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nursing federation

Submission to the Nursing and Midwifery Board
of Australia on the consultation draft -
Guidelines and Assessment Framework for
the Recognition and Endorsement of
Eligible Midwives

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia.

The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 175,000 nurses and midwives, members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANF is pleased to provide comment to the national consultation being undertaken by the Nursing and Midwifery Board of Australia (NMBA) in relation to the draft document - *Guidelines and Assessment Framework for the Recognition and Endorsement of Eligible Midwives and draft Registration standard for endorsement of midwives as eligible midwives*.

Of the 245,491 registered nurses in Australia in 2007, 52,374 were authorised as midwives, with 18,200 identifying as having a primary work place of midwifery.¹ Within the membership of the ANF there are approximately 11,000 midwife members. We therefore have a genuine interest in professional, industrial and regulatory issues pertaining to midwives.

2. Registration standard for endorsement of midwives as eligible midwives

Requirements

The requirement to acquire an additional 20 hours per year of continuing professional development relating to the continuum of midwifery care is excessive. The Nursing and Midwifery Board of Australia (NMBA) Continuing Professional Development (CPD) standard requires that registered nurses and midwives who hold scheduled medicines endorsements or endorsements as nurse or midwife practitioners under the National Law must complete at least 10 hours per year in education related to their endorsement. The requirement for CPD in the proposed *Registration standard for endorsement of midwives as eligible midwives* should be consistent with the approved NMBA CPD standard. There is no reasonable argument for more than the minimum of 10 hours to be required.

Definitions - Approved program of study - third paragraph - suggested amendment in bold

... in the area of midwifery **medicines** prescribing and management and **to** meet the qualification requirements for accreditation through the NRAS and the Australian Quality Framework Higher Education Sector Accreditation.

Other requirements - suggested amendment:

Endorsed eligible midwives are expected to comply with any detailed guidelines issued from time to time... (remove 'on').

3. Guidelines and assessment framework for the recognition and endorsement of eligible midwives

3.1 Qualification as an 'eligible midwife'

The final paragraph should indicate that: *...an eligible midwife will have access to both the MBS and PBS to the extent they require this within the scope of their practice as eligible midwives consistent with the Drugs and Poisons legislation in their State or Territory.*

3.2 Registration as a midwife in Australia

Paragraph 3 needs clarification. *'Close collaboration will be required with **state and territory** governments and **nursing and midwifery** registration boards to ensure competencies are consistent with registration requirements under the NRAS.'*

State and territory nursing and midwifery registration boards will not exist post 1 July 2010. If the intent is the post 1 July 2010 entity (that is the Boards in their winding up phase or the state and territory offices), then this should be stated, as they will have no regulatory powers post 1 July. Competencies - to which competencies is this referring? If this refers to the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife, these have had national applicability since their inception in the early 1990s.

It is suggested that for clarity it should state:

Close consultation will be required with state and territory governments and nursing and midwifery state and territory offices to ensure requirements are consistent with the registration standards under the NRAS.

3.3 Post-registration practice, professional practice review and ongoing professional development

Three years experience across the continuum of midwifery care

While this is supported, the promotion of caseload as the *holistic model of midwifery* and thus the preferred means of demonstrating adherence to this criterion, is unnecessary and unwarranted. Other models, such as team midwifery also promote holistic care. ANF has proposed and continues to recommend that the eligibility criterion with regard to years of experience should be: *3 years minimum post registration experience as a midwife in areas including antenatal, intra partum and postnatal care. The experience may be in a continuity of care model but this is not essential.*

Further, *a caseload of 30-40 women and their infants.....*Such a caseload is generally considered close to full time, that is 1.0 EFT caseload, and so risks discriminating against midwives who, for family and other reasons, work part time. It also discriminates against midwives in rural and remote areas or in private practice where the caseload is affected by demographics, demand, impact of health services and other practitioners. If a minimum caseload is to be set, it needs to be realistic and achievable in a variety of settings.

If including infant care in this standard then the reference should just state '*and infants*' Many women may be admitted to a case load midwife but not all remain in the case load to allow the standard to refer specifically to their infants. Some women may develop a higher risk category and drop out of the caseload model.

Reference to the term 'rotation' should be amended to 'experience' with the sentence now reading: 'Clear evidence of experience in all areas of midwifery across the continuum will be required.' The focus should be on experience across the continuum of care not the model of midwifery care (caseload, case management, community-based or hospital-based).

Professional midwifery practice review

Professional midwifery practice review should not refer to assessment of competence of the midwife. Midwives undertaking an NMBA approved professional review program will do so to satisfy the Board that they have met the requirements for experience and recency of practice across the continuum of care. If the professional midwifery practice review assesses competence for practice then a midwife undertaking the review for the purposes of endorsement for eligibility and who is deemed not competent would then need to be reported to the NMBA. The professional review program, as defined in the Registration standard, is designed to review evidence of performance over time across the continuum of midwifery care not to assess competence.

Continuing professional development

As detailed earlier in relation to the *Registration standard for endorsement of midwives as eligible midwives*, the requirement to acquire an additional 20 hours per year of continuing professional development relating to the continuum of midwifery care is excessive. The Nursing and Midwifery Board of Australia (NMBA) Continuing professional development (CPD) standard requires that registered nurses and midwives who hold scheduled medicines endorsements or endorsements as nurse or midwife practitioners under the National Law must complete at least 10 hours per year in education related to their endorsement. The requirement for CPD in the proposed Registration standard for endorsement of midwives as eligible midwives should be consistent with the approved CPD standard. There is no reasonable argument for more than the minimum of 10 hours to be required.

Establishing competence across the continuum of midwifery care

Table 2 should be titled *Establishing experience and recency of practice across the continuum of midwifery care*.

The evidence section of Table 2 should not detail the requirements for self assessment and professional review. These details should be components of the approved professional midwifery review program. If the midwife has successfully completed the NMBA approved professional midwifery review program then why would an interview be required with the midwife for the Panel to discuss and test the evidence provided? Would this be a panel of the Board? Is there a process for appeal should there be a decision of the NMBA that the midwife does not meet eligibility requirements?

The three points under the middle column of Table 2 should state:

1. The midwife will make a statutory declaration they can demonstrate at least three years experience across the continuum of midwifery care, within the previous five years.
2. The midwife will provide evidence of successful completion of an NMBA approved professional midwifery review program.
3. The midwife will make a declaration they have participated in at least 10 additional hours per year of continuing professional development appropriate to practice across the continuum of midwifery care.

The end column of Table 2 should state that:

✓ Adequate evidence is provided to satisfy NMBA of eligibility > eligibility requirements met for this component for endorsement as an eligible midwife.

The evidence required should be stated here: signed declaration; professional midwifery review program completion certificate; portfolio of professional review; portfolio of CPD.

X Inadequate evidence is provided - midwife does not meet NMBA requirements in relation to eligibility and reasons are provided to the midwife.

Transitional arrangements

This section should state that as the NMBA has not yet approved any professional midwifery practice review program, there are therefore no midwives who could, on 1 July 2010, meet this requirement, and that being the case, midwives who meet all other requirements for endorsement as an eligible midwife may apply for endorsement on the condition they will provide evidence of successful completion of a professional practice review by 31 October 2010.

The ANF is keen for accurate and detailed information to be relayed by the NMBA to the midwifery profession in relation to professional indemnity insurance requirements and provisions as soon as this information becomes available.

3.4 Collaboration

The ANF understands that requirements for collaborative arrangements will be detailed in the Regulations accompanying the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010*. The requirement by the NMBA in this standard for signed completion of a statutory declaration indicating that the midwife will comply with collaboration requirements for eligible midwives is supported.

3.5 Accredited program of study or equivalent - prescribing

Use of the terms 'medication' and 'drug' used in this section of the Guidelines should be amended to 'medicine'.

Essential course requirements

The first paragraph on page 11 should state:

In any program accredited and approved by the NMBA for the purpose of ensuring midwives have the appropriate qualifications for prescribing the following elements would be incorporated: ...

The Guidelines state that: Assessment may include portfolio, written examination and clinical experience. As the accredited and approved program will be assessing competence to prescribe then assessment must (not 'may') include clinical experience.

Accredited and approved programs for prescribing must articulate into a Masters of Midwifery qualification. It is the view of the ANF that all education and training should have qualification outcomes.

3.6 Transitional issues / Grandfather clause

The adoption of the term *grandfather* clause as a mechanism to allow midwives to become eligible without having completed a program of study (prescribing) is confusing. Grandfathering is about allowing an old/established rule or practice to continue while a new one is introduced. There is repetition of similar text under both the Transitional issues and Grandfather clause headings.

We recommend the text under the heading **Transitional issues** be rewritten to state:

Registered midwives who meet all requirements for eligibility, with the exception of meeting the standard relating to the successful completion of an accredited and approved program, as determined by NMBA, or a program that is substantially equivalent to an approved program of study to support their endorsement for prescribing may make an undertaking to the NMBA that they will successfully complete such a qualification in 18 months.

This will entail complying with conditions that require midwives to give an undertaking to the NMBA that they will take all reasonable steps to complete the program within 18 months of making that undertaking. The midwife will not prescribe medicines until the approved program has been successfully completed, and the NMBA notified. During this period the eligible midwife may seek access to the MBS.

In the event that the approved program is not undertaken, the midwife's eligibility will be revoked after 18 months.

This arrangement will operate until 1 July 2013.

Accreditation of courses and approval by NMBA

The ANF concurs that there is an urgent need to accredit and approve prescribing programs for midwives. It is also imperative to minimise the cost of such programs. The Queensland RIPREN (rural and remote) as well as the sexual health endorsements which some midwives hold may also be considered suitable prescribing programs for midwives by the NMBA.

4. Conclusion

The ANF, in consultation with the State and Territory Branches, has reviewed the proposed Registration standard for endorsement of midwives as eligible midwives and the draft Guidelines and Assessment Framework for the Recognition and Endorsement of Eligible Midwives to be applied by the Nursing and Midwifery Board of Australia.

The ANF appreciates the opportunity to provide feedback to the NMBA on these draft standards and guidelines. We look forward to continued participation in on-going consultations to develop and refine registration standards and accompanying supportive documentation to assist the nursing and midwifery professions with the introduction of the National Registration and Accreditation Scheme for Health Professionals.

References

1. Australian Institute of Health and Welfare. 2009. *Nursing and midwifery labour force 2007*. National Health Labour Force Series no. 43. Cat. No. HWL 44. Canberra: AIHW.