



**Australian College
of Midwives**

Thursday, 30 May 2013

Dear Sir/Madam

Re: AHRA public consultation paper: Guidelines for advertising, Social media policy and guidelines for mandatory notification

Thank you very much for providing the opportunity to feedback on the Guidelines for advertising, social media policy and guidelines for mandatory notification. Here is our specific feedback on each item.

Guidelines for advertising

The majority of our members do not use the current guidelines. However, as an increasing number of midwives move into private practice, these guidelines will become more relevant to our membership.

The revised guidelines are very useful and relevant; however the document is quite lengthy and wordy. The feedback we have received from our members is that the document takes quite a lot of focused reading, and it takes some time to get to the relevant information, and make sense of it. In other words, it needs to be more concise and more user-friendly language. Having said that, the reminders of what National Law states is really useful – it provides a rationale for the advice given by AHPRA, and reminds the health professional that the advice is not a random act.

The main question that remains, that also impacts on the social media policy, is what constitutes a testimonial, especially in the social media space. Clearly, midwives cannot be responsible for the content that women post on sites that are not managed by them. However, there continues to be a grey area about what constitutes a testimonial, and the response of our members to this issue demonstrates that the guidelines do not provide enough advice about this. For example, is a birth story published on a midwife's website a "testimonial"? Or is an unsolicited comment from a woman on a midwife's Facebook page saying something like "I think you are a fantastic midwife"? Or a conversation on Twitter where a midwife discusses options for care with a pregnant woman?

It is acknowledged that the National Law does not provide specific advice and needs to catch up with the current context that midwives find themselves working in and that AHPRA's advice is constrained by National Law. However, the Australian College of Midwives believes that there needs to be a clearer distinction between advertising using social media and engaging with consumers.

Social media policy

As said before in previous consultation rounds, the ACM supports keeping the social media policy brief and non-punitive. By referring to the Code of Conduct, and Guidelines for Advertising the

social media policy takes a far more holistic and integrated approach. It also makes room for the ACM, as the professional body for midwives, to develop more detailed guidelines and advice.

Nevertheless, the ACM continues to have concerns that conversations with consumers using social media tools and processes are perceived as advertising, when in fact, what midwives are doing is engaging with the wider community to inform and make connections. The ACM wholeheartedly supports the professional use of social media, and takes a very dim view of online behaviour that is disrespectful or breaches confidentiality. However, the ACM also recognises that consumers are increasingly using social media to connect with health professionals, and that requiring midwives to censor every word that consumers post on their social media sites is unreasonable, and greatly limits midwives' ability to meet consumer's need in this area.

Guidelines for mandatory notification

The ACM would like to emphasize feedback that has been provided in previous consultation rounds i.e. there needs to be more emphasis about practitioners making frivolous, vexatious or not in good faith notifications, under the section 'Protection for people making a notification'. Further information on the action/s resulting from frivolous, vexatious and notification not made in good faith would be helpful. This may also prevent said frivolous, vexatious and not in good faith notifications.

The ACM would also like to repeat feedback previously provided that further explanation or discussion around significant departure from accepted practice needs to be included in the guidelines. Particularly in relation to when a 'patient' requests care that might be outside of 'accepted professional standards'. Clarity is sought in relation to 'duty of care' and should a notification be made when a practitioner is providing care, when not providing that care would place the 'patient' at increased risk of serious harm.

Should you require any clarification, please feel free to contact Ann Kinnear: 02 6230 7333.

Yours faithfully,



Ann Kinnear
Executive Officer