



Australia's national maternity consumer advocacy organisation

National Secretariat & Vic Branch

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To: The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
community.affairs.sen@aph.gov.au

30 April 2009

Dear Senate Community Affairs Committee,

**Re: Senate Community Affairs Committee Inquiry into The National Registration and Accreditation Scheme for Doctors and Other Health Workers**

### **Introduction**

As Australia's "umbrella" organisation representing consumers of maternity services, Maternity Coalition would like to offer input to the above Inquiry.

Our submission is brief, as we are staffed entirely by volunteers, and have limited resources to respond to the large number of current health reform processes relevant to our area of interest.

Our input is only in regard to the registration and accreditation of health workers directly involved in providing maternity care, in particular midwives, GPs and GP and specialist obstetricians.

### **Regarding TOR (b) the impact of the scheme on patient care and safety:**

#### **In-principle support**

In principle, we accept the move to introduce national registration for midwives and doctors. Increased consistency in systems and standards across Australia could provide benefits to consumers and caregivers of maternity services.

However, we do see some risks and opportunities associated with a transition to national registration and accreditation, which we outline below.

#### **Consumer representation**

In principle, one of the primary purposes of regulating health professions is to ensure protection of the safety and interests of health service consumers. As consumer advocates, our observation of the application of practitioner regulation tells us that consumer interests are poorly represented and poorly understood, and that safety is defined by professional cultures rather than consumer perspectives.

In our opinion, which is consistent with progressive health services overseas, strong processes of consumer representation offer one of the most effective strategies to improve quality of health care, including through regulation. Unfortunately we consider consumer representation processes in Australian regulators to be poor which, we believe, negatively affects the quality of regulation.

Informed choice – recognition of the autonomy and rights of clients/patients/women to make final decisions about their health and care – is the most common issue we observe to be inadequately addressed by regulators. In nursing regulation we have been concerned at

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cases where regulators did not recognise women's rights to make informed choices. In medical regulation we have been gravely concerned at cases where gross breaches of informed consent have not been recognised as bad practice.

For consumers, being able to make informed choices and give consent before procedures is a crucial part of safety in health care.

We urge you to use any move to national regulation as an opportunity to push for recognition of the principle of patient informed choice, and strengthened mechanisms of consumer representation in health worker regulators.

### **Access**

Maternity Coalition, in our lobbying and representation work, frequently seeks communication with governments and government agencies. We frequently find state governments and agencies easier to access and engage with than Commonwealth ones. A move to national registration, with many functions presumably moved to Canberra, could make consumer input, engagement and representation much more difficult for regulators.

We encourage you to ensure that a move to national regulation includes mechanisms and safeguards to improve access, engagement and representation for consumers and consumer groups around Australia. These mechanisms and safeguards should be developed in partnership with consumer representative organisations.

### **Indemnity insurance**

In principle, we support the holding of professional indemnity insurance by health caregivers. This offers, in limited circumstances, some compensation to some consumers in the event of poor outcomes caused by poor practice. We are aware that there is an intention to make professional indemnity insurance mandatory for caregivers under national registration standards.

We draw your attention to the lack of any professional indemnity insurance product for midwives in Australia. This means that midwives in private practice cannot obtain insurance, and cannot arrange clinical visiting rights in hospitals. Midwives providing care for homebirth currently practise uninsured; midwives previously providing private birth care in hospital no longer do; and women's access to continuity of midwifery care is greatly restricted. Women are denied choice, and the community pays for expensive specialist medical care instead of economical primary midwifery care for healthy women having babies.

In the event that midwives were prevented from providing care for homebirth by insurance requirements, some women would be unwilling to birth in hospital, and would choose to birth at home without a trained caregiver. This is already happening to some extent, due to the difficulty many women have in accessing midwifery care. We are aware of some very bad outcomes resulting from unattended homebirths. Preventing midwives from providing homebirth care would endanger some women and babies.

We are aware that state, territory and Commonwealth governments are conscious of the lack of insurance for midwives, and are attempting to develop solutions. Government subsidy, guarantee, or direct indemnification are possible options. Given the high degree of government support for professional indemnity insurance for doctors, it is appropriate that Government also act to ensure insurance availability for midwives.

However, none of the likely government actions would make absolute compulsion for insurance acceptable, as any are likely to be temporary arrangements. Access to insurance could, at any time, be curtailed by expiry of arrangements, change of Government, or failure of an insurer. These events, of reasonable probability, cannot be allowed to cause health care to become unavailable.

We urge you, for the safety of women and babies, to ensure that women can continue to legally access midwifery care for birth at home, whether or not professional indemnity insurance is available for midwives.

We feel very strongly that a move to national registration, and a general requirement for registered caregivers to hold professional indemnity insurance, must:

- be accompanied by Government support systems (such as subsidy, guarantee, or indemnification) to ensure that all professions are able to access affordable indemnity insurance, and
- include a mechanism to exempt professions from this requirement if insurance is unavailable.

### **Conclusion**

Our concerns relating to a move to national registration are outlined above. Maternity Coalition would be happy to provide further information if this was of use to the Committee.

Yours sincerely,

A handwritten signature in black ink that reads "L Metcalfe". The signature is written in a cursive, slightly slanted style.

Lisa Metcalfe

On behalf of the National Management Committee

Maternity Coalition

Maternity Coalition Acting National President