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Discussions

A historical account of the governance of midwifery education in Australia and the evolution of the Continuity of Care Experience

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ABSTRACT

Background: Midwifery programs leading to registration as a midwife in Australia have undergone significant change over the last 20 years. During this time accreditation and governance around midwifery education has been reviewed and refined, moving from state to national jurisdiction. A major change has been the mandated inclusion of Continuity of Care Experiences as a clinical practice-based learning component.

Aim: The purpose of this discussion is to present the history of the governance and accreditation of Australian midwifery programs. With a particular focus on the evolution of the Continuity of Care Experience as a now mandated clinical practice based experience.

Methods: Historical and contemporary documents, research and grey literature, are drawn together to provide a historical account of midwifery programs in Australia. This will form the background to the inclusion of the Continuity of Care Experience and discuss research requirements to enhance the model to ensure it is educationally sound.

Discussion: The structure and processes for the Continuity of Care Experience vary between universities and there is currently no standard format across Australia. As such, how it is interpreted and conducted varies amongst students, childbearing women, academics and midwives. The Continuity of Care Experience has always been strongly advocated for; however there is scant evidence available in terms of its educational theory underpinnings.

Conclusion: Research concerned with the intended learning objectives and outcomes for the Continuity of Care Experience will support the learning model and ensure it continues into the future as an educationally sound learning experience for midwifery students.

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Statement of significance

Problem or issue

Programs leading to registration as a midwife in Australia have evolved over time. Continuity of Care Experience requirements have been mandated with limited educationally sound theoretical basis.

What is already known

Continuity of Care Experiences have a long-standing existence in midwifery education. Accreditation standards for midwifery programs in Australia have influenced these as mandated clinical requirements.

What this paper adds

Using a historical perspective, we discuss the governance that informs midwifery education curricula in Australia, while highlighting the inclusion of the Continuity of Care Experience. By identifying the evolving status of the mandated Continuity of Care Experience, we identify the need for continued research and development.

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1. Introduction

Continuity of Care Experience (CCE) is a clinical practice-based learning component of education leading to registration as a midwife in Australia. The purpose of this paper is to discuss the history of the emergence of the CCE within Australian midwifery education programs. Using an historical approach, the governing bodies responsible for overseeing midwifery education and the regulation around curriculum design and requirements will be highlighted. The influences of the governance around midwifery education and the evolving nature of the curriculum will be presented, with particular focus on the CCE model of clinical practice based learning. The CCE has emerged to be currently a mandated inclusion for entry to practice midwifery programs within Australia. This clinical learning experience has evolved over recent times, with the primary focus on the quantity of experiences, which are currently set at a nationwide minimum standard of ten. However, the quality and variety of this experience remains variable across universities and health care providers. Despite the number of CCE mandated experiences, discrepancies still remain concerning the learning that occurs.

2. Background to midwifery education in Australia today

To become a registered midwife in Australia at present, a person must complete a program of midwifery study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the Nursing and Midwifery Board of Australia (NMBA). The minimum entry-level programs within Australia are varied and include a Bachelor of Midwifery, a Graduate Diploma of Midwifery or a Master of Midwifery Practice. This variation exists as some courses require registration as a nurse for entry and others do not. ANMAC¹ state that the education accreditation process is concerned with the quality of the profession and its work, from the perspective of public interest and community safety. Providers of education programs leading to registration as a midwife are required to ensure graduates have common and transferable skills, knowledge, behaviors and attitudes required for practice, which are articulated as the National Competency Standards for the Midwife.¹

Midwifery education in Australia is two-fold and is an interdependence between the higher education sector and health facilities. Curricula are comprised of learning midwifery theory-based knowledge, and developing clinical practice-based skills and knowledge. Clinical practice-based experiences vary with each program and must include two components; rostered clinical placement hours in a midwifery facility and CCE. It is an ANMAC requirement that theory and practice are integrated throughout midwifery programs in equal proportions.¹ Therefore, clinical experiences should comprise fifty percent of the total curricula hours. Amongst Australian midwifery education providers, no two curricula are the same. Clinical practice-based experiences are embedded within each curriculum according to the curricula design of the university and the integration of students within collaborating health facilities, resulting in varied curricula structures. While all universities are required to meet the national requirements for fifty percent clinical and fifty percent theoretical hours, as well as the minimum number of clinical skill experiences,² the total hours of theory and clinical learning vary, and in some cases by hundreds of hours. This results in wide variations of clinical learning experiences that exist across midwifery programs in Australia.

3. The evolution of governance and the introduction of Bachelor of Midwifery education in Australia

Midwifery education requirements have evolved over time. Midwifery education in Australia has historically been subsumed

within the nursing profession. Prior to the 21st century, midwifery education was viewed as a postgraduate qualification to be undertaken following a nursing program. However, over time the professional culture has changed, along with a slowly changing societal view, resulting in midwifery now being recognised with standalone registration in Australia, separate from nursing. The impetus for this change has included a number of factors such as international comparisons, government reports, consumer lobbying, legislative change and a national shortage of midwives.³ The development of Bachelor of Midwifery programs, otherwise known as 'direct-entry' programs, commencing in 2002 was supported by the change in professional midwifery expectations. The Bachelor of Midwifery program was introduced in Australia in response to changing political, economic and workforce needs affecting the expectations of the role of the midwife.⁴ The introduction of the Bachelor of Midwifery created two pathways to become a midwife: through a three-year undergraduate degree or through a post-registration degree for registered nurses. The introduction of the Bachelor of Midwifery was portrayed as a means to facilitate improved independence for the profession, with midwifery models of care for childbearing women, and a midwifery education program that provided learning opportunities more closely aligned with the philosophical principles of woman-centered care.⁵ The Bachelor of Midwifery was viewed as a means to provide programs that would meet the future demands of midwifery practice and maternity services in Australia, including increasing the availability of continuity midwifery models of care for women. This change in philosophy and professional direction required educational programs that contribute to building a workforce to include midwives who would be confident to provide safe and effective care in continuity midwifery service models.⁶

In 1997 a meeting of midwifery educators, practitioners and researchers was held in Melbourne, Australia, to discuss current issues affecting the profession and the suggested introduction of the Bachelor of Midwifery. At the completion of this meeting, a plan to pursue funding for a major national review of midwifery was developed, as well as a task force, to keep the momentum of the work commenced in Melbourne. In 1999 the Australian Midwifery Action Project (AMAP) commenced, to examine the future needs of the midwifery profession including the education programs leading to midwifery registration. The project received funding from the Commonwealth Government through the Australian Research Council, and was also supported with funds from the Centre for Family and Midwifery, University of Technology Sydney. The impetus for this project included an increasing level of concern regarding standards of education, as well as midwifery practice and the limited range of midwifery led services available to women.⁷ In 2001, 27 universities, which provided programs leading to registration as a midwife, were examined as part of the AMAP study, resulting in the release of recommendations to improve midwifery education. The AMAP education survey confirmed industry concerns regarding the lack of consistency in design and duration of midwifery education programs across the country, as well as minimum practice requirements.⁸ The executive summary of the AMAP stated that providers of midwifery education must address the current and future needs of women when developing midwifery education programs.⁷ At the time of that research, regulation was state-based and there was no national regulatory body to ascertain consistency across midwifery programs. Thus, to ensure that all midwifery education programs across the country would produce midwives who could lead and provide care that met the needs of women, society and aligned with the current midwifery philosophy, a change in education and its regulation was required.

In 2000 the Australian National Education Standards Taskforce (ANEST) was officially established by the national executive of the

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