The Australian Bachelor of Midwifery (DEM) Education Newsletter

Number 3, January 2000.

Planning Days Report

As reported in the last newsletter Flinders University, Adelaide and the University of South Australia orchestrated a gathering in Adelaide of midwifery university educators on the 7th and 8th of December 1999. This group consisted of at least one member from each state and territory except NT who were invited but were unable to attend. The 2 days were initially called a 'retreat' but this terminology changed to 'Planning Days' as our facilitator felt 'retreat' invoked ideas of 'feet up' and 'relaxing' whereas 'planning days' spoke of 'work and action'. And work we did! Margaret Webster Hypatia was our facilitator. Agreement was by 100% consensus on each issue that we discussed. This allowed exploration of issues by those in disagreement or uncertain about certain points and gave everyone a chance to explain their position. At times this process slowed things down whilst discussions about language and context ensued, but out of this arose a clearer understanding of major issues and differing views. It was a process that was enlightening to watch.

The Planning Days were opened by Judith Clare (Dean of School of Nursing, Flinders University) and Annette Summers (Head of School of Nursing and Midwifery, University of South Australia). Judith and Annette welcomed the group expressing their enthusiasm and support for the formation of a National Framework and the eventual Bachelor of Midwifery programmes.

The Participants:
South Australia – Nicky Leap, Jackie Kitschke, Jen Bryne, Heather Hancock, Beth Grinter, Ann Henderson, Jan Pincombe, Pauline Glover, Yoni Luxford. Apologies: Heather James.
Interstate: Maree Markus (VIC), Diane Cutts (RMIT,VIC), Diane Phillips (Monash, VIC), Trish David (TAS), Kathleen Fahy (USQ,QLD), Jill White (UTS, NSW), Sally Tracy (AMAP), Carol Thorogood (Curtin, WA), Jenny Browne (ACT), Nel Glass (Southern Cross, NSW), Anne Nixon (Ontario). Apologies: Jenny Watson (NT), Lesley Barclay (NSW), and Chris game (NSW).

Project Officer

Name: Jackie Kitschke
Hours: 3 days per week for a 3-month contract (complete end of November)
Location: between UniSA and Flinders Uni
Usual Place of Employment: Women's and Children's Hospital.
Usual Position: Midwife working in the Birthing Centre.
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The following lists represent the consensus guidelines achieved during the Planning Days and are taken direct from the 'butcher's paper' that covered the walls of our venue.

The Aim of the Planning Days was to provide Consensus guidelines for a framework for the development of Bachelor of Midwifery Education programmes across Australia.

The Mission Statement: The purpose of the national framework is to establish and articulate professional standards for the accreditation of Bachelor of Midwifery (B Mid) programmes. The standards will be implemented in partnership with the regulatory authorities.

The Agreed Components of a National Framework:

1. *Consensus guidelines will be accompanied by process documents reflecting the partnership between women, universities and the ACMI.*

2. *The midwife we want to emerge from the B Mid Programmes –*

- Graduate capable of working in midwifery models of care and midwife led models of care.
- Can work in a range of settings.
- Evidence based.
- Woman centred.
- Primary health focus.
- Life long learning.
- Continuity of carer practice.
- Capable of practice and mindful of context.
- Full scope of practice according to the international college of Midwives (ICM) definition of a midwife.
- Culturally safe.
- Internationally recognised.

3. *Requirements for midwifery practice component of B Mid.*

Some minimum clinical practice requirements are prescribed.

- ACMI's competency standards for midwives.
- Students to have continuity of care for specific childbearing women in all 3 years.
- In addition to continuity of care, students to have practice and experience in hospital and community settings.
- Other requirements might include those specified according to international evidence.

4. *Articulation of education programmes for nurses and other disciplines with the B Mid programmes.*

Promotion of the recognition of prior learning both formal and experiential. Fitting in to BM those people with other qualifications.

5. *Statement on accreditation of courses including the three elements of the universities, ACMI and registering authorities.*

ACMI to become the accrediting body in association with state registering authorities. In the meantime have representation on registration authorities. Representation of ACMI and women on university course committees, university course advisory committees and on the accreditation committees of the regulatory bodies.

6. *Peer Review within competency standards framework.*

- International comparisons regarding quality.
- Exploration of the ongoing role of ACMI and women in quality assurance.

7. *Role of ACMI.*

Presentation of guidelines to ACMI in March 2000 at the National Executive Meeting.

- Outcome 1. Seek from ACMI meeting – agreement to adopt the consensual guidelines and pathways of articulation. – endorse the BM Taskforce membership.
- Outcome 2. Endorse and part fund a national meeting of stakeholders,

(In May) organized by BM Taskforce. Outcome – stakeholders take away draft guidelines for dissemination and feedback.

- Outcome 3 Place draft guidelines in June 2000 ACMI journal for feedback.
- Outcome 4.Taskforce to meet to finalise national framework August/September 2000.

From these 2 planning days a Bachelor of Midwifery Taskforce, reference group and ad hoc working party were all formed. Their members include:

Bachelor of Midwifery Taskforce:
Role: to make decisions, recommendations and promotion of B Mid programmes.
Coordinator – Nicky Leap
WA: Carol Thorogood
SA:
TAS: Trish David
VIC: Diane Cutts
NSW:
ACT: Jenny Browne
QLD: Kathleen Fahy
AMAP: Sally Tracy
Regulatory: Maree Markus
ACMI: nominated by ACMI
Project Officer: ?proposed ACMI to finance

Ad hoc working party of taskforce:
To be co-opted for political, DEETYA etc type projects.
Lesley Barclay and Jill White

Bachelor of Midwifery Reference Group: (To be invited)
Role: To inform and provide advice to B Mid Taskforce.
NZCOM: Sally Pairman – New Zealand
Lesley Page – United Kingdom
Ann Thompson – United Kingdom
Anne Nixon – Canada

Consultation Process: The consultation process is between the profession of midwifery, academia and the health service sector with all women (Indigenous and other).

Language:
Some identified common elements for the language to be used in B Mid programmes include

- Cognizant or plain English
- We should share changes in language
- Women centred
- Midwife focused.

When to start?
Recommend that states consider the professional, strategic, educational and financial gains to be had from launching the first B Mid courses simultaneously. The group agreed that the earliest this could occur would be mid 2001 for some universities, with others starting in 2002.

Terminology Revisited

The rationale of the South Australia midwifery education working party for using the term 'Direct Entry Midwifery' (DEM) to describe the 3 year courses was explained in the first newsletter. DEM was used because in SA the midwifery education for registration (for nurses) is via Bachelor of Midwifery programmes. This is not the case for the rest of Australia. At the Planning Days it was agreed that the terminology would change to reflect the new undergraduate programmes being proposed for the education of midwives in this country. From this point forward the 3-year midwifery education for registration will be referred to as Bachelor of Midwifery (B Mid).

An article from the Nursing Review, November, 1999.

Witchcraft or wisdom.... questions about direct entry midwifery education

By HEATHER HANCOCK

TALKING or writing about direct entry midwifery in Australia at the moment evokes some interesting responses. These typically personify the nature and context of the person or unit responding. Those individuals, now mostly nurses, who refute direct entry midwifery are usually misinformed, threatened by the unknown of change, besieged by territorial claims, precarious in their own domains, fearful of the future, or simply doggedly determined to regard is as a fantasy.

Those individuals, edified nurses and most midwives, who either accept or embrace it are informed of the actuality of direct entry midwifery not the myths, are confident to face change and uncertainty with anticipation not anxiety, sure of their practice and its scope and respectful of others, excited about the future, and fully aware of the truth and reality of direct entry midwifery. So what is the truth and what is the reality?

What does direct entry midwifery education involve?

It involves a three-year full time equivalent university degree of study in midwifery. Such study would involve a discipline focus of midwifery in depth across all perspectives. It would address contexts of wellness and health for women and their families and communities, and the variations from normal that can occur in midwifery practice, as well as full integration of complimentary supporting arts and sciences.

This is clearly not the same as the education currently experienced by registered nurses choosing to study midwifery after nursing. The very nature of that education is also under question given the changing context and demands of the midwife's role in Australia now, compared to previously. That is another issue for midwives to address.

Who's going to do this course?

Someone who really wants to be a midwife and wants to practice midwifery, not someone chasing qualifications of giving it a try. Women deserve better than that. Midwifery education is about preparing quality graduates who will make a commitment to women and their families, working as evidence-based women-centred midwives who are determined to strive for and with women. Midwifery education is not about institution-centred care that denoted women as fiscal entities, patients or objects in a production line.

Applicants expressing interest in direct entry midwifery include physiotherapists, medical students, former nursing students who left their studies because of their desire to study midwifery not nursing, enrolled nurses, social workers, lay midwives and those who have awaited the day when such a course would commence to begin their first choice of professional education.

What happens to midwifery education courses for registered nurses and where does that leave nursing?

Registered nurses will still be able to study midwifery after completion of their nursing degrees. Existing courses will of necessity have to review their content, depth and length given the recently released National Health & Medical Research Council report on the role of midwifery services in Australia. Such courses may decide to inter-relate direct entry with their structure or develop completely different courses.

These are important issues for midwives in terms of avoiding competitive differences between graduates and schools. At the same time, it is important to recognise the value of diversity and the obvious differences between states and territories demographically and socially, for example. Providing a career change for nurses in country hospitals to study midwifery must always be available.

In re-establishing itself as a different and separate discipline, midwifery is not claiming itself as exclusive, but as distinctive in its body of knowledge, patterns of care, models of practice, relationship with the obstetric profession and consummate working relationship with women. That leaves nursing with a crucial opportunity to get on with the business of nursing and relieve itself of the wasted anguish of fretting over a destiny that will not alter.

Midwifery is simply going to where it came from, not to witchcraft but to the wisdom and reality of what midwifery always has been since the beginning of time: women and pregnancy.

Nursing needs urgently to address the business of its absence of definition, encroachment by various technical and non-technical assistants, fragmentation of services, and much more. Expending precious energy and time on disharmony or contention with another profession, particularly one that has a clear destiny in conjunction with the women it works with, is something nursing cannot afford to do. The health system currently places immense demands on all health professionals and securing their individuals futures is vital if they are to survive with vigour.

Where does midwifery go from here?

On to a bold new future; one that will certainly involve a greater proportion of midwifery practice at home and in the community as health costs demand more and more hospital beds for acute patients. Already midwifery models of practice are making their way into environments that five years ago would not have contemplated such change so quickly.

The future will involve greater responsibility and self-determination as obstetric numbers lessen and the role of obstetricians changes through economic and health care challenges.

These are both vexing and exciting times for midwifery but our tenacity and our roots have ensured that our return to the wisdom of original midwifery without encumbrances is certain and steadfast.

Wish us well nursing and respectfully so, as we do you. Parting should not be such sorrow but great jubilation because women in this country will be so much the better for it.

Heather Hancock is Senior Lecturer in Midwifery, University of South Australia.