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Health Consumers of Rural and Remote Australia (HCRRA) is a not-for-profit organisation which was incorporated in 1994. As a foundation member of the National Rural Health Alliance (NRHA), we are an active group involved in sharing information and developing networks with health consumers and consumer organisations throughout rural and remote Australia. We endeavour to inform policy makers at all levels of the experiences and opinions of consumers in rural and remote areas in an effort to ensure their views are taken into account in policy formation. Conversely, we also inform consumers of any Government health initiatives which may affect them.

Like many organisations representing health consumers, HCRRA welcomed the budget announcement that midwives and nurse practitioners with high level skills would soon be able to access MBS and PBS and be provided with support for their professional indemnity insurance. However, we do have some concerns that Medicare benefits and PBS prescribing will not be approved for births outside collaborative / clinical settings, and that Commonwealth-supported professional indemnity cover will not respond to claims relating to homebirths.

Until now, private midwives have been working without professional indemnity insurance. Clearly, this is not an ideal situation and the Maternity Services Review found it to be unacceptable. In an effort to ensure insurance coverage for midwives, it appears a combination of cost and perceived risk factors caused the Review to recommend that coverage should only extend to midwives if they are working in a collaborative clinical situation. This, taken together with the introduction of the National Registration and Accreditation Scheme from 1 July 2010, means that, in effect, home births can not, in future, be supervised by an accredited midwife.

The ability to access 'collaborative team-based models' is clearly less for women living in rural and remote areas. It is our view that access to an appropriately trained midwife, albeit without the direct backup of a clinical team, at least provides these women with a realistic alternative.

Given the shortage of medical services in the bush, HCRRA believes that it would be a retrograde step if the skills of private midwives were not recognised under a national accreditation scheme and lost to the community simply because practitioners were unable to access indemnity insurance, especially so given the a lack of reliable claims data relating to privately practicing midwives on which realistic premiums could be calculated. At the very least, we need to examine other possibilities including 'no fault' schemes before simply discarding a service which is reportedly operating well in other countries.

Margaret Brown AM

Chairperson
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