



NEW ZEALAND
NURSES
ORGANISATION

New Zealand Nurses' Organisation (Inc.)

Submission to the

Midwifery Council of New Zealand

**Standards for approval of pre-registration
midwifery education programmes and
accreditation of education providers**

Consultation document (July 2006)

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14 September 2006

Introduction

The New Zealand Nurses' Organisation (NZNO) represents 39,000 health workers on both professional and industrial issues across the public, private and community sectors. NZNO has approximately **900 midwife members**, the majority of whom work as employed midwives, either in a core, team or continuity of care capacity. NZNO also represents a small number of independent LMCs. NZNO has an active midwifery network and midwife delegate support system in major maternity facilities. NZNO has consulted with its midwife members in preparation of this submission.

General Comment

The draft consultation document has been received favourably by NZNO members. In particular, a number of the matters raised in the NZNO submission to the October 2005 consultation document have been seen to be addressed.

The key area of the length of the academic year for the programme needs to be widely debated (see section below) as the impact of student debt on midwives will be significant. The Midwifery Council of New Zealand (MCNZ) may be unaware of the research on the impact of student debt on nurses that NZNO and the New Zealand University Students' Association undertook in 2003. This is an important piece of research which will assist in informing the debate for midwives. A copy of the report will be forwarded to the MCNZ for their reference.

Section Two:

This section relates to the standards for approval of pre-registration midwifery education programmes.

Standard one – graduate profile.					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
Key component additions:					
Add					
<ul style="list-style-type: none">■ Bullet point two add post-natal■ Understands, promotes and facilitates the physiological development of the foetus and the new born					
Comments					
<ul style="list-style-type: none">■ Epidural insertion is common place and it is questioned by NZNO as to whether management should become a component of the undergraduate programme.■ The increasing number of type II diabetic women should be taken into account in the undergraduate programme. Working with diabetologists and diabetes nurse specialists will become a more predominant feature of primary midwifery practice over the next decade.					

Standard two – entry criteria.					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
2.3 Propose that the IELTS level be raised to an overall score of 7.					

Standard three – framework of the programme.					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
<p>3.4 & 3.5. The proposed increase to the length of the academic year and number of fulltime weeks over the 3 year programme is one for debate. There are significant implications for</p> <ol style="list-style-type: none"> 1. students <ul style="list-style-type: none"> ■ and their ability to earn during the holiday period which may have flow-on impact on the level of student debt that they attract. ■ A likely increase in student fees to address increased costs to the programme provider 2. education providers <ul style="list-style-type: none"> ■ increased programme costs without any additional increase in MoE funding attracted to the student <p>NZNO’s research into the impact of student debt on nurses found that there were significant implications for nurses and their families including high levels of stress, decisions to defer having families, negative impact when seeking additional finance, saving for the future, decisions to go overseas or leave the profession. (A copy of this report has been forwarded to the MCNZ for their reference)</p> <p>For these reasons, the New Zealand Nurses’ Organisation, although it may support the increased hours in principle, cannot support this change unless additional funding can be attracted to the course thus minimising the further negative impact on the financial burden on students.</p>					

Standard four – advanced standing and recognition of prior learning					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
4.2 This standard criterion is supported by NZNO but NZNO recognises that some other registered health practitioners applying to the midwifery programme may also be entitled to advanced standing conditions such as those proposed for nurses.					

Standard five – theoretical content					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
<p>NZNO members support the specified content however emphasise that following are covered under</p> <p>5.2.6</p> <ul style="list-style-type: none"> ■ Immunisation schedule <p>5.2.9</p> <ul style="list-style-type: none"> ■ a sound understanding of type two diabetes, and ■ epidural management. <p>NZNO also recommends that theoretical content includes health care teams and responsibilities, and the transfer of care between health care teams.</p>					

Standard six – midwifery practice requirements					
OK as is (tick)		Suggest modification	Yes	Disagree	
Should the Council specify a minimum number of practice opportunities for each clinical skill? If so, what should these numbers be?					
Comment:					
<p>NZNO members are supportive of a minimum number of clinical skill opportunities being stipulated for those listed under 6.4. This repeated experience will increase the confidence of the graduate.</p> <p>Within 6.4 NZNO would include immunisation advice and administration and transfer of care to a secondary care team and transfer of care to well child provider.</p>					

Standard seven – assessment					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard eight – student support					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
8.4 Amend to <i>All midwifery teaching staff have completed or will complete a Treaty of Waitangi workshop etc.</i>					

8.6 Of concern to NZNO is that the MCNZ is not approving some employer preceptor training programmes. NZNO will be contacting the MCNZ separately on this matter and merely identifies it as an issue for further discussion in this submission.

Standard nine – transfer between approved educational institutions

OK as is (tick)	Yes	Suggest modification		Disagree	
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Comment:

The question of the number of different programmes in New Zealand and their sustainability was raised by NZNO at the recent MCNZ Forum in Christchurch. It is pertinent to raise it as an issue for further deliberation in this submission. Fewer programmes and greater standardisation between programmes delivered over the same geographical areas as present would mean that students shifting to a different location would be less likely to be disadvantaged.

Standard ten – completion requirements and National Midwifery Examination

OK as is (tick)	Yes	Suggest modification		Disagree	
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Comment:

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Section Three:

This section relates to the standards for accreditation of provider educational institutions

Standard one – organisational criteria

OK as is (tick)	Yes	Suggest modification		Disagree	
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Comment:

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Standard two – staff resources

OK as is (tick)		Suggest modification	yes	Disagree	
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Comment:

2.2 see comments under standard 8 above.

Standard three – clinical practice resources

OK as is (tick)	Yes	Suggest modification		Disagree	
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Comment:

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Standard four – physical resources					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard five – financial resources					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard six – teaching/learning environment					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
6.5 Add in the New Zealand Nurses' Organisation. NZNO represents 900 midwives and has an active Midwifery Reference Network and delegate committees in employing organisations. As such NZNO has a valid voice to contribute to pre-registration programme provision.					

Section Four:

This section relates to the processes for accreditation, approval, monitoring and audit.

Standard one – accreditation processes					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard two – approval processes					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard three – ongoing monitoring					
OK as is (tick)	Yes	Suggest modification		Disagree	
Comment:					

Standard four – audit processes					
OK as is (tick)		Suggest modification	Yes	Disagree	
Comment:					
A full accreditation and approval process is for a five year period (Standards one and two) and there is an annual monitoring report requirement (standard three) and so NZNO queries the need for a regular three yearly audit on top of that. Rather NZNO would propose that <i>an audit may be carried out an any time it determines necessary etc.</i>					

If you wish to make additional comments please do so here:

NZNO thanks the MCNZ for the opportunity to submit on this consultation document.

Thank you for your responses.

Please post your responses to Midwifery Council, PO Box 10 -140, Wellington,

OR: email electronic copy to susan@midwiferycouncil.org.nz

bY 15 September 2006