



Submission to the Australian Nursing and  
Midwifery Accreditation Council for the review of  
the Re-entry to the Register Midwife  
Accreditation Standards – Second Consultation  
Paper

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## **Introduction**

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 249,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

Currently, the Australian Nursing and Midwifery Federation (ANMF) represents the largest number of midwives in the country, with over 19,000 members registered as midwives. This is almost two thirds of all registered midwives in Australia, according to the total number of 33,349 shown in the June 2015 statistics for the Nursing and Midwifery Board of Australia (NMBA)<sup>1</sup>.

## **General comments:**

In responding to the review of the re-entry to the register midwife accreditation standards consultation paper two, the ANMF wishes to reinforce the following points which form the basis for our position relating to the second consultation paper:

- Safe and competent care for birthing women and their babies in Australia is of paramount importance;
- We maintain our ongoing support for continuity of midwifery care for women and emphasise the importance of including theoretical content about models of care and partnership practice frameworks in re-entry programs;
- Access to a known midwife should be available for all pregnant and birthing women regardless of the woman's location or the presence of clinical risk factors;
- Our members wanting to return to the midwifery profession should be encouraged to do so by the availability of an accessible and affordable re-entry program;
- The re-entry accreditation standards must be based on the principle of individual learning, acknowledging that participants of these programs have education and experience and have been previously registered as midwives;
- There are currently no midwifery re-entry programs accredited by ANMAC and approved by the NMBA. Considering this, the accreditation standards must find an important balance between ensuring midwives completing re-entry programs are competent and safe to practice, and ensuring that the standard requirements are not too onerous as to prevent education providers electing to offer the program; and,
- Considering the midwives completing these programs have been registered before and may have only been out of the profession for up to five years, it is important that a re-entry program be conducted over a period of three months.

## **Specific comments:**

**Questions 1 and 2** are not dealt with in this submission as the questions relate to demographic data.

### Question 3

#### Proposed Criterion 1.1

##### Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

**Proposed footnote addition to criterion 1.1 to ensure program providers demonstrate the quality of governance arrangements with other education providers (Proposed criterion 1.1)**

*The program provider demonstrates:*

*Current registration with:*

*a. TEQSA as an Australian university or other higher education provider offering an entry to practice midwifery program, or*

*b. TEQSA as an Australian university or other higher education provider not offering an entry to practice midwife program that has a formal agreement\* in place with an Australian university or other higher education provider with current TEQSA registration and offering an entry to practice midwifery program, or*

*c. Australian Skills Quality Authority as an Australian registered training organisation that has a formal governance arrangement\* in place with an Australian university or other higher education provider, which has current registration with TEQSA and offers an entry to practice midwifery program.*

*\*A formal contractual agreement that details the roles and responsibilities of each of the education providers in the program's governance, design, delivery, resourcing and quality and risk management, as well as in student support, student assessment and management of midwifery practice experience.*

**Question 3. Do you support the inclusion of the proposed footnote addition in criterion 1.1?**

**a) Yes**

**ANMF Response:**

The proposed footnote is supported by the ANMF. It is important for education providers who are co-delivering a re-entry program for midwives to have a structured agreement in place which provides clear communication and direction. This will also enable ANMAC's accreditation teams during the accreditation process, and in any on-going auditing, to make sure the program is being delivered as agreed.

We suggest re-wording for clarification. Point *b.* refers to a formal agreement, whereas point *c.* refers to a formal governance arrangement and the footnote refers to a formal contractual agreement. Albeit a technical point, consistency in wording might add clarity.

### Question 4

##### Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.

**Proposed rewording of criterion 1.8 to clarify credit and recognition of prior learning are not available to students undertaking a re-entry to the register midwifery program of study.**

*The education provider must provide evidence of:*

*Strategies to inform students seeking to enter a re-entry to the register midwifery program that they are not eligible to apply for credit or recognition of prior learning.*

**Question 4. Does the proposed rewording of this criterion clarify the position that students seeking to enter a re-entry to the register midwifery program of study are not eligible for credit, advanced standing or recognition of prior learning?**

**Criterion 1.8: See comment below**

**ANMF Response:**

The ANMF agrees that if the accreditation standards do not allow for any form of credit or recognition of prior learning then it is essential students clearly understand this requirement.

The term 'strategies' as it is currently used, is open to interpretation and this might prove problematic when assessing institutions for compliance against the standards. Also, the 'advanced standing' wording is omitted from the paper draft copy, but included in the on-line survey. For clarity, we suggest the following wording is used: *There are formal systems in place that ensure students seeking to enter a re-entry to the register midwifery program know that they are not eligible to apply for credit, advanced standing or recognition of prior learning.*

Even with this amendment, the ANMF strongly supports consistency between the accreditation standards for registered nurses and those for midwives. The registered nurse accreditation standards for re-entry do provide for an avenue of a challenge test. This should also be available for midwife re-entry programs.

It is the view of the ANMF that midwives returning to the register require individual assessment and should be provided with an opportunity to demonstrate competence if they feel they currently meet the competency standards.

It would be unreasonable to ask a midwife to complete a part of the re-entry program if they can demonstrate competence in this area. Such a requirement would be onerous and unnecessary.

**Question 5**

**Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.**

**Proposed criterion that offers guidance on program duration. (Proposed criterion 3.6)**

*The program provider demonstrates:*

*That the minimum length of the re-entry to the register midwifery program is 3 months full time.*

**Question 5. Do you support the inclusion of proposed criterion 3.6 in the Re-entry to the Register Midwife Accreditation Standards?**

**Criterion 3.6 a) Yes**

**ANMF Response:**

The ANMF agrees that the minimum length of the re-entry to the register midwife program should be three (3) months.

The ANMF supports there being a reasonable time frame identified for a re-entry program. Education providers should use this time frame as a benchmark to plan curriculum and practice experience.

Individual assessment of the midwife completing the re-entry program is essential and if a returning midwife requires a longer period than three months to complete the course requirements, then this should be accommodated where appropriate. This is also true for a returning midwife who has met the education requirements and competency standards for midwives within a shorter timeframe than three months. In this instance there should be an opportunity to complete a challenge test, as there is for registered nurses, to enable a midwife to demonstrate his or her competence and exit earlier for registration.

Historically, midwife re-entry programs have been conducted successfully within a time period of 3 months. This is a proven time frame and it is important that no unreasonable deterrent is put in place for midwives wishing to return to practice.

## **Question 6**

### **Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.**

**Proposed rewording (in blue text) of criterion 4.4 to more comprehensively guide content inclusion in re-entry to the register midwifery programs.**

*The program provider demonstrates:*

*4.4 Program content includes but is not limited to supporting further development and application of knowledge and skills in:*

- a. Critical thinking and reflective practice*
- b. Research appreciation and translation*
- c. Legislative, regulatory\*, and ethical requirements for contemporary practice*
- d. Assessment, planning, implementation and evaluation of midwifery care*
- e. Complex and emergency care, including recognising and responding to deterioration in the woman and/or baby Pharmacokinetics, pharmacodynamics and the quality use of medicines within the midwifery scope of practice and context*
- g. Health informatics and health technology.*

*\*Footnote: refer to professional guidance provided in NMBA policies, guidelines and codes. Available at [www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx)*

**Question 6. Do you support the proposed modifications to Criterion 4.4 in the Re-entry to the**

**Register Midwife Accreditation Standards?**

**Criterion 4.4a a) Yes**

**Criterion 4.4c a) Yes**

**Footnote 4.4c a) Yes**

**Criterion 4.4e a) Yes**

**ANMF Response:**

The ANMF supports inclusion of the outlined items for the proposed criterion 4.4, points a), c) and e).

We request the addition of the following items:

- At risk women - domestic violence and use of illicit drugs
- Pregnancy medical co-morbidities and their complications associated with increased maternal age, and rates of maternal obesity, diabetes and smoking
- Mental health co-morbidity and other psychological risk factors (considering the emphasis on this in recent years due to the National Perinatal Depression Initiative and the antenatal and postnatal screening for risk of depression)
- Public health promotion and maternal health education.

We also request that 4.4b. be amended to: *Research appreciation, contribution and translation for evidence based practice.*

### **Version 2 DRAFT Re-entry to the Register Midwife Accreditation Standards.**

**Proposed modifications to criteria 8.11c and 8.11e to ensure the learning needs of students undertaking a re-entry to the register midwifery program of study are appropriately reflected in the minimum midwifery practice experience requirements.**

*The program provider demonstrates:*

**Criterion 8.11** *The inclusion of midwifery practice experience in the program, so students can complete the following minimum supervised midwifery practice experience requirements.*

#### **'Labour and birth care'**

*c. Under the supervision of a midwife, act as the primary accoucheur for 7 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences.*

*d. Provide direct and active care to an additional 2 women throughout the first stage of labour and, where possible, during birth – regardless of mode.*

#### **'Complex care'**

*e. Experience in caring for 10 women with complex needs, ensuring student experiences are varied across pregnancy, labour, birth and the postnatal periods. This may include women the student has engaged with as part of their continuity of care experiences.*

*NB: All other criteria remain unchanged and footnotes to these criteria will continue to permit minimum practice requirements being counted more than once.*

**Question 7. Do the specified minimum numbers in criterion 8.11c and 8.11d represent an appropriate ratio (7:2) of birth and labour care experiences for students undertaking a re-entry to the register midwifery program?**

**b) No**

#### **ANMF Response:**

The total number of 9 births requiring the involvement of re-entry midwives (as shown above) is appropriate, however, flexibility is required in the configuration of the ratio (7:2).

There is a great deal of competition for spontaneous vaginal births, due to midwifery and medical student numbers, and increased interventions. Given the high caesarean rate in

Australia, acting as primary accoucheur for 7 women who experience a spontaneous vaginal birth, may be difficult to attain. Many of the women the re-entry midwife will care for during birth may have an outcome of a caesarean section rather than a spontaneous vaginal birth. Specifying this number could therefore be problematic and lacks the necessary flexibility. The importance for the re-entry midwife is the learning opportunity, rather than the outcome of a spontaneous vaginal birth. The focus should not be on the re-entry midwife obtaining a number of “births” for its own sake. For example, presence at an assisted birth is a valuable clinical practice experience, as is care of a woman during labour followed by presence at a caesarian section birth.

A midwife re-entering the workforce will require exposure to contemporary labour care, especially in the context of clinical risk factors which would require more than a minimum of 2 experiences.

The ANMF therefore contends it would be preferable for a re-entry midwife to have flexibility in the ratio of clinical practice requirements for labour and birth care.

Suggested amendment is as follows:

***‘Labour and birth care’***

*Direct and active involvement in a minimum of 9 births as follows:*

*c. Under the supervision of a midwife, act as the primary accoucheur for a minimum of 3 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences.*

*d. Provide direct and active care to a minimum of an additional 6 women throughout the first stage of labour and, where possible, during birth – regardless of mode.*

ANMF requests that this issue be further discussed by the Expert Advisory Group and at the summative forum.

**Question 8. Do you support the proposed modification to Criterion 8.11e in the Re-entry to the**

**Register Midwife Accreditation Standards?**

**a) Yes**

**ANMF Response:**

The addition of *ensuring student experiences are varied across pregnancy, labour, birth and the postnatal periods*, is supported. This addition provides more flexibility for returning midwives completing the re-entry program, and ensures experiences are gained across the continuum of care.

**Question 9. Please review all standards and criterion in the second draft of the Re-entry to the Register Midwife Accreditation Standards and provide feedback in relation to identified issues, gaps, omissions, duplications or errors.**

**ANMF response:**

**Standard 1:** No further comment

**Standard 2:**

**In 2.1:** Include additional point e. Collaborative practice for at-risk women

**In 2.4:** Add to point h. Instill in students the desire and capacity to continue to use and learn from research *and contribute to the body of knowledge* throughout their careers.

**Standard 3:** No further comment

**Standard 4:** No further comment

**Standard 5:**

**In 5.7:** *Appropriate assessment is used in midwifery practice experience to evaluate student ability to meet the National Competency Standards for the Midwife.*

The following additions should be added:

*Appropriate assessment is used in midwifery practice experience to evaluate the student's ability to meet the National Competency Standards for the Midwife.*

**Standard 6:** No further comment

**Standard 7:** No further comment

**Standard 8:**

The ANMF remains clear that the midwifery practice experience within the re-entry program needs to be achievable within the three-month timeframe.

It is the ANMF view that the current Draft requirement of two continuity of care experiences is only achievable within the 3 month time period if the following changes are made to the definition of engagement:

1. The number of antenatal visits reduced from four to a requirement to attend **at least two, but up to four**, antenatal visits,  
AND
2. The number of postnatal visits reduced from two to **one to two** postnatal visits.

The term 'engagement' as it is used in Standard 8 to describe antenatal, postnatal, labour and birth requirements, needs to be included as a term on its own in the glossary.

The ANMF wholly supports the education and orientation of returning midwives to the contemporary knowledge which supports continuity of care and women- centred care as a centerpiece of midwifery practice. However all stakeholders, program providers, clinical placement providers and returning midwives themselves, will face difficulty achieving the current definition of engagement. Practically, within a re-entry program consisting of theory and practice, there is little flexibility to accommodate such events as maternal missed or changed appointment, early birth or midwife absence.

The ANMF requests that ANMAC and the EAG revisit this issue in the forthcoming consultations.

**Standard 9:** No further comment

**Glossary and terms:** See comment for Standard 8 above

## Conclusion

The ANMF appreciates the opportunity to provide comment on the midwife re-entry standards second consultation paper, on behalf of our significant cohort of midwife and student midwife members. As the largest professional and industrial body for midwives within Australia, the ANMF has a substantial interest in midwifery education as it directly relates to a viable midwifery workforce.

Midwifery re-entry programs must prepare safe and competent midwives through attainable requirements which reflect contemporary midwifery practice. Program requirements should include sufficient flexibility to identify and address the prior knowledge and experience of returning midwives.

The ANMF looks forward to further participation in the scheduled consultation forum in Brisbane for the continued review of the *Midwifery Re-entry Accreditation Standards*.

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<sup>i</sup> <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>