

20th July, 2009

Community Affairs Legislation Committee

Australian Senate

PO Box 6100

Parliament House

CANBERRA ACT 2600

Response to: Health Legislation Amendment (Midwives and Nurse -- Practitioners) Bill 2009 and two related Bills

From: Australian College of Midwives, ACT

The Australian College of Midwives ACT supports the Federal Government's plans to improve maternity services for women and their babies through improved access to midwifery care and recognition of the important role played by midwives in the birthing experience of Australian women. We appreciate the opportunity to provide input and we acknowledge how complex the consultation with multiple stakeholders can be. We wish to comment on six components of the package. The Australian College of Midwives is the voice for midwives in Australia.

1. The budget states that the "Maternity Reform package will introduce MBS rebates and access to the PBS to subsidise services by eligible midwives" (Health Legislation Amendment Bill, 2009).

We believe that a clear definition of who will be considered an 'eligible' midwife is necessary and agree that such a definition should be "determined in consultation with relevant stakeholders" (Health Legislation Amendment Bill, 2009: 2). The ACT Branch believes that eligibility should extend to those midwives who are educationally prepared to work across the full scope of midwifery practice and who demonstrate ongoing competence. The ACM ACT) supports the use of a midwifery credentialing framework for eligibility and we believe that there are already guidelines for such a process. These include the ANMC Competency Standards for the Midwife and the Australian College of Midwives Midwifery Practice Review process and the ACM Consultation and Referral Guidelines. The Australian Capital Territory has a separate Act and Legislation for midwives *Health Professionals Act 2004*, www.legislation.act.gov.au/sl/2004-41. Under Section 155 (1) of the Regulation, the ACT Nursing and Midwifery Board is responsible to ensure midwives comply with the Health Professionals ACT (2004) by demonstrating continuing competency and professional development. This rigorous process should be repeated nationally.

2. Midwifery currently has a clear scope of practice. The formulary is inherent in that practice and is included in the entry to practice education programs that are accredited by the regulatory authorities. Other disciplines have speciality areas that prescribe a formulary additional to their entry to practice programs.

3. The budget also states that " MBS and PBS benefits for servicesprovided by midwives working in collaboration with doctors – expanding choice for women.

Again there is a need to clarify the meaning of 'working in collaboration with doctors'. We believe the relationship between midwives and medical practitioners should be collaborative and collegial;

that is, midwives working alongside, but not for, doctors. The ACM (ACT) considers that collaboration is achieved by midwives working to the Australian College of Midwives National Midwifery Guidelines for Consultation Referral

<http://www.midwives.org.au/ForMidwives/PracticeGuidelines/tabid/308/Default.aspx> - provide an excellent framework for this process.

4. In 21A 3(c) of the bill, it appears the fee charged by the midwife is to be no more than the schedule fee. Medicare funding guidelines need to be uniform and an unintended consequence of the above statement is discrimination, as other professions are not required to have their fees capped. We are concerned that a midwife with a full 'caseload' of women would be unable to make a reasonable living if the fees are set too low.
5. Birth at home is a safe and viable option for well women and babies and it is of grave concern to us that this bill, in combination with Health Professionals Registration Act, will explicitly make attending birth at home illegal for midwives. A requirement of draft 'Bill B' of the Health Professionals Registration Act is that all health professionals have professional indemnity insurance. The majority of midwives are indemnified by their employer. Professional Indemnity Insurance (PII) has not been available since July 2001. The requirement for professional indemnity, as a condition of registration, means that apart from a very limited number of women who can birth at home through hospital-based health services in WA, NT, NSW and SA, women who choose to birth at home will do so without a regulated health professional (midwife) in attendance. This is a major problem which first, does not increase choice for women and second, does not protect the public. Predicting the exact time of birth is an inexact science for all health professionals. Therefore, the woman who experiences a precipitous birth at home and the midwife who may be available at that moment to assist, may both be subject to the same punitive legal consequences. These unintended consequences are completely unacceptable and we urge the government to make provision for insurance for private midwifery.
6. It is the Health Professions Boards who hold the legitimate authority under State, Territory, and soon to be Commonwealth Legislation to establish required standards of practice, establish entry to practice education standards and identify speciality areas of practice and prescribe educational requirements for speciality practice. Standards statements that form professional practice frameworks for midwifery in Australia include:
 - ICM International definition of a midwife
 - ANMC Midwifery Competency Standards;
 - ANMC Code of Professional Conduct for Midwives; and
 - ANMC Code of Ethics for Midwives.

Demonstration of continuing competence in professional midwifery practice, informed by these standards statements, is supported by the ACM continuing competence framework, processes of: MidPlus and Midwifery Practice Review. Australian midwifery regulatory authorities also hold the responsibility and authority to establish education program standards and accredit education

programs leading to the legal right to practice midwifery. The regulatory authorities also are the legitimate holders of the right to prescribe specialty practice areas. It is essential that the Health Professions Boards, not the Commonwealth Department of Health and Ageing retain this legitimate authority.

A handwritten signature in black ink, appearing to read "D. Taylor", is centered on a light blue rectangular background.

President, ACM ACT