

The Senate

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Community Affairs  
Legislation Committee

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Health Legislation Amendment (Midwives and Nurse  
Practitioners) Bill 2009 and two related Bills

February 2010

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ISBN 978-1-74229-239-7

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This document was produced by the Senate Community Affairs Committee Secretariat and printed by the Senate Printing Unit, Parliament House, Canberra.

# MEMBERSHIP OF THE COMMITTEE

## 42<sup>nd</sup> Parliament

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### Participating Members for this inquiry

Senator Steve Fielding	FFP, Victoria
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# HEALTH LEGISLATION AMENDMENT (MIDWIVES AND NURSE PRACTITIONERS) BILL 2009 AND TWO RELATED BILLS

## THE INQUIRY

1.1 On 23 November 2009, the Senate again referred the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills, together with the Government's proposed collaborative arrangements amendments, to the Community Affairs Legislation Committee for inquiry and report by 1 February 2010. In undertaking the inquiry into the legislation, the Senate asked the Committee to consider the following:

- whether the consequences of the Government's amendments for professional regulation of midwifery will give doctors medical veto over midwives' ability to renew their licence to practise;
- whether the Government's amendments' influence on the health care market will be anti-competitive;
- whether the Government's amendments will create difficulties in delivering intended access and choice for Australian women;
- why the Government's amendments require 'collaborative arrangements' that do not specifically include maternity service providers including hospitals;
- whether the Government's amendments will have a negative impact on safety and continuity of care for Australian mothers; and
- any other related matter.

1.2 The inquiry again generated considerable interest and within a very short period of time the Committee received 933 submissions relating to the Bills and amendments. The submissions are listed at Appendix 1. The Committee also received 430 comment letters and 900 form letters. The Committee considered the Bills at a public hearing in Canberra on 17 December 2009. Details of the public hearing are referred to in Appendix 2. The submissions and Hansard transcript of evidence may be accessed through the Committee's website at [http://www.aph.gov.au/senate\\_ca](http://www.aph.gov.au/senate_ca).

## THE BILLS AND GOVERNMENT AMENDMENTS

1.3 The Bills were initially considered by the Committee in its report of August 2009.<sup>1</sup> The Committee's report provides an outline of the Bills and the issues raised during the initial inquiry.

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1 Senate Community Affairs Legislation Committee, *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills [Provisions]*, August 2009, accessed at: [www.aph.gov.au/senate/committee/clac\\_ctte/health\\_leg\\_midwives\\_nurse\\_practitioners\\_09/index.htm](http://www.aph.gov.au/senate/committee/clac_ctte/health_leg_midwives_nurse_practitioners_09/index.htm)

1.4 On 28 October 2009, the Government circulated amendments to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and the Midwife Profession Indemnity (Commonwealth Contribution) Scheme Bill 2009. The amendments are designed to clarify in legislation that eligible midwives and nurse practitioners wishing to access the new arrangements will be required to have collaborative arrangements with medical practitioners. It is intended that the details of the arrangements be specified in secondary legislation.

1.5 On 8 December 2009, the Minister for Health and Ageing, the Hon Nicola Roxon MP, wrote to the Committee Chair indicating that the circulated amendments were intended to clarify in legislation the collaborative intent that had been articulated. The Minister went on to advise that:

These amendments do not preclude a midwife having a collaborative arrangement with a hospital; however I am advised that the hospital would need to nominate a medical practitioner(s), such as the head of obstetrics or the director of medical services, as being in a collaborative arrangement with the midwife. Accordingly, we intend to proceed with these changes.

However, after further consideration of the issues raised by stakeholders in relation to access to professional indemnity insurance and subsequent registration under the National Registration and Accreditation Scheme, I am persuaded that it is not necessary or desirable to proceed with the collaboration amendments to the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009.<sup>2</sup>

## ISSUES

1.6 The proposed legislation aims to improve access and choice for Australian women. The Department of Health and Ageing (the Department) stated that:

For the first time, patients of eligible midwives and nurse practitioners who have collaborative arrangements with medical practitioners will have the opportunity to access Government-subsidised services and medicines through the MBS and PBS.<sup>3</sup>

1.7 The Department noted that the amendments confirm the original intent of the legislation with collaboration 'being a core concept of the legislation'.<sup>4</sup> It is not envisaged that the new arrangements will be on a 'for and on behalf of basis', rather:

Collaborative arrangements are intended to support safety and continuity of care by ensuring that, where a patient's clinical situation requires it,

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2 The Hon Nicola Roxon, MP, Minister for Health and Ageing, letter to Senator Claire Moore, Chair, Senate Community Affairs Legislation Committee, dated 8 December 2009.

3 Department of Health and Ageing, *Submission 3*, p. 2.

4 Ms R Huxtable, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 68.



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consultation, referral or transfer to a medical practitioner can occur as efficiently as possible.<sup>5</sup>

1.8 The government's commitment to increase women's access to midwifery care by providing midwives with access to the MBS, PBS and affordable indemnity insurance was supported by witnesses.<sup>6</sup> The Australian College of Midwives (ACM) stated:

Evidence confirms that women and babies benefit from continuity of care by a known midwife. We welcome the Minister's recognition of this evidence and commitment to expanding women's access to the choice of primary continuity of care by midwives in both hospital and the community.<sup>7</sup>

1.9 However, a number of witnesses commented on issues related to on-going concerns with the definition of 'eligible midwife' and the impact of the requirement for midwives to have collaborative arrangements with medical practitioners as envisaged under the Government's proposed amendment.

### *Eligible midwife*

1.10 The Australian Private Midwives Association (APMC) commented on the progress towards a definition of 'eligible midwife'. Ms Liz Wilkes, President, APMC, stated that there was still no clarity around this issue although there had been a number of consultations.<sup>8</sup>

1.11 However, Dr Barbara Vernon, Executive Officer, Australian College of Midwives (ACM), indicated to the Committee that all stakeholders had largely agreed upon the issues around eligibility and that:

The key issue around eligibility that is problematic is whether or not we add this additional requirement of an agreement with a doctor as to whether or not the midwife is going to be a capable, safe and competent practitioner in providing this care, and that is where there is a difference of opinion. But the material on midwives and their qualifications et cetera has been largely agreed upon, and it is likely that the Nursing and Midwifery Board of Australia would have carriage of administering that; they would have some kind of mechanism for identifying these midwives and maintaining their eligibility over time<sup>9</sup>

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5 Department of Health and Ageing, *Submission 3*, p. 3.

6 Australian Private Midwives Association, *Submission 36*, p. 5.

7 Australian College of Midwives, *Submission 30*, p. 4.

8 Ms L Wilkes, President, Australian Private Midwives Association, *Committee Hansard*, 17.12.09, p. 15.

9 Dr B Vernon, Executive Officer, Australian College of Midwives, *Committee Hansard*, 17.12.09, p. 28; see also Ms L Thomas, Assistant Federal Secretary, Australian Nursing Federation, *Committee Hansard*, 17.12.09, p. 28.

1.12 The Department also commented on the progress to establish what is meant by eligible midwife and informed the Committee that a 'very broad consensus' has been reached around that the level of experience that would be expected of an eligible midwife and that the midwife would need to have practised in a number of settings. Ms Kerry Flanagan, Department of Health and Ageing, informed the Committee that it was hoped that the Minister would be provided with advice on this matter by January 2010:

We intend to have one further meeting just to check with the advisory group that the advice that we will be providing to the minister from them around those broad principles is agreed, or as close to agreement as possible, and then the minister will consider them. Possibly also the intention is to seek advice from the Nursing and Midwifery Board that has been set up under the registration and accreditation legislation. We are intending to get together in January, so we will have what we hope might be sign-off from the advisory group in January in terms of the advice that they will provide to the minister about what an eligible midwife should be.<sup>10</sup>

### ***Collaborative arrangements***

1.13 Witnesses supported the concept of collaboration as necessary to ensure appropriate care for women and their babies. The ACM commented that midwifery is a profession committed to the provision of collaborative care and stated that 'there is no argument that women choosing the care of a private MBS funded midwife must have ready access to appropriate medical care if and when the need arises for themselves or their baby'. The ACM saw the issue as how collaboration is ensured.<sup>11</sup>

1.14 The matters raised in evidence in relation to the amendments focussed on the inclusion of collaborative arrangements in legislation; the placing of midwives in a subordinate position to medical practitioners; the need to have a signed agreement with a medical practitioner(s); and problems in rural and regional areas with the proposed arrangements.

1.15 The ACM and other witnesses did not support the inclusion of collaborative arrangements in legislation to ensure that midwives work collaboratively with medical and other health professionals.<sup>12</sup> It was noted that within midwives' core competencies and code of ethics midwives are expected to collaborate with other care providers.<sup>13</sup> The Australian Nursing and Midwifery Council (ANMC) argued that collaborative practice between midwives, nurse practitioners and other health professionals 'is already legislated through the professional framework developed by the ANMC,

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10 Ms K Flanagan, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 71, see also p. 74.

11 Australian College of Midwives, *Submission 30*, p. 4.

12 Australian College of Midwives, *Submission 30*, p. 2.

13 Australian College of Midwives ACT, *Submission 57*, p. 1.

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'because the status of that professional practice framework in every state and territory is as subordinate legislation to the legislation governing the regulation of nurses and midwives in those states and territories'. The ANMC concluded:

So our contention is that there is no need for this legislation to have this additional amendment. In fact, there is already legislation that speaks to this issue and which covers the work of nurses and midwives in this area.<sup>14</sup>

1.16 Dr Barbara Vernon, ACM, commented that the proposal supported by the Australian Medical Association (AMA) would allow a midwife to become Medicare eligible on the signing of an agreement between the midwife and one or more medical practitioners. Dr Vernon described the linking of the collaborative agreement as a signed document to the eligibility as the most unworkable part of the proposal.<sup>15</sup> The ACM preference is that the reference to 'collaborative arrangements' is not added to the legislation and that midwives:

...demonstrate their adherence to safe, collaborative practice through the use of formalised maternity care notes for each woman for whom they provide care, which can be audited by Medicare Australia or the Nursing and Midwifery Board of Australia as appropriate.

The requirement to demonstrate collaborative practice could be implemented as an amendment to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill, in the definition of a participating midwife. The alternative mechanism, of making collaborative practice a condition of eligibility, risks issues of circularity which could impede midwives access to Commonwealth-subsidised professional indemnity insurance.<sup>16</sup>

1.17 Dr Andrew Bisits, Director of Obstetrics at the John Hunter Hospital which has a freestanding midwifery service, informed the Committee that 'we do not need signed agreements'. John Hunter has 'very clear and sensible guidelines' which are always subject to debate. Dr Bisits went on to state that while the situation always lends itself to tension, 'it is resolvable by reasoned argument and discussion'.<sup>17</sup>

1.18 The AMA supported the requirement for the inclusion of collaborative arrangements in the legislation. Dr Andrew Pesce, President, stated:

If collaborative care is essential, then it must be enshrined in the legislation. It is simply too risky to say that health professionals can use their discretion as to when, where and in what circumstances they will collaborate—and

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14 Ms K Cook, Chief Executive Officer, Australian Nursing and Midwifery Council, *Committee Hansard*, 17.12.09, p. 25.

15 Dr B Vernon, Executive Officer, Australian College of Midwives, *Committee Hansard*, 17.12.09, p. 24.

16 Australian College of Midwives, *Submission 30*, p. 2.

17 Dr Andrew Bisits, Director of Obstetrics, John Hunter Hospital, *Committee Hansard*, 17.12.09, p. 25.

that works both ways. It is essential that the primary legislation encapsulates a requirement for collaborative arrangements so that the most important goal, quality and safety of patient care, is achievable.<sup>18</sup>

1.19 The AMA indicated its commitment to work through the advisory bodies to ensure that 'further regulations and guidelines allow different team based models to be developed based on safety and quality, local circumstances and the clinical needs of patients'. The AMA also argued that the amendments will support a flexible approach, particularly in rural and remote areas, and will build on models already in place. Dr Pesce, AMA, concluded:

This should not be a debate about competition or doctors having the right of veto over our nursing and midwifery colleagues. Collaboration is an essential responsibility of doctors, midwives and nurse practitioners to ensure safety and quality in multidisciplinary patient care.<sup>19</sup>

1.20 It was argued that the requirement for midwives to have collaborative arrangements with one or more medical practitioners before their services are eligible for Medicare rebates may effectively institute medical control over individual women's access to Medicare funded midwifery care and mean that a medical practitioner could have veto over the ability of a midwife to practise.<sup>20</sup> A group of senior midwives argued that the proposed amendment introduces another level of regulation of midwifery which is 'unprecedented nationally or internationally'. The midwives went on to concluded:

One professional body being given authority to limit the ability of another profession to practise is totally unprecedented and unacceptable, particularly so in this case when there is no guarantee that the generic professional given dominance has relevant knowledge or skill to do so.<sup>21</sup>

1.21 Dr Jennifer Gamble, President, ACM, also commented on the impact of power imbalances on collaborative arrangements and flaws in the amendments. Dr Gamble stated that the amendments were included 'late in the day and under pressure from doctor's groups'. She went on to argue that while collaboration is very important in health care, 'just because some medical practitioners may, do and will collaborate does not actually make for collaboration and to legislate that you have a signed written agreement with a medical practitioner becomes meaningless and unworkable'.<sup>22</sup>

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18 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 55; see also Dr A Pesce, *Committee Hansard*, 17.12.09, p. 57.

19 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 55.

20 Group of Senior Academic Midwives, *Submission 1*, p. 1; Australian Nursing Federation, *Submission 40*, p. 1.

21 Group of Senior Academic Midwives, *Submission 1*, p. 3.

22 Dr J Gamble, President, Australian College of Midwives, *Committee Hansard*, 17.12.09, p. 23.

1.22 The proposed amendment was not support by the Australian Nursing Federation (ANF), with Ms Julianne Bryce, Senior Professional Officer, commenting that 'the ANF is firmly of the view that the consequence of the government's amendments to the bills will mean that a medical practitioner could have veto over the ability of a midwife to practise'.<sup>23</sup> The ANF also commented:

The ANF insists that nurse practitioners/eligible midwives and medical practitioners do not need a written contract with each other to make sure that collaboration occurs...Collaborative arrangements do not need to be formalised in legislation. Nurse practitioners/eligible midwives, and their medical colleagues, act ethically, professionally and within a legal framework.<sup>24</sup>

1.23 Ms Liz Wilkes, APMA, commented on the forms of the models that will result from the reforms and their impact on privately practicing midwives. Ms Wilkes argued that:

...the only midwives that we see as being able to provide continuity of care for women are midwives who are employed by obstetricians or working in an obstetric practice. Obviously, most obstetric practices do not use midwives in that way.<sup>25</sup>

1.24 Ms Wilkes went on to strongly state that position taken by privately practicing midwives: that they are happy to collaborate and work in a collaborative practice with obstetricians and to undertake all the necessary requirements including planning, documenting and audit but:

...we will not be restricted in our autonomy in our practice because that is fundamental to midwifery. That is part of the ICM definition of a midwife. We will not be restricted...

We want collaborative practice; we do not want collaborative arrangements.<sup>26</sup>

1.25 Ms Wilkes went on to outline what the APMA understood the meaning of 'collaborative arrangement' to be and expressed concern about the attitude of professional bodies to midwifery practise including homebirth which could lead to the medical profession having control and power in what are supposed to be collaborative arrangements:

[Collaboration] requires that both parties to the arrangement are in equal agreement. We know for a fact that if one party to that agreement are

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23 Ms J Bryce, Senior Professional Officer, Australian Nursing Federation, *Committee Hansard*, 17.12.09, p. 26.

24 Australian Nursing Federation, *Submission 40*, p.5.

25 Ms L Wilkes, President, Australian Private Midwives Association, *Committee Hansard*, 17.12.09, p. 9.

26 Ms L Wilkes, President, Australian Private Midwives Association, *Committee Hansard*, 17.12.09, p. 10.

medical practitioners—and presumably they are going to have an obstetric qualification; they may not but we will assume that they are medical practitioners—we certainly know that medical practitioners have, on the record in their professional bodies, an opposition to many things that midwives consider philosophically appropriate. For example, they have a position statement that says that they do not support homebirth, they have position statements around freestanding birthing centres, and their own consultation and referral guidelines do not recognise midwives as autonomous practitioners. So we have one party to the collaboration having one viewpoint and then we have midwives on the other side who have a completely different viewpoint. Midwives are going to be mandated to comply with this arrangement, so midwives are going to be on this side of the bench having to find somebody to collaborate with, and we are going to have the collaborators here that we know have a different philosophy, who do not have to participate and can just choose to participate. They are going to be able to say, ‘If you want to do this, do it on my terms or else it does not happen at all.’

...It does seem to be quite an unequal power balance, and from the definitions around collaboration—and if you look at some of the work that has been quoted in other submissions, for example, the ANF submission—you will see that collaborative arrangements require autonomy and both practitioners to be on equal footing. We do not have that in Australia in maternity services at the moment. We would love to see more collaboration and things working better, but mandating a requirement that one group has control over another is not going to work, is not going to get better collaboration in place.<sup>27</sup>

1.26 Dr Andrew Pesce, AMA, responded to arguments about possible power imbalances between midwives and obstetricians. He argued that a power imbalance emerges because of the different competencies of midwives and obstetricians:

If there is an imbalance, I suspect that it emerges from the fact that midwives can care for a patient to a certain point and then, if something goes beyond that, they need to enlist the services of a collaborating obstetrician. But that obstetrician obviously is hesitant to just become a technician and say, 'I will just step in when I am asked to.' They would like to step in at the right time. So, if there is a power imbalance, it arises from the different competencies of the people who work in the team, and I do not think it is one which stems from a desire to deal with the competition.<sup>28</sup>

1.27 RANZCOG questioned the contention that RANZCOG fellows did not support collaborative arrangements. The President of the College, Dr Ted Weaver, commented:

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27 Ms L Wilkes, President, Australian Private Midwives Association, *Committee Hansard*, 17.12.09, p. 16.

28 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 58.

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In the polling that we have done a lot of RANZCOG fellows have indicated they are very keen to collaborate and are interested in embracing these new systems of care. They honestly believe that working with known midwives and collaborating more closely with their midwifery colleagues will lead to better care for women.<sup>29</sup>

1.28 Midwives also commented on the need to have collaborative arrangements with medical practitioners rather than with health services or hospitals. The ANF commented that the inclusion of health services would provide for 'greater flexibility in working arrangements, and more importantly, accommodates all geographical settings in which maternity services are provided to meet client needs'.<sup>30</sup> Women's Hospitals Australia (WHA) argued that midwives should be able to enter into a collaborative arrangement with public hospitals. WHA noted that public hospitals have a history of collaboration between obstetricians and midwives and have established models of maternity care where collaboration is a vital component.<sup>31</sup>

1.29 Dr Pesce outlined why the AMA supported collaborative arrangements between practitioners rather than health services or institutions:

Collaboration must also be between health professionals. It cannot be with an institution or agreed to by non-clinicians working in an institution. It must involve those people who understand the clinical needs of a patient and who are ultimately involved in delivery of care to a patient.<sup>32</sup>

1.30 The Department submitted that the amendment would not preclude a midwife or nurse practitioner having a collaborative arrangement with a service provider such as a hospital:

However, the service provider would need to nominate a medical practitioner(s), such as the head of obstetrics, as being in a collaborative arrangement with a midwife. This ensures that the service will have appropriate clinical arrangements in place in order to enter into a collaborative arrangement with a midwife or nurse practitioner.<sup>33</sup>

1.31 A further concern raised by midwives was the impact of the proposals for those working in rural and regional areas. The senior midwives commented that the reforms may be unworkable in rural areas if midwives are required to form collaborative agreements with individual doctors rather than area health services as distances may make it impossible for collaborative arrangements with a single

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29 Dr T Weaver, President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Committee Hansard*, 17.12.09, p. 54.

30 Australian Nursing Federation, *Submission* 40, p. 5; see also Royal College of Nursing, *Submission* 39, p. 3.

31 Women's Hospitals Australia, *Submission* 49, p.2.

32 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 56.

33 Department of Health and Ageing, *Submission* 37, p. 3.

doctor.<sup>34</sup> Dr Barbara Vernon, ACM, also noted that the high turnover of doctors in rural areas will make the arrangements difficult.<sup>35</sup> RANZCOG acknowledged that it may not be possible to collaborate with an individual medical practitioner because of turnover of staff. In such cases, RANZCOG stated 'it would be then incumbent on those Maternity Care Providers to meet and work out an equitable arrangement that does not compromise safety'.<sup>36</sup>

1.32 In relation to the issues raised about the workability of the proposed arrangements in rural and remote areas, Dr Pesce commented that in areas where the workforce is constantly changing it is important that there are protocols, procedures, guidelines and collaborative arrangements to ensure that those practitioners coming into a new area can quickly understand how the system operates.<sup>37</sup> Dr Pesce also stated that the collaborative agreements did not have to be with every individual doctor. Rather there is the possibility that someone representing medical staff, for example a medical director, to be involved in the collaborative agreement and that this 'will make clear that if you work there they have to work within the agreement'.<sup>38</sup>

1.33 The Department provided the Committee with evidence in relation to collaborative arrangements. It indicated that discussions had taken place in MSAG focussing on how collaboration will be defined in the secondary legislation. The Department commented:

...it is very important to put on the record that, in that group, we have looked at not just what might amount to collaborative arrangements, but also at how Medicare services provided by midwives might be defined and described, the sorts of referrals to Medicare eligible specialist services that should be appropriate for a midwife to make and the sorts of requests for imaging and pathology services that a midwife might legitimately make. That has all been dealt with very constructively and I think there has also been a lot of common ground reached on the issue of collaborative arrangements, although clearly we still have a little way to go.<sup>39</sup>

1.34 Ms Rosemary Huxtable, Deputy Secretary, Department of Health and Ageing, also commented that while a consensus position on collaborative arrangements had not yet quite been reached in the advisory groups 'I think we have made a lot of important steps—and it is not really us; it is more the willingness of the key

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34 Group of Senior Academic Midwives, *Submission 1*, p. 3; see also *Submission 32*, p. 3.

35 Dr B Vernon, Executive Officer, Australian College of Midwives, *Committee Hansard*, 17.12.09, p. 24.

36 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Submission 13*, p. 3.

37 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 61.

38 Dr A Pesce, President, Australian Medical Association, *Committee Hansard*, 17.12.09, p. 62.

39 Mr P Woodley, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 69.



stakeholders to actually talk to each other'. Ms Huxtable stated that it was in the hands of those taking part in the discussions to find resolutions to some of the issues:

In my view, some of the resolution of these issues—and understanding of these issues—is actually in the hands of those who sit there. It is in fact in the hands of those who sit around the table. I think there is quite a significant level of agreement. There is certainly a level of agreement on collaboration and that being a centrepiece to provide safety and quality arrangements. I think that we have made very good progress with the cooperation of both midwives and doctors, to name a few.

...At the end of the day the minister will need to come to a view based on the advice that emerges from these [advisory] groups. I would hope that there will be quite a substantial amount of consensus for her to consider by the time we get to that point, which will be in the new year.<sup>40</sup>

1.35 Ms Huxtable went on to comment that the discussions about how collaboration could work had covered 'a real continuum' from a very soft version of collaboration at one end to the signed collaborative agreement at the other end. In relation to signed collaborative agreements, Ms Huxtable stated:

...a signed collaborative agreement...is certainly not the only option that has been on the table and it is not the only option that has been discussed. It is one of a variety of options that include the idea of having a contemporaneous record in the women's clinical notes, so the more patient centred measure of collaboration.<sup>41</sup>

1.36 Areas where discussions had reached agreement included that collaborative arrangements should be recorded in a patient's clinical notes and that those notes should be comprehensive, contemporaneous and auditable. Matters included in the collaborative agreements included circumstances where a midwife consults with a medical practitioner, refers to a medical practitioner for clinical advice, refers a woman to a medical practitioner or a hospital for treatment or transfers the care of a woman to a medical practitioner or a hospital. There also seemed to be general agreement that the detail would be appropriately defined in secondary legislation. Ms Huxtable stated:

That is a good, solid start. Everyone who I have spoken to says that all of those things are necessary. There is a difference of view as to whether or not they are sufficient to represent collaborative arrangements. That is where we are trying to continue to work to get some further discussion and more consensus.<sup>42</sup>

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40 Ms R Huxtable, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 71.

41 Ms R Huxtable, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 72.

42 Mr P Woodley, Department of Health and Ageing, *Committee Hansard*, 17.12.09, pp 72–3.

1.37 Ms Huxtable concluded 'the minister is going to have to make a decision, if there remain areas of difference, on what her views are around how this would be shown in secondary legislation'.<sup>43</sup>

## CONCLUSION

1.38 The Committee notes that effective collaborative arrangements amongst health professionals ensures the delivery of safe and high quality care. Collaborative arrangements are at the heart of the midwives and nurse practitioners reforms introduced by the Government and thus the Committee supports the principle of collaborative arrangements in legislation. The Committee considers that the collaborative arrangements as envisaged will enable a flexible approach to meet the different circumstances of practice across Australia, particularly in remote and rural areas. The details of the arrangements will be included in subordinate legislation and will continue to be the subject of consultation with the health professionals and the department. This consultation is critical to the effectiveness of the process and reflects the shared commitment and professional skills focused on safe birth practice.

1.39 The Committee acknowledges that the minister has given further consideration to matters raised by stakeholders in relation to access to professional indemnity insurance and subsequent registration under the National Registration and Accreditation Scheme, and has, as a consequence, decided not proceed with the collaboration amendment to the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009.

## Recommendation

**1.40 The committee recommends that the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 with amendments, the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and the Midwife Professional Indemnity (Run-Off Cover Support Payment) Bill 2009 be passed.**



Senator Claire Moore  
Chair

February 2010

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43 Ms R Huxtable, Department of Health and Ageing, *Committee Hansard*, 17.12.09, p. 72.

## Minority Report

### By Senator Rachel Siewert, the Australian Greens

In my Dissenting Report, dated August 17<sup>th</sup>, 2009 I welcomed the initiatives contained in the three pieces of legislation - the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009, the Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009 and the Midwife Professional Indemnity (Run-off Cover Support Payment) Bill 2009 - however I was and remain concerned that these Bills do not address the needs of many Australian women who make the choice to give birth outside the hospital system. I am concerned that the option for a safe and accessible home birth, supported by an appropriately qualified and registered midwife, will be limited or removed altogether as a consequence of the introduction of these bills.

#### **Collaborative Arrangements**

The Government has introduced an amendment to their legislation requiring midwives to have collaborative arrangements in place with a medical practitioner in order to register. I acknowledge and support the Minister's intention that Medicare funded midwives should work collaboratively with medical and other health professionals as needed in the care of women and their babies. I do not however, agree that it is necessary to legislate for collaborative arrangements in order to achieve this goal. Collaboration with medical and other health professionals is already encoded in the regulatory framework within which midwives work in Australia. Disciplinary action may be taken by regulatory boards if midwives are found to practise in a non-collaborative manner.

I agree with the Australian College of Midwives that midwifery is a profession committed to the provision of collaborative care. I believe it is essential. I agree that, 'There is no argument that women choosing the care of a private MBS funded midwife must have ready access to appropriate medical care if and when the need arises for themselves or their baby'<sup>1</sup>. I agree with the Australian College of Midwives that the issue is how collaboration is ensured.

I believe the inclusion of collaborative arrangements in legislation may undermine how midwives work collaboratively with medical and other health professionals. I agree with the Australian College of Midwives that a midwife should be able to demonstrate their adherence to safe, collaborative practice through the use of formalised maternity care notes for each woman for whom they provide care, which can be audited by Medicare Australia or the Nursing and Midwifery Board of Australia as appropriate.

I agree with the Australian Nursing Federation that the consequence of the government's amendments to the bills will mean that a medical practitioner could have veto over the ability of a midwife to practice.

I agree with the Australian Nursing and Midwifery Council who have argued that collaborative practice between midwives, nurse practitioners and other health professionals are already legislated through the professional framework developed by the Australian Nursing and Midwifery Council.

The Department of Health and Ageing commented during the inquiry that a consensus position on collaborative arrangements had not yet quite been reached in the various advisory groups associated with this legislation. I am concerned that legislation should be presented before Parliament before advisory groups have been able to complete their work and believe this has

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<sup>1</sup> Australian College of Midwives, *Submission 30*, p. 4.

contributed to the confusion and concern felt by many stakeholders not least the patients themselves.

**Conclusion**

I support the Minister's intention that Medicare funded midwives should work collaboratively with medical and other health professionals as needed in the care of women and their babies. I don't agree that it is necessary to legislate for collaborative arrangements in order to achieve this goal. In fact I believe it will have a negative impact. Collaboration with medical and other health professionals is already encoded in the regulatory framework within which midwives work in Australia. Disciplinary action may be taken by regulatory boards if midwives are found to practise in a non-collaborative manner.

Consultation and referral (collaborative practice) appropriate to midwives' scope of practice is an area which is already regulated. Midwives currently have competency standards which directly refer to consultation and referral and collaborative practice, and clear practice guidelines on when to consult or refer. The Government's amendment changes the relationship giving one medical profession, the doctors, control over the ability of another, the midwives, to practice. This is not collaboration.

Many women whose babies are due after 1 July 2010, when these requirements come into force, have already commenced care with a private practice midwife. It will remain unclear for some time under what conditions they can receive birth care from their midwives, if at all. If these amendments proceed, these women's birth care will also be determined by their midwives' ability to establish the required collaborative arrangement between midwives and medical practitioners.

**Recommendation**

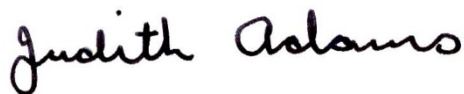
That the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill is amended by replacing reference to 'collaborative arrangements' with a requirement that eligible midwives demonstrate collaborative practice and that in the definition of a participating midwife, midwives would be required to demonstrate 'collaborative practice' by using standardised clinical documentation for planning and provision of care. This would record specific indications of collaborative practice, in particular consultation and referral as required, with the consent of the women for whom care is provided.



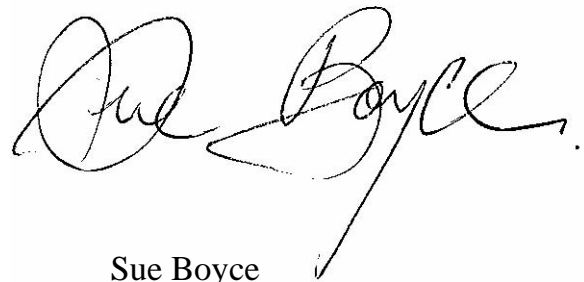
Senator Rachel Siewert  
Australian Greens

## ADDITIONAL COMMENTS

The Coalition Senators acknowledge the concerns of stakeholders regarding the Government's proposed amendment to the *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009* and the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009*. Significant concerns were originally raised about the affect of the amendment on the ability of Midwives to gain indemnity insurance and therefore be registered. The Minister has since given notice that the Government will withdraw the amendment relating to the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009*. The Coalition Senators acknowledge the importance of an appropriate collaborative arrangement that provides for patient safety and confidence. Mothers-to-be and midwives have not been assisted by the Health Minister's numerous changes in policy direction and the Coalition will reserve the right to consider the regulations that define the nature of collaborative arrangements between nurse practitioners, midwives and medical practitioners.



Judith Adams  
Senator for Western Australia



Sue Boyce  
Senator for Queensland



# APPENDIX 1

## Submissions and Additional Information received by the Committee

### Organisations

- 1 Group of Senior Academic Midwives
- 2 Empowered Birth Australia
- 3 Northern Rivers Maternity Action Group
- 4 Australian College of Midwives (Tasmanian Branch)
- 5 Hungerford, Ms Catherine
- 6 Friends of the Birth Centre Qld Inc
- 7 Natural Birth Education and Research Centre Inc
- 8 Australian College of Nurse Practitioners
- 9 Midwives in Private Practice
- 10 Australian College of Mental Health Nurses
- 11 Childbirth Australia Inc
- 12 Maternity Coalition Darling Downs
- 13 Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- 14 Friends of the Mackay Birth Centre
- 15 Australian Medical Association (AMA)
- 16 Nicholson, Dr Lisa and Surman, Dr Chris
- 17 Eastside Midwives
- 18 Birthtalk.org
- 19 Community Midwifery WA
- 20 Homebirth Access Sydney
- 21 Australian College of Midwives SA Branch
- 22 O'Shea, Ms Terry
- 23 Peninsula Birth Support
- 24 Joyous Birth – Australian Homebirth Network
- 25 Queensland Centre for Mothers and Babies
- 26 CRANaplus

- 27 CARES-SA
- 28 Rural Doctors Association of Australia
- 29 Student Advisory Committee, Australian College of Midwives
- 30 Australian College of Midwives
- 31 Homebirth Australia
- 32 Tracey, Professor Sally; Welsh, Professor Alec; Bisits, A/Professor Andrew; Tracy, Dr Mark
- 33 Birthrites: Healing After Caesarean Inc
- 34 Executive of the Queensland Branch, Australian College of Midwives
- 35 Maternity Coalition
- 36 Australian Private Midwives Association
- Supplementary information*
- Additional information received 17.12.09, 19.01.10
- 37 Department of Health and Ageing
- Supplementary information*
- Diagram Representing Consultations With Advisory Groups On MBS PBS And Eligibility tabled at hearing 17.12.09
  - Additional information received 21.01.10 following the hearing on 17.12.09
- 38 Australian Nursing and Midwifery Council
- 39 Royal College of Nursing Australia
- 40 Australian Nursing Federation
- 41 Australian General Practice Network
- 42 Birth Healing
- 43 Central Victorian Midwifery Group Practice
- 44 Simply Natural Therapies
- 45 Demanuele, Ms Gaye and Ireland, Ms Jan
- 46 Reiger, Dr Kerreen and Lane, Dr Karen
- 47 Maternity Coalition Victoria Branch
- 48 Maternity Coalition Ballarat Branch
- 49 Women's Hospitals Australasia
- 50 Thompson, Ms Robyn
- 51 Birth Choices Castlemaine
- 52 Healing Well



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53	Nurses Board of Victoria
54	Australian Practice Nurses Association
55	Southern Health
56	Caesarean Awareness Network Australia
57	Australian College of Midwives ACT
58	Home Birth Aotearoa Trust
59	Home Midwifery Association Qld Inc
60	Homebirth Network of South Australia
61	Midwives Alliance of North America

### Individuals

811	Aares, Ms Julie	830	Baker, Mr Roger
573	Abfalter, Ms Roxanne	468	Baker, Ms Jody
862	Adams, Mr Ian	680	Baker, Ms Kylee
865	Adams, Ms Tamara	730	Baker, Ms Kylee
196	Ahern, Ms Najma	588	Balius, Ms Jeremy
348	Ainsbury, Mr Matt and Evans, Ms Georgia	549	Balius, Ms Judy
426	Albertini, Ms Andrea	771	Barnes, Ms Naomi
652	Allan, Ms amelia	613	Barrett, Ms Lisa
632	Anastasiou, Ms Mahlani	413	Barridge, Ms Terry
133	Anderson, Ms Anne	185	Barter, Ms Jennifer
595	Anderson, Ms Bernadette	366	Bastin, Ms Samantha
685	Anderson, Ms Donna	480	Beale, Ms Sarah
644	Anderson, Ms Loulou	378	Beattie, Ms Rhiannon
450	Anderson, Ms Sonia	423	Beaumont, Ms Catherine
42	Armitage, Ms Karen	389	Bedingfield, Ms Victoria
649	Arndt, Mr Kenley	149	Begg, Ms Amba
773	Askey-Doran, Mr Peter	524	Behncke, Ms Cara and Seamer, Mr Tyson
542	Askham, Ms Jo	105	Bell, Ms Catherine
407	Atheis, Mr Darren	528	Bell, Ms Julie
188	Atkinson, Ms Amy	252	Bellinger, Ms Janet
816	Auer, Ms Skye	300	Ben-Barak
27	Austin, Ms Rachael	38	Bending, Mr Michael
186	Avogniko, Ms Skye	510	Bennett Taylor, Ms Alison
53	Bailey, Ms Cate	502	Bennett, Ms Emily
244	Baird, Ms Shelley	690	Bennett, Ms Pamela

457	Berry, Mr Allan	643	Brooks, Ms Sarah
681	Berry, Ms Misty	810	Brown, Mr Brad
675	Berryman, Mr Timothy	525	Brown, Ms Beverley
387	Beswick, Ms Jane	187	Brown, Ms Debbie
838	Bethel, Ms Stephanie	735	Brown, Ms Jennifer
684	Beutel, Ms Sonya	837	Brown, Ms Naomi
272	Bielski, Ms Meagan	234	Brown, Ms Tahne
599	Biffin, Ms Ana	676	Browne, Mr Gary
720	Bilcliff, Ms Andrea	382	Browning, Ms Myfanwy
836	Bingham, Ms Tanya	774	Bruce, Ms Heather
166	Blacher, Ms Elise	30	Bruckard, Ms Paula
600	Black, Ms Fiona	445	Bryan, Ms Samantha
574	Blake, Ms John	514	Buckland, Ms Wendy
766	Bloom, Ms Brittany	546	Buckley, Dr Sarah
63	Bloom, Ms Sonika	479	Buckley, Ms Michelle
691	Bogdan, Mr David	31	Bucknell, Ms Sandy
484	Bogdan, Ms Renee	207	Bucknell, Ms Sandy
157	Boll, Ms Brigitte	171	Bueskens, Ms Petra
779	Boon, Mr Cameron	64	Bunney, Ms Alison
508	Boon, Ms Ann	559	Burdack, Ms Leonie
123	Boot, Ms Diana	352	Burnet, Ms Carmen
41	Booth, Dr Kylie	686	Burns, Ms Amber
703	Borowski, Ms Michelle	604	Burrows, Ms Emily
687	Bourne, Ms Melody	217	Butler, Ms Bonita
435	Bousfield, Ms Anne	24	Butler, Ms Jane
568	Bowtell, Mr David	113	Butler, Ms Libby
845	Boyko, Ms Kerry	870	Buxton, Ms Pippa
308	Brain, Ms Suzee	182	Byatt, Mrs Renee
319	Braunstein, Ms Michelle	343	Byer, Ms Skye
722	Bray, Ms Jen and Dickenson, Mr Mark	464	Byrne, Ms Ella
78	Breault-Hood, Ms Joelle	92	Cadman, Ms Nina
471	Breay, Ms Monisha	554	Caines, Ms Justine
190	Brenchley, Ms Tamara	857	Cameron, Mr David
664	Brent, Mr Dan	654	Cameron, Mr John
203	Bretherton, Mr Mark	309	Cameron, Ms Maria
621	Brok, Ms Tine	565	Cameron, Ms Racheal
598	Brook, Ms Christine	633	Cameron, Ms Yukima

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695	Campanale, Ms Naomi	120	Conkas, Ms Michelle
709	Campbell, Mr Cameron	262	Conroy, Ms Rachael
714	Campbell, Ms Anita	177	Cook, Ms Helmy
328	Cane, Ms Melanie	841	Cookson, Ms Sue
195	Cantwell, Ms Andrea	569	Cooper, Ms Marilla
420	Caple, Ms Isis	176	Corbet, Ms Jane
346	Carbonneau, Ms Sophie	264	Cosgrove, Ms Ruth
193	Carleton, Ms Jenny	222	Costello, Ms Belinda
677	Carter, Ms Lauren	851	Costello, Ms Belinda
33	Caruana, Ms Danielle	756	Couper, Ms Marie-Clare
311	Cassidy, Ms Deanne	434	Court, Ms Helena
850	Catchlove, Ms Ann	318	Cowling, Mr David & Ms Michelle
152	Ceveri, Ms Pia	379	Cox, Ms Sara-Jayne
156	Chan, Mr Andrew	517	Cox, Ms Vicki
641	Chapman, Ms Carol	745	Cracroft, Ms Rachel
98	Chesser, Ms Lucy	175	Crawford, Ms Cath
369	Chidzey, Ms Malini	332	Crofts, Ms Lauren
482	Chin-Atkins, Dr Amy	276	Culleton, Ms Jackie
306	Chow, Ms Elizabeth	863	Cusack, Ms Sarah (Sally)
95	Christensen, Mr Steven	403	Da Silva, Ms Tamara & Family
269	Christensen, Ms Louise	408	Dachs, Ms Claire
383	Christie, Ms Polly	442	Daniels, Ms Dorianne
23	Christison, Ms Suzanna	181	Darby, Ms Maree
240	Claridge, Ms Cindy	653	Darlington, Ms Tara
164	Clark, Ms Fiona	824	Darroch, Mr Robin
723	Clark, Ms Rebecca	776	D'Astoli, Ms Sarah
337	Cleary-Baldwin, Ms Tina	432	David, Ms Louise
80	Clingin, Ms Tiffani	224	Davies, Ms Aleesha
607	Codega, Ms Andrea	522	Davies, Ms Aleesha
109	Cohen, Ms Dina	422	Davies, Ms Lindy
138	Cohen, Ms Jodi	50	Davis, Ms Meredith
282	Cole, Ms Paulette	834	Davy, Ms Mo
461	Collings, Mr Paul	433	Daw, Mr Brendan
789	Collins, Mr Matthew	601	Daw, Ms Emily
582	Collins, Ms Cerys	161	Dawson, Ms Melinda
778	Collins, Ms Cerys	10	Dawson, Ms Rebecca
14	Confidential	867	Dawson, Ms Sue

48	Day, Ms Carolina	210	Emmerton, Ms Lana
356	Dean, Ms Lynn	770	Emond, Mr Kris
60	Dearsley, Ms Jodie	819	Emond, Ms Kris
226	Dearsley, Ms Jodie	728	Evans, Ms Carolyn
544	Dempsey, Ms Rhea	368	Evans, Ms Elizabeth
545	Dempsey, Ms Robyn	137	Evington, Ms Susanna
829	Denham, Mr Andrew	338	Fagen, Ms Bronte
285	Dennis, Ms Rebecca	814	Farquhar, Ms Maelle
593	Denny, Greg	6	Farrow, Ms Karli
586	Denny, Ms Rebecca	825	Faught, Ms Belinda
251	Dettman, Ms Rebecca	399	Faulknor, Mr Andrew
110	DeWiljes, Ms Debra	635	Felich, Ms Sunderai
698	Di Palma, Ms Peta	787	Figgis, Mr Daniel
452	Di Stefano, Ms Nicolo	564	Figgis, Mrs Catherine
416	Dickson, Ms Jo	271	Fitzpatrick-Robertson, Ms Gretel
375	Dillon, Ms Fiona	104	Flammea, Ms Carolina
566	Dillon, Ms Sally	866	Flanagan, Ms Amelia
265	Djilas-Gaal, Ms Suzana	718	Flavell, Ms Tania
40	Dombroski, Ms Kelly	45	Foder, Ms Nicole
786	Donaghey, Ms Carolyn	102	Forestier, Ms Kirstine
73	Donnellan-Fernandez, Ms Roslyn	427	Forsyth, Ms Shona
861	Doran, Ms Kristi	419	Foster, Ms Stina
618	Dorman, Dr Emily	736	Fox, Ms Melissa
401	Dorrat, Ms Amy	477	Francisco, Ms Irene
59	Dougherty, Dr Joy	344	Frankel, Ms Miranda
692	Douglas, Ms Bettina	475	Franklin, Ms Nova
725	Draper, Ms Rebecca	37	Fraser, Ms Nicky
474	Drew, Dr Billy	18	Frazer, Mr Paul
473	Drew, Ms Kate	183	Fulcher, Mr David
108	Drysdale, Ms Shellie	83	Fulcher, Ms Michelle
249	Duncan, Ms Kirsten	563	Funk, Mr Gordon
51	Dunlop, Ms Michelle	29	Gaffney Ms Delena
704	Eales, Ms Sandra	657	Gaffney, Ms Alison
610	Edkins, Ms Camilla	650	Garden, Ms Pauline
238	Edwards, Ms Michelle	556	Garland, Ms Tanya
431	Elford, Mr Mark	331	Gentile-Andrit, Ms Marie
707	Elias, Mr Nicholas	197	Gibbins, Ms Danielle

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699	Gibbins, Ms Felicity	150	Hamilton, Ms Valerie
178	Gibson, Ms Desiree	469	Hamson, Ms Bev
194	Giesemann, Mr Simon	712	Hancock, Dr Heather
706	Giles, Ms Aurelie and Mr Evan Giles	32	Haneveld, Ms Tara
179	Giri, Ms Anahata	86	Hardwicke Collings, Ms Jane
61	Gittins, Ms Sarah	134	Hare, Ms Penny
9	Glamorgan, Mr Adrian	8	Harper, Dr Marisa
4	Glastonbury, Ms Ilona	609	Harper, Ms Wendy
372	Glover, Ms Rebecca	499	Harris, Mr Lincoln
451	Goldfinch, Ms Sarah	705	Harris, Ms Anne
430	Gonella, Mrs Melissa	540	Harris, Ms Gretta
759	Goodwolf, Ms Madeleine	555	Harris, Ms Hayley
531	Gough, Ms Trisha	844	Harris, Ms Hayley
350	Gower, Ms Shelley	579	Harris, Ms Samantha
623	Grace, Ms Anandavana	283	Harris, Ms Sara
577	Grace, Ms Kathy	315	Hastie, Ms Carolyn
302	Graham, Ms Katrina	520	Hawksworth, Ms Bronwyn
739	Graham, Ms Melissa	85	Hay, Ms Jessica
792	Grainger, Ms Chrissy	233	Hay, Ms Lynda
790	Grainger, Ms Scott	495	Hayashi, Dr Yoko
843	Grantham, Ms Kim	248	Hayes, Ms Anna
130	Gray, Ms Roanne	223	Hayes, Ms Kylie
28	Gray, Ms Sue	359	Heaps, Mr Paul; Mr Aaron, Ms Irene and Mr Tony
737	Greene-Wiseman, Ms Natalie	17	Heaps, Ms Katina
124	Gregson, Ms Sonia	253	Heart, Ms Sue
823	Grieger, Ms Pamela	832	Heath, Ms Marie
828	Grimes, Mr Joe	639	Hebblethwaite, Ms Peggy
395	Grundy, Ms Sarah	441	Hehir, Ms Emily
114	Guest, Ms Jessica	68	Heil, Dr Petra
795	Guildford, Ms Sally	49	Heinrich, Mr Peter
605	Guilfoyle, Ms Charis	291	Heinrich, Ms Anika
812	Guilfoyle, Ms Leonie	760	Henderson, Ms Claire
229	Hain, Ms Amanda	316	Herrenberg, Ms Dearne
39	Hairs, Ms Rochelle	278	Heyfron, Ms Rebekah
436	Hall, Ms Emma	463	Higgins, Ms Norma
763	Hall, Ms Toni	455	Hilaire, Ms Mandy
218	Hamilton, Ms Emma	809	Hinds, Ms Amanda

693	Hinkley, Ms Jessica	204	Johnston, Ms Lucinda
560	Hirons, Ms Kerri	284	Johnston, Ms Lucinda
572	Hoare, Ms Kathy	66	Johnston, Ms Nadine
796	Hodges, Ms Georgia	794	Johnstone, Ms Sally
189	Hoffmann, Ms Petra	616	Jones, Ms Donna
485	Holmes, Ms Pria	449	Jones, Ms Emma
614	Holtby, Ms Wendy	785	Jones, Ms Treana
486	Hooley, Ms Margaret	394	Jones, Ms Valli
440	Hordern, Ms Lucy	139	Jonker, Ms Kerwyn
640	Horsfall, Mr Grant	615	Joyce, Mr David
381	Horsley, Ms Erin	754	Kaminski, Ms Catriona
768	How, Mr Peter	367	Kato, Ms Catherine
575	How, Ms Michelle	833	Keane, Mr Michael
764	Howells, Ms Sean	358	Kearney, Ms Melanie
831	Hriskin, Ms Helen	637	Kearney, Ms Rebecca
758	Hunt, Ms Rosanna	694	Keeble, Mr Tony
855	Hunter, Ms Cassie	734	Keleher, Ms Meghan
211	Hutton, Ms Jodie	417	Kelly, Mrs Catheryne
15	Hynd, Ms Denise	683	Kemp, Mr Daniel
515	Inkster, Ms Rachel	209	Kemp, Ms Rachel
518	Isse, Ms Araleena	506	Kennedy, Ms Iznaya
259	Jackson, Ms Kathleen	90	Kent, Mis Melissa
772	Jaensch, Ms Jacinda	131	Kenyon, Mr John
125	James, Ms Kelly	13	Kenyon, Ms Elizabeth
498	James, Ms Sarah	700	Keogh, Ms Ildiko
646	Jansen, Ms Magda	160	Kerin, Ms Amy
89	Jasprizza	535	Kidman, Ms Robin
397	Jeffries, Ms Leah	155	King, Ms Sandi
628	Jenkin, Ms Belinda	822	Kirby, Ms Maree
236	Jenkins, Ms Nadia	854	Knight, A/Prof Sabina
250	Jenkinson, Mr Darryl	753	Knights, Mr Mathew
151	Jenkinson, Ms Rebecca	534	Knights, Ms Yvette
580	Jimson, Ms Emma	752	Knights, Ms Yvette
627	Jiricek, Ms Louise	584	Knightsbridge, Sharon, Phil, Ruby, Dylan
782	Johnson, Ms Rosemary		
310	Johnston, Mr Noel	200	Konkoly, Ms Katarina
303	Johnston, Ms Joy	77	Kotova, Ms Augusta

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202	Koutsofrigas, Ms Angela	168	Lewis, Ms Stephanie
671	Kricak, Mr Harlei	868	Lewis, Ms Wendy
672	Kricak, Mr Tom	385	Lin, Ms Bronwyn
697	Kricak, Ms Faye	500	Litwak, Ms Sara
670	Kricak, Ms Makala	872	Longworth, Ms Diane
647	Krieger, Ms Nathalie	5	Love, Ms Sophie
562	Krinelos, Ms Haidi	818	Love, Ms Zoe
336	Krop, Ms Jessica	400	Love, Ms Meridee
239	Kuchel, Ms Gaylee	287	Lowe, Ms Jessica
354	Kuliukas, Ms Lesley	257	Lowrance, Ms Justine
351	La Canna, Ms Sophie	532	Lucas, Ms Margaret
769	Lacey, Ms Jane &	780	Lynch, Mr Grant
Lacey, Mr Christopher		762	Lynch, Ms Talia
659	Lam, Ms Sarah	154	Lyne, Ms Kylie
467	Lamond, Ms Leonie	72	Macdonald, Ms Leah
54	Lamott, Mr Sven	767	MacDonald, Ms Leonie
634	Lang, Ms Jenni	521	MacGregor, Ms Sonja
293	Langford, Dr Chris	22	Madden, Ms Milo and Mr Brendan
237	Langford, Ms Kelly	46	Maddock, Mr Leith
744	Langford, Ms Sarah	665	Maddock, Ms Virginia
636	Langoulant, Mr Nick	191	Maguire, Dr Joanna
142	Lapthorne, Ms Amanda	448	Mahar, Ms Mychelle
619	Larter, Ms Natalie	324	Malavisi, Mr Pete
550	Lavers, Ms Teresa	121	Malcolm, Ms Davini
701	Lawrence, Mr Robert	21	Malcolm, Ms Tammy
679	Lawson, Ms Donna	215	Maloney, Mr Peter
661	Laycock, Ms Paradise	852	Mann, Mrs Amy
702	Leach, Mrs J Shaughn	547	Mann, Ms Sarah
101	Lechte, Ms Jasmine	840	Mansfield, Ms Sam
35	Lee, Ms Cadi	871	Mardes, Ms Paulina
747	Leemen, Ms Alison	106	Marks, Ms Peta
128	Leenstra, Ms San	507	Marney, Ms Eleanor
206	Leo, Ms Barbara	281	Marsh, Ms Bonny
230	Leonard, Ms Andrea	755	Marshall, Ms Lisa
144	Leone, Ms Carmela	589	Martin, Ms Connie
541	Leslie, Ms Emma	349	Martin, Ms Sonia
713	Lewer, Mr Cameron	460	Matthews, Mr Regan

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365	Mayberry, Mr Tim and Tan, Me Yewy	711	Messmer, Mr Andrew & Ms Isabelle Messmer
622	Mayroz, Ms Ruth		
539	Mayze, Ms Simone	115	Messner, Ms Chloe
418	Mazurek, Ms Joanne	858	Mildwaters, Ms Susan
447	McBride, Ms Erin	409	Millar, Ms Jenny
232	McCann, Ms Diane	570	Miller, Ms Jodie
648	McCulloch, Ms Plaxy	663	Mitchell, Ms Natalie
476	McCulloch, Ms Sam	162	Mitchell, Ms Nerida
526	McCullogh, Ms Caroline	490	Moller, Ms Nicole
261	McDonald, Ms Georgia	3	Moonen, Ms Monica
376	McDonald, Ms Sarah	219	Mooney, Ms Helena
777	McFarlane, Ms Melissa	392	Morris, Ms Shannon
402	McGowan, Mr Doug	638	Morrissey, Mr Steve
322	McGuinness, Ms Amantha	603	Morrissey, Ms Boadie
428	McIntosh, Ms Beth	494	Morrissey, Ms Clare
846	McIntosh, Ms Makayla	363	Morton, Mr Adam
465	McIntyre, Ms Sali	362	Morton, Ms Yolande
869	McLachlan, Ms Sarah	827	Motherway, Ms Siobhan
295	McLaren, Ms Meredith	227	Moxham, Ms Sue
11	Mclean, Ms Sue	421	Mukhar, Ms Debbie
727	McLeod, Mr Elyjah	847	Munckton, Ms Cherie
384	McLeod, Mr Neil	393	Munro, Ms Annabelle
496	McLeod, Ms Rachael	297	Munton, Ms Erika
220	McLeod, Ms Roberta	25	Murphy, Desley
608	McMahon/Cooper, Ms Kim	602	Murphy, Mr Valmore
784	McMullan, Ms Beth	341	Murphy, Ms Roberta
443	McNamara, Ms Annie	373	Murray, Dr Shauna
62	McQueen, Ms Natalie	290	Nall, Ms Glenys
488	McRitchie, Mr Martin	82	Name withheld
456	McRitchie, Ms Michelle	173	Name withheld
806	McTaggart, Ms Rachael & McTaggart, Mr Grant	280	Nash, Ms Sarah
808	Meadows, Ms Katherine	304	Nattall, Ms Catherine
323	Meares, Ms Michelle	853	Naug, Ms Jane
538	Meares, Ms Win	552	Naylor, Ms Sallyanne
567	Melling-Williams, Ms Bridget	466	Neal, Mrs Elsa
74	Menke, Ms Jane	472	Neale, Ms Rosemary
626	Meos, Ms Kristy	148	Nettle, Ms Lara
		289	Newman, Ms Matilde



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669	Ng, Mr Christopher	126	Parker, Ms Tania
611	Ng, Ms Louisa	380	Parkes, Ms Samantha
470	Nicoll, Mr Sam	849	Parkinson, Ms Doone
122	Nicoll, Ms Emily	839	Parks, Ms Debra
273	Nixon, Mr David	856	Parox, Ms Tonia
274	Nixon, Ms Cherie	364	Pascoe, Ms Emma
398	Nohlman, Mr Dion	459	Passmore, Ms Julie
487	Nohlmans, Ms Dion	163	Pate, Ms Coralie
642	Nolan, Ms Larissa	813	Patel, Ms Brooke
93	Nolan, Ms Maree	716	Payne, Mr Timothy
842	Norgate, Ms Megan	143	Peart, Ms Astra
558	Nottingham, Mr Anthony	371	Peheim, Ms Nina
576	Nottingham, Ms Janie	750	Permezel, Ms Jess
52	Oakey, Ms Terri-Ann	116	Perriman, Ms Nicole
731	O'Brien, Ms Anna	424	Perrott, Ms Kiera
267	O'Carroll, Ms Catherine	458	Pertile, Mr Paul
65	O'Carroll, Ms Mary	820	Phelan, Ms Marg
591	O'Connor, Mr Simon	864	Phelan, Ms Marg
241	O'Connor, Ms Belinda	519	Pickering, Ms Sandra
791	O'Connor, Ms Rachel	761	Piemonte, Ms Gabriella
848	O'Donnell, Mr Greg	213	Pierce, Ms Lucy
55	O'Keefe, Ms Rani	374	Pilkinton, Ms Shiree
561	Okumura, Ms Kiyoko	410	Pirotta, Ms Carly
69	Oldham, Ms Tammy	743	Pittman, Ms June
245	Oliver, Ms Kym	12	Poggioli, Ms Crystel
19	Ollerton, Ms Janice	678	Polorotoff, Ms Fiona & Mr Terence
119	O'Neil, Mr Ken	243	Pool, Ms Kori
509	O'Neil, Ms Beth	334	Pope, Ms Karla
800	Orbitani, Ms Amanda	208	Porfiri, Ms Aristeia
353	Orr, Ms Nicole	169	Porter, Ms Naomi
158	Osmond, Mr Michele	454	Power, Ms Jamie
100	Osterstock, Ms Nadia	548	Prest, Mr Grant
205	Osterstock, Ms Sally	543	Prest, Ms Rachel
103	Ostrenski, Ms Amanda	361	Pride, Ms Rose
76	O'Toole, Ms Roslyn	298	Prince, Ms Nicole
411	Palmer, Ms Jane	390	Provan Ms Nicola
504	Palmer, Ms Karen	688	Pullar, Mrs Andrea

674	Punal, Ms Loredana	20	Saines, Mr Adam
583	Purcell, Ms Barbara	797	Sakara, Ms Mary
529	Purchase, Ms Karryn	425	Sanders, Mr Ivan
79	Quach, Ms Hayley	740	Sandner, Ms Helen
347	Quach, Ms Taryn	81	Saxton, Mrs Florence
87	Quanchi, Ms Andrea	118	Saxton, Ms Anne
221	Quinn, Mr John	492	Scammell, Ms Judy
513	Quinton, Ms Linda	597	Schaeche, Ms Bee
625	Quirke, Ms Dominique	793	Schell, Ms Andrea
135	Rayner, Ms Vanessa	36	Schellhorn, Ms Jenny
729	Razga, Ms Shayla	292	Schild, Ms Tatiana
117	Reading, Ms Samantha	335	Scholten-Smith, Ms Amy
594	Reddrop, Ms Susan	242	Schwegler, Ms Doreen
533	Reeves, Ms Christina	666	Scobie, Ms Natalie
710	Regan, Ms Anne	617	Scott, Mr Eon
147	Reid, Ms Jane	212	Scott, Ms Caroline
91	Reid, Ms Sharon	246	Scott, Ms Johanna
127	Renaud, Ms Monica	483	Scott, Ms Julie
551	Renzenbrink	355	Scott, Ms Lucie
70	Reupert, Dr Andrea	277	Scott, Ms Marilyn
662	Revill, Ms Carolyn	478	Scott, Ms Terri
733	Reynolds, Ms Jo	446	Searle, Ms Amanda
429	Reynolds, Ms Katherine	512	Senini, Mr Michael
342	Reynolds, Ms Shae	406	Senini, Ms Danielle
585	Rice, Ms Hannah	817	Senini, Ms Danielle
527	Richards, Ms Ellen	71	Shamier, Ms Clare
59	Richardson, Ms Chelsea	438	Shanti Baer, Ms Jaia
94	Richter-Cools	159	Sharpe, Ms Raine
799	Robinson, Mr Sam	721	Shatar, Dr Tamara
170	Robshaw, Ms Kylie	296	Shaw, Ms Edwina
775	Rockwell, Ms Wendy	624	Shayler-Appleton, Ms Gemma
345	Rose, Ms Emma-Kate	294	Sheean, Ms Frances
578	Rose, Ms Lyn	439	Sheffield, Ms Kylie
254	Rossi, Ms Sharon	738	Sheppard, Mr Dustin
651	Rowan, Ms Nicole	404	Shore, Ms Yollana
107	Russell, Ms Anna	247	Shribman, Ms Vanessa
235	Ryan-Reid, Ms Emma	167	Sidebotham, Ms Mary

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305	Sidery, Ms Sheryl	47	Stika, Ms Gae
412	Simchen, Ms Esther-Maria	667	Stimac-Curtis, Ms Kyra
656	Simpson, Ms Bronni	802	Stimson, Mr Luke
26	Simpson, Ms Pamlyn	801	Stimson, Mr Russell
216	Simpson, Ms Saffron	803	Stimson, Ms Ellie
807	Singleton, Ms Hollie	804	Stimson, Ms Rosie
501	Sipos, Ms Annika; Ms Layla; Mr Willow and Mr Nolan	805	Stimson, Ms Zoe
726	Skinner, Ms Joelle	313	Stirling, Ms Polly
696	Slade, Mr Greg	587	Stone, Ms Cassandra
255	Sladka, Mrs Karalyn	453	Stopic, Mrs Melanie
153	Sleja, Ms Ilga	523	Summers, Ms Carolyn
192	Slome Cohain, Ms Judy	537	Syme, Ms Jenny
516	Smallwood, Ms Tania	286	Symons, Ms Natasha
749	Smethurst, Ms Joanne	34	Sze, Ms Su-lin
668	Smith Gisler, Ms Janice	503	Tan, Ms Catherine
405	Smith, Mr Aidan	325	Tania
377	Smith, Ms Anita	180	Targato, Ms Carly
388	Smith, Ms Lia	370	Tasker, Melanie
1	Smith, Ms Rebecca	596	Tasker, Ms Jenny
56	Snow, Ms Katrina	462	Tasker, Ms Vanessa
826	Solimán, Ms Jacqui	708	Taylor, Mr Mark
214	Spanger, Ms Lindy	199	Taylor, Ms Elizabeth
821	Speck, Ms Kirsty	715	Taylor, Ms Priscilla
645	Springer, Ms Sahaja	689	Telfer, Ms Rebecca
717	Springett, Ms Selina	497	Tenni, Ms Rachel
444	Stafford, Ms Pip	748	Thompson, Ms Anna
136	Stamm, Ms Leah	111	Thompson, Ms Anne
132	Staples, Ms Marae	386	Thornycroft, Ms Lisa
198	Steele, Ms Lyn	84	Thorpe, Ms Amanda
266	Stephen, Mr Joseph	129	Thorsen, Ms Lynne
275	Stephens, Ms Alison	165	Toms, Ms Melinda
581	Stephens, Ms Amber	357	Tonilol, Ms Angela
757	Stephenson, Ms Robyn	592	Tonkin, Ms Katie
530	Stevenson, Ms Ruth	320	Toogood, Mrs Shae
75	Stewart, Ms Emma	330	Tough, Ms Janet
112	Stewart, Ms Kelley	57	Townsend, Ms Danielle
228	Stewart, Ms Lalla	612	Townsend, Ms Danielle

88	Toxward, Ms Jane	317	Webster, Ms Basiz
360	Trevan, Ms Elizabeth	312	Weir, Ms Natalie
97	Tricarico, Ms Nicole	481	Werner, Ms Greta
724	Trimmer, Mr Aaron	231	West, Mr Chris
391	Tropp, Mr Dan	225	West, Ms Suzanne
172	Trotter, Ms Sally	815	Westbury, Ms Sally
860	Tucker, Ms Heather	783	Wheatley, Ms Niki
741	Turner, Mr Cameron	788	White, Ms Deborah
256	Turner, Ms Deirdre	629	White, Ms Tamsyn
321	Turner, Ms Elizabeth	590	Whitson, Ms Sally
301	Underwood, Mr Duncan	798	Whitson, Ms Sally
682	Utley, Ms Monique	43	Whyte, Dr Rod
260	Vaca, Ms Helen	835	Wicksteed, Ms Sophie
270	Valente, Mr Paul and Valente, Ms Maja	314	Wilcox, Ms Sarah
263	van der Plank, Mr Dirk	140	Wilkie, Ms Marimba
765	Van Dreven, Ms Judy	146	Wilkinson, Dr Marhsall
606	Van Harskamp, Ms Karen	201	Williams
781	Van Nune, Ms Vivienne	511	Williams, Ms Carolyn
631	Van-Lane, Ms Gretel	96	Williams, Ms Kathryn
437	Vella, Ms Betty	307	Williams, Ms Sally
279	Vines, Ms Irene	67	Williams, Ms Yolande
288	Wadsworth, Ms Claudette	184	Window, Mr Ben and Window, Ms Jaclyn
329	Walker, Ms Alison	620	Witnish, Mrs Sarah
396	Walker, Ms Beverley	630	Wolfs, Ms Annshar
505	Walklate, Ms Julia	571	Wood, Mr Grant & Wood, Ms Jo
99	Wallace, Ms Heather	414	Wood, Ms April
742	Wallace-Yarrow, Ms Sharon	2	Wood, Ms Diane
493	Wallington, Ms Erika	327	Wood, Ms Karen
746	Ward, Ms Samantha	268	Woodhouse, Mr Adrian
415	Warner, Mr Charlces	751	Woodward, Mr Nigel
719	Warren, Mr Matt and Rees, Ms Sally	16	Wool, Ms Demelza
859	Warren, Ms Julie	339	Woorall, Ms Deb
655	Waterman, Ms Tanja	658	Worrall, Mr John
174	Watson, Ms Jo	660	Worrall, Ms Barbara
326	Watson, Ms Jo	557	Worrall, Ms Tracey
141	Watt, Ms Susan	258	Wright, Ms Melanie
491	Watts, Ms Heather	58	Wright, Ms Rebecca

673 Wrightson, Ms Christine  
489 Yali, Ms Nyree  
299 Yates, Ms Chantel  
340 Yates, Ms Marion  
553 Young, Ms Chris  
333 Young, Ms Eleanor  
732 Zampichelli, Ms Lorie  
536 Zdyb, Ms Monika  
44 Zimmerman, Ms Michelle  
145 Zimmerman, Ms Shelley



## **APPENDIX 2**

### **Public Hearing**

*Thursday, 17 December 2009*  
*Parliament House, Canberra*

#### **Committee Members in attendance**

Senator Claire Moore (Chair)  
Senator Rachel Siewert (Deputy Chair)  
Senator Judith Adams  
Senator Mark Furner

#### **Witnesses**

##### **Homebirth Australia**

Ms Justine Caines, Secretary

##### **Australian Private Midwives Association**

Ms Liz Wilkes, National President  
Ms Marie Heath, National Vice President

##### **Rural Doctors Association of Australia**

Mr Steve Sant, Chief Executive Officer

##### **Australian College of Midwives**

Dr Jenny Gamble, President  
Ms Barbara Vernon, Executive Officer  
Associate Professor Dr Andrew Bisits, Obstetrician

##### **Australian Nursing and Midwifery Council**

Ms Karen Cook, Chief Executive Officer  
Ms Dianna Kidgell, Research and Policy Advisor

##### **Australian Nursing Federation**

Ms Lee Thomas, Assistant Federal Secretary  
Ms Julianne Bryce, Senior Professional Officer

##### **Australian General Practice Network**

Dr Alison Edwards, Board Director  
Ms Rachel Yates, Director of Policy

**Maternity Coalition**

Mr Bruce Teakle, National Executive Member

Ms Makayla McIntosh, National Vice President

Ms Ann Catchlove, Victorian President

**Australian Medical Association (AMA)**

Dr Andrew Pesce, President

Mr Francis Sullivan, Secretary-General

**Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)**

Dr Ted Weaver, President

**Department of Health and Ageing**

Ms Rosemary Huxtable, Acting Deputy Secretary

Ms Kerry Flanagan, First Assistant Secretary, Health Workforce Division

Mr Peter Woodley, Assistant Secretary, Medical Benefits Division