Submission to the Senate Community Affairs Committee – Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills

Dear members of the Senate Community Affairs Committee,

Thankyou for the opportunity to provide a submission regarding the Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 and two related Bills.

The Queensland Branch of the Australian College of Midwives is a non profit making professional organisation that advocates of behalf of midwives and birthing women.

We wish to make the following comments with regard to the amendments, particularly with regard to the likely impact on midwives and their ability to provide a safe, quality service to childbearing women and their families.

Whether the consequences of the Governments amendments for professional regulation of midwifery will give doctors the right of veto over midwives ability to renew their licence to practice

- In order to register to practice midwives will be required to have professional indemnity insurance
- In order for self employed midwives in private practice to access professional indemnity insurance they must be "eligible midwives"
- In order to be an "eligible midwife" they must have collaborative arrangements with one or more medical practitioners

Therefore, it is quite clear that if a midwife in private practice cannot find a medical practitioner willing to enter into collaborative arrangements the midwife cannot access indemnity insurance and cannot obtain a licence to practice. If medical practitioners withhold collaborative arrangements they will have effectively vetoed the midwives ability to obtain a licence to practice.

Whether the Governments amendments influence on the health care market will be anti-competitive

- Medical practitioners are the appropriate lead carer for women at high risk of pregnancy related adverse outcome
- Midwives are the appropriate lead carer for women at low risk of pregnancy related adverse outcome
- Medical practitioners act as lead carer for many women with low risk pregnancy
- Midwives and medical practitioners work in competition with each other with regard to women with low risk pregnancy

Midwives and medical practitioners are in commercial competition with each other regarding low risk pregnancy. Therefore, it is clear that if medical practitioners could influence a midwives ability to practice by refusing "collaborative arrangements" this would be anti-competitive.

Whether the Governments amendments will create difficulties in delivering intended access and choice for Australian women

- Under the amendments self employed midwives in private practice will be required to meet eligibility requirements in order to access indemnity insurance, without which they will be unable to practice
- Midwives are likely to find it difficult to meet the eligibility requirements regarding collaborative arrangements
- Midwives will be unable to continue to work in private practice
- Women's choices will be reduced, and will be restricted to employed midwives or medical practitioners
- Medical practitioners and employed midwives are unlikely to be able to offer women the same type of care choices as those offered by self employed midwives

It is clear that women's choices will be reduced and restricted by the proposed amendments.

Why the Governments amendments require collaborative arrangements that do not specifically include maternity service providers including hospital

- Midwives and medical practitioners need to work together to provide the best care and outcomes for mothers and their babies
- Collaborative arrangements are not currently required for midwives or other health practitioners
- Midwives and other health practitioners currently consult and refer as circumstances change
- Midwives are guided by the Australian College of Midwives National Midwifery guidelines for Consultation and referral

It is unclear why midwives (and nurse practitioners) are being singled out as requiring particular collaborative arrangements with medical practitioners when this is not required by other health professionals – eg allied health.
Self employed midwives need visiting rights to public hospitals, and good consultation and referral pathways with medical practitioners and hospital services, but not individual collaborative arrangements with single medical practitioners.

Whether the Governments amendments will have a negative impact on safety and continuity of care for Australian mothers

- Midwives in private practice provide safe high quality continuity of carer for low risk women
- Private medical practitioners provide high quantity (200-400 women/year) levels of continuity of carer
- For low risk women medical practitioners do not provide labour care, but are sometimes present at the birth

- Medical practitioners do not provide community post natal care
- Midwives in private practice provide antenatal, intrapartum, and post natal care – the full range of care
- There is very limited access to publicly funded models of continuity of carer

If midwives in private practice cannot meet eligibility requirements they will be unable to practice, this will diminish the number of midwives providing continuity of care, and will have a direct negative impact on access to safe continuity of carer.

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For and on behalf of
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