



November 20, 2013

Dr Joanne Gray

Chairperson

Expert Advisory Committee: Review of the midwifery accreditation standards

ANMAC

Level 3, Empire Chambers, 1– 13 University Ave

Canberra ACT 2601

Dear Dr Gray,

re: Consultation on Version 2 – DRAFT midwifery accreditation standards

In addition to our contribution to this review through the Expert Advisory Committee and Stakeholder Consultations, and the CATSINaM conference workshop, we wish to provide further direction on aspects of the Version 2 standards that sit outside of those standards that are the focus of ‘Survey 2’.

We welcome the expansion and refinement of the standards to address issues that are relevant to addressing disparities more directly and effectively for Aboriginal and Torres Strait Islander midwives, midwifery teaching staff, and clients and family members. We believe this contribute to achieving the aims of the review, in particular the following – the standards: ensure midwives are suitably educated and qualified to practice in a safe, competent and ethical manner; and are acceptable to the community in supporting safe, quality maternity care.

The 2013 ‘Review of Australian Government Health Workforce Programs’ (Mason Review) identified that there are only 70 Aboriginal and Torres Strait Islander midwives, or 0.5% of the wider midwifery workforce based on 2011 ABS figures. While this represents a 40% growth on the 2006 ABS figures, this is well below what is needed on two counts.

1. Aboriginal and Torres Strait Islander Australians represent approximately 2.5% of the whole Australian population, so representation in midwifery is far below parity.
2. The distribution of Aboriginal and Torres Strait Islander Australians across the age range is markedly different to non-Indigenous Australians; most notably, 38% of Aboriginal and Torres Strait Islander Australians are aged 0-15 years compared to 19% of non-Indigenous Australians (ABS, 2006). Given the higher birth rate, combined with the higher infant mortality rates for Aboriginal and Torres Strait Islander Australians (twice that of non-Indigenous Australians), there is a much higher need

for Aboriginal and Torres Strait Islander midwives to work with communities all over the country, which should reflect this difference in population distribution.

While all health professionals have a responsibility to serve all members of the community in a safe, competent and ethical manner, the evidence indicates that when Aboriginal and Torres Strait Islander health professionals are delivering health services, this results in more culturally respectful service provision and culturally safe service environments.

On this basis, Standard 6.8 could be strengthened by applying affirmative action to the recruitment of Aboriginal and Torres Strait Islander students by education providers in a similar manner to Standard 7.4 in relation to staff. We propose that Standard 6.8 be written as follows:

Affirmative action strategies are adopted to support the recruitment of Aboriginal and Torres Strait Islander students and a range of support needs are provided to those students.

We trust that serious consideration is given to adopting this by the Expert Advisory Committee.

Yours sincerely,

Janine Milera
CEO