



CORE COMPETENCIES AND EDUCATIONAL FRAMEWORK FOR PRIMARY MATERNITY SERVICES IN AUSTRALIA

Final Report
June 2010

A Project co-sponsored by the National Health
Workforce Taskforce and the Maternity Services
Inter-Jurisdictional Committee

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SUGGESTED CITATION

Homer CSE, Griffiths M, Ellwood D, Kildea S, Brodie PM, Curtin A. (2010). *Core Competencies and Educational Framework for Primary Maternity Services in Australia: Final Report*. Centre for Midwifery Child and Family Health, University of Technology Sydney, Sydney.

ACKNOWLEDGMENTS

We thank the members of the Steering Committee and Reference Group for their contribution and commitment to this Project. We also thank the individuals and organisations who provided comment and feedback on earlier versions of this document.

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EXECUTIVE SUMMARY

The Core Competency Model and Educational Framework aim to ensure that maternity services can achieve the best outcomes for women, their babies and families. They include the needs and preferences of women, the promotion of greater access to continuity of care and the fostering of collaborative working relationships between providers of care. The project was sponsored by the Maternity Services Inter-Jurisdictional Committee (MSIJC) and National Health Workforce Taskforce (NHWT) and undertaken in 2008-2010.

The project was undertaken in two parts. Part One developed the Core Competency Model for Primary Maternity Services. Part Two identified general educational principles and developed an Educational Framework to inform curricula development for primary maternity service providers and services across Australia. The Core Competency Model informed the Educational Framework.

A Steering Committee and the Reference Group were established to assist the project. These groups represented a wide range of organisations and groups involved in providing maternity services across Australia. Members of these groups provided expert advice, guidance and information to the development of the project deliverables as well as, facilitating effective consultation with the wider key stakeholder groups.

A literature review was undertaken to develop initial drafts of the Core Competency Model and Educational Framework. Consultations occurred during each part of the project, initially with the members of the Steering Committee and the Reference Group. Followed by broader web-based consultation and feedback processes the project sought feedback from consumers, maternity service providers, education providers, government representatives, managers, academics and others with an interest in competencies and education for primary maternity services in Australia.

The Core Competencies and Educational Framework for Primary Maternity Services are based on principles for service provision rather than identifying specific tasks for individual professional groups. This ensures that it is applicable to those involved in primary maternity services across urban, rural and remote Australia and allows for the practice differences that exist within the different primary maternity service provider professional groups. This project also sought to value professional expertise and stimulate an awareness and respect for the roles of other primary maternity service providers as well as confidence in the providers to work together to achieve the best outcomes for mothers and their babies.

At this time of considerable and significant change in national maternity services, one of the major challenges of this project was to ensure adequate engagement and full representation from all key stakeholder groups. Every effort was made to involve every stakeholder group in all aspects of the project process. Irrespective of their participation all groups were kept fully informed of the progress of the project and received invitations to participate, provide comment and feedback at every opportunity. This project was presented at three conferences and short articles regarding the project were published in two professional journals during the project timeframe. These are listed in Appendix 7.

Recommendations

The project has developed a number of recommendations. These are that:

1. The Core Competencies and Educational Framework for Primary Maternity Services complement existing competency standards and systems. They should be recognised as a complementary set of competencies that sit alongside national competencies and practice standards.
2. The Core Competency Model for Primary Maternity Services can be used by providers of primary maternity services to guide development, evaluation and future planning.
3. The competency standards and elements and learning objectives and performance outcomes identified within the Framework should be addressed in the development of all education programs for primary maternity service providers.
4. The interprofessional approach to education, learning and practice supported within the Core Competencies and Educational Framework for Primary Maternity Services should be incorporated into all educational programs for all primary maternity service provider groups at all levels (entry to practice, as part of continuity professional development or re-entry to practice program).
5. Education providers are also encouraged to consider how the components of the Framework might best fit within their specific program.
6. The Core Competencies and Educational Framework for Primary Maternity Services could be used for shared learning experiences in a range of curricula.
7. Dissemination is an important part of the next stage of the work. The National Health Workforce Taskforce (NHWT) and the Maternity Services Inter-Jurisdictional Committee (MSIJC) are responsible for dissemination.
8. The Final Report should be disseminated to all relevant regulatory authorities, accreditation authorities, professional bodies and education providers following the changeover to national health practitioner registration on July 1st 2010.

1. INTRODUCTION

The Core Competencies and Educational Framework for Maternity Services in Australia project was sponsored by the Maternity Services Inter-Jurisdictional Committee (MSIJC) and National Health Workforce Taskforce (NHWT) and undertaken from 2008-2010.

The Core Competency Model and Educational Framework aim to ensure that maternity services can achieve the best outcomes for women, their babies and families. They include the needs and preferences of women, the promotion of greater access to continuity of care and the fostering of collaborative working relationships between providers of care.

The **overall outcomes** of this project were to develop:

- A flexible competency and educational framework that will act as a benchmark for training, education and assessing professionals in maternity care.
- A framework that promotes the best use of available workforce skills, including midwife, obstetrician, general practitioner (GP), anaesthetists, GP proceduralist, and other related skills such as: Community Health Worker (CHW) Aboriginal Health Worker (AHW).
- Increased opportunities to build inter-professional collaboration and increased team work by developing a program based approach to competencies and curriculum rather than a profession based approach.

The project focussed on pregnant, birthing and postpartum women who are considered to be of normal risk, that is, experiencing an uncomplicated pregnancy, labour and birth and postnatal period.¹ The project recognised that women with complex needs or risks usually require an additional level of care and support.

The Core Competencies and Educational Framework are broadly focussed on the main providers of primary maternity services, that is, midwives, GP obstetricians and obstetricians. It is recognised that a range of other health care professionals including anaesthetists, paediatricians, neonatologists, and mental health professionals, maternal, child and family health nurses, registered and enrolled nurses, Aboriginal health workers, lactation consultants, dieticians, social workers and physiotherapists are involved in the care of childbearing women and families. While the competencies and framework were not explicitly designed for this wider group, they will have relevance and utility. It is essential that every provider of maternity care (primary or otherwise) has, at a minimum, a beginning level understanding of the specific health care needs of childbearing women, their babies and families to ensure the quality and safety of maternity services in Australia.

The Competencies and Framework recognise that many disciplines already have competency and/or educational standards. These competencies and framework aim to **complement** rather than replace existing standards. This Framework is to be considered in line with the *provider's usual scope of practice* and practice standards.

In addition, different disciplines have their own competency-based education and assessment programs. The project aimed to build on these, not over-ride them. Finally, the Competencies

and Framework are not intended to blur practice boundaries, develop a generic maternity health worker or identify a combined or common curriculum for primary maternity services providers.

The Competencies and Framework are based on an interprofessional approach to learning and primary maternity service practice. They are designed to be used to be in their entirety. We recognise that for some provider groups and disciplines, different aspects of the Framework may have more application and relevance. It is recommended that the competency standards, elements, learning objectives and performance outcomes identified within the Framework are addressed in some form in the development of education programs for primary maternity service providers. Education providers are also encouraged to consider how the components of the Framework might best fit within their specific program.

1.1 The Core Competency Model and Educational Framework

The Core Competency Model identifies key skills, knowledge, behaviours and attitudes (competencies) required for core primary maternity service providers in Australia. The Educational Framework builds on the Core Competencies. The purpose of the Framework is to provide a mechanism to assist the Core Competencies to be met.

The Framework was developed for core maternity service providers who work in a range of primary maternity care settings across remote, rural and urban Australia and their relevant education providers. It identifies suggested learning areas, objectives and assessment elements as components for curricula relevant to the undergraduate, postgraduate, continuing professional development, up skilling or return to practice learning needs of primary maternity service providers.

2. BACKGROUND TO THE PROJECT

In 2005, the heads of Australia's Health Departments committed to extending and enhancing primary maternity service models as the preferred approach to providing pregnancy and birthing services to women with uncomplicated pregnancies.² In 2006, the Australian Health Ministers Advisory Council (AHMAC) commitment to extending and enhancing primary maternity service models was translated into an agreed workplan.² This project is Action Item 1 of the workplan.

In 2008, the MSIJC developed the Primary Maternity Services Framework.¹ This framework has been endorsed by all State and Territory Ministers and committed to by each jurisdiction represented by the MSIJC.

The underpinning philosophy of the Primary Maternity Services Framework is that childbirth is a normal and significant physiological event and women and their babies have their individual needs.¹ The aim of primary maternity models is to offer safe and effective continuity of primary carer for women with normal pregnancy risk, with a midwife, an obstetrician, or, a GP obstetrician who works in collaboration with an obstetric specialist to refer to or consult with as required.¹ The Primary Maternity Services Framework identified that the primary maternity model of care is supported by evidence of safety and satisfaction. It takes an interprofessional

approach, is underpinned by a collaborative philosophy and ensures care is individualised and relative to women's needs.¹

In addition, it was recognised the education and training for each profession in the workforce is currently organised and administered by separate entities in Australia. Maternity care professionals do not acquire education and clinical expertise from the same source or curriculum. In many states, different universities provide medical and midwifery education and there is little incentive or benefit in collaborating. University funding systems mean that sharing courses across universities is often challenging.

In light of the Primary Maternity Services Framework and the workforce and education issues in Australia, the NHWT sought consultants to develop core competencies required to provide safe effective and appropriate maternity services, to meet the needs of pregnant and birthing women from remote to major urban centres. These will take account of the range and complexity of tasks required, and the full range of professions involved, which are required to deliver evidence-based care. This project is the topic of this report.

3. EVIDENCE THAT INFORMED THE PROJECT

At the commencement of the project, a review of relevant evidence was carried out. Initially, a search of literature and other documents related to competencies or capabilities for the three main professional groups (midwives, obstetricians, and GP obstetricians) and others involved in maternity care was undertaken. Subsequently, evidence relating to curriculum for maternity services, accreditation frameworks for maternity education and courses, and educational frameworks in health were sought to develop the Framework.

A number of websites were searched for relevant documents and information as part of the literature review. These websites searched included those of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM), Council of Deans of Nursing and Midwifery (CDNM), Confederation of Postgraduate Medical Education (CPME), Medical Deans of Australia and New Zealand (MDANZ) and Australian Nursing and Midwifery Council (ANMC) as well as the Nursing and Midwifery Regulatory Authority (NMRA) for each Australian state and territory and the Royal College of Physicians and Surgeons of Canada (RCPSC). These documents are listed in Appendix 1.

Findings from the literature review identified that no current nationally agreed format for competency standards exists. Despite this, most competency standards were generally comprised of some or all of the following criteria.³

- *Unit of competency* – a discrete component within a competency standard, made up of a title, its constituent elements and performance criteria. A short description of its purpose may also be present.

- *Elements of competency* – describe the actions and outcomes to be demonstrated or assessed.
- *Performance criteria* – general statements that specify the level of performance and set out the required outcomes.
- *Range of variables statement* – when used these statements contextualise the competency, they define boundaries and provides links for consistency in application and to knowledge or task/profession specific requirements such as legislation, guidelines and protocols.
- *Evidence guide (optional)* – to assist in the interpretation and assessment of the unit of competency
- *Cues (optional)* - provide illustrative examples related to the competency standard.

These criteria guided the development of the Core Competencies Model.

A number of similarities in standards for education programs, criteria for accreditation, themes and content were also evident. These similarities included requirements for core curriculum content to address relevant national professional competency standards,⁴⁻¹⁰ demonstrate an incremental process of learning¹¹⁻¹⁷ and a commitment to lifelong learning.^{4-9, 13-21} A full review of the literature is provided in Appendix 2.

4. ASSUMPTIONS AND PRINCIPLES

A number of assumptions or principles guided the development of the Competencies and Framework. These assumptions were informed by the literature and related to the provision of primary maternity services. The assumptions and principles are that:

- Pregnancy, labour, birth and parenting are significant and meaningful life events. Women have a right to access quality primary maternity care that is safe, feels safe and this should be reflected in the content and components of curricula and its assessment processes.
- Primary maternity services provide care that is individualised, continuous, evidence-informed and woman-centred. Continuity of care is valued by women, families and providers and should be supported by competency standards, curricula and continuing professional development.
- Primary maternity services are provided by different providers in a variety of settings. Educational curricula should value and support interprofessional learning and collaborative practice to assist in creating a competent and flexible workforce, ensuring safe maternity services.
- Women may experience a change in their health during childbearing. Some women need access to a higher level of care. The primary maternity care provider needs to recognise when complexities arise and ensure appropriate consultation and referral occurs

- Primary maternity services need to be accessible and equitable, that is, based on the principles of primary health care. Curricula should reflect an understanding of the particular needs of rural, remote Australia, Aboriginal and Torres Strait Islander Australians, and those from culturally and linguistically diverse (CALD) communities.
- The Competencies and Framework were developed to complement, not replace, existing statements relating to competencies and professional standards, education, continuing professional development and continuing competence standards produced by regulatory authorities and colleges.
- The Competencies and Framework are broad and based on principles rather than specific tasks for individual professional groups or settings. They do not direct the setting in which a service should be provided.

A number of terms were defined at the outset of the project. These terms are defined in the Glossary at the end of this report.

5. METHODOLOGY

5.1 Steering Committee and the Reference Group

Prior to the development of the Competencies and Framework, two committees were established; a Steering Committee and a Reference Group. The Steering Committee had representatives from the core providers and consumers of maternity services. This included the:

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Australian College of Rural and Remote Medicine
- Australian College of Midwives
- Council for Remote Area Nurses of Australia (now CRAN*Aplus*)
- Royal Australian College of General Practitioners
- Maternity Services Inter-Jurisdictional Committee
- Maternity Coalition
- National Health and Workforce Taskforce
- Australian and New Zealand College of Anaesthetists
- National Maternity Services Review

The Reference Group had a wider membership including a range of professional and consumer groups who had an interest or involvement in maternity services in Australia. A full list of members is in Appendix 3.

Terms of Reference for both committees were developed and agreed upon. The Steering Committee met every 2-4 months (via teleconference) during the project. Seven meetings were held. The Reference Group met every six months (again via teleconference), a total of 3 times. In addition both committees were sent drafts of the documents by email between meetings and members were invited to distribute these and to comment.

5.2 Developing the initial drafts

The first part of the project developed the Core Competencies. The preliminary structure of the competency model was derived from the review of the literature and a small number of published competency standards. The Victorian Department of Human Services, proposed competency framework, identified as a tool to facilitate the comparison of allied health and health competencies³ and the Australian Council for Safety and Quality in Healthcare (ACSQHC) National Patient Safety Education Framework²² provided the main influences for the proposed structure.

The content of the competencies took into account the range and complexity of skills, knowledge and attitudes (core competencies) required, and full range of professions involved, to deliver evidence based primary maternity care. The starting point was the *Primary Maternity Services Framework* published by the Maternity Services Inter-Jurisdictional Committee, (MSIJC). A number of other key documents were influential:

- The National Consensus Framework for Rural Maternity Services (Rural Doctors Association of Australia (RDAA))²³
- Primary Maternity Services Framework for Implementation (MSIJC)²⁴
- National Patient Safety Education Framework (ACSQHC)²²
- National Competency Standards for the Midwife (ANMC)²⁵
- National Competency Standards for the Nurse Practitioner (ANMC)²⁶
- Competency Standards for Health and Allied Health Professionals in Australia (Department of Human Services, Victoria)²⁷
- National Strategic Framework for Aboriginal and Torres Strait Islander Health Context (Australian Department of Health and Ageing)²⁸
- CanMED Proficiencies (Royal College of Physicians and Surgeons of Canada)²⁹

Competencies within these documents focussed on knowledge, legal and professional responsibilities, communication, reflection, self appraisal and management and leadership. The National Competency Standards for the Midwife²⁵ were the only published Australian competency standards identified specifically for providers of maternity care, that is, midwives.

From all these documents, a draft of the Core Competency Model was developed to commence consultation. A similar process was then used to develop the Educational Framework.

5.1 Consultation

The consultation processes to develop the Competencies and then the Framework were identical. A summary of the process is in Table 1.

Table 1: A summary of process of development and consultation

Time period	Development and consultation processes
Oct 2008- Feb 2009	Version 1 of Core Competencies developed
Feb - March 2009	Circulated to Steering Committee Feedback incorporated into Version 2
March-April 2009	Version 2 of Core Competencies developed
April 2009	Circulated to Reference Group Feedback incorporated into Version 3
April 2009	Version 3 of Core Competencies developed Feedback incorporated into Version 4
May- June 2009	Version 4 provided for public consultation via webpage Feedback incorporated into Version 5
July 2009	Circulated to Steering Committee and Reference Group
Aug 2009	Penultimate version of Core Competencies produced
Aug – Sept 2009	Version 1 of Educational Framework developed
Oct 2009	Penultimate version of Core Competencies available on webpage
Nov 2009	Version 1 of Educational Framework Circulated to Steering Committee
Nov 2009	Feedback incorporated into Version 2
Dec 2009	Version 2 of Educational Framework developed Circulated to Reference Group Feedback incorporated into Version 3
Jan 2010	Version 3 of Educational Framework developed
Jan 2010	Consultation with relevant regulatory authorities Feedback incorporated into Version 4
Feb-Mar 2010	Version 4 provided for public consultation via webpage Feedback incorporated into Version 5
March 2010	Circulated to Steering Committee and Reference Group
April-May 2010	Penultimate version of Educational Framework produced
May 2010	Final version of Competencies and Framework produced
May 2010	Circulated to Steering Committee and Reference Group
June 2010	Final version of Core Competencies and Framework completed

Initial drafts of the two documents were distributed to the Project Steering Committee and Reference Group for feedback. This was incorporated into subsequent versions. This process of reviewing and revising the draft documents and draft occurred a number of times for both the

Competency Model and the Framework documents. Each time, members of the Steering Committee and the Reference Group were invited to circulate the documents to their members for feedback and review. The key points of feedback centred on the value of the document in creating a positive approach to fostering greater collegiality amongst qualified health professionals involved in primary maternity services. Some clarification regarding some language and grammar within the document was also sought.

Each document was then presented for broader public consultation via a public website with an online survey. The Competency Model consultation occurred during the months of May and June 2009. The Steering Committee and Reference Group were invited to notify their members and anyone else with an interest to view the documents and make comment. On request, organisations and individuals were mailed hard copies of the documents. Thirty one responses were received throughout the consultation time frame and these responses informed the final version of Competency Model. A summary of the feedback received and the ensuing alterations are detailed in Appendix 5.

The Framework document was mailed in hard copy to the relevant regulatory authorities during December 2009 for their comments and review. The authorities were the Australian Medical Council (AMC), the Nursing and Midwifery Regulatory Authorities in every state and territory and the Australian Nursing and Midwifery Council (ANMC). The feedback was positive and centred around altering some terminology as well as strengthening some of the subject areas such as breastfeeding, consideration of a woman's perinatal mental health and wellness and communication. This feedback helped shape the draft document that was used in the Educational Framework broader public consultation process during February and March 2010.

The purpose of the web-based consultation processes was to engage with as many stakeholders as possible. A range of organisations and groups/committees were invited to comment or participate in the online survey and feedback process. Some of those were formal organisations while others were networked groups or committees for a specific purpose. Some of the consultation was opportunistic and occurred when some sent the documents onto other groups. This 'snowball' approach was seen as an effective way to widely engage. These groups/organisations have been categorised according to their major functions relative to this project. They are included in Appendix 4. Their main roles and responsibilities are also identified as a means of illustrating their contribution to the consultation process.

Thirty-eight written responses were received in the Framework consultation through the online survey, specific emails or letters. These responses were both collective responses provided on behalf of organisations and groups and responses from individual health professionals. These responses informed the final version of Educational Framework document. A summary of the feedback received and the resultant changes to the Educational Framework are detailed in Appendix 6.

The next section describes the final version of the Competency Model and the Educational Framework in more depth.

6. CORE COMPETENCY MODEL

The Core Competency Model for Primary Maternity Services was developed with a focus on the needs and preferences of women, the promotion of greater access to continuity of care and the fostering of collaborative working relationships between providers of care. For the purposes of this document, collaborative practice encompasses working together to facilitate better outcomes for women and their babies through respect, trust and teamwork that utilises individual skills and knowledge to reach the highest of maternity care standards.

The National Health and Medical Research Council's (NHMRC) working definition of collaboration was used:

*Collaborative maternity care involves collaboration **with** the woman (respecting her physical, emotional, social and cultural needs) and **for** the woman (creating a safe, high-quality, evidence-based and woman-centered environment). Collaborating clinicians are aware of, appreciate and respect each other's skills, experience, roles and scope of practice — both as individuals and as members of professional disciplines. Collaborating clinicians communicate and cooperate, valuing opportunities to continuously improve services through education, training, review and audit. Collaborative maternity care is grounded in continuity of care and is adaptable to the local context (p. 3).³⁰*

The core competencies are to be read in line with the *provider's usual scope of practice*. Within each of the providers scope of practice there are specific competencies (including specific tasks and activities) that also need to be met according to the different regulations and guidelines.

The core competencies are not intended to reduce maternity care to a single list of skills and tasks that could be undertaken by any individual. They are aimed to enhance collaboration between the professionals who provide primary maternity services, that is, care for women of 'normal risk'. They are based on the principles of primary health care which highlight the need for services to be accessible and equitable.

6.1 Organisation of the Core Competency Model

The Core Competency Model is organised in four spheres (domains). Within each domain, one or more overarching themes (sub-domains) are identified.

Each sub-domain was broadened by the identification of relevant Competency Standards. These were each further defined by a number of Competency Elements or broad principle based practice requirements that were categorised as a:

- **Knowledge** - *'the confident understanding of a subject with the ability to use it for a specific purpose if appropriate'*³
- **Skill** - *'proficiency, facility, or dexterity that is acquired or developed through training or experience'*³

- **Attitude** - ‘a state of mind or a feeling; disposition’³

These domains and sub domains are presented in Table 2.

Table 2: Domains and Sub Domains of the Core Competency Model

DOMAIN	SUB-DOMAIN
Client Service	<ul style="list-style-type: none"> • philosophy of care • service provision • body of knowledge
Professionalism	<ul style="list-style-type: none"> • ethics • equity • performance improvement
Workplace	<ul style="list-style-type: none"> • management and leadership • teamwork • occupational health and safety
Communication	<ul style="list-style-type: none"> • patient/client communication • professional communication

The final Core Competency Model is presented in Section 10 of this report.

7. EDUCATIONAL FRAMEWORK

The Educational Framework identifies key learning areas, learning objectives, and performance elements for consideration for inclusion in undergraduate, postgraduate and continuing professional development programs for core maternity service providers involved in the provision of primary maternity care across remote, rural and urban Australia.

The Framework provides a broad rather than specific approach to curricula development as it accommodates a diversity of needs both from the perspective of level of preparation and the different primary care provider disciplines.

A number of general educational (and learning) principles were identified as part of the development of the Educational Framework. These were:

- **Primary maternity service providers are adult learners.**³¹ Primary Maternity Service Provider participation in learning activities should be clearly articulated so that learners can see connections between what they already know, have the skills to do and the new information provided (e.g. for competency requirements, up skilling and continuing professional development) and the barriers reduced.³²⁻³⁴ Learning must actively involve learners and value prior knowledge and skills.

Learning activities that foster interprofessional relationships and opportunities and time

for skill development and consolidation should be valued when integrating the core competencies and educational framework into primary maternity service provider education programs.

- **Learning is lifelong**, firmly based in clinical practice situations and includes formal education, continuing professional development and informal learning experiences within the workplace. Lifelong learners take responsibility for their own learning and are prepared to invest time, money and effort in training or education on a continuous basis.³²⁻³⁴
- **Interprofessional learning** and improved collaborative skills through interprofessional learning should be embraced as it enriches communication and trust between different healthcare professionals.³²⁻³⁴ Greater understanding of roles thereby reduce the ‘silo’ effect that exists between professions and enhances professional respect, collaborative skills, and job satisfaction.³²⁻³⁴ Interprofessional education is concerned with the knowledge, skills and attitudes (competency) required for collaborative practice.³²

Interprofessional practice in the context of the maternity workplace is essentially focussed on the maternity care provider possessing knowledge and understanding of and valuing the contribution of other disciplines to the care of pregnant, childbearing and postpartum women³²⁻³⁴. Learning should enable the provider to develop the skills to seek out, communicate with and work with other maternity care providers.³²

The terms interprofessional learning (IPL), interprofessional education (IPE) and interprofessional practice (IPP) are further defined in the Glossary.

The Educational Framework acknowledges the current dichotomy that exists between interprofessional learning and interprofessional practice. This framework aims to promote the achievement of a competent and flexible maternity workforce where care providers understand and work with each other to make the best use of their professional knowledge, skills and attitudes ensuring safe primary maternity services that promote woman-centredness, continuity of care and carer.³⁴

The final Educational Framework is presented in Section 10 of this report.

7.1 Organisation of the Educational Framework

The structure of the Educational Framework was informed and guided by the structure of two national documents, the CDAMS Indigenous Health Curriculum Framework¹⁵ and the ACSQHC National Patient Safety Education Framework.²² Where the CDAMS document focussed on suggested subject areas, domains or themes and key attributes and outcomes, the ACSQHC framework identified learning areas, topics, objectives and knowledge and performance (skills, behaviours and attitudes) elements as outcome measures.^{15, 22}

The purpose of the Framework is to provide a mechanism to ensure that the Core Competencies can be met. The Core Competency Model was used to guide the development of the Educational

Framework. This was to ensure that the Framework reflected and addressed the Core Competencies. The assumptions that guided the development of the Core Competencies Model were also used to represent the underpinning principles of the Education Framework. The domains identified for the Core Competencies were used as the Domains for the Educational Framework

Within each domain, learning/subject areas were created and these reflect the sub-domains of the Core Competency Model. For each learning area, one or more learning objectives have been developed. To meet the requirements of these objectives and to enable measured outcomes performance elements/outcomes that reflect the competency elements complete the Framework.

The Core Competency Model identifies broad competencies rather than identifying specific tasks for individual professional groups. The performance elements/outcomes are also broad, in regards to the setting they are to be measured within, and are based on principles rather than specific tasks.

7.2. Linking the Educational Framework to the Core Competencies

The Educational Framework reflects and addresses the Core Competencies. The same domains have been used whilst only adjusting the titles, content and the perspective from which the Competencies and Framework are expressed. These alterations have been undertaken to meet the needs of context. An example of this is detailed in Table 3 below:

Table 3: Linking the Educational Framework and the Core Competencies

Educational Framework		Core Competencies	
Domain	<i>Workplace</i>	Domain	<i>Workplace</i>
Learning/Subject Area	<i>Teamwork</i>	Sub-Domain	<i>Teamwork</i>
Learning Objective <i>12A. Develop effective strategies to implement and support interprofessionalism and collaborative practice.</i>		Competency Standard <i>12. Develops effective strategies to implement and support interprofessionalism and collaborative practices.</i>	

Performance Elements/Outcomes	Competency Elements
<p><i>Adopts effective styles and methods of communication and referral/consultation that recognises and respects the roles of other members of the health care team.</i></p> <p><i>Negotiates an appropriate plan of care in consultation with the woman and other colleagues as needed.</i></p> <p><i>Invites and acts upon constructive feedback from peers and colleagues.</i></p> <p><i>Offers constructive feedback to peers and colleagues when appropriate.</i></p> <p><i>Effectively negotiates change in a team environment</i></p> <p><i>Recognises the value of effective interprofessional relationships to achieve the best possible outcomes for the woman and her baby.</i></p>	<p>Knowledge</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Understands others' roles.</i> <input type="checkbox"/> <i>Understands when and who to refer to/consult with.</i> <p>Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Recognises the role of other members of the health care team</i> <input type="checkbox"/> <i>Adopts effective styles and methods of communication.</i> <input type="checkbox"/> <i>Negotiates a collaborative care plan in consultation with the woman.</i> <input type="checkbox"/> <i>Readily invites, acts upon, and offers, constructive feedback from peers and colleagues.</i> <input type="checkbox"/> <i>Effectively manages change in a team environment.</i> <p>Attitude</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Appreciates the differing professional roles in maternity care.</i> <input type="checkbox"/> <i>Acts to identify and respond to factors that facilitate or hinder interprofessional relationships.</i> <input type="checkbox"/> <i>Respects differences in views</i> <ul style="list-style-type: none"> ▪ <i>Recognises the value of effective interprofessional relationships to achieve the best possible outcomes for the woman and her baby.</i>

8. PRIMARY MATERNITY SERVICE PROVIDER ATTRIBUTES

A generic description of primary maternity service provider (referred to as the 'provider') attributes was developed to provide a guide for education providers in the development and implementation of primary maternity service provider curricula.

This generic description stems from the four domains of primary maternity care identified in the Core Competency Model. These domains are (1) woman centred care; (2) professionalism; (3) workplace; and 4) communication.

8.1 Woman centred care

Woman-centred care is a concept that implies that care:

- is focused on the woman's individual, unique needs, expectations and aspirations, rather than the needs of institutions or professions
- recognises the woman's right to self determination in terms of choice, control, and continuity of care
- encompasses the needs of the baby, the woman's family, significant others and community, as identified and negotiated by the woman herself
- follows the woman between institutions and the community, through all phases of pregnancy, birth and the postnatal period
- is 'holistic', that is addresses the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.²⁵

This means that the provider works in partnership with the woman to provide safe and effective

care across the interface between hospital and community; in any setting and is able to:

- comprehensively and accurately assess the needs of the woman and her baby.
- provide the woman with a comprehensive, honest and balanced perspective of options about her choices of providers for maternity care.
- plan, implement and evaluate maternity care during pregnancy, labour, birth and the postpartum/newborn period including decisions around infant feeding.

The provider practises within a woman centred, primary health care framework, sees maternity care as a public health strategy, and recognises the significance of past pregnancy and life experiences for the woman and her family and acknowledges the influence of psychosocial, cultural, spiritual, emotional and politico-economic factors.

The provider has the knowledge, skills and attitudes to provide primary maternity services according to their provider group and will refer when care becomes outside of their scope of practice. The provider recognises complications, high risk situations and responds in emergency situations with timely consultation and referral. The provider works collaboratively with other health care providers and community supports when necessary.

8.2 Professionalism

The provider has a sound knowledge of the Australian health care system and the role of primary maternity services. The provider complies with relevant legislation and common law applicable and practices in accordance with national policies, standards, guidelines and relevant codes of ethics, professional conduct and privacy obligations.

Acknowledging and advocating for the rights of the woman, the provider respects and supports the woman's right to be self-determining. Integral is the ability to enhance the dignity and integrity of others as well as understanding and identifying the impact of their own culture, values and beliefs on the care provided.

The provider is accountable and responsible for their own practice and actions, recognising their own knowledge base, scope of practice and the standards of care expected. The provider is able to identify unsafe practice.

Understanding and valuing the analysis, synthesis and integration of evidence from multiple sources, the provider demonstrates information literacy and uses research to inform practice, policy, guidelines and decision-making.

The provider maintains competence through reflection, lifelong learning, continual professional development, workplace experiences and formal and informal educational opportunities, including self appraisal and peer review. The provider contributes to, and evaluates the learning experiences and professional development of others and supports and mentors students.

8.3 Workplace

The provider supports effective management, risk management and leadership by fostering and valuing reflection, critical thinking and service improvement.

Identifying and responding to factors that facilitate or hinder interprofessional relationships, the provider as part of the wider healthcare team, understands, recognises and respects the roles of other members. The provider invites, acts upon and offers constructive feedback from peers and colleagues.

The provider supports safety in the workplace by understanding and complying with safe working practices.

8.4 Communication

The provider has knowledge of, values and uses a range of interpersonal communication skills. The provider is competent in verbal and written communication and documents legibly according to legal and professional guidelines. The provider supports and values effective and ongoing interprofessional learning as a tool for successful interprofessional communication.¹³

The provider engages in effective interactions with the woman using a range of interpersonal communication skills and knowledge to ensure that communication is adapted to a level suited to the woman as well as others with whom they interact on an interprofessional and intraprofessional basis.

The provider is reflective and able to communicate effectively with a woman in all situations. The provider is considerate of how they would manage when a woman's choice is not consistent with what is commonly seen as reasonable or evidence-based practice. The provider communicates effectively with the woman and her family and ensures accurate documentation of the discussions and decisions made.

Whilst communication is presented as a separate attribute, well developed communication skills are integral to all of the Primary Maternity Service Provider Attributes.

9. CURRICULUM DEVELOPMENT OR REVIEW

The outcome of this project was to develop a flexible competency and educational framework for primary maternity services that increases opportunities for interprofessional collaboration, teamwork and education. It is anticipated that this framework will act as a benchmark for training, education and assessment of health professionals involved in primary maternity services.

As part of the project, processes for assisting with curricula development or review are identified. These are broad as the aim of the project was not to identify a curriculum per se. Further work could develop a specific curriculum or identify the elements to be included in

shared or separate curricula.

In this report we use the term ‘curriculum’ in a broad context. It refers to formal undergraduate and postgraduate curricula but also to continuing professional development activities and programs. This might also include return to practice or refresher programs.

The following six steps offer a means of integrating this Framework into curricula and educational programs. These steps have been informed by the CDAMS Indigenous Health Curriculum Framework.¹⁵

1. Engage stakeholders, encourage interest and participation

This creates ownership of the Framework within education provider organisations and provides individuals/groups to champion the Frameworks’ integration into primary maternity service provider programs.

2. Embed commitment from stakeholders

This assists to maintain focus and can be achieved through formal commitment in strategic documents, curriculum maps and student outcome and attribute statements.

3. Review current curriculum in terms of the content of framework

This enables curriculum developers to review what has been tried before, what has worked well and what has not. New initiatives can be trialled. A process of collaboration of the diverse groups involved in primary maternity services may provide for increased success in curricula development.

4. Identify where and include framework components in current curricula

This ensures all of the components of the Framework are easily identified within current curricula.

5. Ensure vertical integration with all primary maternity service provider curricula

This ensures that a sound foundation upon which different learning outcomes can be created is established and allows learning to occur in incremental steps taking into consideration previous knowledge, skills, attitudes and practical clinical experience.

6. Identify processes and tools for evaluation

This is important to ensure all Performance Elements/Outcomes identified in the Framework are achieved.

The Framework provides a basis on which the different components of a curriculum document could be identified in relation to how they address the educational requirements for primary maternity service providers. In any review of curricula, the outcomes for the ‘student’ could be identified so that an individual’s development in the area of primary maternity health care could be mapped.

Interprofessional learning principles underpin the Framework. These principles need to be incorporated into all educational programs, at entry to practice, as part of continuity professional

development or re-entry to practice program. These may also be identified within a common or shared curriculum although that was not the purpose of this project. Future projects may consider the development of such a curriculum.

9.1 Content, delivery and assessments

As is usual in curriculum documents, assessments should address specific learning objectives and delivery of the content should be designed in line with the objectives and the assessments. The learning objectives and the performance elements/outcomes in the Framework should be taken as the starting point in the development of the content, design of the delivery mode and the assessments.

The content delivered to primary maternity services providers depends upon the context, participants and timeframe. For example, the content in an undergraduate program for midwives will differ from the content provided to GPs studying obstetrics at postgraduate level or obstetricians undertaking specialist fellowship programs. There will also be differences in education that is at entry to practice level compared with continuing professional development. It is beyond the scope of this project to identify specific content that should be delivered at different stages. We recommend that the content should reflect the competencies and be responsive to the needs of the participants and/or students. In addition, experiential learning is an essential and powerful mode of learning and this will ensure that learning methods can mimic as closely as possible the actual practice circumstance (contextual learning).

9.2 Performance Elements/Outcomes

A number of strategies may assist in the achievement of the performance elements/outcomes identified in the Framework. These again depend on the context, participants and timeframe. For example for performance element/outcome - *Uses communication skills to negotiate quality outcomes where differences exist in professional opinions and recommendations for healthcare choices* - it may be appropriate to use strategies such as case studies and reflective discussions and questioning to assist primary maternity service providers who have spent time in clinical practice to build upon their communication and negotiation skills whereas role play may be the more valuable strategy for undergraduate course curricula.

We recognise that education providers, at undergraduate, postgraduate and continuing professional development levels, will have a range of strategies to deliver content and these should be utilised as appropriate. Strategies to facilitate interprofessional learning should also be considered.

9.3 Assessment Strategies

Education providers, at undergraduate, postgraduate and continuing professional development levels, have a range of strategies to undertake assessment and these should be utilised as appropriate. Assessment strategies need to be considered from the outset of curricula development and/or course design.³⁶ The ways in which assessments are reflected in curricula again depends on the context. For example, this may differ depending upon whether the learners

are undergraduate, postgraduate, current practising professionals or those seeking re-entry to practice. In some situations this will be episodic and/or formative, that is occurring at regular planned intervals and/or through an undergraduate or specialist postgraduate program.

Assessment strategies must create opportunities for learners to see what they have done well, what they have not done as well and how improvements could be made.³⁶ As in the provision of all educational programs, assessments should relate to the achievement of the competencies which in this case are reflected in the learning outcomes. The Core Competencies and Educational Framework provide a mechanism on which to design and undertake assessment processes. Current evidence suggests that assessment should be a significant learning activity as learning is enhanced when assessment tasks build capacity for self-judgement and the appraisal of others.³⁶ This is said to result in effective continuing learning, an increased likelihood of a high standard of individual achievement and effective practice.³⁶

The assessment of competencies in the workplace is an important area that is still developing. Competency-based assessment is largely activity-based and practical.³⁷ The role of assessment is not to reduce skills or competency to a single element as competence also implies that an individual demonstrates an understanding of the knowledge that is the basis of the practical task being carried out.³⁷

There are a number of challenges associated with the assessment of competence. Reliability and validity are fundamental issues. However, there are significant difficulties with the application of these constructs in nursing and medicine,³⁸ and it is likely, in midwifery as well. The lack of consensus about what competence is and the means in which it may be measured, the likelihood that some vital concepts are excluded and others that are irrelevant may be included means that reliability and validity, in a conventional sense, is very difficult to ensure.³⁹

Importantly, assessment strategies must be aligned with the competencies which aim to meet the needs of women in primary maternity services. In the Core Competencies and Educational Framework, this can be done by linking the competencies with the learning outcomes and then developing assessment strategies to address each one. Depending on the context and utility, assessment tools will vary according to levels of achievement as it must be considered that each primary maternity service provider will have different learning needs and styles of learning at different levels of skill acquisition as they develop and achieve the primary maternity service competencies.⁴⁰

Future work may look at the development of common assessment tools using the components of the education framework to work towards national consistency. This depends on whether a common curricula approach is taken. Other developments currently being developed through the national regulation and accreditation processes will also need consideration in future work.

10. THE CORE COMPETENCIES AND EDUCATIONAL FRAMEWORK FOR PRIMARY MATERNITY SERVICES IN AUSTRALIA

The Core Competencies and Educational Framework for Maternity Services recognise that different disciplines already have competency standards and/or educational standards. The Core Competencies and Educational Framework aims to **complement** these rather than replace them. The framework is to be considered in line with the individual provider groups' usual scope of practice and competency based education and assessment programs and curricula relevant to primary maternity service providers. The framework aims to build on these but not over-ride them.

This framework has been developed with a focus on the needs and preferences of women, the promotion of greater access to continuity of care and the fostering of collaborative working relationships between providers of care.

An outline of the domains and sub-domains of the Framework is presented in Table 4.

Table 4: Core Competencies and Educational Framework for Primary Maternity Services in Australia - Domains and Sub-Domains

DOMAIN	SUB-DOMAIN/LEARNING/SUBJECT AREA
Client Service	<ul style="list-style-type: none">• philosophy of care• service provision• body of knowledge
Professionalism	<ul style="list-style-type: none">• ethics• equity• performance improvement
Workplace	<ul style="list-style-type: none">• management and leadership• teamwork• occupational health and safety
Communication	<ul style="list-style-type: none">• patient/client communication• professional communication

THE CORE COMPETENCIES AND EDUCATIONAL FRAMEWORK FOR PRIMARY MATERNITY SERVICES IN AUSTRALIA

Domain 1: WOMAN CENTRED CARE	
Sub-Domain and Learning/Subject Area – PHILOSOPHY OF CARE	
Competency Standard	<p>1. Demonstrates a philosophy of care appropriate to maternity service provider group and encompasses the overarching frameworks:</p> <ul style="list-style-type: none"> ▪ care is woman-centred ▪ care is based upon the principles of primary health care ▪ practice is evidence-informed ▪ care providers practise interprofessionalism and collaboration to ensure the best outcomes for the woman and her baby. ▪ continuity of care is valued by women and families.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations for her maternity care. ▪ Understands significance of past pregnancy experiences for the woman and her family. ▪ Understands the importance of providing unbiased information and including evidence to assist the woman to arrive at the best decisions. ▪ Understands the principles of shared decision making. ▪ Understands primary health care principles. <p>Skills</p> <ul style="list-style-type: none"> ▪ Provides woman-centred care. ▪ Individualises care to meet the needs of the woman, her baby and family. ▪ Provides and supports continuity of care. ▪ Can plan, implement and evaluate relevant care in partnership with the woman. ▪ Reflects on and evaluates care provided. ▪ Supports the woman and her family with the transition to parenthood. ▪ Appropriately involves family and support people. ▪ Actively supports care that is accessible to all groups regardless of their culture. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Promotes the understanding that childbirth is a normal, physiological process and a significant life event for most women. ▪ Promotes and demonstrates professional efficacy. ▪ Responds to feedback on maternity care from the woman. ▪ Respects women's decision making. ▪ Acknowledges the potential for adverse outcomes at times.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	<p>1A. demonstrate a philosophy of care that is woman-centred, based upon the principles of primary health care and evidence-informed in every practice situation.</p> <p>1B. demonstrate respect, cooperation and collaboration in every interaction with all health care providers involved in primary maternity services to ensure the best outcomes for the woman and her baby.</p>
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides individualised care that encompasses a woman's psychosocial, emotional, physical, psychological, spiritual and cultural needs and expectations.

	<ul style="list-style-type: none"> ▪ Understands and relates the significance of previous life and psychological issues, particularly past pregnancy experiences to a woman's current pregnancy. ▪ Provides unbiased and current information and evidence to assist the woman to arrive at the best decisions for her and her baby. ▪ Provides care that is culturally responsive, contextual, equitable, accessible, and woman-centred and based on shared decision making. ▪ Works in partnership with the woman, her family and other support people in planning, implementing and evaluating care through pregnancy, birthing and the transition to parenthood. ▪ Provides and supports continuity of care. ▪ Reflects on care provided and responds to feedback to continuously improve practice. ▪ Promotes childbirth as a normal, physiological process and a significant life event for most women. ▪ Respects the right of the woman to determine her own pregnancy, birth and postnatal care needs while ensuring she has appropriate and accurate information on which to base her decisions. ▪ Works collaboratively, with the woman, other clinicians and health professionals. ▪ Acknowledges the potential for adverse outcomes at times and minimises risk.
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Domain 1: WOMAN CENTRED CARE	
Sub-Domain and Learning/Subject Area - PROFESSIONAL BODY OF KNOWLEDGE	
Competency Standard	2. Has the capacity to apply maternity knowledge and <i>profession</i> specific skills to optimise maternal and newborn health outcomes.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Has relevant knowledge of pregnancy, childbirth and postpartum/newborn period. ▪ Knows when pregnancy, childbirth and postpartum/newborn period is no longer a normal, physiological process. <p>Skills</p> <ul style="list-style-type: none"> ▪ Supports women in decision-making by providing evidence-based information. ▪ Performs history-taking, (covering obstetric, medical and mental health history), physical examination and screening and referrals. ▪ Integrates knowledge and evidence appropriate to maternity provider group. <p>Attitude</p> <p>Confidently utilises knowledge and evidence to support the needs and preferences of the woman.</p>
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	2A. apply maternity knowledge and profession specific skills to optimise maternal and newborn health outcomes.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides care that is based on relevant, evidence-based integrated knowledge of the human sciences, pregnancy, childbirth and postpartum/newborn period. ▪ Recognises and refers in a timely manner when pregnancy, childbirth and postpartum/newborn period are no longer a normal, physiological and or psychological process or when care at a higher level is required. ▪ Performs history-taking, physical examination, assessment and screening and referrals. ▪ Is confident in own knowledge and evidence and uses this to support the needs and preferences of the woman. This includes her choice of infant feeding. ▪ Recognises and addresses limitations and deficits in own knowledge and practice. ▪ Develops a sound knowledge of relevant pharmacology and related issues. ▪ Develops the ability to critically analyse health care outcomes. ▪ Is confident in finding and critiquing research into relevant maternity related issues.

Domain 1: WOMAN CENTRED CARE			
Sub-Domain and Learning/Subject Area - SERVICE PROVISION			
Competency Standard	3. Actively promotes maternity care as a public health strategy.	4. Has the capacity to provide appropriate and effective care for pregnant, birthing and postpartum women who are considered to be of normal risk.	5. Has the capacity to provide appropriate and effective care when complications arise.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> Understands public health issues. Identifies community supports available during pregnancy and following birth. Understands psychosocial determinants of health and how they impact on maternal, child and family health. <p>Skills</p> <ul style="list-style-type: none"> Assists the woman to access community support agencies. Provides maternity care within the context of public health policy. Promotes, supports, and guides the woman to breastfeed her baby. Plans, provides and evaluates care for the woman from marginalised communities. Collaborates with, and refers the woman to, other health care providers and community agencies and networks. Responds appropriately in situations where there is domestic violence, drugs and/or alcohol misuse. <p>Attitude</p> <ul style="list-style-type: none"> Acknowledges the impact that psychosocial, emotional, cultural and economic factors have on the woman's life. Recognises public health issues, including the promotion of healthy eating, smoking cessation and the safe and responsible consumption of alcohol. 	<p>Knowledge</p> <ul style="list-style-type: none"> Has relevant knowledge of normal risk pregnancy, childbirth and postpartum/newborn period. Understands relevant physiological processes and the maternity related health needs of a woman of normal risk. Understands the social, emotional and cultural needs of the woman and her family where pregnancy is considered of normal risk. Has relevant knowledge of pharmacology related to uncomplicated pregnancy, childbirth and postpartum/newborn periods. <p>Skills</p> <ul style="list-style-type: none"> Utilises appropriate technology to achieve best health outcomes for the woman and her baby. Consistently provides effective care to address the psychosocial and emotional needs of the woman considered to be of normal pregnancy risk and her family. Maintains up to date skills and knowledge concerning the care of the woman and her baby considered to be of normal pregnancy risk. Appropriately manages the antenatal, birthing and postpartum care of the woman and her baby who are considered of normal risk. Safely prescribes and administers medicines in accordance with state and national regulations. <p>Attitude</p> <ul style="list-style-type: none"> Values maintaining competency in providing care for a woman considered to be of normal pregnancy risk and her baby. 	<p>Knowledge</p> <ul style="list-style-type: none"> Understands relevant pathological processes and complex health needs. Understands the early signs of emergencies or urgent situations. Understands the particular social, emotional and cultural needs of the woman and her family where there are complex health needs. Has relevant knowledge of pharmacology related to complicated pregnancy, childbirth and postpartum/newborn periods. Understands the particular needs of the woman in subsequent pregnancies following a pregnancy loss/unanticipated pregnancy outcome. <p>Skills</p> <ul style="list-style-type: none"> Utilises appropriate technology to achieve best health outcomes for the woman and her baby. Consistently provides effective care to address the social and emotional needs of the woman and her family. This includes postpartum bereavement care and care in subsequent pregnancies where there has been a pregnancy loss/unanticipated pregnancy outcome. Recognises signs and symptoms of complications/conditions. Recognises and responds effectively in emergencies or urgent situations with timely intervention, consultation and/or referral. Maintains up to date skills and knowledge concerning emergency care. Manages complications/conditions appropriately. This includes the woman's and her baby's pharmacological care and needs where complications arise.

			Attitude <ul style="list-style-type: none"> Values maintaining competency dealing with emergency situations.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	3A. promote maternity care as a public health strategy.	4A. demonstrate the capacity to provide effective care for pregnant, birthing and postpartum women who are of normal risk.	5A. demonstrate the capacity to provide effective care when complications arise.
Performance Elements/Outcomes	<ul style="list-style-type: none"> Provides care that considers and integrates the impact of a woman’s psychosocial determinants of health on her health and that of her family. Recognises, acknowledges and responds to a woman’s psychosocial, emotional, physical, psychological, spiritual, cultural and economic influences. Promotes health care practices that address inequalities in health. Responds according to national guidelines and policies in situations where there is depression, anxiety, past sexual abuse, domestic violence, or for the woman who needs support with overcoming addiction to drugs and/or alcohol. Is confident in own knowledge and in educating others regarding public health issues, including national health priorities and preventative health. Recognises preventative health opportunities and acts upon these to promote health and wellbeing. Recognises the role and value of community-based self-help (mutual support) organisations in antenatal and postnatal care. 	<ul style="list-style-type: none"> Provides care that integrates the physiological processes of normal pregnancy, birth and postpartum and the psychosocial, emotional, psychological and cultural needs of the woman and her family where pregnancy is of normal risk. Maintains up to date practical skills and knowledge concerning the care of the woman and her baby considered of normal risk. Manages the practical antenatal, birthing and postpartum care of the woman and her baby who are considered of normal risk. Provides the woman with a balanced perspective of options for infant feeding and can guide and support her choice. Has up to date knowledge of common pharmacological preparations used during pregnancy, labour, birthing and the postpartum/newborn period. 	<ul style="list-style-type: none"> Provides proactive, timely and effective care and escalation of care where a woman or her baby has complex health needs and/or where complications, emergencies or critical situations arise. Maintains currency, competency and capability in the management of complications, emergencies or urgent situations. Demonstrates ability to remain woman centred when complications arise. Works collaboratively with other clinicians and health professionals ensuring optimal and safe outcomes for the woman and baby. Provides emergency care, stabilising and transferring as soon as practicable. Considers the needs of the woman’s family throughout an emergency situation. Maintains up to date knowledge of relevant pharmacological preparations when complications arise.

Domain 2: PROFESSIONALISM	
Sub-Domain and Learning/Subject Area – EQUITY	
Competency Standard	6. Establishes links with the woman/her family/community that are culturally appropriate, respectful and responsive.
Competency Elements	Knowledge <ul style="list-style-type: none"> Understands the need for culturally appropriate practice. Understands specific needs of the Aboriginal and Torres Strait Islander woman and her community.

	<ul style="list-style-type: none"> ▪ Understands the long and short term impact of gender, race, colonisation and social policy on the woman and her family and maternity services. ▪ Identifies personal beliefs in relation to the provision of care and demonstrates an understanding of how these impact on practice. <p>Skills</p> <ul style="list-style-type: none"> ▪ Provides care that is responsive to the cultural needs of the woman and her family. ▪ Identifies and acts appropriately to eliminate care that diminishes, demeans or disempowers the woman's cultural identity and/or wellbeing. ▪ Works to ensure that power differences do not impact on safe and effective care. ▪ Actively promotes strategies that seek to provide outreach services to those disadvantaged by distance / race / religion or disability. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Respects differences in cultural meanings and responses to health and maternity care. ▪ Demonstrates courtesy and respect for the woman and her newborn, family and culture. ▪ Respects Aboriginal and Torres Strait Islander knowledge, priorities and preferences related to their health and their own health care.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	6A. establish links with the woman/her family/community that are culturally appropriate, respectful, responsive and secure.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides care that is courteous, respectful and culturally responsive and secure to the needs, priorities and preferences of the woman and her family. ▪ Reflects on own personal beliefs in relation to the provision of care and acts to eliminate care that diminishes, demeans or disempowers the woman's identity and/or wellbeing. ▪ Provides care that actively promotes strategies that seek to provide outreach services to women of disadvantage.

Domain 2: PROFESSIONALISM	
Sub-Domain and Learning/Subject Area – ETHICS	
Competency Standard	7. Adheres to and promotes professional code of ethics relevant to own practice/maternity service provider group.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands the importance of the woman's right to engage in the planning and evaluation of maternity services. ▪ Understands relevant codes of ethics and professional conduct. ▪ Understands strategies to address ethical issues and breaches of confidentiality and privacy. <p>Skills</p> <ul style="list-style-type: none"> ▪ Provides care in accordance with relevant codes of ethics and professional conduct. ▪ Collaborates to address ethical issues and breaches of confidentiality and privacy. ▪ Provides honest and complete information to the woman including when things do not go to plan. ▪ Works with the woman to identify and develop appropriate sources of social and community support and health care. ▪ Assists the woman to identify her knowledge and needs and the needs of her unborn baby. ▪ Encourages and assists the woman to take responsibility for her own health and that of her baby by promoting self-help and healthy life-styles. ▪ Provides effective and appropriate care for the psychosocial and emotional needs of the woman and her family. ▪ Involves the woman and community in maternity service development, improvement and evaluation. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Values ethical behaviour towards women, colleagues and communities at all times. ▪ Respects the woman's right to be self-determining and able to make her own health care decisions in the promotion of health and well-being.

	<ul style="list-style-type: none"> ▪ Acknowledges and advocates for the rights of the woman to be active participants in her own care and that of her baby. ▪ Respects the woman's individual preferences and cultural needs.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	7A. Adhere to and promotes the professional code of ethics relevant to own practice/maternity service provider group (as available).
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides care in accordance with relevant legislation, codes of ethics and professional conduct. ▪ Works collaboratively to address ethical issues and breaches of confidentiality and privacy. ▪ Provides honest comprehensive and evidenced-based information to the woman including when things do not go to plan. ▪ Protects the woman from involvement in different/conflicting professional positions and practices by providing unbiased information. ▪ Supports and encourages the woman to take responsibility for her own health and that of her baby. ▪ Supports the woman to identify and evaluate her own needs and those of her baby when planning for appropriate and effective maternity care and infant feeding choice. ▪ Provides care that encourages the woman and her community to be involved in maternity service development, improvement and evaluation.

Domain 2: PROFESSIONALISM			
Sub-Domain and Learning/Subject Area – PERFORMANCE IMPROVEMENT			
Competency Standard	8. Engages in the use and evaluation of evidence to inform practice.	9. Continuously acts to enhance professional development of self and others.	10. Demonstrates accountability and responsibility for own practice.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands how to analyse, synthesise and integrate evidence into practice. <p>Skills</p> <ul style="list-style-type: none"> ▪ Provides evidence informed care in pregnancy, labour and birth, postnatal and newborn period. ▪ Can use and interpret practice guidelines. ▪ Actively retrieves evidence and integrates this to inform practice. ▪ Readily interprets evidence as a basis to inform practice. ▪ Can discuss the implications of evidence with the woman and colleagues. ▪ Individualises treatment choices and options. ▪ Engages in data collection and reporting as a mechanism to measure performance and health outcomes. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Values the importance of research and evidence. 	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Can identify own professional development and learning needs. <p>Skills</p> <ul style="list-style-type: none"> ▪ Seeks and engages in opportunities to maintain or update skills, knowledge, attitudes and experience. ▪ Actions professional development plans using continuing professional development frameworks. ▪ Supports students to meet their learning needs and objectives. ▪ Undertakes and critiques mutual sharing of experiences and knowledge through interprofessional collaboration. ▪ Demonstrates effective application of newly acquired skills safely. ▪ Contributes to orientation and ongoing education programs. ▪ Supports the education and mentoring of students in the workplace. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Values self appraisal and peer review 	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Identifies knowledge base, scope of practice and the standards of practice/care expected from the maternity provider group. ▪ Understands own role and responsibility for care. ▪ Articulates and understands risk management and open disclosure policies in the follow-up of unsafe practice. ▪ Understands relevant legislation and laws. ▪ Knows about relevant duty of care and ethics. <p>Skills</p> <ul style="list-style-type: none"> ▪ Provides optimal care in accordance with national policies, standards and guidelines. ▪ Utilises risk management and/or open disclosure policies to prevent and/or address unsafe practice. ▪ Engages in and encourages, relevant multidisciplinary review and regular audit processes. ▪ Engages in, and actively encourages debriefing, particularly following adverse events. ▪ Consults and refers in a timely manner. ▪ Participates in and maintains multi-disciplinary collegial networks.

	<ul style="list-style-type: none"> Is open-minded and has a systematic approach to obtaining new knowledge. Values practice guidelines. 	<ul style="list-style-type: none"> activities as appropriate. Values and supports students. 	<ul style="list-style-type: none"> Readily accepts delegation in accordance with relevant policies and guidelines. Responds to the current National Strategic Framework for Aboriginal and Torres Strait Islander Health – Child and Maternal Health. Complies with policies and guidelines that have legal and professional implications. Concludes the professional relationship in a timely and appropriate manner. <p>Attitude</p> <ul style="list-style-type: none"> Is professionally responsible and accountable for own practice and actions. Supports others who report unsafe practice. Has a positive attitude to, is supportive of, and is engaged in intra-and inter- professional collaboration.
<p>Learning Objectives – <i>The Primary Maternity Service Provider (PMSP) will...</i></p>	<p>8A. use and evaluate current relevant evidence to inform practice.</p>	<p>9A. continuously enhance own professional development and the professional development of others.</p>	<p>10A. Demonstrate accountability and responsibility for own practice and actions.</p>
<p>Performance Elements/Outcomes</p>	<ul style="list-style-type: none"> Provides individualised care that is informed by current relevant evidence. Supports the woman to make decisions for her care and that of her baby by providing her with timely, meaningful evidence where needed. Respects the woman’s right to choose different options and care pathways Participates in data collection and reporting as a mechanism to measure performance and health outcomes. Uses research, evidence and practice guidelines for own professional practice and the provision of safe maternity care. 	<ul style="list-style-type: none"> Participates in regular reviews of own and others professional development and learning needs. Provides care that is based upon up to date information, skills, knowledge, attitudes and experience. Supports and embraces opportunities for interprofessional learning and collaboration. 	<ul style="list-style-type: none"> Provides care that adheres to own knowledge base, scope of practice and standards of practice/care expected of own maternity provider group. Accepts responsibility and accountability for care provided and provides that care according to national strategic frameworks, policies, standards, guidelines, relevant legislation and common law. Supports and encourages debriefing, multidisciplinary review regular audit processes, and open disclosure policies to address unsafe practice. Supports, participates in and maintains intra- and inter- professional collaboration and multi-disciplinary collegial networks. Respects the right to autonomous practice of each maternity provider group as regulated health professionals. Delegates in accordance with relevant policies, guidelines and scope of practice. Maintains professional boundaries within the episode of care. Concludes the professional relationship in a timely manner.

Domain 3: WORKPLACE	
Sub-Domain and Learning/Subject Area – MANAGEMENT AND LEADERSHIP	
Competency Standard	11. Integrates effectively with and between organisations.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands the importance of thinking critically at both service and individual levels. ▪ Understands change processes in the healthcare/maternity care environment. <p>Skills</p> <ul style="list-style-type: none"> ▪ Engages in regular reflection on practice. ▪ Seeks knowledge to support effective management, risk management and leadership. ▪ Seeks to improve the woman's maternity care experience. ▪ Accepts role of mentor where applicable. ▪ Supports influences and manages change. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Displays sensitivity to the needs of the woman. ▪ Fosters and values a climate of reflection, critical thinking and continual service improvement. ▪ Accepts and supports change.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	11A. work effectively with, and between, organisations.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides care that promotes a climate of reflection, critical thinking and continual service improvement to continually enhance the woman's maternity care experience. ▪ Supports others through mentoring and clinical supervision. ▪ Recognises and manages change processes in the healthcare/maternity care environment. ▪ Seeks knowledge to support effective management, risk management and leadership.

Domain 3: WORKPLACE	
Sub-Domain and Learning/Subject Area – TEAMWORK	
Competency Standard	12. Develops effective strategies to implement and support interprofessionalism and collaborative practices.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands others' roles. ▪ Understands when and who to refer to/consult with. <p>Skills</p> <ul style="list-style-type: none"> ▪ Recognises the role of other members of the health care team. ▪ Adopts effective styles and methods of communication. ▪ Negotiates a collaborative care plan in consultation with the woman.

	<ul style="list-style-type: none"> ▪ Readily invites, acts upon, and offers, constructive feedback from peers and colleagues. ▪ Effectively manages change in a team environment. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Appreciates the differing professional roles in maternity care. ▪ Acts to identify and respond to factors that facilitate or hinder interprofessional relationships. ▪ Respects differences in views. ▪ Recognises the value of effective interprofessional relationships to achieve the best possible outcomes for the woman and her baby.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	12A. develop effective strategies to implement and support interprofessionalism and collaborative practice.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Recognises the value of effective interprofessional relationships to achieve the best possible outcomes for the woman and her baby. ▪ Adopts effective styles and methods of communication and referral/consultation that recognises and respects the roles of other members of the health care team. ▪ Negotiates an appropriate plan of care in consultation with the woman and other colleagues as needed. ▪ Invites and acts upon constructive feedback from peers and colleagues. ▪ Offers constructive feedback to peers and colleagues when appropriate. ▪ Effectively negotiates and participates in change in a team environment.

Domain 3: WORKPLACE	
Sub-Domain and Learning/Subject Area – OCCUPATIONAL HEALTH AND SAFETY	
Competency Standard	13. Develops and maintains effective strategies to participate in, maintain, contribute to, manage and improve Occupational Health and Safety (OHS) processes within the workplace.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands relevant OHS requirements. ▪ Understands principles of risk management and risk/hazard reporting processes. <p>Skills</p> <ul style="list-style-type: none"> ▪ Complies with safe working practices. ▪ Supports others to work safely. ▪ Maintains OHS documentation/records appropriate to role. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Supports others to work safely. ▪ Values working safely.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	13A. develop, participate in and maintain effective strategies that contribute to, manage and improve Occupational Health and Safety (OHS) processes within the workplace.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Provides care that complies with relevant OHS requirements and safe working practices that include risk management and risk/hazard reporting processes. ▪ Maintains OHS documentation/records according to requirements of professional role.

Domain 4: COMMUNICATION	
Sub-Domain and Learning/Subject Area – WOMAN CENTRED COMMUNICATION	
Competency Standard	14. Engages in effective, appropriate communication to ensure optimal maternal and newborn health outcomes.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Knows a range of interpersonal communication principles and processes including adult learning. ▪ Identifies barriers to effective communication. ▪ Knows when to engage a healthcare interpreter. <p>Skills</p> <ul style="list-style-type: none"> ▪ Communicates effectively with the woman and her family using language that is readily understood. ▪ Legibly documents decisions, actions and outcomes. ▪ Adapts communication to the needs of and a level suited to the individual woman. <p>Attitude</p> <ul style="list-style-type: none"> ▪ Conveys a calm, confident and approachable manner.
Learning Objectives – The Primary Maternity Service Provider (PMSP) will...	14A. engage in effective woman centred communication to ensure optimal maternal and newborn health outcomes.
Performance Elements/Outcomes	<ul style="list-style-type: none"> ▪ Responds in a calm, confident and approachable manner when communicating with the woman and her family. ▪ Uses a range of interpersonal communication principles and processes and adapts communication to the needs of and a level suited to the individual to communicate effectively with the woman and her family. ▪ Recognises and addresses barriers to effective communication by fully utilising resources that promote and enhance understanding i.e. culturally appropriate information, resources and healthcare interpreters. ▪ Legibly and concurrently documents decisions, actions and evaluation of outcomes.

Domain 4: COMMUNICATION	
Sub-Domain and Learning/Subject Area – PROFESSIONAL COMMUNICATION	
Competency Standard	15. Engages in effective, appropriate intra and interprofessional communication to ensure optimal maternal and newborn health outcomes.
Competency Elements	<p>Knowledge</p> <ul style="list-style-type: none"> ▪ Understands the importance of effective intra and interprofessional communication. <p>Skills</p> <ul style="list-style-type: none"> ▪ Demonstrates effective communication and follow-up processes during consultation, referral and handover. ▪ Communicates effectively with all other health care providers. ▪ Establishes effective and collegial relationships with health care providers and other professionals. ▪ Maximises communication by adopting effective styles and methods of communication. ▪ Identifies and responds to factors that facilitate or hinder intra and interprofessional communication. <p>Attitude</p>

	<ul style="list-style-type: none"> ▪ Respects differences in communication styles and negotiates compromise. ▪ Values ongoing/effective intra and interprofessional communication. ▪ Recognises respects and values collaboration
<p>Learning Objectives – <i>The Primary Maternity Service Provider (PMSP) will...</i></p>	<p>15A. engage in effective, appropriate intraprofessional and interprofessional communication to ensure optimal maternal and newborn health outcomes.</p>
<p>Performance Elements/Outcomes</p>	<ul style="list-style-type: none"> ▪ Provides care that demonstrates effective and collegial relationships and effective communication styles and methods of consultation, referral and handover with all other health care providers. ▪ Recognises and responds to factors that facilitate or hinder intra and interprofessional communication. ▪ Respects differences in communication styles. ▪ Uses communication skills to negotiate quality outcomes where differences exist in professional opinions and recommendations for healthcare choices. ▪ Recognises respects and values collaborative practice and ongoing/effective intra and interprofessional communication. ▪ Uses a range of strategies to communicate effectively with other health care providers particularly where there is a transition from one care provider or care provider group to another.

11. ACRONYMS

RANZCOG - Royal Australian & New Zealand College of Obstetricians and Gynaecologists

RACGP - Royal Australian College of General Practitioners

ACRRM - Australian College of Rural and Remote Medicine

CDNM - Council of Deans of Nursing and Midwifery

CPMEC - Confederation of Postgraduate Medical Education Councils

MDANZ - Medical Deans of Australia and New Zealand

CDAMS - Committee of Deans of Australian Medical Schools

ANMC - Australian Nursing and Midwifery Council

NMRA - Nursing Midwifery Regulatory Authorities

MSIJC - Maternity Inter-Jurisdictional Committee

NHWT – National Health Workforce Taskforce

NMRA - Nursing and Midwifery Regulatory Authority

AHMAC - Australian Health Ministers Advisory Council

NHMRC - National Health and Medical Research Council

RCPSC - Royal College of Physicians and Surgeons of Canada

ANZCA - Australian and New Zealand College of Anaesthetists

12. APPENDICES

Appendix 1: Documents reviewed for the literature reviews

Competency framework for Public Health Nutrition workforce development	Australian Nursing and Midwifery Council's <i>National Competency Standards for the Nurse Practitioner</i>
National Remote Area Nurse Competencies	Australian Physiotherapy Council Standards for Physiotherapy
Maternal and Neonatal Health Program - Skilled Provider Competencies and Responsibilities	Australian Nursing and Midwifery Council's <i>National Competency Standards for the Midwife</i>
Senior Allied Health Practitioners	CanMED Proficiencies (Canadian)
National Consensus Framework for Rural Maternity Services	Competencies for Entry to Register of Midwives Midwifery Council of NZ
RACGP Curriculum: Domains of General Practice – women's health	Health Training Package – Aboriginal Health Worker Competencies
RANZCOG Curriculum – Specialist Obstetricians & Gynaecologists	ACRRM Primary Curriculum Statements
Competency Standards for health and allied health professionals in Australia – Dept of Human Services Victoria	National Strategic Framework for Aboriginal and Torres Strait Islander Health Context
National Patient Safety Education Framework - ACSQHC	MSIJC Primary Maternity Services Framework for Implementation
ANMC National Framework for Accreditation of Nursing & Midwifery Courses	ACCRM Vocational Training Handbook
CDAMS Indigenous Health Curriculum Framework	NZCOM Education Framework
WHO Europe Midwifery Curriculum for Accredited Nurses	CPMEC Australian Curriculum Framework for Junior Doctors (version 2.1)

Appendix 2: Literature review

Note: The Reference List specifically for the Literature Review is presented at the end of Appendix 2. This is separate from the main Reference List for the Report.

INTRODUCTION

Childbirth and perinatal care are the most common reason for hospitalisation in Australia. In 2007, 289,496 women gave birth to 294,205 babies.¹ The number of births in Australia is now the highest it has been since 1971 with the demand on maternity services often unpredictable.¹

Health workforce arrangements are evolving in response to changing health care needs. However the overall capacity of the maternity workforce to meet future demand in maternity care continues to be of concern.² It is faced with existing and worsening shortages due to an ageing population and a growing demand for services with shortages more acute in rural and remote areas.³ Whilst the last decade has seen some expansion of the types of models of maternity care available to women in Australia throughout pregnancy, labour, birth and the postnatal period, there continues to be considerable debate nationally and internationally about the best ways to provide maternity care.²

Within Australia today, maternity services are provided in multiple settings by a range of different providers. Midwives, obstetricians, or GP obstetricians may all be lead carers during a woman's childbirth journey or care may be shared by a combination of providers, who may work in a range of settings⁴. For Australian women and their babies, a range of other health workers may also be involved across the course of their pregnancy either at the request of the lead carer or through a process of self-referral by the woman involved. These other health workers may include maternal, child and family health nurses, paediatricians, anaesthetists, physiotherapists, doulas, dieticians, social workers, mothercraft nurses, lactation consultants registered and enrolled nurses and Aboriginal Health Workers.³

From a woman's perspective, maternity services often appear fragmented^{3,5,6} where different care givers are involved at different stages of a woman's pregnancy, labour and postnatal journey. In many instances a woman will be cared for in labour in hospital attended by a midwife whom she has never met before (or more than one if a shift change occurs). This is despite numerous national and international studies which have consistently demonstrated that continuity of care/r improves satisfaction for both women and health professionals, boosts health outcomes, and reduces intervention rates.⁷

National data suggests that in Australia there are around 350 000 health professionals currently employed in health service industries.⁸ Specifically, within maternity services most recent estimates report that 11 985 (8,754 FTE) are practising midwives with the majority working in a capital city (68.1%) and only 5.4% in rural areas and 2.2% remote centres.⁹ Estimates from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) database indicate there were 1,160 Australian Fellows in active practice in 2003.¹⁰ Data from a RANZCOG conducted Workforce Survey of Fellows in February 2003 suggests the number of specialists who choose not to practice in obstetrics is growing. An estimated 20.6% of the workforce in 2003 did not practice any obstetrics compared to only 14.1% in 1997 with estimates that there may be a 50% reduction in practising obstetricians in years to come.¹⁰

Geographical maldistribution is a key issue affecting the specialist Obstetrics workforce. However estimating the size and capacity of the obstetric workforce is difficult due to the

issue of role differentiation where practitioners have the option of providing services in obstetrics or gynaecology, or both.¹⁰ As with the midwifery workforce the majority, (76.8%), of Obstetricians work primarily in a capital city where 64.7% of Australia's female population aged 15 years and over resides; 14.7% of work primarily in rural centres (where 25% of females 15 years and over reside); and 1.1% primarily in a remote area (where 2.5% of females 15 years and over reside).¹¹

Summary data about the GP workforce in Australia is scarce. The Australian Medical Workforce Advisory Committee reported in 2005 that in 2002 there were about 23,000 GPs in Australia, with more than 80% of the workforce was vocationally registered¹² While, just over 2500 GPs in Australia have completed and maintain the Diploma of Obstetrics, the decline in GP participation in intrapartum obstetrics has been well documented.⁴ In Victoria, only one in five GP obstetricians reported practising procedural obstetrics (involved in intrapartum care).¹⁴ Of the 129 involved in intrapartum care only 26 performed caesarean section, with this proportion increasing with rurality.¹⁴ Of those GP's who had ceased procedural obstetrics, more than a third ceased within two years of commencing.¹⁴

Workforce issues are central to ensuring access to safe maternity services for all Australian women and their families. To address workforce shortages of adequately qualified and skilled staff and geographical distribution issues particularly in rural and remote areas, Indigenous communities, and increasingly in outer metropolitan areas, there is a need to consider different workforce and service delivery models for the provision of maternity services.³ One potential means of lessening the impact of workforce shortages and distribution problems is to use the skills of the existing workforce in the most efficient and effective way possible.⁸ This literature review seeks to explore these issues by defining core competencies then developing an educational framework to support the integration of the identified core competencies into maternity services curricula.

METHODOLOGY

Core Competency Model

A systematic search for documents that relate to competencies or capabilities for the three main professional groups (midwives, obstetricians, GP obstetricians) and others involved in maternity care in Australia was undertaken in the initial phases of the project. The focus of this review was on the identification of key skills, knowledge, behaviours and attitudes (competencies or capabilities) and guiding principles to inform the development of a competency model for primary maternity services across remote, rural and urban Australia. A subsequent review of relevant education focussed literature sought to inform the development of the educational framework and education principles.

Database searches were restricted to the past 5 years (2004-2008). The main databases used were CINAHL and Medline but information was also drawn from the Cochrane Collaboration.

The following search terms were used in various combinations in the electronic databases and on the World Wide Web:

- maternity competence or competenc*
- competency standards for maternity care or services
- professional competency standards maternity
- maternity competency model
- competency model health or healthcare

A search of the Australian Government and Government Agency websites (Australian Institute of Health and Welfare (AIHW), National Health Workforce Taskforce (NHWT), Department of Health and Ageing (DoHA), Productivity Commission, Australian Health Ministers Advisory Council (AHMAC), Australian Health Workforce Advisory Committee (AHWAC), Australian Commission on Safety and Quality in Healthcare (ACSQHC) and Victorian Department of Human Services and other relevant national and international government reports was also undertaken.

In addition, the websites of professional maternity organisations were individually searched. These included Australian Nursing and Midwifery Council (ANMC), RANZCOG, Royal Australian College of General Practitioners (RACGP), Australian College of Midwives (ACM), Rural Doctors Association of Australia (RDAA), Health Professional Registering Authorities and international organisations such as the Royal College of Physicians of and Surgeons of Canada (RCPSC), Centre for the Advancement of Interprofessional Education (CAIPE), UK, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the New Zealand College of Midwives (NZCOM).

A number of key documents were identified and these were used to develop the initial competency model draft document and to refine the subsequent versions.

The key documents reviewed included:

- RDAA - The National Consensus Framework for Rural Maternity Services¹⁵
- MSIJC - Primary Maternity Services Framework for Implementation¹⁶
- ACSQHC - National Patient Safety Education Framework¹⁷
- ANMC - National Competency Standards for the Midwife¹⁸
- ANMC – National Competency Standards for the Nurse Practitioner¹⁹
- Department of Human Services, Victoria - Competency Standards for health and allied health professionals in Australia report²⁰
- DoHA - National Strategic Framework for Aboriginal and Torres Strait Islander Health Context²¹
- RCPSC - CanMED Proficiencies²²

Educational Framework

A systematic search of documents related to curriculum for maternity services, accreditation frameworks for maternity education and courses, and educational frameworks in health was undertaken at the commencement of part 2 of the project. Again, database searches were restricted to the 5 years period from 2004-2008. The main databases used were CINAHL, Medline and the Cochrane Collaboration.

The following search terms were used in various combinations in the electronic databases and on the World Wide Web:

- competency-based education maternity
- competency-based undergraduate education maternity
- competency-based postgraduate education maternity
- competency-based post-registration education maternity
- competency-based continuing professional development maternity education
- competency-based training maternity undergraduate
- competency-based training maternity postgraduate
- competency-based training maternity continuing professional development
- undergraduate maternity curriculum
- postgraduate maternity curriculum
- continuing professional development maternity curriculum
- post-registration maternity curriculum
- education standards for maternity services
- curriculum development maternity
- interprofessional learning
- interprofessional education

A number of websites were also individually searched for documents related to midwifery and obstetric registration, undergraduate, postgraduate and post-registration education standards and frameworks. These websites included those of RANZCOG, RACGP, Australian College of Rural and Remote Medicine (ACRRM), Council of Deans of Nursing and Midwifery (CDNM), Centre for Postgraduate Medical Education (CPME) Medical Deans of Australia and New Zealand (MDANZ), World Health Organisation (WHO), International Federation of Gynaecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), National Health Service, United Kingdom, National Health Service, Scotland, Australian Council for Safety and Quality in Healthcare (ACSQHC) and ANMC as well as the Nursing and Midwifery Registration Authority (NMRA) for each state and territory. The documents reviewed included the following:

Table 1: Full list of documents reviewed to develop the Educational Framework

Curriculum Documents	<ul style="list-style-type: none"> ▪ RACGP Curriculum for Australian General Practice ▪ RANZCOG Curriculum – Specialist Obstetricians & Gynaecologists ▪ ACRRM Primary Curriculum Statements ▪ ACRRM Vocational Training Handbook ▪ CPME Australian Curriculum Framework for Junior Doctors (v. 2.1) ▪ WHO Europe Midwifery Curriculum for Qualified Nurses
Education Frameworks	<ul style="list-style-type: none"> ▪ CDAMS Indigenous Health Curriculum Framework ▪ NZCOM Education Framework ▪ Garde, S & Hovenga, E. (2006) Australian Health Informatics Educational Framework Faculty of Informatics and Communication Central Queensland University ▪ Royal Australian and New Zealand College of Obstetricians & Gynaecologists (2003) Curriculum: A Framework to Guide the Training and Practice of Specialist Obstetrician and Gynaecologists ▪ ACSQHC National Patient Safety Education Framework
Accreditation	<ul style="list-style-type: none"> ▪ ANMC National Framework for Accreditation of Nursing &

Standards	<p>Midwifery Courses</p> <ul style="list-style-type: none"> ▪ ACT Nursing and Midwifery Board Professional Programs Policy 1: Accreditation / Approval of Entry to practice Nursing / Midwifery / Nurse Practitioner Courses ▪ Nurses & Midwives Board of Western Australia (2008) Policy Framework for Accreditation of Education Providers & Courses Leading to Registration as a Nurse or Midwife in Western Australia ▪ Nursing & Midwifery Board of the Northern Territory (2008) Standards for the Accreditation of Education Providers delivering Nursing and Midwifery Courses ▪ Nursing & Midwifery Board of the Northern Territory (2008) Standards for the Accreditation of Nursing and Midwifery Courses ▪ Nurses and Midwives Board of New South Wales (2008) Midwifery Education Guidelines: Current Essential Requirements and Aspirational Standards ▪ Queensland Nursing Council (2005) Nursing & Midwifery Education Policy: An Accreditation Framework
Other Related Documents	<ul style="list-style-type: none"> ▪ National Health Service Scotland (2003) <i>Implementing A Framework for Maternity Services in Scotland</i> Overview Report of the Expert Group on Acute Maternity Services

FINDINGS

Core Competency Model

This search identified a small number of published competency standards. Specifically, these competency standards were developed for midwifery and nursing professionals and the public health nutrition workforce. Competencies within these documents focussed on knowledge, legal and professional responsibilities, communication, reflection, self appraisal and management and leadership. The National Competency Standards for the Midwife¹⁸ were the only published Australian competency standards identified specifically for providers of maternity care.

For each of the published competency standards reviewed, there was an organised framework/format for the competencies described. They were commonly organised into broad modules or clusters of competence reflecting specific areas of practice for individual practitioners.^{18,19-23} These clusters or modules were further defined into competency elements representing individual tasks, behaviours or attitudes underlying specific aspects of professional performance.^{18,19-23} These were further defined through examples of competent performance for each competency element and identified as either performance criteria²³ or cues.¹⁸

Competency Standards

The Victorian Department of Human Services identified that most health and allied health professions have competency standards or are in the process of developing them.²⁴ No nationally agreed format for competency standards existed.²⁰ They found that generally most competency standards were comprised of some or all of the following criteria:

- *Unit of competency* – a ‘discrete component within a competency standard’, made up of a title, its constituent elements and performance criteria²⁰. A short description of its purpose may also be present.
- *Elements of competency* – describe the actions and outcomes to be demonstrated or assessed.
- *Performance criteria* – general statements that specify the level of performance and set out the required outcomes.
- *Range of variables statement* – when used these statements contextualise the competency, they define boundaries and provides links for consistency in application and to knowledge or task/profession specific requirements such as legislation, guidelines and protocols.
- *Evidence guide (optional)* – to assist in the interpretation and assessment of the unit of competency
- *Cues (optional)* - provide illustrative examples related to the competency standard.

A number of the other documents reviewed identified competencies within larger frameworks. These frameworks were designed with a variety of purposes including:

- the identification of areas of professional proficiency for the facilitation of ongoing learning²⁵
- as a guide to senior workforce core requirements in rural and remote Western Australia²⁵
- to identify essential professional characteristics to guide training²⁶,
- to set standards of expected skills, knowledge and attitudes essential for competent, unsupervised practice²⁷
- to assist in the planning and policy development of rural maternity services¹⁵
- to suggest a consistent format for competency standards²⁴
- to provide a framework for further discussion under which health and allied health competency standards could be clustered with the intention of facilitating interprofessional and intersectoral dialogue and comparison.²⁹

Within these documents, competencies were used increasingly to define the knowledge, skills and attitudes of specific small work/professional groups through to the collective workforce.

These competencies included those identified in Table 2 below.

Table 2.1: Full list of documents reviewed to develop the Core Competencies for Primary Maternity Services

Competency framework for Public Health Nutrition workforce development	Australian Nursing and Midwifery Council’s <i>National Competency Standards for the Nurse Practitioner</i>
National Remote Area Nurse Competencies	Australian Physiotherapy Council Standards for Physiotherapy
Maternal and Neonatal Health Program - Skilled Provider Competencies and Responsibilities	Australian Nursing and Midwifery Council’s <i>National Competency Standards for the Midwife</i>
Senior Allied Health Practitioners Competency Standards WA	CanMED Proficiencies (Canadian)
National Consensus Framework for Rural	Competencies for Entry to Register of

Maternity Services	Midwives Midwifery Council of NZ
Victorian Department of Human Services, Victoria - Competency Standards for health and allied health professionals in Australia report	Health Training Package – Aboriginal Health Worker Competencies
National Patient Safety Education Framework	

Defining the terminology

The terminology used in competency standards was used interchangeably in the literature reviewed. Specifically the terms competency, competence, competency standards and capability are defined below.

Competency

The term competency was shown to have different meanings in different circumstances. Competency, according to the Victorian Department of Human Services refers to specific capabilities and is made up of skills, knowledge and attitudes.²⁴ The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) defined competency as the consistent application of knowledge and skill consistently over time in a sufficient range of work contexts to the standard of performance required in the workplace. They also suggested that competency embodies the ability to transfer and apply skills and knowledge to new situations and environments.³⁰

For the purposes of this project, competency describes the skills, knowledge, and behaviours (attitudes and values) that underpin effective professional/occupational performance. Competency is addressed from a perspective of service provision in maternity care and is addressed through a number of competency standards that represent core elements from a primary maternity service perspective.

Competence

Competence in the literature reviewed was generally referred to as overall ability that is inferred either through the identification of a series of personal attributes (skills, knowledge and attitudes or competencies) or through the observation of performance.^{30, 24} Individually, both approaches to the inference of competence are not perfect. Attribute based inference of competence may not translate into competent performance whilst performance based inference of competence may not account for adaptability, flexibility and the transfer of skills to new environments. An integrated approach to competence that encompasses both an identification of specific attributes as well as the ways in which those attributes are observable must therefore be considered.²⁰

Capability

Capability was viewed as the sum of expertise and capacity.²⁴ Capability extends the concept of competence to include the ability to apply the necessary knowledge, skills and attitudes to a range of complex and changing settings.²⁰

In this project, capability is the ability or capacity to perform or apply skills, knowledge and behaviours within different contexts.

Developing the Core Competencies

The report by the Victorian Department of Human Services identified a proposed competency framework as a tool to facilitate the comparison of allied health and health competencies.²⁴ This framework identifies four [realms] domains which are further divided in [sub-realms] sub-domains. These are identified in Table 2.2 below:

Table 2.2: Victorian Department of Human Services Framework for Competency Standards

DOMAIN	SUB-DOMAIN
Client Service	<ul style="list-style-type: none"> • philosophy of care • service provision • body of knowledge
Professionalism	<ul style="list-style-type: none"> • ethics • equity • performance improvement
Workplace	<ul style="list-style-type: none"> • management and leadership • teamwork • occupational health and safety
Communication	<ul style="list-style-type: none"> • patient/client communication • professional communication

This framework and the generally accepted competency standard criteria described above informed the development of the Core Competency Model for Primary Maternity Services.

Educational Framework

The documents reviewed revealed that the presence of competency standards and/or educational standards for a number of different disciplines. The literature was therefore reviewed with an aim that the *Core Competencies and Educational Framework for Maternity Services* would **complement** rather than replace standards already in existence, the providers usual scope of practice and individual provider groups own competency based education and assessment programs.

A number of similarities in standards for education programs, criteria for accreditation and themes and content were evident in the literature reviewed. These similarities included requirements for core curriculum content to address relevant national professional competency standards,^{25,31-37} demonstrate an incremental process of learning^{38-42,26-27} and a commitment to lifelong learning.^{26,31-36,40-46}

Additionally, this review identified that the purpose of the documents was varied. The breadth of these included providing a set of guidelines for the development of curricula,⁴⁰ presenting a guide for education providers of the undergraduate and postgraduate training and assessment for specific health professional roles,²⁶ identifying essential characteristics of professional graduates^{41-47,26} and addressing overall educational outcomes and specific learning objectives through broad, general instructional objectives or competencies.³⁸

The emphasis of the majority of curriculum documents was the development of skills for critical self reflection,^{18,35,48} the integration of theoretical and clinical components appropriate to the professional practice role,^{18,26,35,47-50} the roles and context of professional practice and the development of knowledge, skills and professional qualities commensurate with the profession.^{18,26,35,48,49} The CPME document specifically identified interprofessional learning as an important philosophy for success in their education program.⁴¹

Defining the learning principles

A number of general educational (and learning) principles were identified from the literature review. These also contributed to the content and structure of the Educational Framework. These learning principles were:

- Learning activities for **adult learners** should be clearly articulated so that learners can see connections between what they already know, have the skills to do and the new information provided.⁵¹
- As **adult learning is lifelong**; responsibility is taken by each individual for their own learning. Adult learners are generally prepared to invest time, money and effort in training or education on a continuous basis.⁵²⁻⁵⁴

Definitions around interprofessional learning and interprofessional education and interprofessional practice were also explored within the literature reviewed.

Interprofessional learning (IPL):

This was identified in the literature as learning that occurs through planned interprofessional education or spontaneous incidental interactions between members of two or more professions in the workplace or education settings.⁵²⁻⁵⁴

Interprofessional education (IPE):

This was described in the literature as occasions when two or more professions learn from, with and about each other, to improve interprofessional relationships, collaborative practice and the quality of care.⁵²⁻⁵⁴ IPE was said to be more than common IPL⁵²⁻⁵⁴ and viewed as a tool for successful interprofessional communication.

It was suggested that IPE cultivates mutual trust and respect between professions, acknowledging differences, dispelling prejudice and rivalry and confronting misconceptions and stereotypes about roles and responsibilities, skills and knowledge, powers and duties, value systems and codes of conduct, opportunities and constraints.⁵²⁻⁵⁴

Interprofessional Practice (IPP):

This was defined in the literature as where two or more professions work together as a team with a common purpose, commitment and mutual respect.⁵²⁻⁵⁴

Developing the Educational Framework

The structure of two national frameworks, the CDAMS Indigenous Health Curriculum Framework⁴⁰ and the ACSQHC National Patient Safety Education Framework¹⁷ informed the development of the Educational Framework. These documents offered useful guidance to the structure of the Educational Framework documents.

Where the CDAMS document focussed on suggested subject areas, domains or themes and key attributes and outcomes, the ACSQHC framework identified learning areas, topics,

objectives and knowledge and performance (skills, behaviours and attitudes) elements as outcome measures.^{17,40}

The structure of the Educational Framework combines aspects of these two frameworks by identifying suggested learning areas, objectives and assessment elements as components for curricula relevant to the undergraduate, postgraduate, continuing professional development, up skilling or return to practice learning needs of primary maternity service providers.

To address the challenges of IPL, IPE and the need to accommodate a diversity of needs both from the perspective of level of preparation and the different primary care provider disciplines the Framework has been developed from a broad rather than specific approach to curriculum development with the Core Competencies being used to guide the development of the Educational Framework.

To maintain a likeness between the Educational Framework and the Competency Model and to assist in integrating the Model and Framework the domains identified for the Core Competencies were also identified as the Domains for the Educational Framework.

Within each Domain, Learning/Subject Areas were created and these reflect the Sub-Domains of the Competency Model. For each Learning Area, one or more Learning Objectives have been developed. To meet the requirements of these objectives and to enable measured outcomes Performance Elements/Outcomes that reflect the Competency Elements complete the Framework.

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Appendix 3: Steering committee and reference group membership

Steering Committee members

Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Australian College of Rural and Remote Medicine
Australian College of Midwives	Council for Remote Area Nurses of Australia (CRAN <i>Aplus</i>)
Royal Australian College of General Practitioners	Maternity Services Inter-Jurisdictional Committee
Maternity Coalition	National Health and Workforce Taskforce
Australian and New Zealand College of Anaesthetists	National Maternity Services Review/Department of Health and Ageing

Reference Group members

Australian Nursing & Midwifery Council	Royal College of Nursing
National Association of Specialist Obstetricians and Gynaecologists	The College of Nursing
Women's Hospitals Australasia	Perinatal Society of Australia and New Zealand
National Association of Childbirth Education	Council Of Deans Of Nursing and Midwifery
Australian Medical Council	Medical Deans of Australia and New Zealand
Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia	Association of Maternal, Child and Family Health Nurses
National Maternity Services Review	Stillbirth and Neonatal Death Support
SIDS and Kids	Australian College of Neonatal Nurses Incorporated
Australian Nurses Federation	Australian Society of Independent Midwives
Allied Health Professions Australia including Australian Psychological Society	Australian Breastfeeding Association
Beyondblue National Depression Initiative	Rural Doctors Association of Australia

Appendix 4: Stakeholders who participated in the consultation process.

ORGANISATION/GROUP CONSULTED	ROLE/RESPONSIBILITY
<i>Interprofessional Health Sector</i>	
Allied Health Professions Australia	<p>National voice of allied health in Australia that delivers high-quality, competent, informed advice to government and associated organisations consistent with the needs of the communities we serve.</p> <p>Members of AHPA include Audiologists, Chiropractors, Dieticians, Exercise Physiologists, Occupational Therapists, Orthoptists, Orthotists and Prosthetists, Pharmacists, Podiatrists, Psychologists, Radiographers, Radiation Therapists, Social Workers, Sonographers and Speech Pathologists.</p>
Australian Commission on Safety and Quality in Health Care	<p>The Commission is currently examining safety and quality priorities in primary care, and ways in which it can best contribute to improving outcomes in this sector.</p>
Australian Breastfeeding Association/Australian Lactation Consultants Association	<p>ABA is recognised internationally as an organisation of people interested in the promotion and protection of breastfeeding. ABA is a source of accurate information about breastfeeding management and research.</p> <p>ALCA is a national, non-profit, incorporated professional association for Australian International Board Certified Lactation Consultants.</p>
<p>Beyond Blue</p> <ul style="list-style-type: none"> • Workforce Training and Development Committee • State and Territory Reference Group Committee. 	<p>The CEO and leading clinicians were invited to make comment In addition, two leading committees were asked for their views.</p> <p>This committee will serve to review training requirements, identify gaps and develop additional materials – including online packages.</p> <p>This Committee is made up of representatives from each State and Territory who are responsible for implementing the National Perinatal Depression Initiative in their State and Territory. They work with midwives, mother child health nurses, GP's, OBS to deliver services around mental health in the perinatal period. They are also responsible for training the health professionals in their state.</p>
CRANApus	<p>To promote the development and delivery of safe, high quality health care to remote areas of Australia and her external Territories.</p> <p>Objectives include:</p> <ul style="list-style-type: none"> • Professional and personal support for remote health practitioners and their families • Quality assurance in remote health • Professional development for remote health practitioners • Improved information flow in remote health • Collaboration with major stake holders in remote health

Core Competencies and Educational Framework for Maternity Services in Australia Project

	<ul style="list-style-type: none"> • Legislative change which supports remote health • Practical action research focused on remote health
Department of Health and Ageing	National Department for Health and Aging.
Expert Advisory Group for the Development of the National Antenatal Guidelines (being undertaken through the Commonwealth Department of Health and Ageing).	Wide cross disciplinary group of clinicians, policy makers, researchers and consumers involved in maternity care across Australia.
Maternal and Perinatal Health Priority Taskforce at NSW Health	Provides direction and leadership for NSW maternal and perinatal services to achieve highly integrated services that reflect best national and international standards.
Mental Health Workforce Advisory Committee (Secretariat Manager)	Provides advice to the Health Workforce Principal Committee and the Mental Health Standing Committee (MHSC) on mental health workforce related issues.
National Aboriginal Community Controlled Health Organisation	<p>National peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia.</p> <p>NACCHO represents local Aboriginal community control at a national level to ensure that Aboriginal people have greater access to effective health care across Australia. NACCHO provides a coordinated holistic response from the community sector, advocating for culturally respectful and needs based approaches to improving health and well being outcomes.</p>
National Allied Health Advisors Committee	Provide a national view of allied health.
Perinatal Society of Australia & New Zealand	<p>A multidisciplinary society dedicated to improving the health and long term outcomes for mothers and their babies.</p> <p>Aims to foster communication between all those concerned with the care of the mother and baby during pregnancy, birth and the postnatal period.</p> <p>PSANZ encompasses and strongly encourages research focussed on mothers and babies during pregnancy and at birth as well as the health of the newborn as its development continues after birth. PSANZ includes: scientists, obstetricians, midwives, neonatologists, neonatal nurses, epidemiologists, surgeons, therapists and a variety of our professionals focussed on perinatal medicine. The Society embraces the full scope of activity in this specialty, from basic science through to clinical practise and offers professional, political, administrative and educational advice.</p>
Rural Doctors Association of Australia	Comprises the Rural Doctors Association (RDA) of each State and the Northern Territory-Representing rural doctors from right around the country.

	Provides support, policy development, research, submissions and strategic advice on relevant issues.
Professional Bodies	
Aboriginal Health and Medical Research Council	Recognised peak body and voice of Aboriginal communities on Aboriginal health matters in NSW
Australian and New Zealand College of Anaesthetists	Promote professional standards and patient safety in the many areas of anaesthesia, intensive care and pain medicine through education in the science and practice of anaesthesia, intensive care and pain medicine.
Australian Association of Maternal, Child and Family Health Nurses Other similar organisations include: <ul style="list-style-type: none"> • Qld Child and Family Nurses Association • NT Child and Family Nurses Association • WA Child and Family Nurses Association 	<p>The peak professional body in Australia for nurses working with parents of children from birth to five years of age. The Association monitors and contributes to policy development and legislation affecting child and family health at the national level.</p> <p>The Associations main aim is to provide a voice for Maternal, Child & Family Health Nurses, speaking out on issues that affect not just members of the Association but families with young children from 0 - 5 years of age.</p>
Australian College of Midwives National Office and Australian College of Midwives state and territory branches	The peak professional body for midwives. It provides a unified political voice for the midwifery profession, supports midwives to reach their full potential, and sets professional practice and education standards. We have invited comment nationally and from each state and territory.
Australian College of Neonatal Nurses Incorporated	Peak professional body for neonatal nurses in all states of Australia. Supports active collaboration and representation between ACNN members, other professional associations, particularly those involved with perinatal care, and clinical and academic institutions.
Australian Nursing Federation	National union for nurses, midwives, assistants in nursing and students. The ANF represents the industrial and professional interests of nurses and midwives through the activities of a federal office and branches in each state and territory.
Australian Nursing & Midwifery Council	<p>Peak body for the facilitation of a national approach to nursing and midwifery regulation.</p> <p>The ANMC works with state and territory Nursing and Midwifery Regulatory Authorities (NMRA) in evolving standards for statutory nursing and midwifery regulation.</p> <p>Its core activities are to:</p> <ul style="list-style-type: none"> • Identify matters, which impact on, or are relevant to statutory nursing and midwifery regulation. • Establish, review and promote a national standards framework for nursing and midwifery practice in Australia. • Undertake assessments of internationally qualified nurses and midwives consistent with the registration and/or enrolment requirements of the Australian Nursing and Midwifery Regulatory Authorities. • Initiate and participate in relevant projects on regulation that aid the future growth and development of

	<p>the nursing and midwifery professions.</p> <ul style="list-style-type: none"> • Ensure nursing and midwifery standards reflect the contemporary needs of the Australian community. • Develop and be guided by a strategic view of statutory nursing and midwifery regulation in the national and international contexts. • Foster cooperation, consult with and provide advice to government bodies, professional and other organisations, and International Nursing and Midwifery Regulatory Authorities.
Maternity Services Inter-Jurisdictional Committee	<p>The MSIJC (formerly National Collaboration on Maternity Services Policy) was established by the Australian Health Ministers' Advisory Council (AHMAC) as an information-sharing network of representatives from States and Territories with the principal objective of promoting primary maternity services. MSIJC reports to AHMAC through the Health Policy Priorities Principal Committee.</p> <p>A key focus for this group is the development of nationally consistent approaches to the provision of primary maternity care.</p>
Midwifery Advisors in each state and territory	<p>Each state and territory has an advisor for midwifery. There is a network group for these individuals and we invited consultation from the individuals and the group.</p>
National Association of Specialist Obstetricians and Gynaecologists	<p>Professional association representing specialist obstetricians and gynaecologists. Aims to inform public debate and government policy in all areas of women's health and play a complementary role to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian Medical Association (AMA).</p>
National Midwifery Network	<p>Nominated by the Chief Nurses from each jurisdiction to provide advice and updates to the Australian and New Zealand Chief Nurses. Nominees have a variety of roles, reflecting the different structures of the Health departments in the various jurisdictions.</p>
Royal Australian College of General Practitioners	<p>The Royal Australian College of General Practitioners is the professional organisation that focuses on the safety and quality of general practice.</p> <p>The College's mission is to improve health and wellbeing for all Australians by supporting general practitioners, registrars and medical students by assessing doctors skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice and development standards that general practices use as part of the accreditation processes.</p>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<p>Primary role is to train and accredit doctors throughout Australia and New Zealand in the specialities of obstetrics and gynaecology.</p> <p>The College is also involved in standard setting in women's health and supports research into women's health and acts as an advocate for women's health care by forging productive relationships with individuals, the community and professional organisations, both locally and internationally.</p>

<p>Royal College of Nursing, Australia and Rural Nursing and Midwifery Faculty</p>	<p>Australia's peak professional nursing organisation and is the Australian member of the International Council of Nurses.</p> <p>RCNA contributes to the enhancement of the nursing profession in many ways, including:</p> <ul style="list-style-type: none"> • lobbying state and federal governments on issues of policy analysis, development and reform as they relate to the nursing profession • keeping members up-to-date with critical issues affecting the nursing professions • address nursing workforce issues, promote the importance of professional development activities and create ongoing educational opportunities for nurses and nursing students across Australia • creating excellent networking opportunities among the nursing community.
<p>The College of Nursing</p>	<p>Peak professional body representing nurses across Australia. Provides clinical specialty development and postgraduate nursing education. Offers professional networking opportunities and networks on behalf of nurses with other health industry and professional organisations.</p>
<p>Australian College of Rural and Remote Medicine</p>	<p>Professional organisation for rural medical education, standards, training and continuing medical education for rural doctors.</p>
<p><i>Education Sector</i></p>	
<p>Australian Medical Council</p>	<p>Independent national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.</p> <p>Has four core functions.</p> <ul style="list-style-type: none"> • assesses medical courses and training programs (both medical school courses and the programs for training medical specialists) and accredits programs which meet AMC accreditation standards • assesses international medical graduates (IMGs) who wish to practise medicine in Australia • advises medical boards on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession • advises the Australian Government on the recognition of medical specialties.
<p>Child and Family Health Nursing Academics in all states and territories</p>	<p>We invited consultation from the individuals within this group.</p>
<p>Congress of Aboriginal and Torres Strait Islander Nurses</p>	<p>Promotes the education of non-Aboriginal and Torres Strait Islander nurses and midwives in Aboriginal history, health and culture and advises the broader health sector.</p>
<p>Council of Deans of Nursing and Midwifery</p>	<p>Peak body for Australian and New Zealand universities that provide undergraduate and postgraduate education in nursing.</p>

	<p>The Council is made up of all Deans of Nursing or their equivalent across universities that offer nursing programs.</p> <p>Its aims are to ensure the maintenance of quality standards of university education for nurses and midwives, to be the voice of tertiary education for nurses and midwives, to lead and represent those who provide tertiary education to nurses and midwives and to promote the public image of nursing and midwifery.</p>
Medical Deans of Australia and New Zealand	<p>Peak representative body for the Deans of eighteen Australian and two New Zealand medical schools and faculties.</p> <p>Committed to the continual development and advocacy of medical education in Australia and New Zealand.</p>
Royal Australasian College of Physicians (RACP Education Deanery and The Curriculum Development Unit)	<p>Currently working with a number of subspecialty groups to develop curriculum for the RACP training programs.</p>
Royal Australian College of General Practitioners	<p>The Royal Australian College of General Practitioners is the professional organisation that focuses on the safety and quality of general practice.</p> <p>The College's mission is to improve health and wellbeing for all Australians by supporting general practitioners, registrars and medical students by assessing doctors skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice and development of standards that general practices use as part of the accreditation processes.</p>
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<p>Primary role is to train and accredit doctors throughout Australia and New Zealand in the specialities of obstetrics and gynaecology.</p> <p>The College is also involved in standard setting in women's health and supports research into women's health and acts as an advocate for women's health care by forging productive relationships with individuals, the community and professional organisations, both locally and internationally.</p>
The College of Nursing	<p>Peak professional body representing nurses across Australia. Provides clinical specialty development and postgraduate nursing education. Offers professional networking opportunities and networks on behalf of nurses with other health industry and professional organisations.</p>
<i>Registration/Regulation/Accreditation Body</i>	
Australian Medical Council	<p>Independent national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.</p> <p>Has four core functions.</p> <ul style="list-style-type: none"> assesses medical courses and training programs (both medical school courses and the programs for training medical specialists) and accredits programs which meet AMC accreditation standards

	<ul style="list-style-type: none"> • assesses international medical graduates (IMGs) who wish to practise medicine in Australia • advises medical boards on uniform approaches to the registration of medical practitioners and the maintenance of professional standards in the medical profession • advises the Australian Government on the recognition of medical specialties.
<p>Australian Nursing & Midwifery Council</p>	<p>Peak body for the facilitation of a national approach to nursing and midwifery regulation.</p> <p>The ANMC works with state and territory Nursing and Midwifery Regulatory Authorities (NMRA) in evolving standards for statutory nursing and midwifery regulation.</p> <p>Its core activities are to:</p> <ul style="list-style-type: none"> • Identify matters, which impact on, or are relevant to statutory nursing and midwifery regulation. • Establish, review and promote a national standards framework for nursing and midwifery practice in Australia. • Undertake assessments of internationally qualified nurses and midwives consistent with the registration and/or enrolment requirements of the Australian Nursing and Midwifery Regulatory Authorities. • Initiate and participate in relevant projects on regulation that aid the future growth and development of the nursing and midwifery professions. • Ensure nursing and midwifery standards reflect the contemporary needs of the Australian community. • Develop and be guided by a strategic view of statutory nursing and midwifery regulation in the national and international contexts. • Foster cooperation, consult with and provide advice to government bodies, professional and other organisations, and International Nursing and Midwifery Regulatory Authorities.
<p>Royal Australian College of General Practitioners</p>	<p>The Royal Australian College of General Practitioners is the professional organisation that focuses on the safety and quality of general practice.</p> <p>The College's mission is to improve health and wellbeing for all Australians by supporting general practitioners, registrars and medical students by assessing doctors skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping general practitioners with issues that affect their practice and development standards that general practices use as part of the accreditation processes.</p>
<p>Royal Australian and New Zealand College of Obstetricians and Gynaecologists</p>	<p>Primary role is to train and accredit doctors throughout Australia and New Zealand in the specialities of obstetrics and gynaecology.</p> <p>The College is also involved in standard setting in women's health and supports research into women's health and acts as an advocate for women's health care by forging productive relationships with individuals, the community and professional organisations, both locally and internationally.</p>

Nursing and Midwifery Regulatory Authorities from each State and Territory	Independent statutory bodies in each State and Territory that regulate nursing and midwifery by setting standards for education, practice, licensing and conduct.
<i>Special Groups and Agencies</i>	
Australian Society of Independent Midwives	A group of midwives committed to supporting <ul style="list-style-type: none"> • women’s birth choices • sensitive midwifery practise • continuity of care and carer • and protection and promotion of breastfeeding
Maternity Coalition	<p>Maternity Coalition is a national non-profit, non-political and non-sectarian consumer advocacy organisation. Maternity Coalition acts as an umbrella organisation to bring together support groups and individuals for effective lobbying, information sharing, networking and support in maternity services.</p> <p>Maternity Coalition believes in the importance of women uniting their efforts and sharing skills and resources to achieve beneficial changes in the health care system in the interests of improving birthing services.</p> <p>Maternity Coalition supports consumer and midwife participation at all levels of health policy planning, decision-making and service delivery.</p>
National Association of Childbirth Educators	<p>Diverse group of professionals committed to preparing and supporting women and their families for birth and early parenting.</p> <p>As an association NACE Inc aims to:</p> <ul style="list-style-type: none"> • Promote childbirth education to other health professionals, expectant parents and the general public. • Provide educators with a body of peers, membership of which will offer professional status, credibility and identity. • Encourage and support research in the area of childbirth education • Offer access to information on a wide range of childbirth and parenting issues. • Maintain a process of Certification of childbirth educators.
National Health Workforce Taskforce	<p>National time limited project based body created under the Australian Health Ministers’ Advisory Council (AHMAC) committee structures to undertake projects which inform development of practical solutions on workforce innovation and reform.</p> <p>Specifically, the Taskforce’s job is to develop strategies to meet the National Health Workforce Strategic Framework outcomes which encompass:</p> <ol style="list-style-type: none"> 1. Education and Training 2. Innovation and Reform 3. Planning, Research and Data

	4. Secretariat support for the HWPC its subcommittees and working parties
National Maternity Council	The National Maternity Council was formed in August 2009 and includes jurisdictional representatives for maternity services from each state and territory as well as leaders in obstetrics, midwifery, rural health, education and services provision.
SIDS and KIDS (National Board Members)	<p>Dedicated to saving babies' lives through the elimination of sudden and unexpected infant deaths, and supporting bereaved families. We deliver on their vision through world class education, research, evidenced based intervention and advocacy.</p> <p>It comprises a National Office based in Melbourne and nine Member Organisations (MOs) based in the Northern Territory, Queensland, New South Wales, Hunter Region of NSW, ACT, Victoria, Tasmania, South Australia and Western Australia.</p>
SANDS Australia Parent-to-parent support for parents and families after the loss of a bay through miscarriage, stillbirth and newborn death	<p>Promotes awareness, knowledge, support and understanding following the death of a baby from the time of conception through to infancy.</p> <p>SANDS Australia, the peak body for state-based SANDS organisations, provides:</p> <ol style="list-style-type: none"> 1. National advocacy and promotes the specialised support provided by the state organisations after perinatal and early pregnancy loss; 2. Representation of SANDS issues on national and international organisations promoting research to reduce the incidence of these deaths through good antenatal practices and to support best practice and postnatal bereavement care.
Women's Hospitals Australasia	<p>Provides opportunities for clinicians and managers to together build a vision of excellence in healthcare. Supports hospitals and health services in their endeavours to provide high quality healthcare whilst maintaining efficiency in service delivery.</p> <p>Its key strategies are:</p> <ul style="list-style-type: none"> • To support best practice through the sharing of knowledge and evidence. • To develop advocacy strategies addressing issues of importance to member hospitals and their patients. • To provide networking and professional development opportunities.

Appendix 5: Summary of feedback – Core Competency Model

The Core Competency Model consultation occurred during the months of May and June 2009. The Steering Committee and Reference Group were invited to notify their members and anyone else with an interest to view the documents and make comment. On request, organisations and individuals were mailed hard copies of the documents. Thirty one responses were received throughout the consultation time frame and these responses informed the final version of the Competency Model.

Overall the feedback about the Core Competency Model was positive. Some comments suggested small alterations to the underpinning philosophy of primary maternity services. Mostly these were to acknowledge the weight to the mostly normal aspect of childbirth and the need for the competency standards to reflect the care for primary maternity services, i.e. women of ‘normal risk’. The statement was altered to highlight that childbirth is a normal and significant physiological event, where different women have different needs in relation to pregnancy and childbirth.

A couple of comments felt that there needed to be more emphasis on previous perinatal bereavement and the care of women in subsequent pregnancies were not included enough in the document. A number of references to the baby and the care of bereaved women were added to Version 5.

Some of the criticisms included that the Competency Model was written for the services, rather than written for women. Another felt that continuity of care should be part of the Model. It was recognised and acknowledged that a clearer explanation of purpose of the competency standards as a model for service provision rather than being designed for individual women needed to be added to address this and other similar concerns. As continuity of care is part of woman centred care and a theme throughout the Model it was not added in explicit terms.

It was felt that ethical responsibility should be included under Point 7: *Ethics - to protect the rights of the unborn baby as well as woman, family and community*. This was added as requested. Another respondent wrote that the term ‘risk management strategies’ would be valuable, under the management and leadership competency”. Whilst reference to these strategies existed in the Competency Elements of Competency Standard 3, – *Demonstrates accountability and responsibility for own practice*, of Sub-Domain – *Service Provision*: in Domain – *Client Service*, the term ‘risk management strategies’ was added.

Some respondents felt that the statement: *Demonstrates accountability and responsibility for own practice* should be expanded to include professional development. As Professional development was addressed in Domain – *Professionalism*: Sub-Domain – *Performance Improvement*: Competency Standard 10 which states that “Continuously acts to enhance professional development of self and others”, the standard was not altered.

Clarity about which providers these competencies were developed for was reflected in a few responses. This was clarified in the document after consultation with the co-sponsors who agreed that the focus of this project was primary maternity services and the care of pregnant, birthing and postpartum women who are considered normal risk. This means that the project was primarily focused on midwives, GP obstetricians and obstetricians.

Appendix 6: Summary of feedback – Educational Framework

The Educational Framework broader public consultation process occurred during February and March 2010. Thirty eight written responses were received through the online survey, specific emails or letters. These were both collective responses provided on behalf of organisations and groups and responses from individual health professionals. These responses informed the final version of the Educational Framework document.

Overall the feedback was again positive. Overall the Educational Framework was seen by the respondents as an accurate, appropriate, well written and comprehensive but concise document.

A number of comments were made to support the provision of definitions as part of the underpinning principles of the Framework as an excellent way to ensure clarity of information and the comprehensiveness of the principles provided.

A number of respondents highlighted the need for greater reference to the importance of assessing mental and emotional health during the perinatal period therefore a number of additions were made to the Framework to include reference to a woman's mental and emotional health needs and care.

One respondent felt that the consideration of the needs of CALD (Culturally and Linguistically Diverse) communities alongside rural, remote and Aboriginal and Torres Strait Islander Australians may also enhance the underpinning principles and this terminology was added to the Framework.

The majority of respondents agreed that the emphasis on interprofessional education and learning within the Framework was a positive inclusion as was the inclusion of Primary Maternity Service Provider Attributes. These were viewed as a positive guide for the development and implementation of primary maternity service provider curricula.

One comment suggested an increased awareness of the vulnerability of the perinatal period for the development of mental health problems in women and their families was important amongst health professionals and consumers. Another respondent suggested widening the phrase 'understand the significance of past pregnancy experiences' to 'understands the significance of previous life and psychological issues, particularly past pregnancy experience'. These changes were made.

A small number of comments focused on the need for providers to have skills in interviewing, motivational interviewing, conflict management and complaint resolution. A statement addressing the need for providers to have these skills was added to the Framework.

The feedback received identified that majority of respondents felt the Framework learning/subject areas, objectives and performance elements/outcomes adequately reflected the core competencies identified in the Core Competencies Model. Most agreed that the Framework provided an adequate level of guidance for each level of education – undergraduate, postgraduate and continuing education and that no change in the specificity of the document was required.

It was agreed by the majority that the Framework should be considered in line with the individual provider groups' usual scope of practice, complement rather than replace existing competency standards and/or educational standards and build on the individual provider groups own competency based education and assessment programs rather than over ride them.

One respondent acknowledged the positive impact of individually recognising the core maternity providers and their place in maternity care in the document. Another noted the particular care taken with the language throughout the document and welcomed this. One further respondent felt the Framework demonstrated a way forward for providing greater collaboration.

There were a small number of comments regarding suggested changes to some of the wording and grammar within the Framework and these alterations were made as requested.

The inclusion of a statement or outcome specific to communication when things go wrong was flagged as being important to consider. The statements around communication were tightened to reflect this.

One other professional group was concerned that while they recognised the flexible and efficient use of the knowledge and skills of the maternity care workforce was vital, they felt there was a risk of the Core Competencies being misunderstood and used by maternity care managers and workforce planners to wrongly assume that one provider can be substituted with another. They made a strong recommendation that the final project documents not be utilised with a view to substitution as it is vital that professional care and interactions with women and their families continues to be undertaken by midwives, GP obstetricians and specialist obstetricians in line with their education, knowledge, skills and regulated scopes of practice. The final document has tried to be clear about this.

Appendix 7: Conference Presentations and Publications

During the project, the ongoing development process has been presented at a number of meetings/conferences and published in the newsletters of ACM and RANZCOG.

Date/Location	Presentation/Publication	Conference Name/Publication Name
August 2008 Adelaide,	Oral Presentation	Maternity Services Inter-Jurisdictional Committee (MSIJC).
September 2008 Gold Coast	Oral Presentation	ACM, RANZCOG and ACRRM Breathing New Life into Maternity Care Biennial Conference.
March 2010 Adelaide	Oral Presentation	RANZCOG Annual Scientific Meeting.
July 2010 Alice Springs (Abstract accepted at time of Final Report)	Oral Presentation	ACM, RANZCOG and ACRRM Breathing New Life into Maternity Care Biennial Conference.
March 2010	Publication	RANZCOG <i>O&G Magazine</i> Vol 12 No 1 Autumn 2010.
March 2010	Publication	ACM <i>Australian Midwifery News</i> Vol 10 No 1 Autumn 2010.

13. GLOSSARY OF TERMS

Adult Learning	<p>Andragogy (adult learning) is a theory that holds a set of assumptions about how adults learn. Andragogy emphasises the value of the process of learning. Knowles identified the six principles of adult learning outlined below.³¹</p> <ul style="list-style-type: none">▪ Adults are internally motivated and self-directed▪ Adults bring life experiences and knowledge to learning experiences▪ Adults are goal oriented▪ Adults are relevancy oriented▪ Adults are practical▪ Adult learners like to be respected
Attitude	<p>A state of mind or a feeling; disposition.</p>
Baby	<p>When baby is used this also includes the fetus.</p>
Capability	<p>Capability is viewed as the sum of expertise and capacity. Capability extends the concept of competence to include the ability or capacity to apply the necessary knowledge, skills and attitudes to a range of complex and changing settings.²⁷</p>
Code of Ethics	<p>Public declaration of the beliefs and values of a profession and the members of that profession.</p>
Code of Professional Conduct	<p>Statement and description of required behaviours, responsibilities and actions expected of members of a professional body when acting in a professional capacity.</p>
Collaboration	<p>An active and ongoing partnership, often between people from diverse backgrounds, who work together, and to cooperate with other members of the health care team, including medical officers, midwives, students, social workers, allied health professionals and unregulated health care workers.</p> <p>Within the practice setting, collaboration is “an interprofessional process for communication and decision-making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided.”¹⁶</p>
Collaborative Practice	<p>Collaborative practice is then both patient-centred and team-based; and maximises the strengths and skills of each contributing health and social care worker to increase the quality of patient care.¹⁵</p>
Community	<p>Used to describe people who share a sense of identity or have common concerns. Communities are not always within a neighbourhood or locally-based.</p>
Competence	<p>Encompasses a combination of skills, knowledge, attitudes, value and abilities and the ways in which those attributes are observable that underpin effective and/or superior performance in a profession or occupational area.²⁷</p> <p>Competence is generally inferred either through the identification of a series of personal attributes (skills, knowledge and attitudes) or through the observation of performance. Individually, both approaches to the</p>

inference of competence are not perfect. Attribute based inference of competence may not translate into competent performance whilst performance based inference of competence may not account for adaptability, flexibility and the transfer of skills to new environments. An integrated approach to competence that encompasses both an identification of specific attributes as well as the ways in which those attributes are observable must therefore be considered.²⁷

Competent	The person has competence across all the domains of competencies applicable to profession or occupation, at a standard that is judged to be appropriate. ²⁷
Competency	Competency within health gains its meaning within a professional context. Competency as used in this document represents core elements of professional performance (skills, knowledge, behaviours, attitudes and values) from a primary maternity service perspective that underpin effective professional/occupational performance. ²⁷
Competency Element	Sub-sections of competencies describing key aspects of each competency unit.
Continuity of care	Consistent philosophy or organisational structure underpinning the care provided.
Continuity of carer	Care by a primary maternity service provider whom the woman feels she has developed a 'relationship' with and believes she 'knows'. ¹⁸
Continuing Professional Development	To regularly update, develop and refine knowledge, skills and attitudes relevant to professional practice.
Disease processes	Includes pathological physical problems/conditions that affect the health of pregnant women.
Domain	An organised cluster of core competencies that characterise a central aspect of primary maternity care.
Evidence informed practice	The judicious use of the best evidence available so that the clinician and the woman and her family arrive at the best decision, taking into account, the needs and values of the individual patient.
Health care providers	Refers to all health professionals and the ancillary services that support them. This includes midwives, nurses, obstetricians, general practitioners, Aboriginal Health Workers and allied health staff including social workers and mental health providers and anaesthetists.
Interprofessional education (IPE)	Occasions when two or more professions learn from, with and about each other, to improve interprofessional relationships, collaborative practice and the quality of care. ³²⁻³⁴
Interprofessional learning (IPL)	Learning that occurs through planned interprofessional education or spontaneous incidental interactions between members of two or more professions in the workplace or education settings. ³²⁻³⁴ A tool for successful interprofessional communication in which life long learning, adult learning principles and an ongoing, active learning process, between different cultures and health care disciplines is embraced to enable two or more professions learn with, from and about

each other to improve collaboration and the quality of care.

IPE is more than common learning. It is also comparative, collaborative and interactive, a test-bed for interprofessional practice, taking into account respective roles and responsibilities, skills and knowledge, powers and duties, value systems and codes of conduct, opportunities and constraints. This cultivates mutual trust and respect, acknowledging differences, dispelling prejudice and rivalry and confronting misconceptions and stereotypes.

Interprofessional Practice (IPP)

Occurs when two or more professions work together as a team with a common purpose, commitment and mutual respect. For the purposes of this project this may also be referred to as collaborative practice.³²⁻³⁴

Primary maternity services or models

Maternity services provided for women with uncomplicated pregnancies. PMS are most likely to be managed by midwives and general practitioners (GPs), who work in collaboration with a specialist obstetrician and refer or consult when required. Primary maternity services may be provided in public maternity units, birth centres, in the community or in a combination of these settings. Care includes antenatal, birthing, and postnatal care for women with low-risk pregnancies.

Professional Efficacy

Efficacy is the belief in one's capabilities to organize and execute the courses of action required to produce given attainments. Efficacy plays a central role in motivation because people expend effort based on the effects they are expecting from their actions.

Professional efficacy describes the level of knowledge and skill, and the approach to using that knowledge. It captures the sense of professional identity and authority which supports delivering extended skills based on patient/client need and delivering them from a sound knowledge base.

The critical component of professional efficacy is the ability to respect the right of people to determine their own journey through a health/illness episode while ensuring that people have accurate and appropriately interpreted information on which to base their decisions.

Professional efficacy also means that the practitioner participates as a senior member of any multidisciplinary team, recognising autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client.

Professional responsibilities

The broad ethical duties/obligations of the primary care provider that are not practice, education or research specific.

Public health	An expression used to encapsulate the aims and methods of all whose concern it is to protect and promote the health of all citizens in the interests of both each individual and society as a whole. It includes health promotion activities, disease prevention programs, and the treatment of illness as well as care of those who are disabled or disadvantaged. A public health perspective in maternity care is one that explicitly acknowledges the impact that an individual woman's social, economic and psychological life, as well as her personal behaviour, has on her health. For primary maternity care providers this means effective care must focus on the wider context within which each woman's pregnancy occurs if we are to maintain and improve outcomes for women and their babies.
Risk management	A process of assessing risks and developing strategies to coordinate the prevention, reduction and management of those risks.
Secondary maternity services	Secondary maternity services meet the needs of women who have higher risk pregnancies, or who develop complications and require transfer to more specialist secondary level input or referral to specialist medical care.
Skill	Proficiency, facility, or dexterity that is acquired or developed through training or experience.
Tertiary maternity services	Tertiary maternity services provide multidisciplinary specialist care for women and babies with complex and/or rare maternal-fetal needs.
Sub-Domain	Specific competencies within a broader domain.
Unit of Competency	A discrete component within a competency standard. It is made up of a title, its constituent elements and performance criteria. A short description of its purpose may also be present.
Woman centred care	Woman-centred care is a concept that implies that maternity care: <ul style="list-style-type: none">▪ is focused on the woman's individual, unique needs, expectations and aspirations, rather than the needs of institutions or professions;▪ recognises the woman's right to self determination in terms of choice, control, and continuity of care;▪ encompasses the needs of the baby, the woman's family, significant others and community, as identified and negotiated by the woman herself;▪ follows the woman between institutions and the community, through all phases of pregnancy, birth and the postnatal period; and,▪ is 'holistic' – addresses the woman's social, emotional, physical, psychological, spiritual and cultural needs and expectations.

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