



**Australian Government**  
**Department of Health and Ageing**

A/g DEPUTY SECRETARY

Mr Elton Humphery  
Committee Secretary  
Australian Senate Committee Affairs Committee  
PO Box 6100  
PARLIAMENT HOUSE ACT 2600

Dear Mr Humphery

**Supplementary information to the Senate Community Affairs Committee inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills**

I am writing to provide supplementary information to the evidence provided to the Senate Community Affairs Committee public hearing, on 6 August 2009, in relation to its inquiry into the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

I will clarify a number of issues and respond to specific questions taken on notice by the Department during the hearing.

**Process for development of national Guidance to support collaborative maternity care**  
During the discussion of the Guidance, I advised that, "The NHMRC is auspicing the development of the guidance and has set up an advisory group under their child health and wellbeing structures. I think there has been some very early work on that, but it is very much at an early stage". (CA 62)

I would like to clarify that the advisory/steering group for the national Guidance project has not yet been established. As Ms Daniel later advised the Committee (at CA 62), the Guidance process that will take place through the National Health and Medical Research Council (NHMRC) is in its early stages. One initial informal meeting was held on Tuesday 9 June 2009 with the NHMRC and a small number of stakeholders.

Since the public hearing, responsibility for the Guidance project has transferred from the National Institute of Clinical Studies (NICS) to another area of NHMRC. We are working closely with the NHMRC about how that work will progress.

The Department is also involved in another, pre-existing guideline project for the development of NHMRC-endorsed clinical guidelines: National Evidence-Based Antenatal Care Guidelines. This project, which is being jointly managed by the Child Health and Wellbeing Subcommittee of the Australian Health Ministers' Advisory Council, is being guided by an Expert Advisory Group.

**Consultation process for implementation of the maternity reform package**

During the hearing, Senator Moore (CHAIR) asked for more information about the consultation process, in particular consultation with the Department and the modes of consultation. (CA 70)

As noted by Senator Moore, there was consultation as part of the Maternity Services Review. More than 900 submissions were received from individuals, health professions, industry groups, researchers, professional organisations, and national peak bodies. Six round table forums were also attended by key stakeholders, including consumers, clinicians and non-government organisations.

This consultation process informed *Improving Maternity Services in Australia: The Report of the Maternity Services Review* (the Report). The Government responded to the recommendations in this Report with the 2009-10 maternity services Budget package. In addition to providing information in response to direct enquiries about the reforms to many stakeholders, the Department has met with a range of stakeholders about maternity reform, including nursing, midwifery, medical, industry and consumer groups.

The Department has now commenced formal consultation processes for implementing the measures in the Budget Package. The first meeting of the Maternity Services Advisory Group, which has representation from 22 key stakeholder organisations, took place on 12 August 2009.

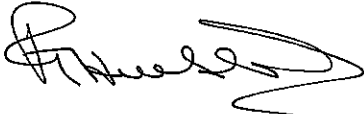
In addition to the advice from this group, the Department will be consulting further over the next few months to develop more technical detail around specific issues. In particular, it will establish expert groups to provide advice on eligibility, PBS arrangements and MBS arrangements. The Department will invite participants with various expertise and will seek nominations from specific organisations including nursing, midwifery, medical, industry and consumer groups.

The Department will also conduct bilateral consultations with various stakeholders as appropriate during the implementation of the maternity reforms.

Additionally, responses to questions taken on notice are at [Attachment A](#).

I hope this information is of assistance to the Committee.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R Huxtable', with a long, sweeping flourish extending to the right.

Ms Rosemary Huxtable PSM  
A/g Deputy Secretary

14 August 2009

**Nurse practitioners working in rural and remote areas**

Senator Adams asked, "Could somebody tell me how many nurse practitioners are currently working in rural and remote areas?" (CA64)

*Answer:*

There is currently no definitive data on the location of nurse practitioners nationally.

The latest information from nursing bodies suggests there are currently between 350 and 400 Nurse Practitioners nationally.

Recent research being undertaken by the Australian Nurse Practitioner project team, headed by Professor Glenn Gardner through Queensland University of Technology into the distribution of Nurse Practitioners in Australia (currently in press), indicates that less than 20% of Nurse Practitioners were working in non-metropolitan areas in late 2007.

A second national study is being conducted by the Australian Nurse Practitioner project team and we expect to get more up to date figures by October 2009.

**State based homebirth systems**

Senator Moore (CHAIR) asked:

"Can we get information on the current arrangements in the state based systems and on the types of solutions that are operating in states not including mine, which is Queensland? We do not have any services or protections in Queensland. If we can get information on the states where there are processes, and I am particularly interested in the loosely based insurance provisions, that would be very useful, particularly as to each of them and how they work." (CA 67)

*Answer*

There are four jurisdictions that currently offer a homebirth option in the public system: South Australia, Northern Territory, Western Australia and New South Wales. Victoria also has recently commenced a pilot program.

South Australia (SA)

The Department of Health's policy for planned home births provides guidance to registered midwives and/or medical practitioners working in the public health system when caring for women who have chosen to give birth at home. The CEO of the health unit providing planned home births is required to inform the Department's Insurance Services of its intention to offer planned home birth services before starting the service. In the case of any life-threatening complication the CEO must notify the Department's Insurance Services within 24 hours of the event.

*(Source: Policy for Planned Birth At Home in South Australia).*

Northern Territory

The Department of Health & Families provides support services for eligible women electing to labour and birth at home. Contracts are in place with home birth midwives who work in collaboration with the multidisciplinary health team. The care extends across pregnancy

through to the postpartum period. Midwives who are contracted by the Northern Territory Home Birth Service are indemnified by the Northern Territory Government  
(Source: <http://www.health.nt.gov.au>).

#### Western Australia (WA)

The Community Midwifery Program (CMP) offers women access to community-based homebirth models of care. Since 2001 the Department of Health has assumed the liability and employment contracts of the midwives working in the CMP.

(Source: *Review of homebirths in Western Australia – Undertaken for the Department of Health WA August 2008*).

#### New South Wales

NSW Health recommends that Area Health Services make arrangements for the provision of a range of models of care which may include public homebirth services. All midwives providing home birth services are to be credentialled according to the NSW Health Credentialling policy directive. Midwives providing home birth services under the public homebirth services are provided with indemnity cover through NSW Health's insurer.

(Source: *Evaluation of the publicly-funded homebirth program in South East Sydney Illawarra Area Health Service September 2007*)