Safety and quality framework for midwives consultation

Submission from UTS Centre for Midwifery, Child and Family Health

Faculty of Health

Written by: Professor Caroline Homer, Allison Cummins and Vanessa Scarf

Thank you for the opportunity to provide feedback on the draft safety and quality framework for midwives.

The UTS Centre for Midwifery, Child and Family Health[1] is part of the UTS Faculty of Health and aims improve the health of Australian families through leadership in midwifery, child and family health research, education, practice development and consultancy. Our staff includes midwives who work in education, research and clinical practice. One of our team, Allison Cummins, is also a private practising midwife (PPM) with the notation of eligible attached to her registration and a Medicare provider numbers.

Points to consider

1. **The proposed *Safety and quality framework* for midwives replaces the existing document *Safety and quality framework for privately practising midwives attending homebirths* to include all midwives regardless of place of practice.**

   a. Is it appropriate that the revised SQF incorporates all midwives rather than focus on privately practising midwives attending homebirths?

   It is appropriate to incorporate all midwives in the Safety and quality guidelines regardless of their place of practice. All midwives are bound by the Code of professional conduct, National competency standards and scope of practice laid out by the regulatory bodies that oversee safe, high quality midwifery care in Australia. Having one Safety and Quality framework ensures uniform expectations around midwifery practice.

   b. Is the content of the revised SQF helpful, clear and relevant?

   For the most part the content of the SQF is clear.

[1] http://www.uts.edu.au/research-and-teaching/our-research/midwifery-child-family-health

c. Does any content need to be changed, deleted or added in the revised SQF?

The long list of elements of the SQF is extensive and we question whether these are all required given the midwife will be registered by the NMBA> By virtue of that registration she will address many of the elements in particular, recency of practice, the CPD hours, national competency standards and the codes of conduct. WE are therefore unsure why a separate process needs to be in place where these elements seem to be double-counted or double required.

d. Is there missing information that should be added to the revised SQF?

We suggest that including the year of release of the different documents in the text rather than just in the reference list.

The section on Clinical risk management on page 11 does not make clear to whom the reporting should be done.

e. Do you have any other comments on the revised SQF?

We express concerns about the duplication of the SQF and current registration requirements.

2. Revised requirements for professional indemnity insurance (PII) exemption.

a. How are the existing guidelines for PII working?

The inability to access PII for PPMs to support homebirth is an ongoing problem which must be addressed. This causes ongoing distress for midwives and women and their families.

b. Is Table 1. outlining the legislative and policy requirements for PII exemption helpful, clear and relevant?

A standardised approach to obtaining written consent would remove any confusion or variation in the legal requirements described in the SQF. Currently, PPMs devise their own consent form. A standard form available to all PPMs would make this process uniform and streamlined.

c. Does any content need to be changed, deleted or added to the table?

There seems to be duplication of requirements. For example, under Annual Requirement, the midwife must comply with the SQF and the legislation in Table 1 which includes the SQF. It seems a little circular and the SQF could be removed in Table 1.

d. Do you have any other comments on the revised table outlining the requirements for PII exemption?

It is not clear who will undertake the clinical audit? How will this be undertaken? Is it part of the Peer Review process? Will PPMs be able to contribute to clinical audits in the relevant hospitals?

3. Evidentiary requirements of midwives claiming Section 284 of the National Law

a. Is Table 2. outlining the evidentiary requirements for privately practicing midwives (PPM) helpful, clear and relevant?

For the most part this is clear.

b. Does any content need to be changed, deleted or added to the table?

Under the section on Annual Evidence for PII exemption, we do not agree that supervision can be provided by a medical practitioner. The role and scope of the midwife needs to be supervised and assessed by a midwife not another discipline. Therefore, we recommend removing this option in the Table on page 7 and in the box beneath the table.

c. Are the evidentiary requirements for annual audit clear and easy to understand?

In the highlighted box below Table 2 there is the following statement:

"In the event that a PPM does not yet meet, but is working towards the higher level criteria for notation as an eligible midwife, they must be practising under the supervision of an EM or medical practitioner. This is to occur until they attain the required competencies to be endorsed under the National Law as an eligible midwife."

If the PPM is working towards higher level criteria as a registered midwife there are the existing national competency standards for midwives that guide and support midwifery practice. It is more appropriate to require the PPM to work “in collaboration with” or “in consultation with” rather than to be “supervised” by a medical practitioner or Eligible midwife.

d. Do you have any other comments on the revised table outlining the requirements of PPM’s?

No further comments.

END OF RESPONSE

19 June 2014