

**Submission by the Australian Nursing and Midwifery Federation**

# **ANMF Response to the HumanAbility Review of the Health Services Assistance Qualification**

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**Australian  
Nursing &  
Midwifery  
Federation**



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## Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The ANMF thanks HumanAbility for the opportunity to provide further feedback regarding the inclusion of maternity support units of competency to the Health Services Assistance (HSA) qualification.
6. The position of the ANMF remains unchanged. As contended in the ANMF's submission to HumanAbility in May 2025, the inclusion of maternity support units of competency (UoC) validates an unregulated tier of health workers in maternity units. This will:
  - risk the quality and safety of care by increasing the fragmentation of care and ignoring evidence demonstrating the value of midwifery care, continuity of care and holistic care practices.
  - create circumstances for, an already burdened, midwifery workforce to supervise, and delegate to, an increasing number of unregulated professionals. The aged care sector



provides ample evidence of the disastrous outcome of creating a system whereby a small number of regulated practitioners are supervising and delegating care to many unregulated professionals. This is not an outcome desired for the midwifery workforce and profession or, most importantly for the people in their care.

- undermine the integrity of the midwifery profession by diluting its core values, philosophies and standards by devaluing the extensive education and clinical training required to practice as a midwife.
- Blur the lines of the clearly defined professional boundaries developed through rigorous regulation and accreditation processes that exist to protect the public.

It is imperative the implications of validating a role for an unregulated tier of maternity care health workers through the proposed changes to the HSA qualification are not underestimated.

7. The discussion paper states that *“a smaller number of stakeholders raised concerns regarding the introduction of maternity support roles in the system”*. ANMF representatives attended a number of the HSA qualification review forums throughout April and May 2025. The feedback from these meetings was that many participants, in addition to ANMF representatives, expressed concerns regarding the introduction of units of competency that may lead to maternity support roles in the health system. The ANMF does not support the contention that the unintended consequences of, and concerns raised relating to, introducing maternity support units to the HSA qualification are held by only a small number of stakeholders.
8. In the Subject Matter Expert (SME) Panel meetings, the supporting arguments for introducing these maternity support units of competency to the HSA qualification have been inconsistent and contradictory.
9. The ANMF’s understanding is that the initial intent of the UoC was to introduce Aboriginal and Torres Strait Islander peoples via secondary school VET pathways to maternity care units. Ultimately to work alongside midwives to develop an interest in pursuing midwifery as a career.



10. The ANMF recognises the need to improve pathways for Aboriginal and Torres Strait Islander peoples to access study to become a midwife. We also support initiatives to increase the numbers of Aboriginal and Torres Strait Islander peoples and other underrepresented populations in the midwifery profession. However, the ANMF is concerned that completion of the proposed UoC will not contribute to achieving improved representation of Aboriginal and Torres Strait Islander peoples in the midwifery professions. We recommend exploring further opportunities which uphold safe quality maternity care while encouraging and promoting increased engagement in the midwifery profession for Aboriginal and Torres Strait Islander peoples and underrepresented populations.
11. The ANMF continues to question the appropriateness of high school students working in maternity units. In some jurisdictions, for example South Australia, there are limitations on a minor providing nursing care, which could result in both the placement requirements for the proposed units and future employment being unattainable in those jurisdictions.
12. To dismiss concerns raised regarding the appropriateness of high school students working in maternity units, the intent of the units has also been presented as an opportunity for mature age students to experience maternity care environments. Thus, bolstering interest and enrolment in midwifery preparation to practice qualifications particularly for vulnerable groups that are underrepresented in the midwifery profession.
13. Regardless of the intent of introducing these units of competency, the potential unintended consequences remain the same. There is no imperative for a person who has a HSA qualification to undertake any further study nor progress their career to a regulated profession should they not wish to do so. Whilst the numbers enrolled in the HSA qualification with maternity support specialisation may be small initially, it is critically important to give full consideration to the implications, both short and long term, of introducing these UoC, which would create and legitimise a role for unregulated health workers in maternity services.



14. Continued discussions at SME Panel meetings and sections in the discussion paper regarding the “scope of practice” of health workers (however titled) are concerning. Health workers have a role in health services to provide elements of care delegated by and under the direct supervision of a Registered Nurse. Regulated health practitioners have a scope of practice. The lack of understanding of this core element of the health worker contribution to the health system is not unique to this proposal and exists extensively in the health system. Poor role clarity and role creep create risk in the health system as unregulated health workers perform seemingly simple tasks that are part of more complex processes that require more skilled critical thinking and decision making. Providing training at the certificate III level, whether this is competency or knowledge based implies conferral of a level of competence and expertise to provide elements of care that are more complex than the learner or health worker can be expected to recognise and/or have knowledge of in care environments.
15. The discussion paper highlights this misunderstanding of a health worker’s contribution to the health system where it states:

*“the inclusion of maternity-focused units within the HSA qualification presents a valuable opportunity to better align training with the evolving needs of the healthcare system – particularly in rural and remote communities where access to maternity care is often limited”*
16. It is the position of the ANMF that women, gender diverse people, newborns and their families have a right to be cared for by practitioners, who have the education, skills and competence to meet their needs. Midwives have the education, skills and competence to meet their needs and are the optimal providers of midwifery care. Where maternity care is currently limited, the solution is not to introduce an unregulated tier of health workers to provide aspects of care. A health worker with some knowledge is not a replacement for the care of a midwife and it is inappropriate to imply that a person with a HSA qualification can meet the needs of communities with poor access to regulated health practitioners.



17. The ANMF acknowledges there is a midwifery workforce shortage and is aware that currently health workers (however titled) are increasingly employed by health services in an attempt to address midwifery workforce shortages and meet service needs. The current HSA qualification (without maternity support specialisation) is already used by many health service providers as the basis on which to employ AiNs in maternity settings. This is not an industry standard the ANMF accepts as best practice, nor is it a solution to upholding the rights of women and gender diverse people to access maternity care provided by practitioners who have the education, skills and competence to meet their needs. We continue to emphasise and prosecute the view that people, who live in less well served areas and who already experience lower health outcomes than those in better served areas, should not expect and do not deserve to accept lower standards of care.
18. To this end, the ANMF does not support inclusion of maternity support specialisation UoC in the HSA qualification and strongly recommends both UoC are withdrawn from consideration for inclusion in the HSA qualification. As outlined and emphasised above, inclusion of the proposed UoC would legitimise the role of unregulated workers in maternity services, risk fragmentation of maternity care provision, compromise the safety and quality of maternity care, and will not enhance the midwifery workforce, profession or provision of maternity services.

## Conclusion

The ANMF again thanks HumanAbility for the opportunity to provide feedback on the proposed changes to the HSA qualification. It is critical the potential long-term unintended consequences of the proposal on the midwifery profession and maternity care delivery are not underestimated. We look forward to further opportunities to work in partnership with HumanAbility on health services education and training matters.