The South Australia Department of Health consultation submission to the Nursing and Midwifery Board of Australia.

The Nursing and Midwifery Office on behalf of the SA Department of Health has sought feedback from across the state including the SA Health Regional Nursing and Midwifery Leaders, Senior Midwifery Leads, Workforce Division, Insurance Services and the SA Maternal & Neonatal Clinical Network on the following NMBA consultation papers:

- Draft for professional indemnity insurance for midwives guideline
- Revision for professional indemnity insurance arrangements registration standard
- 'Quantum of cover' for professional indemnity insurance for midwives guideline

The collated written feedback received is outlined in attachment 1 and the following is a consensus summary of both the written feedback and the views/comments received in response to the *Quantum of Cover*.

The preferred approach as outlined in the *Quantum of Cover* document was Approach 1 *that the Board specifies a minimum amount of cover for professional indemnity based on advice from the insurance industry.*
This was generally support but there were the following provisos:

- that the premium for the minimum cover should be readily available and affordable, not cost prohibitive, given many midwives work part-time
- that the scope of the midwifery practice be considered when the level of cover required is being determined.

It was felt that Approach 1 provides for flexibility in approach to insurance enabling protection of the public by setting a minimum and recommended amount – consumers would be informed of this and be able to make an informed decision when selecting a midwife.

There was concern expressed about Approach 2 not specifying an amount as this could have the unintended consequence of limiting midwives access to visiting rights at public and private hospitals. Agencies may be able to deny access to the midwife gaining visiting rights based on the level of insurance cover (as the required level of insurance is yet to be determined) and thus limiting women's right to choose place of birth and birth attendant.

In relation to the self assessment criteria the view was that this should not be the sole criteria for establishing the professional indemnity insurance amount. Instead this should be used in conjunction with Approach 1 which would require a minimum insurance amount to be purchased and then each individual midwife would then be able to self assess to ascertain if their scope of practice would require more insurance than the recommended minimum.

Please refer to Attachment 1 for the feedback related to the draft for professional indemnity insurance for midwives guideline and the revision for professional indemnity insurance arrangements registration standard.

Standard / Guideline	Section for comment	Comment - Feedback
Letter re 'Quantum of cover' for professional indemnity insurance for midwives guideline	• Approach 1: The Board specifies a minimum amount of cover for professional indemnity based on advice from the insurance industry.	• The Board should set the required minimum amount of insurance but could recommend an insurance amount as well based on insurance industry advice – the figures may end up being the same but would ensure flexibility and distance from the insurance industry. • By specifying an amount the Board would have to ensure the amount is able to be purchased by midwives at a "reasonable" cost • SA Maternal & Neonatal Network fundamentally believes the approach to insurance for P11 should align with that provided to other health professionals. • Some other health professionals have their insurance determined by their scope of practice. This approach seems more congruent with insurance practices. • The Manager, Insurance Services SA Health prefers a minimum amount of cover being specified as a mandatory requirement. Base on birthing incidents resulting in significant compensation claims. Midwives should therefore have sufficient cover if such an event was to occur.
	• Approach 2: The Board does not specify a minimum amount of cover for professional indemnity.	• As above – by not specifying an amount this could have the unintended consequence of limiting midwives access to visiting rights at public and private hospitals – agencies may be able to say that whatever the amount of insurance midwives have it is not enough and deny access to the midwife gaining visiting rights and limiting women's right to choose place of birth and birth attendant
	• The self-assessment criteria	• This should not be the sole criteria for establishing insurance amount with Approach 1 as suggested this would enable a minimum insurance amount to be purchased and then each individual midwife would then be able to self assess to ascertain if they require more insurance than the minimum recommended

	• Which approach (1 or 2 above) do you and/or your organisation believe the Board should adopt with regards quantum of cover	• Approach 1 with addition as stated above - The Board should set the required minimum amount of insurance but could recommend an insurance amount as well based on insurance industry advice – the figures may end up being the same but would ensure flexibility and distance from the insurance industry. • By specifying an amount the Board would have to ensure the amount is able to be purchased by midwives at a "reasonable" cost
	• The reasons (rationale) why you believe the Board should adopt your and/or your organisation's preferred approach.	• Provides for flexibility in approach to insurance enabling protection of the public by setting a minimum and recommended amount – consumers would be informed of this and be able to make a decision around accessing a particular midwife or not.

Standard / Guideline	Section for comment	Comment - Feedback
Professional indemnity insurance arrangements registration standard:	• Summary	• The term "conduct of their practice" could be confused with professional conduct issues – for which many PII doesn't cover. The term "civil liability" as used in the Guideline may be more appropriate and ensure consistency of language and understanding.
	• Scope of application	• No comment
	• Requirements	• Unsure of the impact or necessity of the age of the midwife and what this has to do with insurance? • Who determines experience – is it a measure of years of practice or competence within the years of practice. The publics' safety is not served through someone claiming 20 years experience – without examining that experience and determining competence. • However who will be determining competence and is a self declaration coupled with registration and practice review satisfactory. What are other professions required to do – there should be parity
	• Definitions	• 284(5) states private midwifery practice means practising the nursing and midwifery profession. The legislation supports nursing and midwifery as 2 separate and distinct professions and practice as a nurse do not automatically apply to the practice of midwifery – without endorsement to practice midwifery a registered nurse cannot claim to be a midwife nor practice midwifery privately or otherwise. • There seems to be a gap in the place of practice – there appears to be a thought that private midwifery is practiced at home or in a private hospital – there are a number of midwives with / or wanting visiting rights to public hospitals enabling the women they care for access to continuity of midwifery care, while at the same time determining the best place for their antenatal and postnatal care (usually at home with a private midwife) and the option to birth in a public hospital with a private midwife.. This aspect appears missing in the definitions • Not helpful either need to provide links or a more detailed definition or don't supply

Standard / Guideline	Section for comment	Comment - Feedback
Draft for professional indemnity insurance for midwives guideline	• Introduction	• No comment
	• Who needs to use this guideline?	• No comment
	• Summary of guideline	• No comment
	• Professional indemnity insurance	• Many midwives remain unclear of their responsibilities and understanding of indemnity insurance arrangements within their hospitals/health services before registration and employment. Suggest that each state's dept provide clarification and education materials or relevant contacts appropriately. • A link to National Law would be helpful
	• Figure 1 Flow Chart	• Good but could be broken down as very complex
	• Professional indemnity insurance for midwives	• No comment
	• Australian Government-supported insurance scheme	• No comment
	• Exemption for intrapartum care during homebirth	• No comment
	• Scope of the insurance required	• Unsure of the impact or necessity of the age of the midwife and what this has to do with insurance? • Who determines experience – is it a measure of years of practice or competence within the years of practice. I don't believe the public is safely served through someone claiming 20 years experience – without examining that experience and determining competence. • However who will be determining competence and is a self declaration coupled with registration and practice review satisfactory. What are other professions required to do – there should be parity

	• Run-off cover	• No comment
	• Employed midwives also working in private practice	• No comment – this should be enabled to ensure adequate access to flexible employment arrangements
	• Midwives in private midwifery practice	• No comment
	• Requirements for midwives to exercise the exemption under section 284	• In principle agreement re collaboration between health practitioners involved in the care of pregnant women however it appears to be incumbent on the midwife to instigate and progress – do other registered health practitioners have the same responsibility and if not why are midwives being singled out in this best practice care model
	• Table 1 - Safety and quality framework to demonstrate compliance with exemption requirements:	• Agree for the exemption period however once exemption lifted needs to be consistent with other health practitioner requirements
	• Definitions	• No comments