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## Accreditation standards review

# Written submission form

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Standards Review 19 June 2019

To whom it may concern.

On behalf of MIDAC (Midwifery Academics Victoria), thank you for the opportunity to respond to the 'Review of Midwife Accreditation Standards' Consultation Paper Version 1. MIDAC was convened in July 2007 to address and consider workforce issues, midwifery education and other key issues regarding maternity services in Victoria. MIDAC membership includes academics from all universities in Victoria that provide midwifery education at undergraduate and/or postgraduate level. Universities represented include: the Australian Catholic University, Deakin University, Federation University, La Trobe University, Monash University, and Victoria University.

Please find our response to the consultation questions below.

Question 1: 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.

Strongly Disagree Disagree Unsure/Don't Know Agree Strongly Agree

*In the space provided please provide a rationale for your choice.* 

MIDAC agrees with the statement that 'The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. We believe that experiences (rather than set hours) are preferred. Hours do not always reflect experience (for example, a student may spend many hours in a birth suite but there may be few or no women in labour).

Although we agree with the above statement (i.e. of the need to specify minimum standards), we consider that it is also important that there are measures of competency that are attained using tools such as the *Midwifery Clinical Assessment Tools* (MCATs) which we use throughout the state of Victoria (including all universities, students and hospitals that place our students).

Further, a challenge is how many supervised practice requirements are required. We support the current Standards in relation to minimum requirements for antenatal care (100 episodes); complex care (40 women); and postnatal care (100 episodes).

Given the rising intervention rates nationally, being primary accoucheur for 30 spontaneous vaginal birth is increasingly difficult. This may need revising in terms of minimum numbers and perhaps an altering of wording in line with European and UK standards which refer to 'Direct and active participation' in the first, second and third stage of birth.

### Question 2

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

We believe that midwives can and should be able to meet the full scope of practice at a beginning level and that these new standards provide an opportunity to ensure that occurs.

What 'full scope of practice' means can be debated. We believe that students need to graduate with a strong grasp of foundational knowledge and skills and that we must take into the account the current clinical environment (i.e. that any required practice requirements are attainable in the health care setting). Some skills for example, could be supported in the health care settings during graduate year programs.

In terms of specific practices that are currently not the in the Standards:

- **Medication endorsement/prescribing** we believe this is a level above a preregistration program.
- Perineal suturing we support the inclusion of beginning/basic level theoretical and lab based/sim practice in the Standards. We think that the opportunities to actually complete suturing in the clinical setting may be challenging in the current context i.e. suturing is not currently undertaken by a majority of midwives so achieving full competency for students in the clinical setting may be difficult, hence our suggestion that the practice for this skill could be undertaken in a lab/sim setting.

#### Question 3

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

We believe that IPL is adequately addressed in the current standards and that no change is required.

#### Question 4

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

We support the reduction of the number of standards to 5 as we believe that this will reduce repetition.

We believe that it is important that somewhere in the Standards that the issue of quality of clinical placements is addressed.

In relation to Continuity of Care experiences (COCEs), we fully support students have COCE in their programs given the strong evidence of benefit for women. We are very concerned however about the requirement in the current Standards for students to attend the majority of births of their COCE experiences. We feel it causes enormous stress for students who are required to be engaged with COCE for almost the entirety of their course (up to 4 years). The students have no down time; no holidays; there is a clash with competing university requirements.

COCEs are a relational experience; fewer COCEs is likely to support a greater depth and quality of relationship with women. There have also been many challenges with students unable to attend the birth and to provide hands on care.

The majority of MIDAC members (with the exception of one university) believe that with COCEs the most important factor is quality (not quantity). Most of our members do not support an increase in numbers (from 10). Most of our members recommend that the Standards could be revised to be consistent with UK standards which state "all students experience continuity of carer and follow a number of women throughout the continuum of

care". This would allow flexibility in terms of available models of care and universities across the country.

N.B Our response to the above will be further informed following the completion of the current survey that is being undertaken by a consortium of universities.

Thank you for the opportunity to contribute to the Standards Review.