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Response to: Public Consultation by NMBA Due 15th December 2014

It is my understanding that at the present time, the NMBA has set the following standard for Midwives who wish to be Medicare Eligible when providing Midwifery care privately to women and their families:

- Be registered as a Midwife in Australia;
- Be able to demonstrate the equivalent of three (3) years full-time post-registration experience as a midwife and evidence of current competence to provide pregnancy, labour, birth and postnatal care, through professional practice review;
- have an approved qualification, or the ability to gain such a qualification within an 18 month period to acquire the skills required to prescribe scheduled medicines required for practice across the continuum of midwifery care.

In the Register of Midwives, the notation will state that the Midwife in question is currently "An eligible midwife competent to provide pregnancy, labour, birth and postnatal care and qualified to provide the associated services and order diagnostic investigations required for midwifery practice, in accordance with relevant state or territory legislation - under section 225(p) of the National Law." In this situation, the Midwife in question has chosen to apply for Medicare Eligibility and has been successful in her application. The requirements for such a notation are at present:

- Current general registration as a midwife in Australia with no conditions on practice.
- Midwifery experience that constitutes the equivalent of three (3) years full-time post-registration as a midwife.
- Successful completion of an approved professional practice review program for midwives working across the continuum of midwifery care which demonstrates continuing competence in the provision of pregnancy, labour, birth and postnatal care to women and their infants.
- Successful completion of, or formal undertaking to complete within 18 months of recognition as an eligible midwife: an Australian Nursing and Midwifery Accreditation Council (ANMAC) accredited and Board approved program of study to develop midwives' knowledge and skills in prescribing medicines, or a program that is substantially equivalent to such an approved program of study, as determined by the Board.

Hence, the Medicare Eligible Midwife is required to have:

- A Medicare Provider Number
- Professional indemnity insurance, and
- Collaborative arrangements in place with a specified medical practitioner and/or credentialed at a hospital or with an entity other than a hospital (such as a community health centre or a medical practice) that employs or engages at least one obstetric specified medical practitioner.

As of March 2014, 233 Midwives have successfully received the notation of "Eligible Midwife" on their registration, in that they are eligible to allow their clients to submit to Medicare Australia for reimbursement of some of their Midwifery care fees. Eighty-five of these midwives have the endorsement to prescribe scheduled medications.

The National Nursing and Midwifery Board was due to review these Standards after three (3) years and as a consequence, is inviting the public to provide feedback on the following questions. I will be responding to each in turn firstly as a public consumer and as a Senior Midwife with 30 years experience some of which were gained in the UK, Canada and Australia.

1. Is the content of the draft revised registration standard helpful, clear, relevant and more workable than the current standards?

- The terms that refer to these Midwives needs to be clarified and as such, these Midwives will need to be identified as "Medicare Eligible Midwives".
 - The need for clarification as to their defined role within Medicare Eligibility needs to be addressed, as they provide the public with a significant specialized service. Of course, there are 'generalists' within the profession of Midwifery and as this has been referred to as a 'standard' within the previous framework offered by NMBA, it needs to be reconsidered during this review and clarified.

2. Should the registration standard require an eligible midwife to practice across the continuum of care or should eligible midwives be able to have a specified context of practice listed on their notation?

As previously mentioned, the context of practice needs to be reconsidered as there are clearly areas of speciality within the Midwifery profession. For example, a Lactation Consultant is a highly qualified Midwife in the area of Lactation who is employed by women in the community to provide Lactation support. It would remiss to negate this speciality area, as women would be at a disadvantage and

perhaps would not employ such needed services if there wasn't a Medicare rebate available. There are others within the profession of Midwifery who have specialized in providing Antenatal and Post-natal care in a shared care arrangement with fellow Medical professionals (including Obstetricians). Some of these Midwives are employed in remote areas of Australia and work as a team with Nurse Specialists, Medical Officers, dieticians, etc – but do not provide Birth care, as women generally are transferred into a larger community for this period of their pregnancy. Again, these Midwives provide a vital service to women of possibly high risk. These services and the women they care for need to be able to obtain rebates when employing these specialists in Midwifery.

3. Is there any content that needs to be changed or deleted in the registration standard?

I think it is very important to define the Midwives that are eligible as “Medicare Eligible Midwives” rather than just “eligible Midwives” as this adds to consumer confusion when they are exploring care options. If unaddressed, it is likely they will question the ‘non’eligible Midwife’s ability to provide quality care. It just follows on that when someone is referred to as an ‘eligible’ Midwife, others will be referred to as ‘non’-eligible midwife. It is a question of eligible for what? Most consumers would think eligible for registration I imagine.

Midwifery Experience: Previously, 3 years post registration: The changes to Midwifery experience to the “equivalent of 3 years full time / 5000 hours within the past 6 years across the continuum of care or specified context of practice.” (pg 5) will place some Midwives who are in private practice at risk of being unsuccessful in becoming Medicare Eligible. From the many years I have been practicing, I know of many Senior Expert Midwives in private practice who continue their practice by providing continuity of care to women - approximately 1 – 2 births/month. They are highly skilled Midwives who juggle their professional life with their family life; continue to attend to their professional development requirements; and actively participate in professional associations. These Midwives meet the previous Standard but possibly will not meet the new Standards, even though they are highly skilled Midwives with many years of experience. They are also well known in their community and provide a critical service to women that would otherwise not be attended to. Hence, they may not be able to meet the new Standard and would not be able to provide women with Medicare rebates for their services.

4. Is there anything missing that needs to be added to the registration standard?

There are Midwives employed in various capacities, including education and research who have not been involved in providing women with Midwifery care but meet the 5000 hour/6year requirement. There may also be Senior Expert Midwives who do not meet the required 5000 hours/6 years of experience, even though they have been practicing Midwifery for 20+ years. These Midwives obtain their hours of professional development, attend to community needs through various means; are members of professional associations; and are actively involved in community forums that are specific to their areas of expertise. The Standards must continue to consider these issues and allow for individual considerations.

It has been noted that previously, the Midwifery Professional Review was critical in the process of obtaining Medicare Eligibility. This process was delegated to the Australian College of Midwives. However, it is possible that this criteria will be removed and there doesn't seem to be another option for its replacement. Will there be a working party or a specific department that will fill the role? Who will be monitoring and ‘processing’ applications for Medicare eligibility? This needs to be clearly stated in the Standards.

5. Do you have any other comments on the registration standard and options presented?

What I failed to notice in the changes, are the bodies that will be responsible for assessing the applicants. One of the main ‘stakeholders’ is of course, women who will be using this service – however, there has not been any mention as to their input during the course of this review. Historically, consumer input has been useful in noting what changes need to be made and an evaluation of a service does tend to ask the main stakeholders how they found the service. This aspect of the review and the suggested changes to the criteria does not seem to consider these most vital stakeholders.