



Midwifery education: registered midwife

A midwife is a person who has successfully completed the prescribed Australian Nursing and Midwifery Accreditation Council (ANMAC) accredited education program and has acquired the requisite qualification to be a registered midwife with the Nursing and Midwifery Board of Australia (NMBA).

Registered midwives can apply for an endorsement for scheduled medicines.¹

It must be noted that midwives with an endorsement for scheduled medicines must comply with other relevant NMBA approved registration standards and guidelines.²

It is the policy of the Australian Nursing and Midwifery Federation that:

1. All midwifery care must be provided by a registered midwife, or a student midwife under the delegation and supervision of a registered midwife.
2. Government must develop a comprehensive national workforce plan for midwifery, to be evaluated and reviewed regularly, to ensure there is sufficient funding and places in the university sector in all States and Territories to meet the community's needs for a registered midwife workforce, now and into the future.
3. Workforce planning should promote education programs which provide the generalist scope of practice required in rural and remote areas, in particular the double degree in nursing and midwifery and the midwifery postgraduate qualification for registered nurses.
4. Multiple tertiary education pathways to midwifery practice determined by the Australian Qualification Framework are supported, which include: the 12 month Postgraduate Diploma, the Double degree (Bachelor of Nursing / Bachelor of Midwifery) and direct entry midwifery (Bachelor of Midwifery or Master of Midwifery).
5. Entry to practice education for midwives must be undertaken within a recognised Australian university.³
6. Postgraduate Diploma programs for registered nurses leading to initial registration as a midwife should be no more than 12 months in duration (full time). Postgraduate programs of longer duration should be awarded at the Masters degree level.
7. Entry to practice education for midwifery should be augmented by flexible and innovative means, such as distance and online modes, to provide equitable and optimal access for students wherever they live, study and work.
8. The principles of adult learning and the recognition of prior learning must be incorporated into registered midwife education together with the availability of credit transfer and articulation options.



9. Entry to practice education programs must provide blended flexible program opportunities for Aboriginal and Torres Strait Islander student midwives to train as close as possible to their communities including clinical placement opportunities within their communities as student midwives where appropriate.
10. Entry to practice education for midwifery must prepare students to meet the NMBA *National Competency Standards for the Registered Midwife* to function as a safe beginning level midwife in a variety of maternity care settings.
11. Adequate clinical education, not inclusive of simulation, must be provided to students so they can acquire the clinical experience necessary to meet the NMBA Standards for practice. Staffing levels and skill mix in maternity care services providing clinical placement for students must be adequate and appropriately funded to optimise the learning experience. Clinical supervision of student midwives must be undertaken by suitably qualified / experienced registered midwives.
12. Universities and maternity care service providers are jointly responsible for ensuring the emotional and physical safety of the student during the course of the program. This involves, but is not limited to, ensuring adequate days off and reasonable hours of work, risk assessments of workloads and workplaces, and access to appropriate debriefing/ counselling of experiences.
13. Midwife educators must be available, with a scope of practice which meets the needs of students in midwifery, newly graduated midwives and midwives new to the workplace, as well as supporting more experienced midwives with their clinical, educational and mentoring responsibilities.
14. A culturally capable midwifery workforce is vital to ensure culturally safe services that meet the needs of Aboriginal and Torres Strait Islander Peoples.
15. The development of core curriculum elements across disciplines must not compromise the philosophy and integrity of midwifery.
16. Registered midwives require support when making the transition from education to practice. This support includes transition to practice programs, orientation programs, access to clinical midwife educators, access to expert and experienced midwives as preceptors, supervisors or designated mentors of the graduate midwife's choice, and access to continuing professional development. Beginning midwives should not be expected to be placed in charge or function alone.
17. Mentorship and preceptorship training programs and debriefing with the midwife educator should be made available to registered midwives who undertake a preceptorship role for student midwives.
18. Transition to practice programs should be:



- available in all maternity care settings which employ midwives;
 - available in rural, remote and metropolitan settings, in both public and private sectors; and
 - funded by governments at all levels through relevant public, private and community maternity care settings.
19. Clinical placements for registered midwife education, requires collaboration between the maternity care and education sectors. There should be sufficient resources to assist education providers and facilities in which clinical midwifery education occurs to deliver a quality learning experience.
 20. Formal mechanisms to support dialogue, interaction and collaboration between the maternity care and education sectors should continue to be developed and strengthened, including joint appointments and collaboration that extends beyond the provision of education programs and clinical education. Professorial units or similar arrangements which combine academic and practice based education and research, are supported.
 21. Midwifery education departments and midwife educator positions are supported. The midwifery education department within the health service should develop and implement strategic education plans that align with the maternity and newborn service plan and strengthen the capacity and capability of the midwifery workforce to deliver evidence-based maternity care. Mechanisms must be in place to assist the midwife educator to maintain a safe and current level of practice in their areas of expertise.
 22. Post registration courses for midwifery practice must be conducted by an agency¹ or combination of agencies that can ensure an appropriate balance of theory and practice in the student's learning experience.
 23. Providers of post registration education for registered midwives should schedule course provision with consideration for the needs of students and employers and with a view to maximising flexibility and access.
 24. Appropriate academic recognition for all post registration courses not conducted within the university sector should be available together with nationally consistent nomenclature, award levels and credit transfer arrangements.
 25. The offering of scholarships by governments, employers and other maternity care providers to support post registration education for registered midwives, is supported. Bonding to a particular employer or agency on completion of studies as a condition for the awarding of scholarships to midwives is not supported.
 26. Registered midwives who no longer meet the NMBA Recency of Practice Registration Standard should have access to an accessible and affordable Re-entry to Practice program accredited by ANMAC.⁴



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reviewed and re-endorsed May 2016*

References

The term 'agency' includes, but is not limited to: health services, universities, professional organisations and private providers of education and training such as registered training organisations.

1. Nursing and Midwifery Board of Australia. 2016. *Registration standard: Endorsement for scheduled medicines for midwives*. Available at <http://www.nursingmidwiferyboard.gov.au/News/2016-02-01-revised-midwifery-standards.aspx>
2. <http://www.nursingmidwiferyboard.gov.au/>
3. Australian Nursing and Midwifery Accreditation Council 2012. *Registered Nurse Accreditation Standards*. Available at http://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf
4. Nursing and Midwifery Board of Australia. 2016. *Registration standard: Recency of Practice*. Available at <http://www.nursingmidwiferyboard.gov.au/News/2016-02-01-revised-standards.aspx>