



**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](mailto:standardsreview@anmac.org.au)

RE: Review of the Midwife Accreditation Standards - Consultation paper 1

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 1**. 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:

**Question 1.**

**Please indicate your agreement/disagreement with the following statement and a rationale for your choice. The midwife accreditation standards should continue to specify that students complete a minimum number of supervised midwifery practice experiences.**

ACN strongly agrees that students need to complete a minimum number of supervised midwifery practice experiences to complement theoretical knowledge, ensure core midwifery competencies are achieved and safe midwifery practice. ACN is of the view that the minimum number of workplace practice experiences should stipulate a minimum number of hours, be face-to-face and not inclusive of simulation activities. As per our response to ANMAC's **Review of Registered Nurse (RN) Accreditation Standards – Consultation Paper 2** in July 2018, ACN believes:

*“Simulated learning provides students and graduate nurses with opportunities to participate in real life scenarios without putting patient safety at risk. However, this should never replace the clinical and hands on experience of supervised student nursing, as simulation does not realistically reflect the dynamics of the workplace and the skills required to provide real life care, particularly around demonstrating communication competence. ACN is of the view that simulated learning is very valuable as an adjunct to clinical practice experience. It is important that the accreditation standards also specifically state that simulated learning and clinical placement are not interchangeable. The*

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*guidance should include minimal qualification requirements for educators designing and delivering the simulated learning activities; expectations for interprofessional education (IPE) and content and equipment requirements; minimum requirement for dedicated simulated learning hours; and set out national standards and expectations to facilitate its uptake and standardisation". (page 8)*

We acknowledge our response is specific to RN's, however we expect a similar accepted measure and high-level standards to be applied towards midwives in the interest of safety 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?**

ACN suggests that the Midwife Accreditation Standards specifically stipulate that both education and health service providers recognise their mutual obligation towards best practice clinical placements/pre-registration programs to ensure students work to their full scope of practice. As in our response to ANMAC's **Review of RN Accreditation Standards - Consultation Paper 1** in September 2017, ACN stated that it:

*"....recognises that close, collaborative and effective relationships between higher education providers and health services are essential to the provision of quality clinical placements....A requirement for a partnership framework (or agreement) guided by ANMAC stipulated principles for quality clinical placements could improve collaboration between education and health service providers and set benchmarked guidance to standardise the quality of clinical placements across the sector". (page 3)*

In addition, ACN believes that for students to work to their full scope of practice, the curriculum must address current Australian trends and policy issues; as well as the diversity and changing landscape from migration and refugees. Specifically, the Standards must address Australia's high rates of stillbirth, particularly amongst Aboriginal and Torres Strait Islander (ATSI) peoples, women of South Asian backgrounds, those from disadvantaged groups including women of culturally and linguistically diverse (CALD) backgrounds, and those aged over 35 years of age.<sup>1 2</sup>

While we acknowledge that the 2014 Midwife Accreditation Standards capture elements of Australian trends (criterion 8.8) and diversity issues (criterion 1.5; 4.6; 4.7; 6.8; 6.9; and 7.4), ACN recognises stillbirth as a major public health issue. A poor response to stillbirth has long-term psychosocial and economic consequences on parents, families, carers, workplaces, health systems and communities.<sup>3</sup> ACN believes that the revised Standards must better prepare the midwifery workforce through targeted interventions around stillbirth education. Given the higher rates of stillbirth experienced by women in ATSI and CALD demographic groups, ACN strongly recommends these issues also be addressed in the Curriculum.

<sup>1</sup> Flenady V, Wojcieszek AM, Middleton P, Ellwood D, Erwich JJ, Coory M, et al, for the Lancet Ending Preventable Stillbirths series study group. Stillbirths: recall to action in high-income countries. *The Lancet*. 2016;387(10019):691-702

<sup>2</sup> Flenady V, Middleton P, Smith GC, Duke W, Erwich JJ, Khong TY, et al. Stillbirths: the way forward in high-income countries. *The Lancet*. 2011; 377(9778):1703-17.

<sup>3</sup> Heazell AEP, Siassakos D, Blencowe H, Burden C, Bhutta ZA, Cacciatore J, et al, for the Lancet Ending Preventable Stillbirths series study group. Stillbirths: economic and psychosocial consequences. *The Lancet*. 2016; 387(10018):604-16.

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ACN's memberships also provided the following feedback:

- Ideally, the foundation of pre-registration programs should be the establishment of goals and priorities that align with the full scope of practice for the midwife. This includes ensuring that there is a unified understanding and definition of what constitutes this full scope of practice.
- Students are likely to benefit greatly from knowledgeable and supportive clinical educators to assist them with navigating the challenges of evolving into a skilled practitioner. As part of this, there needs to be solid relationships between the teaching institutions and the healthcare facilities to ensure teaching reflects current practice, and to minimise “theory versus practice” issues.
- Finally, given the increasing age of expectant mothers, and the rates of overweight and obesity in pregnancy in Australia, newly qualified midwives are likely to encounter more complex pregnancies and conditions such as gestational diabetes. Therefore, a strong focus on antenatal complications, high-risk pregnancies, recognising the deteriorating woman and baby, and the management of critical situations (such as neonatal resuscitation) within pre-registration programs would be of benefit.

### Question 3.

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

ACN believes the current Midwife Accreditation Standards (2014) demonstrate the value of inter-professional learning to enable a collaborative approach to practice (as per criterion 2.4, 3.5 and 8.4). ACN believes it is essential that all disciplines involved in the care of the woman and baby are committed to a collaborative, woman-centred approach. ACN strongly recommends that the revised standards continue to include a provision for practice experiences with other members of the multi-disciplinary team, to gain a significant understanding of the unique skills, knowledge and perspective of another profession. In turn, this approach could be encouraged for the other professions, to better understand the perspective of the midwife.

### 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?

ACN would like to highlight the importance of clinical supervision for midwives irrespective of their specific role, area of practice and years of experience. ACN acknowledges that the 2014 Midwife Accreditation Standards capture the requirement for effective clinical supervision (as per criterion 8.6; 8.8; 8.11; and 9.2) which aligns with the Australian College of Nursing, the Australian College of Mental Health Nurses and the Australian College of Midwives joint position statement on clinical supervision.<sup>4</sup> ACN suggests that the revised Standards include a link to this position statement as it details how to implement and achieve clinical supervision, components of effective clinical supervision, as well as outcomes for supervisees, service users and organisations offering education/training.

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<sup>4</sup> ACN. “Position Statement – Clinical Supervision for Nurses and Midwives”. Accessible at: <https://www.acn.edu.au/wp-content/uploads/clinical-supervision-nurses-midwives-position-statement-background-paper.pdf>

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More so, ACN is mindful of the evolving role of the midwife within a changing health care system and the Standards must reflect these changes including the attitudes and expectations of the community. As per our response to ANMAC's **RN Accreditation Standards – Consultation Paper 2**, ACN is of the view that the Midwife Accreditation Standards must similarly provide relevance to contemporary issues including:

- *“Indigenous perspective on program design and development and the teaching of Aboriginal and Torres Strait Islander peoples’ history, culture and health;*
- *Equity and diversity;*
- *Pastoral/personal service;*
- *Importance of English language skills;*
- *Statement of minimum hours of quality professional experience; and*
- *Inclusion of health informatics and simulation training”.* (page 2)

ACN also received feedback from RN's with a qualification in midwifery. Their input is highlighted below:

- A focus on mentorship for undergraduates and recently qualified midwives. It is imperative that midwifery mentors are supported and offered guidance to facilitate this.
- Expand and define the minimum core competency requirements of midwifery students to ensure workplace readiness in the graduate year.
- The undergraduate curriculum for midwives needs to support midwives to work in public and private hospitals maternity, midwifery led continuity of care, team midwifery care, shared care and private care.
- Education programs need to meet contemporary models.
- Women should be well informed and have options for antenatal, labour and birthing and postnatal care.
- Midwives need to work across settings and as part of interdisciplinary teams.
- Consideration should be given to how to address the high caesarean section rate<sup>5</sup> and higher rate of third- and fourth-degree lacerations than OECD average.<sup>6</sup>

In general, focus should be given to the implementation of bundled payments to maternity services, with the aim of minimising barriers to maternity services. In New Zealand, this has resulted in the lead carer being a midwife in 93% of cases.<sup>7</sup>

Policy objectives include:

- Increasing the percentage of vaginal births and decreasing unnecessary caesarean births;
- Increasing the percentage of births that are full-term and decreasing preterm and early elective births;

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<sup>5</sup> "National Core Maternity Indicators, Caesarean Section." Australian Institute of Health and Welfare. Accessed July 10, 2019. <https://www.aihw.gov.au/reports/per/095/ncmi-data-visualisations/contents/labour-birth/b5>.

<sup>6</sup> "Atlas 2017 - Download the Atlas." Australia Commission on Safety and Quality in Healthcare. Accessed July 10, 2019. <https://www.safetyandquality.gov.au/our-work/healthcare-variation/atlas-2017/atlas-2017-download-atlas>.

<sup>7</sup> IHPA. "Bundled Pricing for Maternity Care." IHPA. November 14, 2017. Accessed July 10, 2019. <https://www.ihsa.gov.au/publications/bundled-pricing-maternity-care>.



- Decreasing complications and mortality, including readmissions and neonatal intensive care unit use; Final report – Bundled pricing for maternity care
- Providing support for childbearing women and their families in making critical decisions regarding the prenatal, labour and birth, and postpartum phases of maternity care and respecting those choices
- Increasing the level of coordination across providers and settings of maternity care; and
- Consistently providing a women and family-centred experience.

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](mailto:carolyn.stapleton@acn.edu.au) .

Yours sincerely

A handwritten signature in cursive script that reads "Carolyn Stapleton".

Dr. Carolyn Stapleton FACN  
Manager Policy and Advocacy

10 July 2019