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Revision of Midwife Accreditation Standards: response to Consultation Paper 1

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**

Rationale for choice
We strongly agree that the revision of the midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences. To date, the profession does not have robust research evidence to support the requirements of the current standard related to practice experiences (Standard 8). However, according to Fahy [1] not everything that is important can be subjected to a randomised control trial. The requirements of the current standard represent the judgement and experience of midwifery experts across the profession and, without clear evidence to the contrary, should continue to underpin the education of graduates of pre-registration midwifery programs.

In the absence of mandated hours of learning in practice, minimum practice requirements represent engagement with the practice setting and opportunities for learning while caring for women and babies.

Question 2

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

The Australian College of Midwives [2] defines the scope of midwifery practice as the roles, functions, responsibilities and activities that a midwife is educated and competent to carry out. It has beneficial outcomes for the woman and the baby, is accepted as contemporary midwifery practice by the profession; and meets legislative requirements, professional standards or evidence, and local or organisational policy (ACM, 2016).

In keeping with this definition, we believe that educating students to meet and work to the full scope of contemporary midwifery practice upon registration must be supported and enabled by the accreditation standards. When midwives work to their full scope of practice it is not only rewarding for the individual midwife, it is beneficial for the women and families for whom they care. We support the argument put forward by Smith, Leap and Homer [3] that skills needed by the well-prepared midwife should include, among others, perineal suturing, cannulation, as well as prescribing and ordering and interpreting diagnostic tests within their scope of practice.

The benefits of midwife prescribing described in the literature include safe faster access to medications (particularly in rural and remote regions), more effective use of resources, increased consumer satisfaction,

promotion of workforce mobility and enabling midwives to work to the full scope of practice (Nissen & Kyle [4] Small et al., [5]).

Internationally, the United States (US), Sweden, United Kingdom (UK), Canada, Ireland, New Zealand (NZ) and Australia have legislated prescribing by appropriately prepared midwives in either independent or collaborative prescribing models. In NZ educational preparation for prescribing is included in the 4-year Bachelor of Midwifery program.

With the introduction in 2012 of the first accredited and approved program of study designed to develop midwives' knowledge and skills in prescribing we have evidence of the learning required to safely prescribe. In addition, the Health Professionals Prescribing Pathway [6]provides a nationally consistent approach to the prescribing of medicines by health professionals and NPS Prescribing Competencies Framework [7] describes the competencies required by health professionals to prescribe medicines appropriately, safely and effectively in the Australian context.

It is therefore timely to address including prescribing to the scope of practice in the curricula of pre-registration midwifery programs. Professor Lisa Nissen, Pharmacist and Head of the School of Clinical Sciences at Queensland University of Technology, in an address to the NSW Nurses and Midwives Association in October 2018 stated "…….[And] I would say to you, when you are doing your next standards, please put prescribing in the undergraduate program for midwifery [8]. We echo Professor Nissen's call to the profession and the accreditation body.

Question 3

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

The current standards require education providers to include opportunities for students to engage in activities that facilitate IPL for collaborative practice (2.4, 3.5 and 8.4). To best support inter-professional learning we advocate inclusion in the revised standards of outcome-based criteria which describe specific knowledge, attitudes and/or observable behaviours. In considering how to best support IPL it is essential to develop criteria that can apply to various practice settings and are achievable for education providers in diverse geographical locations.

Some suggested outcomes could include the following:

- demonstrate effective communication with midwives and other health professionals
- demonstrating knowledge of roles and responsibilities of other health professionals involved in the care of women and babies
- engage in planning care for women and babies in collaboration with other health professionals

The activities that could be used to demonstrate compliance could be broad-ranging and include a team project (on-line or class room) a simulation activity, a practise-based activity with other health professional students (practice setting).

Question 4

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

Strengthen the midwifery discipline's ability to be self-governing under the leadership of the midwife in charge of the program

In view of the challenges facing the tertiary education sector (budget cuts, high staff turnover, loss of corporate knowledge among others) it is essential to strengthen the ability of the midwifery discipline to be self-governing within the organisation under the leadership of the lead midwife. In addition to the current requirements for the program leader (criteria 7.6), and in keeping with the ICM Standards for Midwifery

Education (2013), the midwifery discipline lead should have a designated budget sufficient to meet program needs, control of that budget together with evidence of developing and leading the program policies and curriculum.

Anecdotal evidence suggests that some midwifery programs in Australia are experiencing difficulties in recruiting a suitably qualified midwife to meet the role and responsibilities of program leader. One strategy to address this issue could involve mentoring from an experienced external midwifery program leader to strengthen and enhance the leadership capabilities of midwife academics who step in to fulfil the role.

Professional development of midwifery educators

Continuing professional development is one of the principal means used by midwife academics to maintain, improve and broaden their knowledge and skills for teaching and research. Criteria 7.12[1] and 9.3[2] in the current standards loosely refer to staff development. We believe the evidence of support by tertiary institutions for the continuing professional development needs of midwife academics should be strengthened in the revision of the standards. This support should include clear evidence of the provision of study and conference leave and access to staff development funds to provide assistance with the cost of professional development activities.

Quality cycle feedback

Criterium 9.4[3] in the current standards refers to a quality cycle feedback loop. We believe that a clearer demonstration of reciprocity between industry and program providers is necessary in relation to feedback regarding learning experiences in practice. A two-way process which identifies successes as well as areas of improvement for both partners and the steps taken to solve issues is crucial. There would be direct benefits to both organisations by better communication of aspects of the learning environment where further improvement is required and the accompanying actions taken, by both partners, to address the issues.

References

1. Fahy, K., *Current education standards are essential for midwives to be capable of functioning to their full scope of practice.* Women and Birth, 2013. **26**: p. 223 - 225.
2. Australian College of Midwives, *Scope of Practice for Midwives in Australia*. 2016, Australian College of Midwives: Canberra.
3. Smith, R., N. Leap, and C. Homer, *Advanced midwifery practice or advancing midwifery practice.* Women and Birth, 2010. **23**: p. 117-120.
4. Nissen, L. and G. Kyle, *Non-medical prescribing in Australia.* Australian Prescriber, 2010. **33**(6): p. 166-7.
5. Small, K., et al., *Midwifery Prescribing in Australia.* Australian Prescriber, 2016. **39**(6): p. 215-8.
6. HealthWorkforce Australia, *The Health Professionals Prescribing Pathway (HPPP) - Final Report*. 2013: Adelaide.
7. NPS Better choices Better health, *Competencies required to prescribe medicines: putting quality of use of medicines into practice*. 2012, National Prescribing Service: Sydney.
8. Nissen, L., *Prescribing is the future for nursing*, NSW Nurses and Midwives Association, 2018.

[1] Policies and procedures to verify and monitor the academic and professional credentials of current and incoming staff and evaluate their performance and development needs

[2] Professional and academic development of staff to advance knowledge and competence in teaching effectiveness and assessment

[3] Quality cycle feedback gained from stakeholder, including consumers, is incorporated into the program of study to improve the experience of theory and practice learning for students