

# Registration standard: Endorsement for scheduled medicines for midwives

Consultation report

February 2016

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## Foreword

The Nursing and Midwifery Board of Australia (NMBA) works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the regulation of nurses and midwives in Australia.

The NMBA sets the national standards, codes and guidelines that nurses and midwives must meet to be registered in Australia. The standards include five core registration standards, required under the Health Practitioner National Law, as in force in each state and territory (the National Law) and other profession specific registration standards. These standards, codes and guidelines provide nurses, midwives, employers and the public with information about the minimum standards required to practice as a registered nurse and/or registered midwife in Australia.

Since the commencement of the National Registration and Accreditation Scheme (the National Scheme) in 2010, the NMBA has established a systematic process to review, consult on and develop all standards codes and guidelines.

In 2010 the NMBA developed the:

- *Eligible midwife registration standard*, and
- *Registration standard for endorsement for scheduled medicines for midwives*.

These registration standards were developed under sections 38 and 94 of the National Law and were approved by the Australian Health Workforce Ministerial Council (AHWMC). They began on 1 July 2010. The current standards describe the requirements, qualification and experience that a registered midwife must demonstrate when applying for a notation as an eligible midwife and the endorsement to prescribe scheduled medicines.

When a midwife meets the requirements of the current standards they are notated and/or endorsed. In addition to being notated and/or endorsed these standards also enable midwives to order diagnostic investigations and prescribe scheduled medicines respectively. They also provide eligibility to access the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS).

The current standards were reviewed as a part of the NMBA's process to review registration standards, codes and guidelines. In 2010, the NMBA agreed to develop the two standards and give midwives 18 months in which to complete a course to develop midwives' knowledge and skills in prescribing of medicines (prescribing program). The rationale for this was that at the time the standards were developed, there were no courses available to midwives to meet the requirement of the endorsement standard. The two-step approach allowed midwives who met the requirements of the *Eligible midwife registration standard* eligibility to access to the MBS, and provided time for prescribing programs to be developed.

Since 2010 a number of prescribing programs have been established and approved by the NMBA, therefore removing the need to continue with a two-step approach. The NMBA consulted on a proposal to combine the two registration standards into one single standard the *Registration standard: Endorsement for scheduled medicines for midwives* (the revised standard).

Public consultation was carried out over an eight week period from 24 October 2014 to 19 December 2014 and a total of 22 responses were received. Submissions were received from the health sector, government, professional organisations, midwives, students and other stakeholders.

The feedback received during the consultation has informed the NMBA's review of the two standards. The draft revised standard was sent to AHWMC for its consideration and it was approved on 30 October 2015.

The term 'eligible midwife' has been removed from the registration standard, as it is the term used in the Commonwealth legislation governing access for midwives to the MBS and PBS.

From 1 January 2017, the revised standard will come into effect, replacing the two current standards.

The revised standard was published on the NMBA website on 1 February 2016 to allow midwives time to become familiar with the updated requirements set by the NMBA.

The NMBA and AHPRA would like to thank all those who responded to this consultation. Responses to the consultation are published on the NMBA [website](#).

# 1. Introduction

Section 38 of the National Law enables the NMBA to develop, and recommend to the Australian Health Workforce Ministerial Council, registration standards about issues relevant to the eligibility of nurses and midwives for registration or their suitability to competently and safely practise the profession. Section 94 of the National Law enables the NMBA to develop, and recommend to the Australian Health Workforce Ministerial Council, registration standards (with approval given by the under section 14) to endorse the registration of a nurse or midwife to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines.

The current *Eligible midwife registration standard* was developed and approved under section 38 of the National Law and the current *Registration standard for endorsement for scheduled medicines for midwives* was developed and approved under sections 38 and 94 of the National Law and both commenced on 1 July 2010.

## 1.1 The main issues

When the two registration standards were approved by AHWMC in 2010, the NMBA intended that once prescribing programs were available, both standards would be reviewed and combined into one single standard.

The *Eligible midwife registration standard* requires a midwife to make a formal undertaking to complete a prescribing program (or equivalent) within 18 months of meeting the requirements of the standard and receiving recognition as an eligible midwife. This approach was implemented in the absence of any NMBA-approved prescribing programs. Since 2010 a number of prescribing programs have been established and approved by the NMBA.

The requirements of both current standards were reviewed and are essentially replicated in the revised *Registration standard: Endorsement for scheduled medicines for midwives*. However, some requirements are now captured in other NMBA registration standards and guidelines.

## 1.2 Consultation process

The National Law requires National Boards to carry out wide-ranging consultation on the content of any proposed standards, codes and guidelines.

In completing the review of the *Registration standard for endorsement for scheduled medicines for midwives*, the NMBA followed the National Boards [Consultation process](#), which is published on the AHPRA website. The Board's consultation paper included an assessment of the proposed standard against the [Procedures for the development of registration standards](#), which include the Council of Australian Governments (COAG) principles for best-practice regulation.

In March 2014, the NMBA conducted a forum with key stakeholders to evaluate the current standards, obtain feedback on their effectiveness, including the proposal to move to a single registration standard. Representatives from state and federal governments, the midwifery profession and education providers attended the forum and gave feedback. The feedback received supported the development of the proposed single standard.

In July 2014 the NMBA sought preliminary feedback from key stakeholders on a revised *Registration standard: Endorsement for scheduled medicines for midwives* (the revised standard). From 24 October 2014 to 19 December 2014 the NMBA consulted publicly on the revised standard. The consultation paper was published on the NMBA website and was sent to government and key stakeholders from the midwifery profession, including professional associations and consumer organisations. The NMBA also published a media release about the consultation and publicised the consultation in communiqués and newsletters.

The following table was provided as part of the public consultation document to show a comparison of the requirements for midwives of the current standard versus the revised standard, including any rationale for the proposed change.

Table 1 – Comparison of current and suggested requirements

Current criteria	Proposed criteria	Rationale
Current registration as a midwife in Australia with no restrictions on practice.	Current registration as a midwife in Australia with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct.	Consistent approach and wording used in registration standards developed by the NMBA.
Midwifery experience that constitutes three years full-time post initial registration as a midwife.	Registration as a midwife that is the equivalent of three years' full-time clinical practice (5,000 hours) in the past six years that is either: <ul style="list-style-type: none"> <li>- across the continuum of care, or</li> <li>- in a specified context of practice.</li> </ul>	Consistent approach and wording used in registration standards developed by the NMBA.  Based on the Dreyfus model of skill acquisition, of how people get skills through formal instruction and/or through practice.  The inclusion of specified context of practice will increase the availability of the midwifery services that women are able to access through MBS.
Formal undertaking to complete within 18 months of recognition as an eligible midwife, or the successful completion of: <ol style="list-style-type: none"> <li>i. an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing, or</li> <li>ii. a program that is substantially equivalent to such an approved program of study as determined by the NMBA.</li> </ol>	Successful completion of: <ul style="list-style-type: none"> <li>- an NMBA-approved program of study leading to endorsement for scheduled medicines, or</li> <li>- a program that is substantially equivalent to such an NMBA-approved program of study leading to endorsement for scheduled medicines as determined by the NMBA.</li> </ul>	Overwhelming consensus from all stakeholders to merge the two standards and remove the 'grandfather clause' <sup>1</sup> now that a number of NMBA-approved courses are available.
20 additional hours a year of continuing professional development relating to continuum of midwifery care.	Criterion removed.	This has been removed, as it is included in the NMBA's <i>Registration standard: Continuing professional development (CPD)</i> . Compliance with the NMBA registration standards is necessary for ongoing endorsement.

<sup>1</sup> 'Grandfather clause' – The formal undertaking a midwife makes under the current *Eligible midwife registration standard* to complete a prescribing program (or equivalent) within 18 months of meeting the requirements of the standard and receiving recognition as an eligible midwife.

Current criteria	Proposed criteria	Rationale
Current competence to provide pregnancy, labour, birth and postnatal care to women and their infants.	Criterion removed.	Feedback from stakeholders indicated that this requirement is not appropriate for inclusion in a registration standard. However, it may be included in a future code or guideline issued by the NMBA.
Successful completion of an approved professional practice review program for midwives working across the continuum of care.	Criterion removed.	Feedback from stakeholders indicated that this requirement is not appropriate for inclusion in a registration standard. However, it may be included in a future code or guideline issued by the NMBA.

### 1.3 Feedback and questions for consideration

The consultation asked for views on the draft revised standard, as follows:

1. Is the content of the registration standard helpful, clear, relevant and more workable than the current standards?
2. Should the registration standard require an endorsed midwife to practice across the continuum of care or should endorsed midwives be able to have a specified context of practice listed on their notation?
3. Is there any content that needs to be changed or deleted in the registration standard?
4. Is there anything missing that needs to be added to the registration standard?
5. Do you have any other comments on the registration standard and options presented?

### 1.4 Breakdown of responses

Twenty-two written responses were received from stakeholders. Most submissions (10) were from professional organisations including regulators, specialist colleges, professional associations and accreditation councils, with another seven from individuals. A further five submissions were received from government departments.

## 2. Overview of responses

### 2.1 Summary of responses to key questions

#### 1. Is the content of the registration standard helpful, clear, relevant and more workable than the current standards?

This question received 14 responses.

Most respondents agreed that the content of the revised standard was clearer and had improved consistency with other registration standards, such as the *Registration standard: Endorsement as a nurse practitioner*. Most respondents recommended further clarity on whether the revised standard's requirements are solely for initial endorsement, or are required on an ongoing basis. Some respondents did not support the requirement for three years' full-time (5,000 hours) practice.

#### 2. Should the registration standard require an endorsed midwife to practise across the continuum of care or should endorsed midwives be able to have a specified context of practice listed on their notation?

This question received 21 responses.

Overall, there was support for midwives being able to work in a specific context of practice as opposed to working across the continuum of care. However, respondents did not support the specified context of practice being listed as a notation. It was felt that midwives granted an

endorsement should not have to demonstrate practice across the continuum of care in order to renew their scheduled medicines endorsement.

### **3. Is there any content that needs to be changed or deleted in the registration standard?**

This question received 18 responses.

Other feedback recommended the removal or amendment to the timeframe of three years' full-time or 5,000 hours experience over six years as a prerequisite to endorsement for scheduled medicines. Respondents suggested changing this to two years. The timeframe was seen as restrictive by some stakeholders, who commented it may inhibit the number of midwives applying for an endorsement for scheduled medicines.

Issues such as work and/or family demands, part-time work, maternity leave, extended sick leave may all reduce the possibility of some midwives meeting this criterion. A suggestion of 3,500 hours was proposed by one stakeholder to allow for safe and experienced midwifery practice, while allowing for maternity leave, sickness or long service leave.

### **4. Is there anything missing that needs to be added to the registration standard?**

This question received 13 responses.

For consistency of language there was a suggestion to amend the section entitled 'ongoing eligibility' to 'ongoing endorsement' to ensure there was no confusion with the term 'eligible midwife'.

The majority of feedback related to the removal of the approved professional practice review program from the standard. Profession specific feedback indicated the need for some form of midwifery practice review to be included with supervision or safety and quality requirements. They added that there needs to be a framework in place for privately practicing midwives to formalise a review of their practice to ensure competence and public safety. There was some support for the removal of the approved professional practice review program from the registration standard; however, respondents had a firm belief that peer review is an important tool for midwives.

### **5. Do you have any other comments on the registration standard and options presented?**

This question received 10 responses.

Respondents were primarily concerned with the removal of the criterion relating to current competence to provide pregnancy, labour, birth and postnatal care to women and their infants. This concern was also raised in responses to the previous question. It was felt that it is not known where and how this competence will feature in future a code or guideline issued by the NMBA.

## **3. Summary of changes and other decisions**

Following the public consultation a number of changes were made to the consultation draft of the revised standard. When deciding on the final changes, the NMBA took into consideration feedback from both preliminary and public consultation, their experience with the current standards the objectives and guiding principles of the National Law and the regulatory principles of the National Scheme.

The term 'eligible' has been removed from the revised standard, as it is the term used in Commonwealth legislation governing access for midwives to the MBS and PBS. It was agreed that the term was not needed in the revised registration standard as the endorsement is to enable midwives to prescribe scheduled medicines and not necessarily related to access to the MBS and PBS.

The revised standard focuses specifically on the requirements for a midwife to be endorsed to prescribe schedule 2, 3, 4 and 8 medicines and to provide any associated services needed for midwifery practice in accordance with relevant state or territory legislation.

### 3.1 Changes to the consultation draft standard

The key changes to the standard from the current *Registration standard for endorsement for scheduled medicines for midwives* (2010) and *Eligible midwives registration standard* (2010) are detailed in [Appendix 1](#).

### 4. Future work

As part of the review of the *Registration standard: Endorsement for scheduled medicine for midwives*, the NMBA has completed a revision of the associated guideline and assessment framework. The title has been amended to *Guidelines: For midwives applying for and maintaining endorsement for scheduled medicines*, reflecting the changes in the standard. This will be published on the NMBA's website once it is finalised.

### 5. Conclusion

This report describes the NMBA's consultation process on the review of the current standard. The NMBA received a wide range of views, which they have carefully considered when drafting the revised standard. The revised standard describes the qualifications and experience that a midwife must be able to demonstrate when applying for initial endorsement for scheduled medicines as well as the ongoing requirements to maintain the endorsement.

In revising standards, codes and guidelines, the NMBA must balance its statutory duty to protect the public with the other objectives of the National Law and their underlying regulatory principles, such as proportionality and fairness for those subject to their regulation. The NMBA has ensured that this balance is achieved in the revised standard. The NMBA will also continue to monitor the effectiveness of the revised standard and the emergence of any new evidence in this area. Further reviews of the new registration standard will be conducted in future, incorporating new research and any information gathered about how the standards are working in practice.

The NMBA and AHPRA thank all those who contributed to the review and provided valuable feedback on these important issues.



## Glossary

**National Law** means the Health Practitioner Regulation National Law, as in force in all states and territories.

**National Scheme** means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at [www.ahpra.gov.au](http://www.ahpra.gov.au).

**Nursing and Midwifery Board of Australia (NMBA)** means the national body responsible for the regulation of nurses and midwives in Australia.

**Revised standard** means the revised *Registration standard: Endorsement for scheduled medicines for midwives* developed by the NMBA as part of this review and approved by the Australian Health Workforce Ministerial Council on 30 October 2015.

## Appendix 1

### The key changes to the Registration standard: Endorsement for scheduled medicines for midwives

Existing Registration standard endorsement for scheduled medicines for midwives (2010) and Eligible midwife registration standard (2010)	Revised Registration standard: Endorsement for scheduled medicines for midwives (2016)
<p>What must I do?</p> <p>(a) you must hold a current general registration as a midwife in Australia with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct.</p>	<p>The term 'undertakings' was included to reference the difference in terms under New South Wales state legislation.</p> <p>What must I do?</p> <ol style="list-style-type: none"> <li>1. Current general registration as a midwife in Australia with no conditions or <b>undertakings</b> on registration relating to unsatisfactory professional performance or unprofessional conduct.</li> </ol>
<p>Ongoing eligibility</p>	<p>For clarity and consistency of language, the section previously entitled 'ongoing eligibility' has been retitled to 'ongoing endorsement'. This has been further amended to 'ongoing requirements for endorsement' for consistency with amendments to the <i>Registration standard: Endorsement as a nurse practitioner</i>.</p>
<p>Wording to appear on the register of practitioners:</p> <p>A midwife competent to order diagnostic investigations and provide associated services required for midwifery practice and endorsed as qualified to prescribe schedule 2, 3, 4 and 8 medicines required for midwifery practice in accordance with relevant state and territory legislation.</p>	<p>This registration standard enables midwives to prescribe scheduled medicines and as such, the wording to appear on the register has been amended accordingly:</p> <p>An endorsed midwife qualified to prescribe schedule 2, 3, 4 and 8 medicines and to provide associated services required for midwifery practice in accordance with relevant state and territory legislation.</p>
<p>Context of practice are the parameters that define an individual's midwifery practice. These include practice across the continuum of care, antenatal care, postnatal care and lactation support.</p>	<p>'Intrapartum care' added to the definition 'context of practice' as it is recognised that midwives practise across the continuum of care.</p> <p>Context of practice are the parameters that define an individual's midwifery practice. These include practice across the continuum of care, antenatal care, <b>intrapartum care</b>, postnatal care and lactation support.</p>
<p>Ongoing requirements for endorsement:</p> <p>Any codes and guidelines issued by the NMBA from time to time.</p>	<p>Ongoing requirements for endorsement:</p> <p>The <i>Safety and quality guidelines for privately practising midwives</i> and other applicable codes and guidelines approved by the NMBA.</p>

Existing <i>Registration standard endorsement for scheduled medicines for midwives (2010)</i> and <i>Eligible midwife registration standard</i>	Revised Registration standard: Endorsement for scheduled medicines for midwives
<p>The existing standard did not reference the co-regulatory model which operates in Queensland and New South Wales.</p>	<p>The revised standard includes reference to AHPRA operating in a co-regulatory model in Queensland and New South Wales and therefore the NMBA may not be the only entity involved in carrying out these audits and investigations for compliance against standards or reporting notifiable conduct, should they arise.</p> <p>Reference is also made to the different definitions in co-regulatory jurisdictions.</p> <p>The wording has been amended accordingly:</p> <p>The NMBA and AHPRA operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in carrying out assessment related to a notification.</p> <p>In co-regulatory definitions these terms may be described differently but have the same intent.</p>