

# Submission to the Senate Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

26 April 2009

The Secretary  
Senate Community Affairs Committee  
PO Box 6100, Parliament House  
Canberra ACT 2600

Dear Sir / Madam

Thankyou for accepting this submission to the Inquiry.

I am writing to you as a midwife. I have been a midwife since 1973, and working independently since 1993. Aged in my late 50s, I am nearing the end of a satisfying and productive professional career which includes practice, teaching, and other professional consulting and writing.

It is with great sadness that I prepare this submission, as I recognise the likelihood that the new laws governing registration and accreditation of my profession will also signal the termination of my right to practice, due to the fact that professional indemnity insurance is not available for midwives.

I am not opposed to national registration, or to the mandating of indemnity insurance as a condition for registration, but I am deeply concerned about the Government's inequitable support for the medical profession over the midwifery profession in this instance.

In our submissions to the federal government's recent Maternity Services Review <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesreview-report> I and many other midwives, consumers, and maternity organisations informed the Review of the urgent need midwives have for indemnity that will cover our private practices. The Report (Section 6.2) acknowledged the Government's support for the medical profession, including the Premium Support Scheme, "which provided financial relief to specialists such as obstetricians so that their premium costs relative to other specialties became more

affordable”, but failed to recommend that any similar support be available for midwives, or to offer any other lifeline to midwives.

My question to you is, “how can one professional group (midwives) be excluded from practice on the grounds of no insurance being available, when the group competing for the same work (obstetricians and proceduralist GPs) receive substantial government support to purchase their indemnity insurance?”

This anomaly appears to be in breach the intent of competition policy and monopolies supported by government funding. Yet it appears that under the Trade Practices Act, a case would need to be made under Section 45DD, that a Secondary Boycott situation existed (eg: “We found Obstetrician A colluding with Obstetrician B to prevent Midwife C from working.”) This scenario is most unlikely, as the Government’s financial support through Medicare provides the medical practitioners with an effective monopoly of prenatal (out of hospital) care, and the inability of midwives to obtain professional indemnity insurance excludes midwives from most opportunities to provide care privately in hospitals for women during the birth and post natally. Hence there is no case of ‘Secondary Boycott’ or collusion to exclude midwives from practice at a community level, as there is a systematic exclusion of midwives through Medicare and the funding of hospitals. I believe that the Government needs to remedy this situation in the public interest.

A paper 'The Trade Practices Act and the Health Sector' was presented by Professor Allan Fels, the then chair of the ACCC, in 1998. Prof Fels stated that the role of the ACCC includes "looking at health professionals' conduct to determine whether it promotes or hinders patients' interests in being able to choose among a variety of services and price options according to their needs", and "competition policy is based on the premise that consumer choice, rather than the collective judgment of the sellers, should determine the range and prices of goods and services that are available. Or in other words that the competitive suppliers should not pre-empt the working of the market by deciding themselves what their customers need, rather than allowing the market to respond to what consumers demand."

These principles have not been applied to Government funding for basic maternity care, which is the practice domain for which midwives are registered. Consumers who choose to employ a midwife as their primary carer do so, in most cases, without any government support. The medical profession’s monopoly of maternity funding and maternity care provision is not in the public interest. There is no evidence that excluding midwives from practice improves outcomes for mothers and babies.

The current restriction of the scope of practice of Australian midwives is regressive when compared with contemporary standards in developed nations. The Australian consumer

ought to be free to choose the primary maternity care provider, either a midwife or a doctor, with consideration of the ability to each one to provide the service required by the individual woman and her child.

**I therefore request that, in the implementation of the Government's national registration and accreditation scheme for midwives, the Senate Community Affairs Committee ensure that midwives have equitable access to Government support for their purchasing of indemnity insurance, and for the provision of services. This is in the public interest and in the interest of free trade.**

Yours truly

Joy Johnston