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Any action? Reflections on the Australian Midwifery Action Project

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ABSTRACT

Background: In 1997 a group of midwifery academics, researchers and practitioners met to discuss issues of concern related to the midwifery profession in Australia. It became clear from this discussion that midwifery in Australia was lagging behind similarly developed countries and that urgent action was required. From this meeting, a plan was developed to seek funding for a major national study into midwifery education and practice standards and as such, the Australian Midwifery Action Project (AMAP) was born.

Discussion: This discussion paper presents an overview of a number of midwifery education and regulation changes within the framework of the recommendations from the Australian Midwifery Action Project. A key question arising from this discussion is whether our current midwifery education and regulation standards provide a fit-for-purpose workforce that ensures all women and their families receive best practice midwifery care. Over the past 20 years the Midwifery profession in Australia has undergone significant changes and developments and these changes have had, and continue to have, significant impact on midwifery education and therefore on the quality of midwifery practice in Australia.

Conclusion: Many changes have been implemented in the nearly 20 years since AMAP was first conceived. However, many of the issues that provided the impetus for a project such as AMAP remain and are still to be resolved. The midwifery profession continues to be subsumed with nursing, it is not possible to gain accurate midwifery workforce data and, despite the development of national standards for midwifery education, wide variations in courses still exist across Australia.

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Statement of significance

Problem or issue

Has midwifery education and regulation in Australia changed over the last 20 years since the release of the Australian Midwifery Action Project report?

What is already known

Significant changes have occurred in midwifery education and regulation since the release of the AMAP report

including national standards for education, nationalisation of regulation law and the introduction of the Bachelor of Midwifery.

What this paper adds

This paper reviews and discusses recommendations from the AMAP report. In conclusion, while many changes have been implemented, many of the issues are yet to be resolved and urgent action is required to ensure a fit-for-purpose midwifery workforce in Australia.

1. Introduction

The International Confederation of Midwives state that a strong midwifery profession is linked to three essential pillars of education, regulation and association.¹ ICM argue that a strong midwifery association provides professional support and drives national policy development. A strong midwifery association also

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supports a system of midwifery education that provides a safe, competent, fit-for-purpose and highly qualified workforce. In addition to a sound education system, a system of regulation that defines scope of practice and supports the adoption of education and practice standards ensures protection of women and families.¹

Over the past 20 years the Midwifery profession in Australia has undergone significant changes and developments that are in-line with the ICM pillars for a strong profession. Major changes include the nationalisation of regulation law and introduction of associated national registration standards; the introduction of national accreditation for education programs leading to registration as a Midwife; the development of national competency standards for Midwives; the development and introduction of pre-registration education pathways including the three-year Bachelor of Midwifery; significant growth in pre-registration education pathways and higher research degrees for midwives; and, significant growth in the provision of models of midwifery continuity of care(r). These changes have had, and continue to have, significant impact on midwifery education and therefore on the quality of midwifery practice in Australia.

Prior to the introduction of national regulation law and nationally accredited education standards, a strong midwifery association, the Australian College of Midwives (ACM), argued and lobbied for the development of national competency and education standards.^{2,3} The ACM lead the development of the initial midwifery education standards and lobbied for these standards to be recognised by, at the time, all State and Territory regulatory authorities with varying degrees of success.³

In 1997, a group of midwifery academics, educators, researchers and practitioners met to discuss current issues facing midwives and the midwifery profession in Australia. This group raised concerns about midwifery education and practice standards, and in particular, that midwifery in Australia was lagging behind similarly developed countries and that urgent action was required.⁴ From this meeting, a plan was developed to seek funding for a major national study into midwifery education and practice standards and as such, the Australian Midwifery Action Project (AMAP) was born. With Professor Lesley Barclay as lead, funding was received from the Commonwealth Government through the Australian Research Council and over the next five years a range of research strategies were implemented to produce 22 recommendations in regard to improving the standard of midwifery education and practice.

This discussion paper presents an overview of a number of midwifery education and regulation changes within the framework of the recommendations arising from the Australian Midwifery Action Project.⁴ A key question arising from this discussion is whether our current midwifery education and regulation standards provide a fit-for-purpose workforce that ensures all women and their families receive best practice midwifery care.

2. Background

Around of the time of the AMAP recommendations (see [Box 1](#)) a number of other significant reports and enquiries into maternity services, maternity workforce and midwifery practice and tertiary education standards were released.^{5–9} Given that many of these reports produced comparable recommendations it could be argued that limited progress has been made since the need for a project such as AMAP was first identified in 1997. Indeed this argument is clearly supported through evidence as recently as 2013 with the release of the Australian Health Workforce Programs Report.⁹ The Mason⁹ report again provided recommendations related to areas such as funding of undergraduate places in light of workforce shortages (*AMAP Recommendations 10 and 15*); support for rural

practitioners both in accessing training and ongoing professional development (*AMAP Recommendation 14*); support for Aboriginal and Torres Strait Islander peoples to enter and remain in the health professions (*AMAP Recommendation 14*); and funding and support to encourage transition from pre-registration education to graduate employment through better support for clinical practice placements and relationships (*AMAP Recommendations 12 and 13*). It is of significant concern therefore that such limited progress has been made in areas that have such an impact on the midwifery workforce, and ultimately on the care provided to women and their families.

What is also evident in multiple education-focussed and workforce reports is the lack of specific midwifery related data due to the lack of identification of midwifery as a profession distinct from the profession of nursing. This has led to Midwifery being included with Nursing across many issues. Unfortunately, it can therefore be argued that midwifery in Australia is still an emerging profession¹⁰ as historically and continuing to this day, midwifery has been subsumed into nursing. The blending of nursing and midwifery is widespread across professional, regulatory and educational domains.¹¹ Historically, midwifery has been viewed as a specialisation of nursing and prior to 2002 the education pathway to initial registration as a midwife was referred to as 'post basic [nursing]'.¹¹ This Registered Nurse to Registered Midwife pathway continues to be offered across Australia.

However, there are now a number of additional recognised pathways to registration as a midwife in Australia. These include a post-nursing (Bachelor, Post-Graduate Diploma or Masters level) route, an undergraduate double degree (Bachelor of Nursing/ Bachelor of Midwifery), and an undergraduate midwifery degree (Bachelor of Midwifery). All programs leading to registration are accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and are referred to as entry-to-practice programs.¹² All programs, regardless of length and nomenclature must meet the ANMAC Midwife Accreditation Standards,¹² and all graduates are required to demonstrate competence against the National Competency Standards for the Midwife.¹³ The development and subsequent adoption of both national midwifery competency standards and a national midwifery education accreditation process are two of the AMAP recommendations that have been fully addressed (*Recommendations 17 and 20*). These are significant achievements and provide confidence that all midwives in Australia are being prepared for registration to the same standard.

The introduction of the Health Practitioner Regulation National Law in July 2010 provided for the first time, nationally consistent legislation under the National Registration and Accreditation Scheme⁶ thus addressing *AMAP Recommendations 17, 18 and 20*. Prior to 2010, each jurisdiction applied different legislation and registration requirements in regard to the midwifery profession. However although this legislation has provided a nationally consistent approach to midwifery registration, there continues to be blending of the nursing and midwifery professions with the Nursing and Midwifery Board of Australia as the Board responsible for regulating the profession of midwifery. This combination of the two distinct professions of Nursing and Midwifery is at odds with every other nationally recognised health profession who have an exclusive regulatory board, for example, Physiotherapy and Podiatry.⁶

This ongoing failure to provide distinct recognition impacts across the maternity sector through the lack of midwifery specific education and workforce data. It is only as recently as 2012 that midwifery specific registration and workforce data has become available.¹⁴ Limited data focus on a narrow spectrum of workforce issues because the data collected by the regulatory authority rely

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