



Submission by the Australian College of Midwives (Inc.) in relation to the Nursing and Midwifery Board of Australia (NMBA) Safety and Quality Framework for Midwives – Consultation Draft 7th July 2014

The College would like to acknowledge the efforts of the NMBA in producing the Safety and Quality Framework (SQF) for Midwives – Consultation Draft which was considered a comprehensive, well written and well set out document. The Australian College of Midwives (ACM) (the College) welcomes the opportunity to provide comment.

The College considered this Framework to be a document of utmost importance for midwives and the public, clearly articulating the requirements that ensure women and their babies are the recipients of safe, high quality midwifery care. The Framework provides a robust system of governance based on documents that are well known to the midwifery profession having been endorsed by the regulatory body. The following responses are provided to the points raised in the document.

1a. *Is it appropriate that the revised SQF incorporates all midwives rather than focusing on privately practicing midwives attending homebirths?*

The College supports the approach taken by the NMBA in regards to applying the same standards of midwifery practice to all midwives regardless of the setting within which they practice or their employment status. The professional standards, codes of conduct, education requirements and requirements for the provision of safe and quality maternity care are the same for all midwives.

It is noted that the previous framework specifically focussed on privately practising midwives (PPMs) providing homebirth services. The ACM believes that all clinicians should have access to professional support and governance structures to assist them in their clinical work. The College strongly recommends that all midwives have access to a supportive, supervisory model run by midwives for midwives.

The College acknowledges that privately practising midwives providing homebirth may work in isolation from support systems and structures available to other members of the maternity care team. These midwives also have specific requirements under section 284 of the National Law in relation to the exemption for the registration requirement for professional indemnity insurance (PII). This section requires that PPMs comply with any requirements set out in a code or guideline approved by the National Board under section 39 about the practise of private midwifery. It is important to note that these requirements apply only to PPMs seeking the exemption.

The original SQF provided a clear explanation of the requirement to comply and governance processes in place to ensure safe, high quality care of the woman and her baby choosing to birth at home with a PPM. This legislated guidance is not addressed in

the revised SQF and in order to meet the requirements of the National Law the College suggests rather than reverting to the previous approach of the initial SQF, an additional document (or Appendix) is developed to supplement the revised SQF and meet the legislative requirements for midwives seeking the exemption. It may be useful for this SQF to refer to the previous iteration and state that this SQF is a National Board endorsed guidance and as such applies to PPMs under Section 284 of the National Law.

Further, resolution of the impending expiry of the exemption of PII for PPM's providing homebirths needs to be resolved urgently as it will have serious implications for midwives working with women who wish to birth at home.

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

Overall the document was found to clearly outline the standards, codes and legislative requirements within which all midwives must practice. The core elements of the Framework are clear, concise and provide a complete and comprehensive outline of the registration requirements for midwives, PPM's, and (endorsed) eligible midwives.

However, it is questioned whether the overall document meets the needs of a safety and quality framework; rather it appears to meet the needs of a professional practice document. The inclusion of appropriate indicators would serve to strengthen the document as a framework related to the safety and quality of midwifery practise. These indicators would need to be developed with due consideration and discussion and subsequently referenced in the document.

There is a lack of clarity around the annual audit process articulated in the explanatory notes for Table 2. This will be expanded on in the response to Question 3.

c. Is there any content that needs to be changed, deleted or added in the revised SQF?

Section 6 PII

It could be argued that PII is a regulatory requirement for registration and as such is not required to be included in a safety and quality framework and should be removed (as it is referenced in Section 9 – Annual Statement). However, the College notes that clear guidance around PII is of importance to midwives and therefore makes the following suggestions if it is to remain within this Framework.

Table 1 – Referral pathways

'The National midwifery guidelines for consultation and referral.' Should refer to the ACM National Midwifery Guidelines for Consultation and Referral 3rd edition

Table 1 –Peer Review

This should be identified as a midwifery specific peer review program

It is acknowledged that EM's meet the peer review requirement as a part of their notation and it has not been a mandated requirement for all PPM's until this date. The College welcomes the acknowledgement of the value of the peer review process in midwifery by its inclusion in this document. However, the College firmly believes that this is of value to all midwives, not just PPM's (eligible or not). Peer review must be midwifery led.

Table 2 - PPM working towards eligible midwife notation seeking S284 exemption for PII (providing homebirth services)

This is not a requirement for PPM's seeking EM status and should be removed. The College does not support any requirements being applied to midwives contemplating an application to become an EM as the Board has a rigorous process of assessment in place. Further, it is an unreasonable requirement that is impracticable and unnecessary.

Table 2 explanatory notes (highlighted box)

'All PPMs who are not notated as EMs will be audited to ensure compliance with S.284 and policy requirements'.

This statement should be removed or clear guidance provided as to why PPM's not notated as an EM will be required to undertake an audit when it is clearly stated above the requirements they must meet. Auditing of health professionals is supported by the College but it must be a fair and equitable process where all health professionals, not just midwives (non PPM's, PPM's, eligible midwives and eligible endorsed midwives) have the same chance of an audit as opposed to singling out a specific subset of midwives.

The policy requirements referred to in this section are not articulated.

Section 13 Collaborative arrangements

As per other documents referred to in this Framework a link to the National health (collaborative arrangements for midwives) determination, 2010 (Commonwealth) would be beneficial.

It is requested that the final sentence be amended to "The determination enables rather than allows. The use of allows is passive and seen as permission seeking which does not reflect the notion of partnership or the occupational autonomy of the midwife.

Section 14 Consultation and Referral

The following sentence needs to be amended:

The National midwifery guidelines for consultation and referral are available on the [Australian College of Midwives website](#).

To read

The National midwifery guidelines for consultation and referral are available from the Australian College of Midwives.

They are not available to read online. A link to the ACM website would be beneficial and in keeping with other links.

<http://www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10196>

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

The College is supportive of a structured professional support system for all midwives and would recommend that the development and implementation of a "supervisory" model relevant to the Australian context would be appropriate for inclusion within this Framework. It is the understanding of the College that this body of work is being progressed by NMBA and would encourage consideration of inclusion once this is complete. Its shape and form should not be pre-empted.

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

The College would like to suggest that the review of the SQF in advance of the completion of a number of other National Board reviews and consultations is premature and suggest that the review of the SQF be delayed until the outcomes of these other reviews/related projects are complete.

Of most significance is the current consultation on potential supervision models for privately practising midwives. The outcome of this process has significant implications for the content of the SQF. Other reviews/projects include

- Professional indemnity insurance
- Continuing professional development
- Recency of practice and
- Midwifery standards for practice

These reviews/projects, especially in relation to PII, have significant implications on the revision of the SQF. The impending expiry and the transitional nature of the provision of the exemption may ultimately alter the requirements noted in the National Law. As such it would seem prudent to await the outcome of these NMBA reviews and consultations.

2a. How are the existing guidelines working?

The initial Safety and Quality Framework for Privately Practising Midwives Providing Homebirth was a reactive document in response to the emergent need for a governance framework to support the National Health (Eligible midwives) Determination 2010.

Other than the revision to “the Determination” the College is unaware that other components of the original SQF have been evaluated. The College notes the absence of appropriate data collection to assist in the evaluation of such guidelines and would encourage consideration of how this could be embedded within NMBA policy and regulatory requirements.

The initial SQF outlined requirements utilising four principles of governance with a number of components articulated as “in keeping with state and territory requirements”. Consultations with members of the College raise questions as to whether these requirements are applicable (and known) to privately practising midwives. An example of this is incident and adverse incident reporting. State and Territory requirements for incident reporting only apply to health organisations and PPM’s fall outside the directions of these.

The existing arrangements around Section 284 do not require PPMs providing homebirth to include in an annual statement under section 109, a declaration required by subsection (1)(a)(iv) of that section, in relation to the midwife’s practise of private midwifery. This lack of ability to identify PPMs providing homebirth via the regulatory process of registration is a barrier to evaluating the effectiveness of the existing guideline.

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

Table 1 provides a clear and relevant outline of the legislative and policy requirements for PII.

The College welcomes the recognition of the value of the peer review program for all midwives, but questions the intent to include it as a requirement for PII. The current reflective peer review program is not intended to demonstrate clinical competence in midwifery practice, specifically in key areas such as neonatal resuscitation and the management of other complications which may arise during labour and birth. Its intent is to provide a supportive environment for the independent review of a midwife's practice against professional standards, to identify learning needs and to articulate a professional development plan.

c. Is there any content that needs to be changed, deleted or added to the table?

Please see comments made previously to question 1c. In addition:

Table 1, Informed consent, item 2, any other information required by the National Board. The 'other' information required by the Board over and above the informed consent should be articulated.

Table 2 Explanatory notes

The expectations in relation to submission of reports and clinical audit components of the requirements of PPMs claiming exemption for PII under S. 284 are not adequately defined to be meaningful.

The notes should state that relevant documentation as required to meet the Legislative requirements in Table 1 are required in addition to the midwife adhering to the relevant jurisdictional requirements e.g. prescribing, poisons act etc.

Clinical audit – why are PPM's required to undertake an annual audit process when all midwives are potentially subject to an annual audit and EM are reviewed through midwifery peer review every three years. These requirements need to be consistently applied across the whole profession.

The processes do not necessarily allow for data collection and clinical audit. It is not articulated as who has responsibility for overseeing and monitoring these processes.

The College recommend that the evidence for Peer Review (final row) be amended to successful completion of an NMBA approved midwifery professional practice review program. It is considered essential by the College that such a professional practice program is contextual to the profession of midwifery and is based on contemporary midwifery practice.

In addition recommend correction of practise in the evidence section for clinical audit to practice.

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

No additional comments provided. The document appears to be founded on and referenced to professional standards, policy and legislation

3a. Is Table 2 outlining the evidentiary requirements for PPM's helpful, clear and relevant?

The inclusion of the first column is questioned (i.e. midwives not applying for an exemption) in light of the intended purpose of the table. However, the College note that as this Framework is for all midwives that inclusion of non PPM's or PPM's not wishing to gain exemption from PII for the delivery of homebirth creates a well rounded view of PII requirements and the changes in such requirements for midwives who may wish to change their circumstances. Further, it is the opinion of the College that a midwife new to private practice or new to Australia would need further information to assist them to fully understand their requirements.

b. Is there any content that needs to be changed, deleted or added to the table?

Please note all previous responses.

In addition, it is suggested that Table 2 may be more clearly articulated as a flow chart. This flow chart could include requirements for midwives employed within a health service setting and those of PPMs.

It would also be helpful for a list of mandatory clinical competencies required by midwives to be developed with due consideration and discussion with the profession which is then incorporated in the SQF or added as an appendix.

See Section 3c for further comment.

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

It is clear as to what will be assessed in the annual audit however there is ambiguity as to whether this may be required or will be mandated for one particular cohort of midwives. The same requirements should apply consistently across the profession.

Under point 10 (page 9) the document states "any PPM claiming an exemption under Section 284 of the National Law, if audited will be required to provide the documentary evidence that supports their declaration." This requirement for provision of supporting evidence is a requirement for all registered midwives if they are audited making this statement redundant

The explanatory notes (in the blue box) articulate that a PPM who chooses/elects/decides not to practice as an EM, must be able to meet the S.284 evidentiary requirements outlined in Table 2 where it is implied that they will be required to provide (as opposed to declare) evidence of compliance with those requirements. This requires clarity and consistent messaging.

It is not clear whether this audit will be routinely conducted for PPM's, nor is it clear if this is the case as to the implications for these midwives – what the audit will entail and how onerous this impost will be for those PPM who are not notated as EMs. The College is of the view that all midwives should be treated equally in terms of audit by the regulator. There is genuine concern under the Commonwealth Best Practice Regulation that this could be seen as discriminatory to non-eligible PPM.

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

Table 2 includes a column outlining requirements for PPM working towards eligible midwife notation seeking S.284 exemption for PII (providing homebirth services). The College seeks clarification as to how this group of midwives is planned to be identified. More significantly the College is concerned at the requirement for this cohort of midwives (currently not identified by the regulatory processes), undertaking midwifery practice within their scope of practice, to be supervised by an eligible midwife or medical practitioner and seeks justification and the evidence of benefit for this requirement. The only point of difference between an eligible midwife and a midwife is their authority to prescribe and order investigations. Supervision by another clinician, particularly a non-midwife, is inappropriate, unacceptable and not supported.

The Table refers to practices not currently in place (i.e. supervision of midwives) and appears to pre-empt the outcome of the current NMBA consultation process in relation to supervision models for privately practicing midwives. This is of great concern. Again, reference should not be made to supervision until the shape and form is known and approved.

It is strongly recommended that the column referring to 'PPM working toward eligible midwife notation and seeking exemption' be removed.

4a. Is Table 3 outlining the policy and legislative requirements of the SQF helpful, clear and relevant?

The concept of a table such as Table 3 containing all relevant information in one area is helpful and relevant in outlining the policy and legislative requirements for midwives. However, on reviewing the policy documents contained in the table there is some confusion as to whether documents are the current version and/or endorsed by the National Board. This requires clarification.

The June 2012 NMBA statement on Midwifery professional practice framework replaces specific guidance refers to the NMBA endorsed ACM guidelines on consultation and referral. This does not articulate which edition.

Table 3 also refers to the NMBA Explanatory note on home birth. This same NMBA document advises that the NMBA endorsement of the original ACM position statement on homebirth was withdrawn. The College questions the necessity for this statement at this time.

It is acknowledged that the NMBA Prescribing formulary for endorsed eligible midwives is a default policy. However, a number of jurisdictional formularies also guide practice within the individual States and territories and this should be articulated in the table. In addition, the NMBA formulary for midwives should state that it includes all medicines approved by the PBS for prescription by a midwife. This then avoids the necessity for continual revision, creating delays and potentially confusion.

b. Is there any content that needs to be changed, deleted or added to the table?

The College would suggest separation of policy and legislative requirements into two separate tables to avoid any confusion that the rows may be somehow linked. The inclusion of links to these documents within the tables to assist midwives in accessing the relevant information would add value.

It is also suggested that Table 3 is somehow linked to the core elements of the SQF articulated on page 3.

c. Does Table 3 add any value to the SQF?

Table 3 is extremely helpful in providing a concise collation of the information outlined in the Framework however the suggestions made above in response to Question 3b would make it more so.

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

The College recommends that all documents are appropriately referenced including dates and versions for completeness and accuracy.

The College would again like to express their thanks to NMBA for the opportunity to provide comment on this key document underpinning midwifery practice within Australia.