



Australian  
Nursing &  
Midwifery  
Federation

Submission to the Australian College of Midwives  
- Midwifery Practice Scheme  
Draft Scope of Practice for Midwives in Australia  
Consultation Paper

November 2015

Lee Thomas  
Federal Secretary

Annie Butler  
Assistant Federal Secretary

Australian Nursing & Midwifery Federation  
PO Box 4239 Kingston ACT 2604  
T: 02 6232 6533  
F: 02 6232 6610  
E: [anmfcanberra@anmf.org.au](mailto:anmfcanberra@anmf.org.au)  
W: [www.anmf.org.au](http://www.anmf.org.au)

## Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 249,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

Currently, the Australian Nursing and Midwifery Federation (ANMF) represents the largest number of midwives in the country, with over 19,000 members registered as midwives. This is almost two thirds of all registered midwives in Australia, according to the total number of 33,349 midwives shown in the June 2015 statistics for the Nursing and Midwifery Board of Australia (NMBA)<sup>1</sup>.

The *Draft Scope of Practice for Midwives in Australia* document as presented by the ACM is identical to that already provided by the Nursing and Midwifery Board of Australia (NMBA). This is where the definition of a midwives scope of practice should properly sit. The NMBA, under the legislative requirements of the National Law, is the body responsible for regulation of midwives and have the remit to determine the scope of practice for midwives within this country.

## General comments:

In responding to this consultation *Draft Scope of Practice for Midwives in Australia* for the proposed Midwifery Practice Scheme (MPS), the ANMF makes the following points which form the basis of our position. We maintain:

- Safe and competent care for birthing women and their babies in Australia is of paramount importance;
- Our ongoing support for continuity of midwifery care for women;
- Access to a known midwife should be available for all pregnant and birthing women regardless of the woman's location or the presence of clinical risk factors;
- The MPS and its corresponding documentation should only apply to privately practicing midwives;
- The MPS needs to be accessible and practical with broad, clear guidelines and requirements;
- The MPS needs to find a balance between providing a service to midwives that enables risk mitigation strategies required by an insurer but does not provide another burdensome and costly bureaucratic layer;
- Where possible the MPS needs to be integrated into the midwives' role and everyday practice so as to not impose another burden on privately practicing midwives, and, it must not duplicate processes which are already in place;
- Despite being a creation of ACM and the Queensland Government, the MPS must be transferrable to other providers. The scheme needs to provide high-level broad guidelines with clear requirements that will enable any professional or government organisation to implement the scheme, thereby avoiding anticompetitive behaviour. This will also ensure the costs for the scheme are kept to a minimum;

1. <http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

- The MPS process and subsequent administrator must have a clear remit;
- The scheme needs to identify what aspects of a privately practicing midwives role will be mandated by this process if a midwife chooses to purchase the insurance product to which this service may eventually be attached;
- The MPS must not expand into an area that is not within its remit, such as regulation, that is already mandated by the National Law;
- The scheme needs to be flexible enough to enable midwives to manage the evidence required for each element of the MPS, similar to the requirements for registration by the Nursing and Midwifery Board of Australia. This flexibility will also reduce costs for midwives; and
- The MPS needs to be affordable. Midwives for whom it is proposed will use the MPS will be paying for the following (if an insurer is found):
  - o access to MPS
  - o completion of the MPS peer review process
  - o membership of a professional organisation
  - o MPS approved course for maternal emergencies
  - o IV cannulation course
  - o perineal repair course
  - o insurance premiums and,
  - o possibly, real time assistance.

If the costs for each of these requirements are high, it is foreseeable that the midwife will need to charge more for their services in order for their practice to be viable. This may be untenable for some midwives and could be a significant barrier to continuing provision of their private practice.

**Question 1 and 2 are not answered here as they relate to organisational details.**

**Question 3: Is the definition of a 'scope of practice' clear?**

**Question 4: If you answered 'no' to Q4, what changes would you make? (please provide rationale)**

**Question 5: Is the Scope of Practice for Midwives in Australia statement clear?**

**Question 6: If you answered 'no' to Q6, what changes would you make? (please provide rationale)**

**Question 7: Does this statement apply consistently to all midwives?**

**Question 8: If you answered 'no' to Q6, Please explain your response and indicate what changes you would make (please provide rationale)**

**Question 9: Does this statement inhibit the scope of practice of the midwife?**

**Question 10: (If you answered 'yes' to Q9) Please explain your response and indicate what changes you would make (please provide rationale)**

**Question 11: Please review the ACM Scope of Practice for Midwives in Australia statement and provide feedback in relation to any identified issues, gaps, omissions, duplications or errors.**

As previously stated, the *Draft Scope of Practice for Midwives in Australia* document as presented by the ACM is identical to that already provided by the NMBA. This is where the definition of a midwives scope of practice should properly sit. The NMBA, under the legislative requirements of the National Law, is the body responsible for regulation of midwives and has the remit to determine the scope of practice for midwives within this country. The NMBA has, in fact, identified the scope of practice of midwives and this is stated broadly within the midwives' professional practice framework, and more specifically in the NMBA's *A national framework for the development of decision-making tools for nursing and midwifery practice and the Fact Sheet Context of practice for registered nurses and midwives*.

It is essential the profession is clear there is one regulator who has responsibility for regulating the practice of midwifery. If each professional organisation decided to identify what they believe to be the scope of practice for midwives in Australia, confusion for both midwives and women would ensue, creating risk for public safety. The potential would also exist for other professions, such as medicine, to use the opportunity to identify and document what they believe to be midwifery scope of practice.

The proposed ACM *Draft Scope of Practice for Midwives in Australia* document does not, and should not, apply to all midwives in the country. The MPS is an important way forward for midwives working in private practice, however, it needs to be clearly articulated that the documentation and processes pertaining to the Scheme are for midwives working in private practice only.

As previously acknowledged the scope of practice document presented is the same as that already being used by midwives. However, ACM have added two extra points that are not supported by the ANMF. These include:

1. The following statement on page 3: *the midwife in Australia, upon registration, is authorised to provide maternity care without supervision to women without complications throughout pregnancy, labour and birth and the postnatal period up to six weeks after their baby is born*. A midwife may require supervision depending on their individual scope of practice and their context of practice.
2. The statement (on page 3, third dot point,) states the midwife is required to work within professional guidelines and policies, as follows:
  - *Australian College of Midwives' policies and guidelines including the National Midwifery Guidelines for Consultation and Referral;*

While the ACM may encourage use of these policies and guidelines for your members, midwives who are not ACM members are not bound by ACM requirements. It is unreasonable to attempt to mandate that midwives who choose to purchase insurance under the MPS are required to work within every professional guideline and policy developed for ACM members and posted to ACM's website.

As highlighted previously, the NMBA is the regulator for midwives in Australia, and midwives are therefore required to work within the professional practice framework outlined by their National Board. The NMBA are required to consult widely on each standard and policy applicable to midwives. They have a clear conduct notification process for midwives not working within the Board's requirements for professional practice. All policies and guidelines on the ACM website have not been consulted upon outside the membership of the College. ACM represent only those who choose to be an ACM member. Thus, it is outside the remit of ACM to stipulate this MPS requirement for midwives seeking insurance for private practice.