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Midwifery professionalisation and practice: Influences of the changed registration standards in Australia



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ABSTRACT

Background: In June 2010 the Australian Health Practitioner Agency unified the national registration of health professionals in Australia and introduced a separate register for midwives. Standard registration renewal requirements aimed to provide safe, competent practitioners. These new conditions created the impetus for practitioners to consider how they meet the re-registration standards for either their nurse or midwifery register/s.

Question: How are midwives responding to the changed re-registration conditions for registration renewal?

Methods: Longitudinal case study design. A purposive sample of 24 midwives from five states was recruited. 20 took part in individual interviews over two re-registration periods. 4 midwives were interviewed in a focus group to verify the findings.

Findings: Three themes captured issues and tensions about registration and midwifery practice. They are Rotation, Restriction and Extension.

Conclusion: This paper has shown how the re-registration conditions and standards post 2010 have generated discourse around registration renewal. The simultaneous introduction of regulatory and legislative changes has resulted in the construction of categories within contemporary midwifery practice that do not necessarily align with the Nursing and Midwifery Board of Australia (NMBA) requirements for re-registration. Further research is recommended to examine the continuing influence and impact of the changes on the Australian midwifery workforce.

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1. Introduction

This paper reports the findings from a case study investigating midwives' responses to the changed re-registration standards after the introduction of national registration in June 2010. It is aimed at providing empirical data that sheds light on the impact of the regulative and legislative changes associated with the professionalisation of midwifery in Australia.

The principles of regulatory standards have changed little since their introduction with *The Midwives Act* in 1915. Historically, registration and regulation of nursing and midwifery in Australia has developed independently in each of the nine jurisdictions, including seven states and two territories. The lack of a national regulatory authority led to variations in conditions and standards

across states and territories. For example, re-registration standards between states and territories varied, New South Wales (NSW) had no requirements for self-declaration of competence, no need for recency of practice declaration and no audit system; preferring to act on complaints made against practitioners.¹ In comparison, Western Australia (WA) and Queensland (Qld) both had published guidance documents for self-review of competence. The differences continued; Qld had annual re-registration while WA gave practitioners the option of annual or triannual re-registration. Hence separate registration standards in each jurisdiction previously restricted cross-border workforce mobility. Plus, prior to 2010, when national regulation was introduced, in some regions midwifery registration was an endorsement or certification on the nurse register, and non-nurse midwives were registered as nurses with restrictions to only practise midwifery.¹ This situation impacted on projections of future workforce planning² and also influenced the shape, practice options and direction of midwifery in Australia.

Over the years Australian midwives have standardised professional registration requirements³ and been vocal about their

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development as a separate profession, seeing professionalisation as a key to delivering high quality, safe maternity care. They have been instrumental in advocating for numerous reviews of maternity services, engaging consumers, regulatory authorities and policy makers. Their efforts helped inform strategies for the National Maternity Services Action Plan⁴ and in 2006, the Council of Australian Governments (COAG)⁵ agreed to establish a single national registration and accreditation scheme for health professionals. The Health Practitioner Regulation National Law Act⁶ was the driver for change towards the adoption of a national registration and accreditation scheme for health practitioners. Thus the Australian Health Practitioner Regulatory Agency (AHPRA) was instituted in July 2010.

1.1. Regulatory changes

The National Registration and Accreditation Scheme (NRAS) was intended to keep the public safe through the development of a flexible, responsive and sustainable Australian health workforce that is suitably trained and qualified.⁷ The scheme was also remarkable in bringing about national uniformity of standards across health professionals. In this respect, Australia has led the way internationally, being the first country to exemplify a regulatory model that incorporates all licensed health professionals including medical and allied health disciplines.

The new regulatory model introduced separate nursing and midwifery registers. The change from the previous combined register was accompanied by uniform specification of standards, particularly with regard to Recency of Practice (RoP)^{8,9} and Continuing Practice Development (CPD)^{10,11} and insurance cover to be met for annual re-registration on each register. Practitioners are now able to register on one or both of the registers. This condition created the impetus for practitioners to consider how they meet the re-registration standards on either register.

1.2. Simultaneous legislative changes

A number of simultaneous legislative changes have impacted on the way midwifery could be practised in Australia. Changes to Medicare Benefit Scheme and Pharmaceutical Benefit Scheme now allow midwives to provide women with rebates for private midwifery services.⁶ In addition, the new regulatory standards introduced the option of an endorsement on the register as an eligible midwife.¹² Eligibility status is granted to midwives who have current registration as a midwife with no restrictions on practice, and authentication from a credentialing process¹³ that the midwife has three years full-time experience, and current competence across the full scope of midwifery practice. This endorsement attracts further requirements at re-registration in that an additional 20 hours of CPD must be completed annually.¹² Eligibility endorsement afford new opportunities for midwives to develop service choices previously not available in Australia and extend their practice, for example to gain visitation rights to hospitals.¹⁴ These changed conditions in which simultaneous regulatory and legislative standards were introduced have had implications for midwives in that the new conditions have presented an opportunity for practitioners to reflect and examine their professional positions, and future plans in terms of service type and role. Midwives have done this within the context of maternity service provision models available in Australia.

1.3. Maternity services in Australia

Maternity care in Australia occurs in a range of settings. Women can access care through public or private maternity services. In the public sector, options of different models of care are open to

women depending on location. Rural/remote services are often provided by small units where services are accommodated within the same building or in the community setting. Frequently, women have to travel to larger hospitals to birth. In comparison, suburban and city hospitals offer extended options for maternity care dependent on the acuity of the women's condition. Examples of common public maternity service provision include: shared-care between the women's General Practitioner and the hospital, midwifery-led models of care, or obstetrician-led care. Depending on the model of services provided, care can be delivered in or out of hospital. In Australia private maternity care has been provided either by obstetricians in private hospitals or independent private practice midwives in women's homes.

The National Maternity Services Plan 2010–2015⁴ and the National Maternity Services Capability Framework¹⁵ both made recommendations for public and private maternity services to move towards more woman-centred services, in as many localities as possible across Australia. The national maternity services review report recommendations rest on principles that care should be based on the best available evidence, aligned with legal, regulative and professional standards with objectives for care focused on safety, quality, planning and coordination.⁴ Regulatory and legislative changes were intended to benefit women by increasing their options in maternity care services.⁴ Recommendations of the plan have impacted on maternity services by becoming key strategic benchmarks.

To date there has been limited research regarding the implications of these changes for practitioners on the way that regulation and legislation might impact on them, their profession and their practice.

1.4. The research question

The purpose of this study was to address the question, 'How are midwives responding to the changed conditions for re-registration to practice in Australia?' In particular, how midwives are negotiating the tensions between opportunities and challenges presented by the current requirements? This paper reports on the impact of regulatory changes on midwifery professionalisation.

2. Methods

A longitudinal case study design¹⁶ was used, to facilitate an in-depth examination of midwives decisions and strategies over two and half years (October 2010–June 2013) and to coincide with the initial two annual re-registration windows immediately following the regulatory changes.

Ethical approval for this study was granted on negligible risk (S/11/360). All participants voluntarily agreed to participate in this study and in accordance with ethical standards written informed consent were obtained from each participant. Pseudonyms are used to present the findings.

2.1. Participants and recruitment

A purposive convenience sample^{17,18} of participants was recruited from the Australian states of Queensland (Qld), Western Australia (WA), New South Wales (NSW), Victoria (Vic) and Tasmania. The participants were registered midwives and at the time of their recruitment which was in the first registration cycle following the transfer to national registration and the creation of separate registers for nurses and midwives, all but one of the participants was registered on both registers (see Table 1).¹⁹ Twenty midwives were from four states were recruited via advertisements in professional journals and conferences to take part in individual interviews. A further four participants from a 5th

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