



australian  
nursing federation

Submission to the Victorian Consultation on  
behalf of the Australian Health Ministers'  
Advisory Council on the Quality and Safety  
Framework for Midwifery Care

---

March 2010

Gerardine (Ged) Kearney  
Federal Secretary

Lee Thomas  
Assistant Federal Secretary

Australian Nursing Federation  
PO Box 4239 Kingston ACT 2604

T: 02 6232 6533

F: 02 6232 6610

E: [anfcanberra@anf.org.au](mailto:anfcanberra@anf.org.au)

<http://www.anf.org.au>

## 1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia.

The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 175,000 nurses and midwives, members are employed in a wide range of enterprises in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANF is pleased to provide comment to the national consultation being undertaken by Victoria on behalf of the Australian Health Ministers' Advisory Council (AHMAC) in relation to the development of the Quality and Safety Framework for Midwifery Care, one of the three elements of the agreed criteria for privately practising midwives attending a homebirth to access the exemption to professional indemnity insurance.

## 2. General comments

The title of the Framework needs to reflect that it applies to privately practising midwives. The document should be titled the *Quality and Safety Framework for Midwifery Care Provided by Privately Practising Midwives*. The framework should focus on the requirement for a safe process for consultation, referral and transfer of care by privately practising midwives not on professional development requirements which should be consistent with those required of all midwives for the purposes of registration to practice. The framework should provide a standard approach for monitoring and reporting. There needs to be an independent auditing system developed to monitor the actual service provided not the midwives competence to practice.

### 3. Use of the Australian College of Midwifery (ACM) guidelines

The Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral 2<sup>nd</sup> Edition 2008* should be the minimum standard for practice. These guidelines provide indicators to assist midwives to identify situations requiring discussion, consultation and referral and include the recommended response by the midwife in making a decision about appropriate care. This decision making tool provides an appropriate basis for the proposed *Quality and Safety Framework for Midwifery Care Provided by Privately Practising Midwives*.

### 4. Mandatory monitoring requirements

Proposed mandatory monitoring requirement:

- evidence of undertaking a Midwifery Peer Review within the last 12 months or scheduled within the next six months.

Comment:

The Midwifery Peer Review requirement should be an annual practice review. This requirement should not refer to a specific peer review program or process as there may be a number of options available for privately practising midwives to satisfy this criteria. We are aware that current peer review mechanisms available are costly in terms of both the program itself and the travel required for its completion and this is prohibitive.

Proposed mandatory monitoring requirement:

- evidence of professional development through MidPLUS (The Australian College of Midwives Continuing Professional Development Program) or similar framework.

Comment:

The requirement for Continuing Professional Development (CPD) for privately practising midwives should be the same as the mandated minimum requirement for all midwife registrants under national registration. The framework should not recommend one particular program over another. The ACM MidPLUS program could be used as an example of one of the CPD program's available.

Proposed mandatory monitoring requirement:

- evidence of clinical record templates or documentation processes and standards.

Comment:

This requirement is supported. This requirement could also include evidence of case conferencing, case reviews and collaboration with the relevant health service provider (which may include a general practice, community health centre, hospital, maternal and child health centre, lactation service or ambulance service).

Proposed mandatory monitoring requirement:

- evidence of formal arrangements for professional and medical backup as demonstrated by signed letter from collaboration partners.

Comment:

Evidence of collaborative practice could be achieved in a variety of ways. A signed letter does not ensure there is meaningful collaboration. Successful collaboration depends on communication, consultation and joint decision making within a risk management framework, to enable appropriate referral and to ensure effective, efficient and safe health care. The focus of this requirement should be on the process for consultation, referral and transfer, should that be required.

Suggested additional mandatory monitoring requirement:

- evidence of completion of the standard peri natal data collection form.

Comment:

These data collection forms should be reviewed to ensure national consistency and include identification of completion by privately practising midwives.

## 5. Recommended monitoring requirements

Proposed recommended monitoring requirement:

- regular planned participation in mentoring in groups which include experienced midwives and other maternity care professionals.

Comment:

As this is a recommended rather than mandatory requirement, participation in mentoring in groups should be sufficient. How often is regular? How is it expected that planning would be demonstrated?

Proposed recommended monitoring requirement:

- regular, planned participation (at least twice yearly or after 20 births) in multidisciplinary case review.

Comment:

This recommended monitoring requirement should be removed. It would not be necessary if the requirement for case conferencing and case review were included as a mandatory monitoring requirement. Should this requirement be retained, as this is a recommended rather than mandatory requirement, participation in multidisciplinary case review should be sufficient. How often is regular? How is it expected that planning would be demonstrated? The requirement for 20 births is pre-emptive. The actual peri natal care has not been resolved for privately practising midwives.

Proposed recommended monitoring requirement:

- rotation of midwives providing midwifery led care through hospital, community and homebirth settings once per year.

Comment:

This recommended monitoring requirement should be removed. There are industrial requirements for employment contracts. The rotational requirements are not practical as new employment arrangements would be needed for each area. What would this really achieve if there was case conferencing, case reviews and collaboration with the relevant health services?

Suggested additional recommended monitoring requirement:

- collection of data in relation to episodes of care (documented in an audit journal).

Comment:

This information could be used to audit the actual service provided by the privately practising midwife. A standardised audit journal would provide a template for collection of the data.

## 6. Governance monitoring requirements

Proposed governance monitoring requirements:

The role of regulator could be undertaken by one or a combination of the following:

- National Nursing and Midwifery Board of Australia
- Australian College of Midwives
- State and Territory Equivalents of Victoria's Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)
- Panel of health professionals and consumers acting on behalf of one of the above

Comment:

The governance of practice should only be monitored by the Nursing and Midwifery Board of Australia (NMBA) whilst professional reporting should be within a multidisciplinary collaborative team. The NMBA is responsible for ensuring that all registered nurses and registered midwives comply with the required professional practice framework and handle notifications and complaints in relation to the profession. Should there be an issue of non-compliance with the mandatory monitoring requirements of the Framework this should be dealt with by the NMBA in accordance with the usual protocol for the reporting of professional conduct issues.

## 7. Summary of the suggested amendments to the mandatory, recommended and governance monitoring requirements

### Monitoring Requirements

#### Mandatory (in addition to reporting and disclosure practices)

- evidence of undertaking an annual practice review (or evidence that it has been scheduled within the next six months)
- evidence of continuing professional development as per the National Continuing Competence Framework required by the Nursing and Midwifery Board of Australia
- evidence of clinical record templates or documentation processes and standards
- evidence of professional and medical/health service backup arrangements (consultation, referral and transfer processes)
- evidence of case conferencing, case reviews and collaboration with the relevant health services
- evidence of completion of the standard peri natal data collection form

#### Recommended

- participation in mentoring groups which may include experienced midwives and other maternity care professionals
- collection of data in relation to episodes of care (documented in an audit journal)

#### Governance

- The role of regulator should be undertaken by the Nursing and Midwifery Board of Australia

### Conclusion

The ANF strongly supports the Health Minister's decision to grant a professional indemnity insurance (PII) exemption for privately practicing midwives attending homebirths until June 2012 subject to associated conditions.

The ANF welcomes the opportunity to provide advice to the Australian Health Ministers' Advisory Council (AHMAC) on the development of a quality and safety framework for midwifery care provided by privately practising midwives, one of the three associated conditions for the granting of the PII exemption. The ANF looks forward to contributing to the development of quality and safety frameworks to ensure effective, efficient and safe midwifery care for women choosing homebirths.