQSA as an Australian university or other higher education provider not offering an entry to practice midwife program that has a formal agreement[[3]](#footnote-3) in place with an Australian university or other higher education provider with current TEQSA registration and an accredited and approved entry to practice midwifery program, or
 |  |  |
| 1. Australian Skills Quality Authority as an Australian registered training organisation that has a formal agreement in place with an Australian university or other higher education provider with current TEQSA registration and an accredited and approved entry to practice midwifery program.
 |  |  |
| * 1. Current accreditation of the re-entry to the register midwifery program of study by the university (or TEQSA for non-accrediting higher education providers) detailing the expiry date and any recommendations, conditions and progress report related to the school.
 |  |  |
| * 1. Meeting Australian Qualifications Framework (AQF) requirements for a minimum level 7 award program, and having been issued with a statement of completion and/or attainment by the governing Australian university or higher education provider.
 |  |  |
| * 1. 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. 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. Staff delegations, reporting relationships, and the role of persons or committees in decision making related to the program.
 |  |  |
| * 1. Governance arrangements between the university or higher education provider and the school that ensure responsiveness to requirements for ongoing compliance with accreditation standards.
 |  |  |
| * 1. Processes to inform students seeking to enter a re-entry to the register midwifery program that they are not eligible for credit or recognition of prior learning.
 |  |  |

# 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 program design and delivery and the philosophical approach to midwifery practice.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A clearly documented conceptual framework for the program, including a curriculum underpinned by:
1. a woman-centred midwifery philosophy
 |  |  |
| 1. a midwifery continuity of care philosophy
 |  |  |
| 1. primary health care principles
 |  |  |
| 1. an education philosophy.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.[[4]](#footnote-4)
 |  |  |
| * 1. Teaching and learning approaches that:
1. enable achievement of stated learning outcomes
 |  |  |
| 1. facilitate the integration of theory and practice
 |  |  |
| 1. scaffold learning appropriately throughout the program
 |  |  |
| 1. encourage the development and application of critical thinking and reflective practice
 |  |  |
| 1. engender deep rather than surface learning
 |  |  |
| 1. encourage students to become self-directed learners
 |  |  |
| 1. embed recognition that graduates take professional responsibility for continuing professional development and life-long learning
 |  |  |
| 1. instil in students the desire and capacity to continue to use and learn from research throughout their careers
 |  |  |
| 1. promote emotional intelligence, communication, collaboration and teamwork, cultural safety, ethical practice and leadership skills
 |  |  |
| 1. 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[[5]](#footnote-5) 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:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 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.
 |  |  |
| * 1. Contemporary midwifery and education practice in the development and design of the curriculum.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Descriptions of curriculum content and the rationale for its extent, depth and sequencing in relation to the knowledge, skills and behaviours expected of students.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. That the minimum length of the re-entry to the register midwifery program is 3 months full time equivalent.
 |  |  |
| * 1. Midwifery practice experience placement[[6]](#footnote-6) 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.
 |  |  |
| * 1. That content and sequencing of the program of study, and where possible, additional simulated learning[[7]](#footnote-7) opportunities, prepare students for undertaking the specified midwifery practice experience.
 |  |  |
| * 1. Midwifery practice experience is conducted in Australia to support the acquisition of competence and facilitate transition to practice. A summative assessment is made against all National Competency Standards for the Midwife in a midwifery practice setting.
 |  |  |
| * 1. 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:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A comprehensive curriculum document based on the conceptual framework discussed in Standard 2 that includes:
1. program structure and delivery modes
 |  |  |
| 1. subject outlines
 |  |  |
| 1. links between subject learning outcomes and their assessment and the National Competency Standards for the Midwife
 |  |  |
| 1. teaching and learning strategies
 |  |  |
| 1. midwifery practice experience plan across a variety of midwifery practice settings.
 |  |  |
| * 1. The program content focuses on contemporary midwifery practice. This includes a 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.
 |  |  |
| * 1. Research and evidence-based inquiry underpins all elements of curriculum content and delivery.
 |  |  |
| * 1. Program content includes but is not limited to supporting further development and application of knowledge and skills in:
1. critical thinking and reflective practice.
 |  |  |
| 1. research appreciation and translation into practice
 |  |  |
| 1. legislative, regulatory[[8]](#footnote-8) and ethical requirements for contemporary practice
 |  |  |
| 1. assessment, planning, implementation and evaluation of midwifery care
 |  |  |
| 1. complex and emergency care, including recognising and responding to deterioration in the woman and/or baby
 |  |  |
| 1. pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwifery scope of practice and context
 |  |  |
| 1. health informatics and health technology[[9]](#footnote-9).
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Inclusion of content giving students an appreciation of the diversity of Australian cultures, to develop and engender their knowledge of cultural safety and respect.
 |  |  |
| * 1. 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:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. A consistent approach to student assessment across teaching sites and modalities that is periodically reviewed and updated.
 |  |  |
| * 1. Clear statements about assessment and progression rules and requirements are provided to students at the start of each subject.
 |  |  |
| * 1. The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. A variety of assessment approaches are used across a range of contexts to evaluate competence in the essential knowledge, skills and behaviours required for midwifery practice.
 |  |  |
| * 1. Student communication competence and English language proficiency are assessed before undertaking midwifery practice experience.
 |  |  |
| * 1. Appropriate assessment is used in midwifery practice experience to evaluate students’ ability to meet the National Competency Standards for the Midwife.
 |  |  |
| * 1. Ultimate accountability for the assessment of students in relation to their midwifery practice experience.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.
 |  |  |
| * 1. Processes to ensure the integrity of any online assessment.
 |  |  |
| * 1. Collaboration between students, health service providers and academics in selecting and implementing assessment methods.
 |  |  |
| * 1. A summative assessment of student achievement of competence against the National Competency Standards for the Midwife is conducted by a midwife[[10]](#footnote-10) in an Australian midwifery practice setting before program completion.
 |  |  |

# 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:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Applicants are informed of the following before accepting an offer of enrolment:
1. modes for program delivery and location of midwifery practice experience placements
 |  |  |
| 1. specific requirements for entry to the program of study, including English language proficiency
 |  |  |
| 1. requirements for registration as specified in the NMBA Re-entry to Practice Policy[[11]](#footnote-11)
	* 1. NMBA letter of referral is required when applying to enter the program
 |  |  |
| 1. compliance with the National Law[[12]](#footnote-12) 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
 |  |  |
| 1. specific requirements for right of entry to health services for midwifery practice experience placements
 |  |  |
| 1. continuity of care experience requirements and implications for academic and personal life
 |  |  |
| 1. requirements for registration as a midwife by the NMBA including, but not limited to, the explicit registration standard on English language skills.
 |  |  |
| * 1. Students are selected for the program based on clear, justifiable and published admission criteria.
 |  |  |
| * 1. Students have sufficient English language proficiency and communication skills to successfully undertake academic experience and midwifery practice experience requirements throughout the program.
 |  |  |
| * 1. Students are informed about, and have access to, appropriate support services, including counselling, health care and academic advisory services.
 |  |  |
| * 1. Processes to enable early identification of and support for students not performing well academically or with professional conduct issues.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Processes for student representation and feedback in matters relating to governance and program management, content, delivery and evaluation.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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 meet the National Competency Standards for the Midwife.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Staff, facilities, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.
 |  |  |
| * 1. Students have sufficient and timely access to academic and clinical teaching staff to support their learning.
 |  |  |
| * 1. A balance of academic, clinical, technical and administrative staff appropriate to meeting teaching, research and governance commitments.
 |  |  |
| * 1. Staff recruitment strategies:
1. are culturally inclusive and reflect population diversity
 |  |  |
| 1. take affirmative action to encourage participation from Aboriginal and Torres Strait Islander peoples.
 |  |  |
| * 1. Documented position descriptions for teaching staff, clearly articulating roles, reporting relationships, responsibilities and accountabilities.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Processes to ensure academic staff demonstrate a sound understanding of contemporary midwifery research, scholarship and practice in the subject(s) they teach.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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 meet the National Competency Standards for the Midwife.

### Criteria

The program provider demonstrates:

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Policies and procedures for effective and ethical[[13]](#footnote-13) 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.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Mechanisms to monitor and verify the progress and documentation of each student’s achievement of all required midwifery practice experiences.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Assessment of midwifery competence within the context of the midwifery practice experience, including continuity of care, is undertaken by a midwife[[14]](#footnote-14) practicing in Australia with current skills needed to assess students undertaking an entry to practice program against the National Competencies for the Midwife.
 |  |  |
| * 1. Appropriate resources are provided, monitored and evaluated to support students while on midwifery practice experience, including continuity of care experiences.
 |  |  |
| * 1. The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum[[15]](#footnote-15), supervised midwifery practice experience requirements.[[16]](#footnote-16)

**Continuity of care experiences – recruitment may occur from 28 weeks onwards**1. Experience in woman-centred care as part of continuity of care experiences. The student is supported to:
	* 1. 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
		2. provide midwifery care within a professional practice setting and under the supervision of a midwife
		3. engage with a minimum of 2 women – engagement involves attending four antenatal visits, two postnatal visits and the labour and birth
		4. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.
 |  |  |
| **Antenatal care**1. Attendance at 25 antenatal episodes of care,[[17]](#footnote-17) this may include women the student is following as part of their continuity of care experiences.
 |  |  |
| **Labour and birth care**1. 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. This also involves:
	1. providing direct and active care in the first stage of labour, where possible
	2. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required
	3. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother’s wishes or situation
	4. 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.
 |  |  |
| 1. 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**1. Provide direct and active care to 10 women with complex needs. Student experiences to be varied 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.[[18]](#footnote-18)
 |  |  |
| **Postnatal care**1. 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.
 |  |  |
| 1. 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.[[19]](#footnote-19)
 |  |  |
| 1. Experiences in women’s health and sexual health.
 |  |  |
| 1. 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**1. Experience in undertaking 5 full examinations of a newborn infant.[[20]](#footnote-20)
 |  |  |
| 1. Experiences in care of the neonate with special care needs.[[21]](#footnote-21)
 |  |  |

# 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

| Criteria | Evidence | ANMAC office use only |
| --- | --- | --- |
| * 1. Responsibility and control of program development, monitoring, review, evaluation and quality improvement is delegated to the school with oversight by the academic board or equivalent.
 |  |  |
| * 1. Regular evaluation of academic and clinical and professional support team supervisor effectiveness using feedback from students and other sources; systems to monitor and, where necessary, improve staff performance.
 |  |  |
| * 1. Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment.
 |  |  |
| * 1. 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.
 |  |  |
| * 1. Regular evaluation and revision of program content to include contemporary and emerging issues surrounding midwifery practice, health care research and health policy and reform.
 |  |  |
| * 1. Students and staff are adequately indemnified for relevant activities undertaken as part of program requirements.
 |  |  |

|  |
| --- |
| Further Comments |

1. NMBA, (2014). *Nursing and Midwifery Board of Australia (2006). National Competency Standards for the Midwife*. Viewed at: [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standads.aspx on 2 November 2015](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standads.aspx%20on%202%20November%202015).

**NB: The NMBA will in due course release the Midwife standards for practice. Once released, the new practice standards will supplant the ‘National Competency Standards for the Midwife’ within these accreditation standards and criteria.** [↑](#footnote-ref-1)
2. For an explanation of provider categories refer to Tertiary Education Quality and Standards Agency, (2011). *Higher Education Standards Framework (Threshold Standards).* Viewed at:www.comlaw.gov.au/Details/F2013C00169 on 2 November 2015. [↑](#footnote-ref-2)
3. Formal agreement refers to a formal contract that details the roles and responsibilities of each of the education providers in the program’s governance, design, delivery, resourcing and quality and risk management, as well as in student support, student assessment and management of midwifery practice experience. [↑](#footnote-ref-3)
4. 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 2 November 2015. [↑](#footnote-ref-4)
5. AQF, (2013). Second Edition. Viewed at: www.aqf.edu.au/ on 2 November 2015. [↑](#footnote-ref-5)
6. Refer to glossary for an operational definition of midwifery practice experience placement. [↑](#footnote-ref-6)
7. Refer to glossary for an operational definition of simulated learning – to be read in conjunction with the definition for midwifery practice experience placement. [↑](#footnote-ref-7)
8. Refer to NMBA policies, standards, guidelines and codes – available at www.nursingmidwiferyboard.gov.au/ [↑](#footnote-ref-8)
9. Refer to ANMAC, (2014). Health informatics and health technology explanatory note – available at www.anmac.org.au/sites/default/files/documents/20150130\_Health\_Informatics\_Technology\_Explanatory\_Note.pdf. [↑](#footnote-ref-9)
10. Has current Australian general registration as a midwife. [↑](#footnote-ref-10)
11. NMBA, (2015). NMBA Re-entry to practice policy. Viewed at:www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Policies.aspx on 2 November 2015. [↑](#footnote-ref-11)
12. AHPRA, (2009). *Health Practitioner Regulation National Law Act 2009*, as in force in each state and territory, Section 141(1), (b). Viewed at: www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx on 2 November 2015. [↑](#footnote-ref-12)
13. For an explanation of what is considered ethical midwifery practice refer to the NMBA’s *Code of professional conduct for midwives in Australia* – available at [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx). [↑](#footnote-ref-13)
14. Must hold current Australian general registration as a midwife. [↑](#footnote-ref-14)
15. 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. [↑](#footnote-ref-15)
16. 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. [↑](#footnote-ref-16)
17. 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. [↑](#footnote-ref-17)
18. These 10 women may also include individual women (with complex needs) who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f) – this will facilitate experiences occurring across a variety of points in the childbirth continuum. Refer to the glossary for an operational definition of complex needs. [↑](#footnote-ref-18)
19. The Baby Friendly Health Initiative is underpinned by the ‘Ten Steps to Successful Breastfeeding’ and is supported by the World Health Organization as an evidenced-based initiative to improve the successful establishment of breastfeeding. [↑](#footnote-ref-19)
20. 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. [↑](#footnote-ref-20)
21. Refer to the glossary for an operational definition of special care needs. [↑](#footnote-ref-21)