



WHA response to Consultation on the Registration standard endorsement for scheduled medicines for eligible midwives

Thank you for the opportunity to provide comment on the Nursing and Midwifery Board of Australia (NMBA) proposed registration standard endorsement for scheduled medicines for eligible midwives.

Women's Healthcare Australasia (WHA) is the peak body for hospitals providing maternity and women's health care across Australia and New Zealand. With more than 40 hospitals as members, WHA represents services delivering more than 1/3 of births in Australia. We support our members to achieve excellence in maternity and women's healthcare through benchmarking performance with one another, networking to share information and expertise, delivering education and training and through advocacy to governments and the community.

The Consultation Paper was circulated to all WHA member hospitals. The following responses reflect the collated feedback from members. WHA also encouraged member health services to make independent submissions to the NMBA if they wished to.

Questions to consider

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

WHA received feedback from members that the inclusion of "*specified context of practice*" without a clear definition is not clear. This is addressed below in further detail.

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

Without a definition or rationale, some WHA members do not agree with the addition of specified context of practice as a notation. The concern was that eligible midwives should be competent across the full scope of midwifery practice.

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

WHA members questioned the value of a notional three years in the absence of any rationale or evidence of this time frame. It was considered that a three year requirement could cause a workforce block. An alternate position was put forward that midwives should gain the learning and clinical experience to be endorsed for scheduled medicines as part of their initial midwifery education.

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

No.

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

No.

Women's Healthcare Australasia

Submission on the Registration standard endorsement for scheduled medicines for eligible midwives

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