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Accreditation standards review

Written submission form

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Standards Review 4 September 2017

3. Please indicate your agreement/disagreement with the following statement: The Midwife Accreditation Standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.

We agree that there should be completion of a minimum number of supervised midwifery practices as this ensures a national minimum standard of experiences that all new graduates have completed before registration as a midwife.

The findings of the first survey appears to confirm there is strong support for an increase in the amount of clinical practice skills the new graduate possesses upon initial registration. While we wholeheartedly support the advancement of the midwifery profession we feel that the length of the midwifery degree should be extended to four years to accommodate the additional theory and practice.

4. How can the Midwife Accreditation Standards ensure that students in pre-registration programs are educated to meet the full scope of midwifery practice?

As above we support extension of the curriculum to include clinical skills within the midwife's scope. Including additional expectations into Standard 8.11 requirements such as cannulation, diagnostic screening, pharmacology, and perineal suturing but we think additional time is needed to encompass time to achieve competence in the full scope of midwifery. The final fourth year could replace the graduate year and see the students in clinical practice for internships to enable them to complete their competencies in the additional skills.

ANMAC provides essential minimum standards which ensure a national consistency. Academics use the ANMAC standards to defend the Bachelor of Midwifery degree against economic cuts in tertiary spending, and maintain the integrity of the learning outcomes.

5. How can the Midwife Accreditation Standards best support inter-professional learning?

IPL can be promoted by requiring some tertiary and clinical practice shared learning activities. Without being too prescriptive, ANMAC could provide some examples of IPL that would assist education provides in ensuring IPL occurs within the program.

6. What additional issues should be addressed in the revision of the Midwife Accreditation Standards that have not been considered in this consultation paper?

The 50% theory and 50 % practice rule is not useful in ensuring consistency across education providers. Universities vary in the way they set theory hours which underpins the number of clinical hours needed. Some universities have less than 1000 hours of clinical and others have more than 1500 hours. This needs to be addressed.

Issues of inconsistencies in the quality of preceptorship/mentorship to midwifery students could be addressed. Mentors in practice should demonstrate post graduate education and be able to engage in discussions with students about the application of evidence based practice to women and infant care.