Australian College of Midwives

Anne Copeland
Chair, Nursing and Midwifery Board of Australia
Via email: natboards@dhs.vic.gov.au

Re NMBA Consultation paper on Registration Standards and Related Matters

Dear Ms Copeland,

Thank you for the opportunity to comment on this paper. The Australian College of Midwives (ACM) is the peak professional body for midwives in Australia with members in all states and territories and across all areas of practice and professional roles.

The ACM strongly supports many of the draft standards circulated for comment. We have major concerns about the proposed standards for midwife practitioner. These areas of support and concern are outlined in the attached response.

The ACM has been strongly supportive of the move to national registration for midwives. We are pleased this project is getting closer to fruition. We appreciate that there is a daunting workload ahead of the new NMBA as you work to establish the registration policies and processes for Australian midwives and nurses. We look forward to a productive working relationship with the NMBA and are keen to support you in any way we can with this important endeavour in the next 7 months and beyond.

ACM would particularly recommend to the Board that it consider creating a Standing Committee for Midwifery Regulation. This would be an effective way of creating credibility for the new NMBA in discharging its responsibilities for establishing the standards and pathways for midwifery education, practice, standards, and regulation.

We note that the consultation paper makes numerous references to professional associations having been notified of the opportunity for comment on these papers. ACM did not receive any notification. We would ask that you add my email address to your notifications in future: executiveofficer@midwives.org.au. Thank you.

Yours sincerely,

Dr Barbara Vernon
Executive Office

24 November 2009

Australian College of Midwives

Submission to the Nursing and Midwifery Board re Consultation paper on Registration Standards and Related Matters November 2009

1. PROPOSALS FOR MANDATORY STANDARDS

1.1 Criminal History Standard

ACM supports the Criminal History Standard as drafted.

1.2 English Language Skills

In relation to English language requirements the ACM supports the ANMC's recommended approach, based on their report from August 2009 by Carramar Consulting entitled 'Final Report on Development of National Standards for Assessment of Internationally Qualified Nurses & Midwives for Registration and Migration' (pg 15) that addresses this issue. The current accepted IELTs (International English Language Test) score recommended (and also that currently accepted by NMC UKCC following widespread public consultation) for education & practice is 7. ACM supports level 7 being required.

1.3 Professional Indemnity Insurance Arrangements

ACM supports the proposal (Clause 6) that each midwife will need to assess the appropriate level of insurance for his/her practice taking into account the considerations listed. This will avoid artificially driving up insurance costs, and enhance the ability of individual registrants can obtain indemnity that is relevant to their context and scope of practice.

However there are two points about this provision on which we seek clarification:

1. Re clause 3: It is not clear whether for an employed midwife, the responsibility for ensuring an appropriate level of insurance is held rests with the midwife or the employer. If it is to rest with the midwife, by what means is the midwife to make such assessment, when employer's policies usually cover all aspects of a health care service not just the practice of an individual midwife? Also, there have been some instances where we have learned that vicarious liability has not been extended to a midwife when a hospital has been sued over an incident when the midwife was on duty. Do these provisions mean that all midwives will need to purchase insurance above and beyond any vicarious cover provided by their employer?

2. Re Clause 4 which reads: "Nurses and midwives, unless exempted under clause 284 will require professional indemnity insurance to cover their full scope of practice whether employed or self-employed", ACM seeks clarification on the definition here of 'full scope of practice'. With the reforms being considered by the federal government it is feasible that some midwives may move into private practice and provide only postnatal care for example. Would such midwives be required to hold insurance for pregnancy and labour/birth care? This clause is not clear.

Further, the College wishes to reiterate its concerns that although the current *Health Practitioners Regulation National Law Act* 2009 provides for an exemption from the requirement for professional indemnity insurance coverage for privately practising midwives for 2 years, it is unclear in this standard how this requirement will be handled beyond 30 June 2012. ACM remains concerned that the interests of the public will not be protected if midwives who provide care to women who choose to birth at home are prevented from renewing their license to practice by the requirement that they hold professional indemnity insurance which is not currently available to them within Australia at any price.

While only a minority of women currently choose homebirth, women will continue to make this choice. If registration is withheld from experienced midwives who current provide this care after mid 2012, it is likely that women will continue to choose to give birth at home without the care of a registered midwife. The death in March 2009 of a baby born to a mother who chose to birth at home without a midwife is testimony to the risks of women making this choice.

1.4 Continuing Professional Development Standard

ACM welcomes the provisions in this draft standard. We strongly endorse the proposal (requirement 2) that midwives undertake a minimum of 20 hours of CPD per year. In our experience of running a national program for midwives CPD (MidPLUS) midwives easily achieve 20 hours of active learning per year. Most of the more than 2,000 midwives already enrolled in MidPLUS log well above 20 hours of active learning each year.

ACM also strongly supports the proposal (requirements 1 - 3) that midwives who are also registered as nurses will maintain a separate portfolio of their CPD relevant to their knowledge, skills, role and responsibilities as a nurse, and vice versa. This is essential as a minimum safeguard to ongoing competence in each of the nursing and midwifery professions, and the provision of safe care to consumers.

We also agree that it must be the responsibility of the midwife, as an adult learner, to assess and document the value of CPD activities in which they participate. Random audit is a sufficient basis for ensuring that midwives have adequate documentation to support their claims about participating in active learning. ACM undertakes a random audit of 5 per cent of MidPLUS enrolled midwives each year for this reason.

ACM suggests that the important information contained at present in the second half of requirement 4, reading:

> The CPD must be relevant to the nurse or midwife's context of practice, in either a self-directed learning program or a formal CPD program that meets the guidelines published by the Board, including a minimum of three different types of activities.

Be separated from the first half of requirement 4 about documentation, i.e. that this become a numbered requirement in it's own right. This would make the requirement clearer. ACM supports the requirement that the CPD be relevant to a midwife's context of practice, and involve at least 3 different types of active learning activities. Midwives who participate in the ACM's MidPLUS program meet (and exceed) all of these requirements.

1.5 Recency of Practice Standard

ACM supports the provisions in this draft standard as written. We are pleased to see provision of recency within 5 years rather than 3, as many midwives may take breaks from paid work to care for their children and 98% of the midwifery workforce is female.

2. PROPOSALS FOR BOARD SPECIFIC STANDARDS

2.2 Requirements for Midwife Practitioners

The ACM strongly opposes the provisions of this standard. ACM does not support the creation of an endorsed status on the register of 'midwife practitioner'. This provision was added to the legislation for the National registration scheme without consultation with, agreement from or recognition by the midwifery profession. To our knowledge there are only 2 individuals in Australia who currently hold this title in one jurisdiction in Australia, and this number has remained at 2 despite this opportunity existing for more than 5 years.

There is no recognised educational pathway to midwife practitioner, no designated positions in 'advanced midwifery practice' and this position does not involve an extension of the midwifery scope of practice. Rather it involves individuals who may be midwives who have chosen to become nurse practitioners while specialising in a particular aspect of care for pregnant women who have complex medical conditions, such as cardiac or renal disease. Further, many midwives who hold masters degrees in midwifery have undertaken not an advanced training course in midwifery, but an entry to practice midwifery course, undertaken as a registered nurse.

It is unacceptable that a new registration category is being imposed against the well documented and widely held views of the profession to which it applies.

2.3 Assessment against the procedures for the development of registration standards

The paper says that the following objective and guiding principles are met:

> Under Commonwealth initiatives, nurse practitioners and experienced midwives will be able to prescribe medications listed on the Pharmaceutical Benefits Scheme [Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009]. This initiative is expected to increase access to health services and make health services more affordable. The standards proposed set a minimum quality standard to ensure that applicants have sufficient advanced practice experience to enable them to practise safely.

ACM totally rejects the draft proposal to use the endorsement as 'midwife practitioners' to identify midwives who are to be eligible for providing Medicare funded care in the community and in hospitals, and limited prescribing against the PBS. This proposal has been considered and rejected by the advisory groups already being hosted by the Department of Health and Ageing as a suitable pathway to identifying eligible midwives.

This proposal has been rejected for many reasons:

- Midwives who will provide MBS funded pregnancy and postnatal care in the community and labour care in the hospital are NOT working in an extended scope of midwifery practice, nor in advanced practice, but squarely within the scope of practice and competencies of a registered Midwife.

- There are no masters degree programs currently on offer to support provision of pregnancy and postnatal checks in the community – the only Masters programs in midwifery are either entry to practice programs for registered nurses, or masters research courses, whereby students prepare a thesis in one aspect of midwifery practice. Neither of these pathways are relevant to having an experienced midwife provide normal, routine pregnancy and postnatal care in the community.

- The Minister's declared intention of the reforms is to enhance women's access to primary care by midwives. This will not be achieved if there is insistence upon creating artificial barriers to already competent midwives becoming MBS eligible.

- Application of the nurse practitioner model to the MBS funded midwife is not valid. Nurse Practitioners are highly experienced nurses who have specialised in a narrow area of clinical nursing practice and gained in depth knowledge and skills about that particular area of care. Midwives who provide MBS funded primary maternity care will not be working in specialised areas of midwifery practice, and will not be requiring more in depth knowledge of a limited range of pregnancy or labour conditions than they already have as registered midwives. Rather they will do the same work as they already do across the full scope of midwifery practice, providing pregnancy, labour, birth and postnatal care to women and babies. They will consult with and refer women to doctors as the needs of individual women and babies dictate and in relation to accepted evidence based standards for consultation and referral.

ACM strongly recommends and requests that the NMBA remove all reference to the national maternity reforms from it's rationale for the midwife practitioner position. While a midwife who has gained this registration status may in the future wish to apply for MBS eligibility, midwife practitioner endorsement must not be a minimum requirement for access to the MBS and PBS.

3. PROPOSALS FOR ENDORSEMENTS

ACM supports the proposal to have a scheduled medicines endorsement for midwives who become eligible to claim rebates under the PBS when providing Medicare funded services to women.

ACM supports the provision that this endorsement be based upon "an approved accredited program of study" or "one that is substantially equivalent to an approved program of study". We would not however that this provision must be sensibly applied. Graduates of current midwifery programs for example already have preparation for practice in the area of prescribing, as it is part of the national competency standards for the midwife. Such recent graduates are unlikely to need formalised education above and beyond their entry to practice training. Furthermore, some midwives may readily meet the competencies for administering, obtaining, possessing, supplying and using the scheduled medicines by undertaking a structured professional development course rather than a university degree or course. ACM recommends therefore that implementation of this provision be flexible and appropriately responsive to the differing educational and practice experience of midwives who apply.

ACM strongly supports a similar approach – endorsement - being taken for midwives who are eligible for MBS under the proposed national reforms. This would be far more workable than relying upon the 'midwife practitioner' approach in the Board's consultation paper.

ACM understands that the Department of Health and Ageing, through the minister, is likely to ask the NMBA (if it has not done so already) to create an endorsement process under 'area of practice' provisions in the national registration law, to identify midwives who meet the eligibility criteria for becoming a Medicare Provider, once these eligibility criteria are determined by the Minister. Midwives who are endorsed as an MBS eligible midwife will then be able to apply for access to the Commonwealth's government indemnity insurance

program, and for separate endorsement as eligible to claim against the PBS for scheduled medicines administered during the course of Medicare funded care for women and their babies.

Thank you for the opportunity to comment on these draft standards.