

# ACM SUBMISSION

**ANMAC**

*Midwifery Accreditation  
Standards*

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Australian College of  
**Midwives**



**ACM Submission: ANMAC Midwifery Accreditation Standards**

Are you responding on behalf of an organisation?	
<b>Yes</b>	The Australian College of Midwives
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## Written submission form

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<b>Individual or organisation?</b>	<b>Organisation</b>
<b>Organisation (if relevant)</b>	<b>Australian College of Midwives</b>
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Standards Review  
4 September 2017



## Consultation questions

### Question 1 – Continuity of Care Experiences

*Please choose one of the following options for student engagement with women during continuity of care experiences.*

Option 1 –attend the labour and birth for a majority of women (present requirement)

The Australian College of Midwives (ACM) believe option one should stand

Midwifery students should be required to attend the majority of the labour and birth for women who they work alongside in the continuity of care experiences. This would equate to 50%+1% as the minimum that they attend, so 14 of the 30 births.

The continuity of care experience provides an excellent foundation for transition to professional practice such that students are able to experience the value of continuity of midwifery care and the great array of benefits that it provides both themselves and the women and families they work with. There is high quality evidence to suggest that continuity of midwifery care is the gold standard (Sandall et al. 2016). Further, there is strong evidence to suggest that attendance of a known midwifery student at the labour and/or birth leads to better outcomes for both women and their babies (Browne & Taylor 2014).

Anecdotal experience suggests that midwifery students are generally able to attend the majority of labour and birth experiences without difficulty. While there are factors that may inhibit the student from attending all labours and births (precipitous birth, student illness etc), such experiences facilitate and fulfil the partnership model that underpins midwifery philosophy and practice. Students who are engaged in the full extent of care provision within the continuity of care experience are therefore able to understand and address the midwifery standards of practice and the philosophical underpinnings of their role as a midwife.

While students themselves do not find this requirement difficult, they are generally unable to experience this continuity experience within a continuity model of care due to the limited availability of such models across Australia. This is a significant limitation as students also benefit from continuity; that is, working alongside the known midwife. Alongside of the mounting evidence to suggest the continuity of midwifery care is the most efficient and effective model of maternity care, this arrangement is also known to improve student confidence and competence in clinical practice.



## Question 2 – Labour and Birth Care

*Should the number of spontaneous vaginal births for whom the student is primary birth attendant remain at 30 women (present requirement)?*

Yes. The current requirement that a midwifery student attend and fulfil the role of primary birth attendant during the spontaneous vaginal birth of at least 30 women is appropriate. In the absence of any suitable and/or rigorous method to determine the competency of students during the facilitation of spontaneous labour and birth experiences, a set number of births ensures that students are engaged and able to gain vital experience in supporting women during normal physiological birth.

Recognition of the international regulatory and registration requirements are also necessary in order to ensure that graduates are able to seek employment outside of Australia as a midwife. As such, the requirements of Australian midwifery graduates must be benchmarked against the requirements of midwives in other countries.

## Question 3

*Should educational preparation for prescribing to the midwife's scope of practice be included in curricula of entry-to-practice midwifery programs?*

Yes. The addition of prescribing to a midwife's scope of practice in entry-to-practice midwifery programs is advantageous and will ensure greater autonomy for the midwife and reduce a significant burden on the health system both financially and in the provision of care, particularly in rural and remote regions of Australia. Existing undergraduate courses already provide for a solid foundation of anatomy, physiology and pharmacology which in turn provides a basis for midwives to complete Graduate Certificates that will support an increased scope of practice which includes prescribing.

## Question 4

*What might be the implications of including preparation to prescribe in entry-to-practice midwifery programs?*

If there is support for the inclusion of prescribing within entry-to-practice programs, the current accreditation standards will require revision.

## Universities

Australian midwifery students, by overwhelming majority, are required to complete a course that covers pharmacology and diagnostics as they apply to midwifery practice. Such courses cover pharmacokinetics and pharmacodynamics of medications in addition to the implications of medications and any contraindications. What is currently lacking from many undergraduate pharmacology courses is the clinical application of prescribing and



diagnostics. In order for such requirements to be met at the undergraduate level, both theoretically and practically, revision of current programs may be necessary.

Such revision may include increasing the Bachelor of Midwifery program offering to four years fulltime to support midwifery students in gaining the required clinical experience. Similarly, postgraduate midwifery programs (e.g. Graduate diplomas) may also need to be revised to factor in additional clinical hours required to ensure proficiency in prescribing. In addition, students will need to be offered supported learning opportunities, similar to those offered to trainee medical officers, in order to undertake prescribing as part of their clinical placements.

The range of medications that midwives are likely to prescribe and/or administer is relatively small compared to other professions who are able to prescribe given that women who access midwifery care are generally well. Therefore, the requirement to prescribe is unlikely to be onerous.

### Legislation

Implementation of prescribing in entry-to-practice programs in line with this Standard review will allow enough time for the required legislation changes to be made. Currently, only midwives who are Medicare eligible are able to prescribe and this is only after the midwife demonstrating three years full-time equivalent clinical experience post registration with the NMBA<sup>1,2</sup>. Given that existing programs/courses of study are already accredited to current standards and new courses (or those under review) are required to align to the new standards, the first cohort of prescriber ready graduates will be out in not less than three years.

### Employers

Position descriptions and models of care in the Australian healthcare setting will need remodelling to facilitate employment of midwives with prescribing ability.

Whilst we acknowledge that management of the employment of midwives and changes to relevant legislation are typically outside of the scope of this Standards review process, it is important that these key considerations are noted and factored into any future workforce planning and importantly, the development and implementation of the accreditation standards.

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<sup>1</sup> Small, K., Sidebotham, M., Fenwick, M., Gamble, J. 2016 Midwifery prescribing in Australia. Accessed: <https://www.nps.org.au/australian-prescriber/articles/midwifery-prescribing-in-australia#r1>

<sup>2</sup> NPS (2010). Non-medical prescribing in Australia. Accessed at: <https://www.nps.org.au/australian-prescriber/articles/non-medical-prescribing-in-australia>



## Question 5

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

Yes. The accreditation standards are comprehensive and speak to the required skills, knowledge and professional requirements of a midwife graduating from an accredited program.

## Question 6

*Are there any additional criteria that should be included?*

While we support the current requirement that midwifery students meet a set number of clinical experiences, including spontaneous vaginal births, focus needs to be placed on the quality of the experience such that students are able to demonstrate competency and confidence across the full extent of maternity care.

For example, we would welcome initiatives that assist students and educators to focus on the provision of woman-centred care during labour and birth such that there is a quality experience (for the woman) and less of a focus on the 'number of catches' (for the student). We would also strongly support the reinstatement of and explicit reference to woman-centred care throughout the accreditation standards to ensure alignment with the recently released *Woman-centred care: strategic directions for Australian maternity care*. This is strongly supported by our members with a request to recognise the work of students who work with women during their labour but for many varied reasons do not manage to experience the birth and/or third and fourth stage support and management. Universities may need to have processes in place to manage extenuating circumstances and provide clearer definition on the requirement of management of the birth.

Further, we would welcome initiatives that assist students to work with women into the postnatal period beyond what is often (at least for the majority of women) a very brief stay in hospital. Greater consideration needs to be given to ensuring that students have the opportunity to engage in care provision within their postnatal scope of practice (up to four to six weeks post birth) and therefore, to achieve the required skill, knowledge and competence required for registration as a midwife.

Changes may be facilitated and fulfilled by the development and implementation of a national approach to assessment of clinical competency and professional portfolio requirements that reflect the tenets of woman-centredness alongside the clinical aspects of care. However, until such time as there is strong and clear evidence that identifies a way to determine quality that is not related to numbers (as per the current standard) we believe it is vital that we do not lower our current standards and thus jeopardise the quality of our graduates.



In line with discussions that have occurred during this process and with our members, we would like to see further consideration given to the inequity arising from existing graduate programs. Whilst potentially out of scope for this review process, increasing the length of Bachelor of Midwifery programs to four years would provide scope to incorporate a more comprehensive process of consolidation, including direct and indirect clinical supervision and increased guidance and support, which may negate the perceived requirement for a midwifery graduate to complete a transition to professional practice program. Ultimately, graduates will be 'work ready' on completion of all program requirements. Consequently, this will address the commonly requested, but often unachievable aim of providing students with 'additional clinical hours.'

### Question 7

*Are there any criteria that could be deleted or amalgamated with another criteria?*

No, we do not feel that any criteria should be deleted or amalgamated.

### Question 8

*Please provide any other feedback about the structure/content of the draft standards*

We have nil further feedback.

### Question 9

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

Increasingly, midwifery graduates are seeking employment internationally and therefore Australian accreditation standards should take into considerations the international registration and regulatory requirements. This will ensure that midwives are able to transition to practice in other countries without delay or the need to complete additional requirements to gain registration and/or practice.

### References

Browne, J, Taylor, J., 2014. 'It's a good thing...': Women's views on their continuity experiences with midwifery students from one Australian region. *Midwifery*, 30(3), e108–e114. <https://doi.org/10.1016/j.midw.2013.11.006>

Sandall, J., Soltani, H., Gates, S., Shennan, A. and Devane, D., 2016. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane database of systematic reviews*, (4).