



Professor Fiona Stoker
Chief Executive Officer
Standards review
Australian Nursing and Midwifery Accreditation Council (ANMAC)
GPO Box 400
Canberra ACT 2601

By Email: standardsreview@anmac.org.au

RE: Review of the Midwife Accreditation Standards - Consultation Paper 2

Dear Professor Stoker

The Australian College of Nursing (ACN) welcomes the opportunity to provide comment on ANMAC's **Review of the Midwife Accreditation Standards 2014 – Consultation Paper 2**. ACN has long held the view that standards must provide adequate support to education programs and providers seeking to ensure all health professionals including midwives are appropriately trained, educated and qualified to meet the challenges of health care delivery in the current environment and into the future.

ACN does not speak on behalf of midwives in general, but reflects the views of our members who are midwives.

ACN's response to this consultation is provided below by members who are midwives:

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), or

Option 2 –attend the labour and birth where possible

Please select one

1. Option 1

2. Option 2

3. Don't know/unsure

Please provide a rationale for your choice.

Option 1 meets the requirements of the continuity-of-care model ensuring the midwifery student builds a relationship with the woman throughout the antenatal, birth and post-natal experience. The student is able to provide direct care to women during labour, assist women during birth and the postnatal period enabling them to experience the full scope of midwifery practice.

Whilst selecting option 1, ACN members who are midwives acknowledge that it can be very difficult for many midwifery students to attend the labour and birth for a majority of women, particularly for those

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who are in rural or remote areas, as it impacts on the safety of rural students travelling long distances. Labour and birth can be unpredictable and occur at any time of the day or night requiring the midwifery student to be on call to meet the requirements of the continuity-of-care component of the program. Given that students have study commitments, frequently work and have carer commitments, there are often practical barriers to attending a birth that need to be considered.

Question 2

Labour and birth care

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

Yes/No/Unsure

Please provide a rationale for your choice.

ACN members who are midwives acknowledge the number of spontaneous vaginal births for whom the student is the primary birth attendant should remain at 30 women, until there is an acceptable evidence based and agreed number. This number enables student midwives to gain substantial experience as a primary birth attendant with supervision and support, with the opportunity for feedback on their skills to enhance evidence based safe practice.

Members acknowledge that due to the increase in assisted births, the total of 30 births should still stand with 20 of these required to be spontaneous vaginal births where the student midwife is the primary birth attendant.

The varied and inconsistent nature of clinical sites for rural and remote students and the impact on the quality of learning that could be experienced/accomplished was perceived as a barrier to quality. This perception was also linked to the burden of achieving the minimum practice requirements (little exposure to continuity models of care, declining birth numbers, increasing intervention rates) experienced by midwifery students!.)

Question 3

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

ACN members who are midwives acknowledge that educational preparation for prescribing should be included within entry-to-practice curricula.

Question 4

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

The national registration and accreditation system in Australia provides effective regulation of the RM workforce to ensure public safety through registered midwives meeting the required NMBA standards. Midwives are meeting the requirements of the current system but with the introduction of prescribing

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into the undergraduate curricula and with the complexities identified in previous questions with meeting the number of births perhaps a better way of providing more comprehensive undergraduate curricula, including continuity of care placements and theory would be achieved by extending the current three year Bachelor of Midwifery Degree to four years.

ACN members who are midwives acknowledge that registered midwives may practise midwifery in various capacities; in public and private hospitals and community, maternity and neonatal health care settings in urban, rural and remote areas. The entry-to-practice midwifery graduates will then have an understanding and knowledge of prescribing and medication management.

In considering the potential for midwifery prescribing programs, ACN reiterates the following, which was included in our response to the *Registered Nurse Prescribing Accreditation Standards – Consultation Paper (April 2019)*, and is directly applicable to midwifery prescribing education:

- “ACN believes education for RN prescribing should include advanced pharmacology that expands on the undergraduate curriculum focusing on the specialised area of practice and include demonstration of competence against a set range of required case studies. More so, there must be national consistency in relation to course content with the appropriate inclusion of relevant anatomy, physiology, pathophysiology, pharmacology, pharmacodynamics, pharmacokinetics, Quality Use of Medicines (QUM) and legislative and regulatory matters.”

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. See response to question 4. However, ACN members who are midwives strongly recommend that all new midwives have access to a “graduate program/transition to practice program” including access to direct and indirect clinical supervision, guidance and support.

A recent study revealed that “practice ready” is multidimensional, underpinned by confidence, and assessed on a continuum. This study confirmed that graduate nurses enter practice as novices in the initial stages of their clinical practice with only a basic level of competence, therefore requiring direction and close supervision.ⁱⁱ Feedback from members suggest midwifery graduates have a similar experience, although we have not undertaken any formal surveys in this area. Members were concerned with the significant ambiguity in terms of their scope of practice for women and infants beyond the immediate post-natal period.

Question 6

Are there any additional criteria that should be included?

ACN members who are midwives have not recommended any additional criteria that should be included.

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Question 7

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

No, the current criteria are clear, transparent, logical and supported by ACN members who are midwives.

Question 8

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

N/A

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?

ACN members who are midwives have noted that new graduates of entry-to-practice programs are at times lacking in knowledge of underlying (non-pregnancy) conditions. ACN suggests that consideration be given to addressing this within the revised standards. ACN also acknowledges that in order to address the notable gaps in baseline knowledge and requirements for the curricula that the course should be considered as a 4-year degree. This will allow for the inclusion within the curriculum of prescribing, the induction process, inclusive of balloon catheter, cervadil insertion and ARM, perineal suturing and caring for women in water leading to improved consolidation.

ACN is the pre-eminent and national leader of the nursing profession. We are committed to our intent of advancing nurse leadership to enhance health care and strongly believe that all nurses, regardless of their job title or level of seniority, are leaders.

If you have any questions or would like further information, please contact ACN's Policy and Advocacy Manager, Dr Carolyn Stapleton FACN, at carolyn.stapleton@acn.edu.au.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'MBG'.

Marina Buchanan-Grey
Executive Director – Professional
RN, MSc (Nursing), MACN, FCHSM

10 January 2020



ⁱ Review of Midwife Accreditation Standards. Survey Analysis. 2019 Accessed: www.anmac.org.au pg.4

ⁱⁱ Harrison, H., et al. An assessment continuum: How healthcare professionals define and determine practice readiness of newly graduated registered nurse. *Collegian* (2019).

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