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Discussion

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.

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. ANMAC[1] 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

then Australian College of Midwives Incorporated (ACMI). The primary aim of the taskforce was to increase the number of midwives within Australia and to address the quality and length of midwifery education.[9] The taskforce was also responsible for developing the standards for the accreditation of the intended introduction of a three-year Bachelor of Midwifery program. The attributes required of the 21st century midwife were defined as a clinician who is capable of working in models of care that provide woman-centered, primary-health focused midwifery care in a range of settings.[10] The ANEST developed an international reference group to ensure the standards would be internationally comparable, with representatives from the United Kingdom, New Zealand and Canada involved.[11] The intention was that upon graduation, Australian midwives would gain registration through mutual recognition in these countries, as the education standards would be comparable. Sadly, this goal remains unattained.

In 2001 the first National Accreditation Standards for Midwifery Education were released by the then named Australian College of Midwives Incorporated (ACMI). The standards were designed with the vision that in the future, all midwifery education programs leading to registration would meet these accreditation standards.[9] The standards were originally developed and underpinned by the philosophy and values as set out in the ACMI's Competency Standards for Midwives, and its Code of Ethics.[10] With the release of the national standards, state based introduction of the 'direct entry' Bachelor of Midwifery commenced, with the first programs in five Australian universities beginning in 2002. During this initial phase of course development, each university gained accreditation with their individual state/territory registering body. The ACMI reviewed each curriculum and made recommendations to the state/territory registering bodies. At this time each university curriculum and state/territory registering body approved variations on the original accreditation standards set out by the ACMI. This in turn facilitated differences across the nation in content of the degrees leading to registration as a midwife. Curriculum variations of both theoretical content and clinical practice based requirements were evident.

The Australian Nursing and Midwifery Council (ANMC) was originally established in 1992 with the purpose to standardise nursing and midwifery education programs across the nation. ANMC developed, and successfully released, the National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorization in Australia, published in January of 2007.[12] The national framework was to provide state/territory based registering bodies with guidelines for recognition of university programs leading to registration as a midwife. The purpose of the national framework was defined as;

- Assurance of graduate competency outcomes.
- Facilitation of continuous quality improvement in professional education.
- Creation of a nationally consistent and transparent accreditation system.
- Facilitation of consistency in the assessment of overseas applicants with criteria for local graduates.[13]

State/territory based accreditation processes remained in place at this time. In November 2010 the organisation's name was changed to the Australian Nursing and Midwifery Accreditation Council (ANMAC).

A major turning point occurred when ANMAC was appointed as the nation's independent accrediting authority for education for the nursing and midwifery professions in 2010. At the same time, the national Nursing and Midwifery Board of Australia (NMBA) took responsibility for the regulation of nurses and midwives across Australia, superseding the state and territory based boards. The NMBA became responsible for the national competency standards for the midwife. This differentiation between the responsibilities and role of both ANMAC and the NMBA assisted in strengthening the regulation around midwifery program requirements.

ANMAC state that the current process of accrediting midwifery programs is to assure that graduates of midwifery education have achieved the agreed minimum professional learning outcomes.[1] ANMAC comment that this is to ensure that new graduate midwives practice in a safe and competent manner, equipped with the necessary foundation of knowledge, professional attitudes and essential skills.[1] The NMBA state the national midwifery competency standards are a result of research commissioned by ANMC in 2004 to develop and validate national competency standards for midwives, the scope of practice of midwives, and a generic description of the midwife on entry-to-practice.[14] Therefore, all midwifery education programs involve practice standards that are aligned with the National Midwifery Competency Standards for the Midwife.[14] These national midwifery competency standards are currently under review (Table 1).

4. The evolution of CCE in pre-registration midwifery education

CCE is a clinical practice-based learning component of midwifery education, whereby students follow women through their childbearing experience commencing during pregnancy, and concluding in the postnatal period. This clinical practice based model of learning is not unique to midwifery education in Australia. International comparisons of inclusion of CCE in midwifery education can be made, in particular with countries such as New Zealand, the United Kingdom and the Netherlands.[15–17] The inclusion of CCE as a clinical practice based experience is evident; however key differences of the model of learning and the number of experiences exist. The experience varied in terms of timing, continuity of education and caseload models of practice.[4,16,18] The CCE has evolved in its design in midwifery education in Australia over time. Current evidence suggests the CCE is of value as a learning experience, however challenges and inconsistencies as an educational model remain evident.[19]

The development of midwifery education programs in Australia has seen the CCE as a preferable inclusion since 2002, and a mandated inclusion nationwide since 2010. It is believed that the CCE is a positive strategy for students to learn about continuity of care regardless of whether there are midwifery continuity of care models in the practice setting.[20] The CCE model enables students to observe or be involved in the care of women, and follow their childbearing experience through the antenatal, birth and postnatal period. Women who consent to having a midwifery student working in partnership with them, allow the student to attend and undertake all the usual types of midwifery care provided under the maternity services model the woman chooses.[6] As described above, the CCE occurs separately to rostered clinical placements hours and always occurs under the supervision of a registered health professional.[6] Students are expected to meet and care for a woman on a number of occasions during her pregnancy, be on-call to support and care for her during labour and birth, and to follow up with her during the early postnatal period.

The accreditation standards introduced in 2014 state student engagement in a CCE involved attending a minimum of four antenatal visits, two postnatal visits, and, for the majority of women, the labour and birth.[1] It is expected that women are given information regarding the expectations of the experience, including information on how to withdraw should she change her mind, to provide the opportunity to make an informed decision. Following consent, contact information is exchanged between

Table 1
Summary of midwifery education governance in Australia.

Year	Evolution movement	Professional body responsible	In regard to CCE
1992	Original establishment of the ANMC as a governing body for nursing and midwifery regulation including educational standards	Australian Nursing and Midwifery Council (ANMC).	No reference to inclusion of CCE
1999	Future needs of midwifery profession to be examined from a national perspective, including education	Australian Midwifery Action Project (AMAP)	N/A
2000	Australian National Education Standards Taskforce (ANEST) established with representatives from each Australian state/territory. Responsible for setting the standards for accreditation of the Bachelor of Midwifery	Australian College of Midwifery Incorporated (ACMI)	Emphasis placed on the need for education based on continuity
2001	The first national standards for midwifery education released	ACMI National Accreditation Standards for Midwifery Education	Recommend the inclusion of 40 CCE, with a minimum of 10 accoucher.
2002	South Australia: First Bachelor of Midwifery commenced	Flinders University University of South Australia	Inclusion of 30 CCE
2002	New South Wales: Guidelines and Requirements for Midwifery education released	NSW Nurses Registration Board	Included mandated 1 longitudinal case study
2002	Victoria: Werna Naloo Bachelor of Midwifery Curriculum accredited by the Nurses Board of Victoria	Werna Naloo Bachelor of Midwifery Education Consortium	300 'follow through journey' hours
2006	National Midwifery Competency standards released (update)	Australian College of Midwives Result of research commissioned by ANMC	Develop competency standards, scope of practice and description of midwife on entry to practice, with inclusion of continuity based models of practice. Informed the inclusion of CCE in education.
2007	National Framework for the Accreditation of Nursing and Midwifery Courses Leading to Registration, Enrolment, Endorsement and Authorization in Australia	ANMC	N/A
2009 Feb	ANMAC accreditation standards	ANMAC	Inclusion of first mandated 30 CCE
2010	Official name change to ANMAC Nationwide accreditation process begins.	ANMAC	N/A
2010 Nov	Revision of ANMAC accreditation standards	ANMAC, resulting from professional consultation nationwide	The number of CCE reduced to 20
2014	Revision of ANMAC accreditation standards	ANMAC, resulting from professional consultation nationwide	The number of CCE reduced to 10

the midwifery student and the woman, and the CCE arrangement recorded in her maternity record. However, the structure and processes for the CCE vary between universities and health services, and there is currently no standard format across Australia.

5. Why the CCE was introduced as a clinical practice based experience

The intention of CCE as an educational experience has been described in the literature from varying perspectives. These include to expose students to continuity of care models, expand student learning, and to provide an understanding of the health system and enable students to learn how to build relations with women.[16,17,21,22] Furthermore, it has been posited that the intention of the CCE is for the student to generate understandings about the birthing process from the women's perspectives and provides the student schemas for understanding midwifery practice.[22] Moreover, it has been argued that the introduction of the CCE was to ensure midwifery students were exposed to a midwifery model of continuity of care.[10] Indeed, ANMAC[1] (p. 28) define the intent of CCE in the context of student education as a model to enable students to 'experience continuity with individual women through pregnancy, labour, birth and the postnatal period, irrespective of the model of care chosen by the woman or the availability of midwifery continuity of care models'. Whatever the educational intent, it is clear that the CCE provides a holistic framework for students to gain diverse midwifery experience and facilitates a nexus for theoretical knowledge and practice.[23] The CCE is said to be creating placements with women, rather than placements with institutions, enabling students to experience midwife-mother relationships.[24] Given all of these rationales it is evident there are many interrelated justifications for the introduction of CCE in midwifery education in Australia.

6. Current understandings of CCE in Australia

The mandated number of CCE in each Australian curriculum has varied greatly. Prior to national accreditation, each university and state-based accreditation had differing recommendations, with requirements varying from 2 to 30 CCE across the three-year degree. Since national accreditation was introduced, the mandated numbers of CCEs as well as the requirements of a CCE have continued to be debated and revised. ANMAC Midwifery Accreditation Standards revisions in 2009, 2010 and most recently in 2014 resulted in a reduction of the minimum requirements of CCE from 30 to 20 and now 10. The most recent review of the accreditation standards by ANMAC was the result of a two-stage consultation with key stakeholders in 2013. The review suggested the CCE were highly valued by the stakeholders, however increasing the quality of experiences by the reduction of the required number of experiences was a reoccurring theme.[1] ANMAC[1] standard 8.11, Management of Midwifery Practice Experience, currently defines the CCE criteria as the following:

Experience in woman-centered care as part of Continuity of Care Experiences. The student is supported to:

i *establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care,*

ii *provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate,*

iii *engage with a minimum of 10 women—engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth,*

iv *maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.*[1]

Whilst these criteria state a minimum number of experiences, education providers can set their own number within their curriculum as long as they meet these minimum standards. Despite these mandated criteria, there remains no consistency in number or ways in which CCE are currently enacted across Australia, with variations from the minimum 10, up to 30. Furthermore, it remains up to individual education providers as to how the CCE are embedded within the curriculum, with regard to expected learning outcomes and assessment of student performance or achievement. Whilst having flexibility in structuring the CCE within individual curriculum is beneficial to universities and health facilities, evidence of how to optimise this experience in terms of learning outcomes is lacking. If significant variations remain, how the mandated numbers influence the national educational standards in terms of the outcome of learning, warrants further evaluation. Further research is required that focuses on enhancing the CCE experience in terms of strengthening the learning objectives and outcomes of the model.

The introduction of CCE in midwifery education has been welcomed amongst the profession and students, however the educational purpose remains varied and unclear. This in turn allows for each education provider, academic, midwife and student to interpret and enact the experience, intent and outcomes differently. The emphasis on CCE as an important and integral component of midwifery education comes from professional bodies, education institutions, midwives and students. A statewide survey in Victoria, Australia, has demonstrated that almost all students and academics agree that the CCE is important to women.[16] Furthermore, most students and academics report that the CCE is a positive learning experience for students.[6,17,25] The clinical practice-based learning experience of the CCE is viewed as a valued core component of midwifery education. However, it remains unclear if the experience requires uniformly established objectives, and in turn a method of assessing student learning outcomes from this experience to ensure the intent is met.

There remains little understanding of how the CCE as a clinical practice-based education model is measureable against learning outcomes in midwifery education. How the clinical practice-based experience is interpreted and conducted continues to vary amongst students, academics and midwives. The influencing factors on this experience such as differing curriculum design and structure, model of care and educational support and facilitation available to students within this educational model remain variable. These variations influence the CCE in a way that alters the outcome of the experience for the students. However, it is also recognised that the CCE needs to be flexible to meet the needs of midwifery education programs, health facilities and childbearing women across Australia.

7. Conclusion

Midwifery programs leading to registration as a midwife in Australia have undergone numerous changes and stages of development. The period from year 2000 until current times has been a phase where accreditation and governance around midwifery education has been reviewed and refined, giving strength to midwifery education and aligning education with national practicing midwifery standards. A major change in midwifery education has been the inclusion of the CCE as a mandated clinical practice-based learning component. The CCE has always been strongly supported by childbearing women, academics and the midwifery profession. However, there is scant evidence available as to the learning intent and outcomes of its inclusion, and inconsistencies across Australia remain. Strengthening of this clinical practice based experience in terms of its pedagogy will endeavor to optimize the learning that takes place during the CCE. Research concerned with the intended learning objectives and outcomes for the CCE will support the model as a valid learning experience for midwifery students.

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