Submission by the Australian College of Midwives in relations to the ANMAC Consultation Paper 2: Standards for Midwifery Practice Review and Standards for Programs Leading to Endorsement for Scheduled Midwives for Midwives. August 29 2014.

The Australian College of Midwives would like to thank ANMAC for the opportunity to comment on the second revised version of the Standards for Midwifery Practice Review and Standards for Programs Leading to Endorsement for Scheduled Midwives for Midwives. The ACM is pleased that much of its feedback to the first consultation in February 2014 has been integrated into the revised standards. This submission contains feedback to the specific questions that ANMAC asked about standard, as well as general comments relating to each standard.

Standards for Midwifery Practice Review

Currently the Accreditation Standards for Midwifery Practice Review provide for a face to face discussion to reflect on practice with 2 midwives and a consumer reviewer.

Q1. Should the discussion be required face to face and if so, should the term 'face to face' Be clarified to provide the ability to use Skype or other alternative media?
The ACM supports the use of communication media that allows for communication over a distance. This reduces geographical distance and isolation as a barrier to midwives being reviewed, not least because of issues of funding and time away from work. However, it is recognised that reviewers and participants value being able to see each other because of the nuances of non-verbal communication as well as the implications of verification when unable to see the people involved. Therefore, the ACM supports the use of technology that enables reviewers and participants to be able to see each other such as Skype with web cam or video conference. The ACM believes that the use of technology should be negotiated between all parties involved to meet individual needs.

Q2. Should an appropriately selected, trained and supported consumer reviewer be engaged within the face to face discussion?
The ACM is totally committed to consumers being part of the Practice Review process, including part of the review team. Midwives are expected by their own professional guidance and by consumers to provide "woman-centred care". Consumers need to be defining and evaluating woman-centred care, in partnership with midwives. Women consumers should be seen as the experts on women, just as midwives should be seen as the experts on midwifery care, and each is needed to create clear definition of "woman-centred". Interaction with maternity specific consumers is vital to allow the midwife to be constantly reflective about their relationship with the women they care for. Maternity specific consumers are passionate about midwifery led care and seek to have an involvement in this area to improve maternity care options and to ensure that the needs of the women stay firmly at the centre of a midwife’s practice. NSQHSS Standard 2 requires health services to partner with consumers in evaluating performance. We would not recommend any lowering of this standard to be applied to the midwifery profession.
The ACM supports consumer and midwife reviewers being trained in such a way that they perform reviews in a professional and appropriate manner which is culturally sensitive, and promotes an open environment in which the reviewed midwife feels safe.

**General feedback about the standards**

1. **Processes to enable early identification, referral and support of midwives who are not performing well or have professional conduct issues (Standard 4.3)**
   The MPR is not a mechanism for measuring performance, but rather is a tool for professional development and reflective practice. In addition, Standard 4.1.d makes it clear that the MPR reviewers are required to notify AHPRA if there are issues of “unsafe practice or an impairment that may place the public at risk of harm”. Therefore, the ACM recommends that the wording of Standard 4.3 is changed to reflect the function of MPR, as well as what is already written in Standard 4.1.d ie that Standard 4.3 reads “processes are enabled for early identification, referral and support of midwives who are not meeting professional standards”.

2. **Increasing the number of midwifery reviewers from 1 to 2 per review**
   As already mentioned, Standard 3 requires an increase of midwifery reviewers per review. Whilst the ACM does not necessarily reject this, the ACM does have concerns about logistics of attracting an adequate number of suitable reviewers. There are also potential issues for the working relationship between two midwives with competing agendas or philosophies which makes it very important for reviewer training to address the importance of how two midwifery reviewers may work together. Furthermore, if the number of reviewers is increased to three (one consumer and two midwives), this may be seen as too overwhelming for the midwife being reviewed.

3. **Greater clarity about “qualification” of reviewers**
   In Standard 3, Footnote 3 states that midwife reviewers must be “qualified to conduct these reviews”. Standard 5, 5.6 goes on to say that midwifery reviewers should have current Australian registration as a Midwife, with no conditions. The ACM recommends that ANMAC clarifies what is meant by qualified ie that midwife reviewers are “appropriately selected, trained and supported to undertake their role” which reflects what is said about consumer reviewers in 5.7.

   NB: the ACM recommends that the word “staff” in 5.6 is changed to “midwife reviewers”.

4. **Underrepresented peoples**
   In Standard 4, 4.6 and 4.7, the standards state “support needs are provided to assist those midwives”. It is not clear what is meant by these statements.

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*Stakeholders are invited to provide comment on an amendment to the proposed Criterion to allow education providers to demonstrate evidence of:*
Meeting the Australian Qualifications Framework (AQF) requirements for the award of a postgraduate level 7 qualification or credit towards such a program as a minimum.

The ACM supports the amendment that permits for the award to be at postgraduate level 7. This also allows for the potential of the prescribing program to be integrated into pre-registration programs so that midwives are qualified to prescribe at point of registration. The ACM believes that prescribing is an integral part of the midwifery scope of practice, and is not advanced practice, and welcomes any move to integrate prescribing education into pre-registration curricula.

1. **Support needs**
   In Standard 6; 6.7 and 6.8 the wording state “a range of support needs are provided to those students.” This does not make grammatical sense. It is the students who have the support needs and the educational institutions should meet their needs by developing support mechanisms and resources.