

Submission in response to the Nursing and Midwifery Board of  
Australia's paper:  
Guidelines for Education requirements for Endorsement of Eligible  
Midwives (1 May 2010)

Submitted by the Council of Deans of Nursing and Midwifery  
(Australia & New Zealand)

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## **GUIDELINES FOR EDUCATION REQUIREMENTS FOR ENDORSEMENT OF ELIGIBLE MIDWIVES**

Thank you for the opportunity to comment on the draft Guidelines for education requirements for endorsement of eligible midwives. We understand that these guidelines outline the educational requirements for courses suitable for attaining the qualifications required for a registered midwife to be endorsed under the Health Practitioner Regulation National Law Act 2009 (the Act) as an 'eligible midwife'.

The Council of Deans of Nursing and Midwifery (Australia & New Zealand) acknowledges that this response was developed by staff from the Faculty of Nursing, Midwifery and Health at the University of Technology Sydney and Council Executive supports this response.

We commend the NMBA for developing these guidelines. These provide an excellent framework for the development of educational programs to help meet the requirements. The document is clearly written and easy to follow.

Table 1 in the document outlines the requirements of the NMBA in relation to the competence to prescribe medications. The Standard states:

- The midwife will have successfully completed:
  - an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing; or,
  - a program that is substantially equivalent to such an approved program of study.
- An approved program of study is one that has been accredited by the accrediting authority for the NMBA and approved by the Board for the purpose of qualifying the registered midwife for this endorsement.
- Recency of undertaking of course or ongoing CPD to support the currency of competence in this area is required.

For the most part, we agree with the guidelines as outlined in the document. Greater clarity around a number of these requirements is sought. We believe that greater clarity will assist in the process of implementation.

We agree that any program of study should reflect the obligations outlined in the *Code of Professional Conduct for Midwives in Australia* and the *Code of Ethics for Midwives in Australia* and be able to be mapped to the *National Competency Standards for the Midwife*.

Under the section **Educational standard of program**, the document states that:

*The program of study will be conducted to meet the requirements for a post graduate qualification level designed for practising midwives upgrading their midwifery knowledge, skills and experience in the area of midwifery medication prescribing and management and meet the qualification requirements for accreditation through the NRAS and the Australian Quality Framework Higher Education Sector Accreditation. It will be at least **one semester long post graduate program** (to be determined) designed for **experienced midwives** who may have entered the profession either as a person entering the profession having undertaken a direct entry level undergraduate midwifery program; or a nurse undertaking post graduate studies (page 6).*

We recommend that the phrase “post graduate program” be altered to be a “post graduate program undertaken post registration” to be completely clear that it is after initial registration. Some programs leading to initial registration as a midwife in Australia are at post-graduate level (Graduate Diploma and Master level) which could cause confusion.

The “one semester” requires clarification. Does it mean full-time or part-time? Reflecting on the essential course requirements it is possible that the content could be delivered in two subjects at post-graduate level. These may be taken on a part-time basis over 12 months and we believe that many midwives would choose to undertake the program in this way. Rather than suggesting one semester, perhaps the guidelines could reflect the number of subjects or units (different nomenclature in different universities) with an understanding that midwives may take more than one semester to complete the program.

We understand that this means that the program of study is post-initial registration level. We question the use of the term ‘experienced midwives’ in this section. It is not clear what ‘experienced’ actually refers to – different institutions and jurisdictions will have different definitions of ‘experienced’. As it is clear that the program is designed to be undertaken post- initial registration, the term ‘experienced’ is unnecessary.

Under **Essential course requirements** we agree that prescribing medications requires a robust knowledge base for the writing of a formal medication order. We agree that a program or units of study designed to develop the competence of midwives in this area should demonstrate the four components of prescribing as outlined in Diagram 2.

In addition, we recommend greater clarity in the framework to take account of some of the complex issues around the context of prescribing. While there are content statements that cover the breadth of the issues (page 6-7) we suggest that more explicit content might be helpful. For example:

- 1) over the counter medicines and poly pharmacy;
- 2) combinations with complimentary therapies, and the contraindications during pregnancy and breastfeeding;
- 3) considerations when working with women with drug addiction and substance use problems (and the need for consultation and referral in these situations);
- 4) behavioural aspects in relation to medication ‘compliance’;
- 5) the role and function of therapeutics agencies and the regulation of medicine (including the role of the TGA);
- 6) medication codes of marketing and ethical issues in dealing with pharmaceutical companies and marketing; and,
- 7) consideration of practitioners vulnerability to misuse of drugs.

These are a few aspects that are not evident in this section and we suggest could be explicit.

In the section on **Learning objectives**, the linking of these with the *ANMC National Competency Standards for the Midwife* is welcomed and helpful. Perhaps in the next iteration of the learning outcomes it would be useful to have the exact competency element documented alongside with the specific learning outcome for ease of reference. One area that could be added is knowledge and understanding about the correct storage of the medications. This could be part of Competency Standard 4. This is particularly important when some of the medications in the midwifery formulary require refrigeration and understanding of cold chain principles. While this dovetails with immunisation education, it would be important for it to be included in this program,

In the section on the **Learning model** which states that *The program will be delivered using flexible learning models eg via on-line and distance learning and assessment strategies* we question why naming specific strategies is necessary. We suggest that academic institutions should be able to devise a model that will meet the needs of their potential participants and their context of learning and teaching.

In addition, the issue of 20 additional hours of CPD requires further consideration (page 4). The requirement is that *20 additional hours of continuing professional development relating to the continuum of midwifery care per year* is needed. It is important that midwives complete CPD hours that are relevant to their scope of practice though there is no evidence that an additional 20 hours would benefit endorsed midwives. The phrase “continuum of midwifery care” suggests that the midwives will be working in this way at the time. This does not account for midwives who are working towards working in this way or those who take a break from providing continuity of care and want to return to this model of care. This requirement potentially restricts movement for continuity to other models of care.

Thank you for the opportunity to provide comment. Overall, we commend the NMBA on developing this framework and look forward to working with the Board in the future on the implementation process.

For further queries, please contact Professor Patrick Crookes, Chair of CDNМ as follows:

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