Elton Humphery
Committee Secretary
Community Affairs Legislation Committee
PO Box 6100
Parliament House
Canberra ACT 2600
Via email: community.affairs.sen@aph.gov.au

11 December 2009

Dear Mr Humphery

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

Thank you for the opportunity to make a further submission on this matter to the Community Affairs Legislation Committee.

As we noted in our first submission the Rural Doctors Association of Australia (RDAA) has for many years supported the concept of advanced midwifery practice including the ability to order appropriate diagnostic tests and prescribe a restricted range of medications. However, it is essential that this care be delivered within the context of a collaborative care arrangement if we are to achieve the best health outcomes for both mothers and their babies. We note that this in no way precludes midwives functioning as fully autonomous health professionals and working across the full range of their scope of practice.

I have below provided information in relation to the specific issues that were referenced in the referral to the committee:

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 practice.

RDAA considers that to remove any possible unintended consequence of the possibility that doctors might have the power to veto the registration of midwives that this amendment to the *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Bill 2009* be withdrawn by the government. This amendment to the professional indemnity bill is not critical to the provision of midwifery services through the Medicare; however, the amendment to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 should be supported for the reasons set out below.

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Whether the Government's amendments' influence on the health care market will be anti-competitive.

The RDAA does not consider the amendment to the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 to be anti-competitive in that it relates primarily to the quality of obstetric care that is provided through Medicare and does not restrict the midwife or the doctor in how and when they collaborate. However, should the amendment be considered to be anticompetitive then the RDAA contends that this would be in the public interest as clearly the Governments amendment is aimed at ensuring that Medicare funds mothers and their babies to have access to high quality obstetric care.

Whether the Government's amendments will create difficulties in delivering intended access and choice for Australian women.

Collaborative team based care should underpin all models of obstetric care. This is the only safe way to guarantee a woman and her family can receive attention and support throughout pregnancy, birthing and the postnatal period regardless of the type of the delivery or location of the woman.

The legislation as a whole will significantly improve the access to care for mothers and their babies. The amendment ensures that the best quality care is provided through collaborative arrangements. If the amendment is not included this put the high quality care already provided to women in Australia at risk through fragmentation of that care.

There is also a significant risk that if collaborative arrangements are not mandated that it may result in a reduction in the rural GP Obstetrician workforce which will in fact reduce access to maternity services in the bush. This is the situation that exists in New Zealand which was the result of the introduction of a funding mechanism that actively works against collaborative care between the professions.

The RDAA believes that the Committee should primarily consider the health outcomes that will be achieved through funding collaborative care through Medicare rather than being swayed by spurious arguments around professional territory rebadged as arguments around access to care.

Why the Government's amendments require 'collaborative arrangements' that do not specifically include maternity service providers including hospitals.

The RDAA in its submission to the Maternity Services Review[1] did include a recommendation around the collaborative arrangements that should be put in place including "an agreement between the professional stakeholders (doctors, midwives and hospital) supported by a collaboratively developed protocol"[2]. This arrangement would help ensure that the health care providers are all working together to deliver a quality service.

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[1] RDAA response to the *Improving Maternity Services in Australia*: A discussion paper from the Australian Government

[2] RDAA response to the *Improving Maternity Services in Australia*

Whether the Government's amendments will have a negative impact on safety and continuity of care for Australian mothers.

The requirement that the midwives collaborate with medical providers will only have a positive impact on the safety and continuity of care for Australian mothers. There is no evidence, available to the RDAA, that indicates that collaboration and communication between health professions, with the aim of delivering high quality services and good health outcomes, will do anything other than support the high standards of care already provided to Australian women and their babies and support further improvements to that care over time.

Other related matters.

Another matter related to the ability for rural doctors and midwives to collaborate is the eligibility for midwives to receive a payment when a patient is admitted as a public patient to a rural hospital.

The Committee members may not be aware that by far the majority of mothers admitted to rural hospitals for management of labour are admitted as public patients. There are a number of reasons for this including:

- Most agreements between rural GPs and State health authorities or public hospitals provide for professional indemnity coverage of the GPs for the care of public patients. There is usually a significant additional cost of purchasing private indemnity coverage if patients are to be admitted as private patients, most GP obstetricians do not have this coverage.
- The level of private insurance in mothers in rural and remote areas has been reported as very low and it is therefore likely that most will want to be admitted as public patients. Most rural doctors are reluctant to expose their patients to incurring additional out of pocket expenses.
- State hospital contracts provide a more realistic fee for deliveries.

This matter was highlighted in the original submission made to the Maternity Services Review and has been raised by RDAA representatives with the Department of Health and Aging on several occasions and it is yet to be addressed. If this matter is not addressed then it is likely that many women will not be able to access intra-partum services funded under Medicare or will be exposed to significant out of pocket expenses.

The RDAA would be pleased to provide further information to the committee in relation to any of the issues covered above or being considered by the committee. I can be contacted on 02 62397730 or via email ceo@rdaa.com.au for further information.

Steve Sant
Chief Executive Officer