



Submission

Australian Nursing and Midwifery Accreditation Council: Midwife Accreditation Standards 2014

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomes the opportunity to provide feedback to the Australian Nursing and Midwifery Accreditation Council (ANMAC) on its review of the *Midwife Accreditation Standards 2014*.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and general practitioner obstetricians.

Question 1 | Continuity of care experiences

RANZCOG supports option one, *attend the labour and birth for a majority of women (present requirement)*, for student engagement with women during continuity of care experiences (COCE), with the understanding that many midwifery programs now offer flexible learning options and would ideally support the priority of COCE. It would seem reasonable, that with some additional flexibility in the "competing requirements such as university attendance and rostered practice", it should be possible to support the student's attendance at the labour and birth for the majority of women.

Question 2 | Labour and birth care

The number of spontaneous vaginal births (SVB) for whom the student is primary birth attendant should remain at 30 women (present requirement). RANZCOG supports the statements in the consultation paper, "being a midwife involves a commitment to supporting normal birth and student midwives are in a key position to support normal birth while caring for women as part of their required practice experiences". Note in Table 1 3.12, the option to include the COCE experiences in this number (i.e. if during a COCE experience, the student is able to be the primary birth attendant for an SVB, then this can be counted).

Question 3

The educational preparation for prescribing to the midwife's scope of practice should not be included in curricula of entry-to-practice midwifery programs. Prescribing should remain an advanced skill and the education to prescribe should remain a postgraduate course. Rationale would include firstly that not all midwives will need or desire the ability to prescribe and keeping this content in the post graduate space preserves options for midwives to choose an advanced skill to focus on in their ongoing learning and professional development. Also of note are the implications for existing programs, in terms of space and time to present this education, in an already "busy" curriculum (refer to question 4).

Question 4

The addition of preparation to prescribe in entry-to-practice midwifery programs may have an impact on existing programs' content. Consideration should be given to whether there is space in these programs to include this information/learning.

Question 5

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

Question 6

There are no additional criteria that should be included.

Question 7

There are no criteria that could be deleted or amalgamated with another criteria.

Question 8

The College has no further feedback regarding the structure/content of the draft standards.

Question 9

The College has no further feedback regarding 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.

Yours sincerely,



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President