



Safety and quality guidelines for privately practising midwives

Public consultation report

March 2023

The Nursing and Midwifery Board of Australia

As the regulator of more than 400,000 registered nurses (RN), enrolled nurses (EN) and midwives across Australia, the NMBA's primary role is to protect the public.¹ The Health Practitioner Regulation National Law, as in force in each state and territory in Australia (the National Law) recognises nursing and midwifery as two distinct professions. Our core regulatory functions - professional standards², registration, notifications, compliance and accreditation - help to support and safeguard professional practice and protect the public.

Healthcare is part of a complex system – many policies, processes, organisations and, importantly, nurses and midwives contribute to professional practice and the safety and quality of healthcare. We work together with nurses and midwives, health system partners, health complaints entities and other stakeholders across the healthcare system to support professional practice and keep the public safe.

We have used over 10 years of knowledge, experience in, and data from, the National Scheme³ to holistically consider the review and are proud to present the public consultation report and an advance copy of the 2023 *Safety and quality guidelines for privately practising midwives*.

¹ Ahpra and National Boards' [Annual Report 2019-20](#).

² The term 'professional standards' refers to the registration standards, codes and guidelines that form part of the regulatory framework for each profession. The regulatory framework for a profession may be complemented by other clinical and practice standards (e.g. those developed by professional associations, specialist colleges and/or Governments) that, together, support professional practice.

³ National Registration and Accreditation Scheme.

Overview

As a part of its systematic process to review, consult on and develop standards, codes and guidelines for the regulation of nurses and midwives in Australia, the NMBA commenced a review of the current *Safety and quality guidelines for privately practising midwives* (the current guidelines) in November 2021.

The review process upheld the NMBA's commitment to evidence-based structures, systems and processes. The review was informed by an internal review and analysis of the current guidelines, a preliminary consultation phase with key stakeholder groups and a public consultation phase.

There was general support in the submissions received for the revisions of the current guidelines, with many stakeholders noting the improved clarity and helpful content. This report describes the process of this review, with a particular focus on the feedback received to the public consultation.

The NMBA thanks all those who contributed to the review and provided valuable feedback during the development of the updated *Safety and quality guidelines for privately practising midwives* (the updated guidelines). The updated guidelines are currently published as an advanced copy and will take effect on 1 July 2023. Until this time, the current guidelines remain in force.

Background

In Australia, all regulated health practitioners are required to hold professional indemnity insurance (PII) to practice their profession.⁴ However, under section 284 the Health Practitioner Regulation National Law Act (the National Law) midwives who practise private midwifery are exempt from the requirements to hold PII when providing intrapartum care for homebirths⁵ if they comply with requirements set out in a code or guideline approved by the National Board⁶.

Review process

The review of the current guidelines commenced in November 2021 and has progressed through a number of review phases.

Internal review

The first review phase included an internal exploration of relevant Australian and international literature, regulatory guidelines and a content and structure analysis. Key findings from this phase identified that the following updates were required:

- strengthened guidance to clarify who is required to comply with the guidelines
- an updated description of a PPM to reflect contemporary models of PPM practice
- updated information to reflect the broader range of practice contexts for PPMs
- clearer naming of the requirements
- inclusion of definitions of key terms including 'skilled' and 'current' to clarify what is required
- increased clarity around the requirement for a second health practitioner to be present at a home birth
- updated requirement for PPMs to have local processes in place to collect, analyse and reflect on their own data for safe practice and continuous improvement
- clearer guidance regarding documentation and storage of health information and
- updated requirement to ensure PPMs have best practice, woman-centred incident management process in place.

Subsequent to the literature and content reviews, the first tranche of revisions were made. The first revision of the *Safety and quality guidelines for privately practising midwives* were tested internally and with the NMBA before progressing to consultation with key stakeholders during preliminary consultation.

⁴ Health Practitioner Regulation National Law Act 2009 (Cth) s 129.

⁵ Health Practitioner Regulation National Law Act 2009 (Cth) s 284.

⁶ Health Practitioner Regulation National Law Act 2009 (Cth) s 284(1)(c).

Public consultation

The NMBA released the revised *Safety and quality guidelines for privately practising midwives* for public consultation on 04 November 2022 for an eight-week period. The proposed revisions to the guidelines sought to update the guidance to better reflect current safety and quality expectations, clarify PPMs regulatory requirements and put forward a refreshed document that, where appropriate, reflected the views and recommendations of NMBA stakeholders.

This included additional information about the regulatory requirements for midwives who attend homebirths as the second health practitioner, an amendment to *Requirement two: Risk management* so that only PPMs who provide homebirth services are required to be skilled and current in all three high risk clinical areas and amendment to *Requirement eight: Privately practising midwife portfolio* to require participation in and contribution to a professional practice review program (PPRP) biennially.

A series of strategies were implemented to promote awareness of the public consultation, including a formal public consultation package sent directly to NMBA key stakeholders. All midwives were sent the NMBA newsletter advising them of the public consultation and how to participate, with a link to the NMBA public consultation webpage and online survey. The option to provide written feedback was also available. The NMBA webpage had a link to the online survey with the Public Consultation Paper and the draft revised *Safety and quality guidelines for privately practising midwives* available for download.

Overview of the public consultation feedback

Feedback to questions contained within the public consultation paper was requested through either written submission or response to an online survey. Qualtrics web-based software was used as the platform for the online survey. There were seven questions in the survey. In total, eight survey responses and eleven written responses were received and analysed.

Survey submission responses

Table one provides a breakdown of the questions and the number of responses to each question contained in the survey. Respondents included clinically practising midwives (including endorsed midwives and PPMs), government and consumers. Where consent to publish was provided, individual responses are available on the NMBA website.

No.	Question	Responses
1	Is the updated content of the draft revised <i>Safety and quality guidelines for private practising midwives</i> helpful, clear and relevant? Why or why not?	8
2	Is there any content that needs to be changed or removed in the proposed revised <i>Safety and quality guidelines for private practising midwives</i> ?	6
3	Is there any new content that needs to be added in the proposed revised <i>Safety and quality guidelines for private practising midwives</i> ? Why or why not?	5
4	Would the proposed updates result in any potential negative or unintended effects for women and families, including vulnerable members of the community who may choose to access PPM services? Why or why not?	6
5	Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? Why or why not?	6
6	Would the proposed updates result in any potential negative or unintended effects for PPMs? Why or why not?	4
7	Do you have any other comments on the proposed revised <i>Safety and quality guidelines for private practising midwives</i> ?	4

Table 2: Public consultation survey responses

Written submission responses

In total, 11 written submissions were received by the NMBA during the consultation period. Where consent to publish was provided, those submissions are available on the NMBA website.

Respondent
Australian Nursing and Midwifery Federation (ANMF)
Australian Birth Trauma Association
Office of the Health Ombudsman
Australian Capital Territory Department of Health, Office of the CNMO
New South Wales Ministry of Health, Office of the CNMO
Victorian Department of Health, Office of the CNMO
Queensland Health, Office of the Chief Nursing and Midwifery Officer
Northern Territory Health, Office of the CNMO
South Australia Health, Office of the CNMO
Australian Commission on Safety and Quality in Health Care
Midwives Australia

Table 3: Public consultation written respondents

Summary of feedback to consultation questions

Feedback to the public consultation generally indicated that respondents found the updated content helpful, clear and relevant. This was consistent with the preliminary consultation feedback where 91% of key stakeholders agreed that the updates were helpful and clear. Only one respondent was of the view that the guidelines were not helpful as they held the view the guidelines should only apply to PPMs as defined

under s284 of the National Law, rather than both PPMs who provide homebirth services *and* those who only work in discrete areas such as antenatal or postnatal care.

There was a theme in the public consultation feedback in relation to the regulatory requirements for the second health practitioner in attendance during a planned homebirth, particularly in relation to professional indemnity insurance (PII). This was raised by 36% of key stakeholder respondents in their written submissions (n=4/11) and 25% of the members of the public in their survey response (n=2/8).

To ensure the guidelines provided enhanced clarity on the regulatory requirements for second health practitioners, explicit guidance on these requirements has been added. These additions clarify that PPMs who provide intrapartum care in the role of the second health practitioner during the course of a homebirth are exempt from holding PII for this aspect of their practice *if they comply with the guidelines*.

No feedback was received on the proposal that PPMs are only required to complete biennial training in obstetric emergency management, adult life support and neonatal resuscitation that is *relevant to their scope and context of practice*. This update clarifies that it would be appropriate for a PPM who only practices in a newborn sleep service to complete regular adult life support and neonatal resuscitation training rather than being required to complete mandatory obstetric emergency management training as it would not be relevant to their context of practice. Conversely, a PPM who practices in homebirth settings would be required to complete all three trainings biennially.

Summary of changes

The responses to the public consultation have been analysed to inform the changes to the final *Safety and quality guidelines for privately practising midwives*. The following is a high-level summary of the changes made to the guidelines following public consultation:

- updated information on the requirements for PPMs who practice as the second health practitioner during a homebirth
- insertion of updated legislation due to repeal of the *National Health (Collaborative arrangements for midwives) Determination 2010* in September 2022
- insertion that PPMs must have an established complaints management process
- insertion of reference to the Australian Open Disclosure Framework
- strengthened reference to the Australian Commission on Safety and Quality in Health Care's *National Safety and Quality Primary and Community Healthcare Standards 2021* including infection prevention and control and clinical governance.
- updated glossary and reference list.

Conclusion

The NMBA received and carefully considered a wide range of views in developing the updated *Safety and quality guidelines for privately practising midwives*. The *Safety and quality guidelines for privately practising midwives* (2023) were approved by the NMBA at its February 2023 meeting.

Informed by PPMs, governments and consumers, the updated *Safety and quality guidelines for privately practising midwives* ensures the guidelines remain contemporary and aligned to best practice regulation, current evidence and public safety expectations. It can be used to guide consumers, employers and other stakeholders on what to reasonably expect from a PPM regardless of their context of practice.

The NMBA thanks all those who contributed to the review. The updated guidelines are currently published as an advanced copy and will take effect on 1 July 2023. Until this time, the current guidelines remain in force.

