



Nursing and Midwifery
Board of Australia

AHPRA

Guideline: Consultation Draft

10 March 2010

Professional indemnity insurance for midwives

Introduction

This guideline has been developed by the Nursing and Midwifery Board of Australia, in conjunction with the Federal Department of Health and Ageing, under s39 of the *Health Practitioner Regulation National Law Act 2009* (QLD), (the National Law).

The guideline provides direction to midwives, their employers and education providers about the requirements for professional indemnity insurance (PII) under the National Law.

Who needs to use this guideline?

This guideline is relevant to:

- midwives registered under the National Law
- employers of midwives and
- education providers.

Summary of guideline

Under section 129 of the National Law Midwives must not practise their profession unless they are covered in the conduct of their practice by appropriate professional indemnity insurance (PII) arrangements.

This guideline applies to

- registered midwives and
- registered midwives recognised as eligible midwives and those endorsed to prescribe scheduled medicines.

It does not apply to students of midwifery or to midwives who have non practising registration

Professional indemnity insurance

The National Registration and Accreditation Scheme (the National Scheme) for health professionals in Australia commenced on 1 July 2010. Midwives are one of the professional groups regulated through the National Scheme under the authority of the Nursing and Midwifery Board of Australia (The Board) From 1 July 2010, midwives registered in a state or territory are immediately registered under the *National Law*.

Section 129 of the National Law requires all registered health practitioners have 'appropriate' professional indemnity insurance.

Midwives **must** have appropriate professional indemnity insurance (PII) for midwifery practice to meet the requirements of s129(1) of the National Law. This provision states:

A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

Section 5 in the Schedule of the National Law defines appropriate professional indemnity insurance arrangements, in relation to a registered health practitioner as:

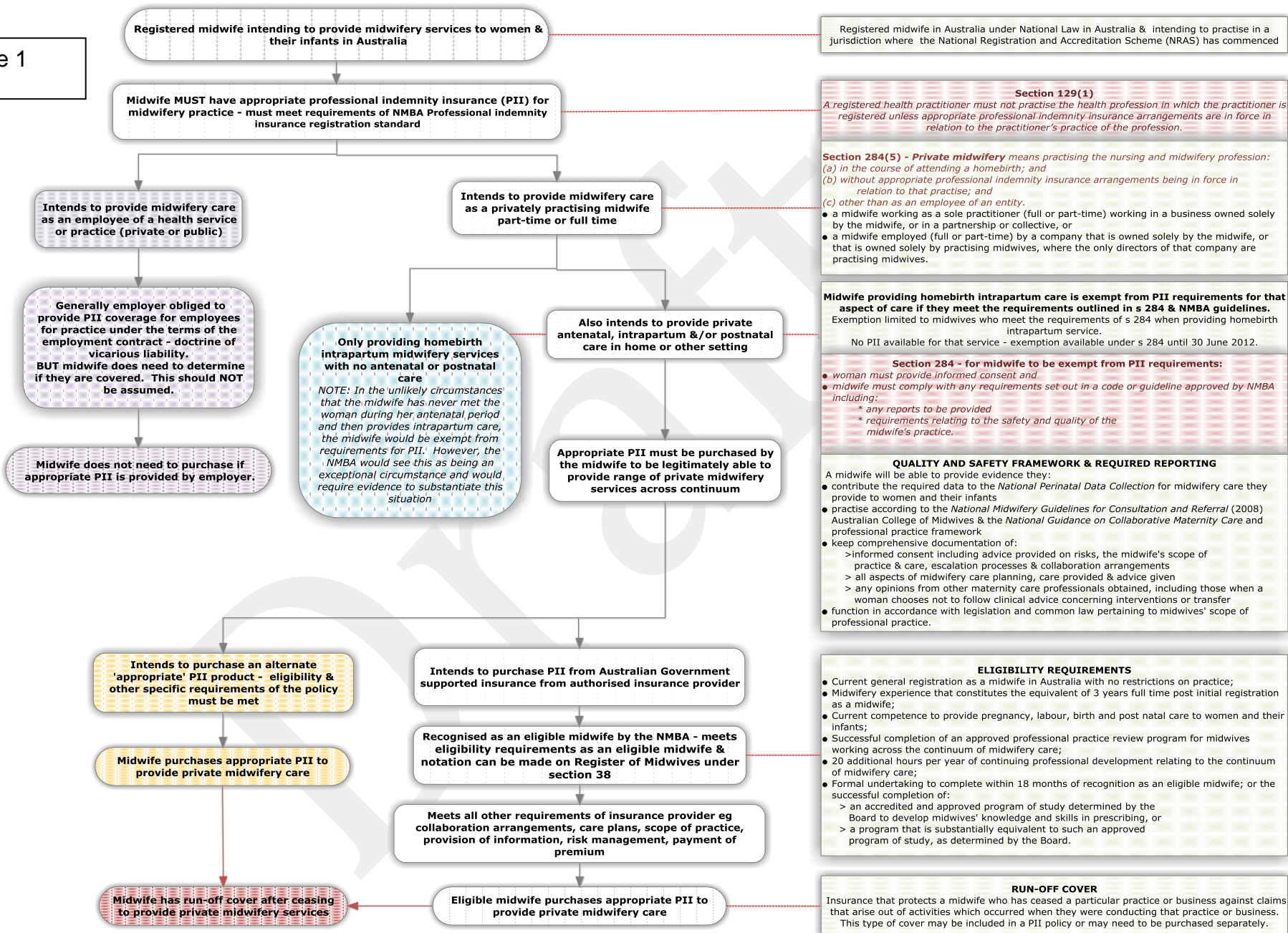
... professional indemnity insurance arrangements that comply with an approved registration standard for the health profession in which the practitioner is registered.

The Board has developed a number of registration standards under section 38 in the Schedule of the National Law, including the 'Nursing and midwifery professional indemnity insurance standard' which details the mandatory requirements relating to PII arrangements. This standard applies to all nurses and midwives registered by the Board in Australia. However, there are a number of considerations in relation to PII that are particular to the practice of midwifery. The standard and this guideline outline these in more detail.

When applying for registration or renewal of registration, midwives are required to declare that appropriate PII arrangements are, or will be, in place while they practise midwifery.

Figure 1 summarises the requirements for registered midwives intending to provide midwifery services for women and their infants in Australia. These requirements will be discussed in detail in the document.

Figure 1



Registered midwife in Australia under National Law in Australia & intending to practise in a jurisdiction where the National Registration and Accreditation Scheme (NRAS) has commenced

Section 129(1)
A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

Section 284(5) - Private midwifery means practising the nursing and midwifery profession:
(a) in the course of attending a homebirth; and
(b) without appropriate professional indemnity insurance arrangements being in force in relation to that practise; and
(c) other than as an employee of an entity.
• a midwife working as a sole practitioner (full or part-time) working in a business owned solely by the midwife, or in a partnership or collective, or
• a midwife employed (full or part-time) by a company that is owned solely by the midwife, or that is owned solely by practising midwives, where the only directors of that company are practising midwives.

Midwife providing homebirth intrapartum care is exempt from PII requirements for that aspect of care if they meet the requirements outlined in s 284 & NMBA guidelines.
Exemption limited to midwives who meet the requirements of s 284 when providing homebirth intrapartum service.
No PII available for that service - exemption available under s 284 until 30 June 2012.

Section 284 - for midwife to be exempt from PII requirements:
• woman must provide informed consent and
• midwife must comply with any requirements set out in a code or guideline approved by NMBA including:
* any reports to be provided
* requirements relating to the safety and quality of the midwife's practice.

QUALITY AND SAFETY FRAMEWORK & REQUIRED REPORTING
A midwife will be able to provide evidence they:
• contribute the required data to the *National Perinatal Data Collection* for midwifery care they provide to women and their infants
• practise according to the *National Midwifery Guidelines for Consultation and Referral (2008)* Australian College of Midwives & the *National Guidance on Collaborative Maternity Care* and professional practice framework
• keep comprehensive documentation of:
> informed consent including advice provided on risks, the midwife's scope of practice & care, escalation processes & collaboration arrangements
> all aspects of midwifery care planning, care provided & advice given
> any opinions from other maternity care professionals obtained, including those when a woman chooses not to follow clinical advice concerning interventions or transfer
• function in accordance with legislation and common law pertaining to midwives' scope of professional practice.

ELIGIBILITY REQUIREMENTS
• Current general registration as a midwife in Australia with no restrictions on practice;
• Midwifery experience that constitutes the equivalent of 3 years full time post initial registration as a midwife;
• Current competence to provide pregnancy, labour, birth and post natal care to women and their infants;
• Successful completion of an approved professional practice review program for midwives working across the continuum of midwifery care;
• 20 additional hours per year of continuing professional development relating to the continuum of midwifery care;
• Formal undertaking to complete within 18 months of recognition as an eligible midwife; or the successful completion of:
> an accredited and approved program of study determined by the Board to develop midwives' knowledge and skills in prescribing, or
> a program that is substantially equivalent to such an approved program of study, as determined by the Board.

RUN-OFF COVER
Insurance that protects a midwife who has ceased a particular practice or business against claims that arise out of activities which occurred when they were conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

Professional indemnity insurance for midwives

Professional indemnity insurance provides midwives with insurance from civil liability¹. This insurance generally includes cover for legal claims for compensation and associated expenses arising from the practice of midwifery. The Board notes that PII arrangements, particularly those provided by employers, may not provide cover for matters of a disciplinary character, which do not usually lead to awards of compensation to patients, clients or other persons who have suffered detriment as a result of a practitioner's action. However, these matters may involve costs for individual practitioners. The Board does not require practitioners to have insurance cover for matters which do not involve potential of compensation against a practitioner. Examples are breaches of professional codes or ethics. However, the Board recommends that each practitioner consider whether they have this cover as part of their PII arrangements, whether as an individual or provided by an employer and if not, whether they wish to obtain it.

For a period of time between 2001 and 2010 insurers did not offer PII for midwives in private practice. Government-subsidised and other insurance products are now available to midwives working in private practice. However, this insurance does not cover the birth of babies in the home. From 1 July 2010 this aspect of midwifery care has been given a two-year exemption from the requirement under the National Law for midwives to hold professional indemnity insurance for homebirths. To exercise this exemption, midwives must demonstrate they meet a set of specified requirements as outlined on page 9 of these guidelines. Notwithstanding this exemption, midwives in private practice must have insurance for providing antenatal and postnatal services, regardless of the birth setting.

Professional indemnity arrangements that midwives should consider include:

- civil liability cover
- unlimited retroactive cover, and
- run-off cover.

Australian Government-supported insurance scheme

From 1 July 2010 privately practising midwives have access to Australian Government supported professional indemnity insurance and can purchase insurance from Medical Insurance Group Australia (MIGA).

This Government support has been provided because insurers did not in the past offer a product for privately practising midwives. The Government supported insurance will not cover the planned delivery of babies in the home. There is a two year exemption from this requirement under Section 284 of the National Law for midwives to hold professional indemnity insurance. This exemption and the requirements for a midwife to be able to claim it are discussed in more detail below.

The Government sponsored insurance provider has a number of specific requirements that midwives must meet to qualify for the insurance cover

¹ Liability: A person's present or prospective legal responsibility, duty, or obligation. Liability may arise by a party entering a contract, or through tortious or statutory obligation wholly unknown to the party at the material time. – From: Peter Butt (General Editor) (2004) Butterworths Concise Australian Legal Dictionary, 3rd edition, LexisNexis Butterworths, Chatswood (NSW).

Exemption for intrapartum care during homebirth

There is currently no insurance company providing PII cover for midwives in private practice providing intrapartum midwifery care for women wishing to have a homebirth. Under section 284 of the National Law, there is a two-year exemption from this requirement for midwives working in private practice who provide intrapartum services for women planning to have homebirths.

This exemption is strictly limited to the provision of private intrapartum care provided in a homebirth setting. Midwives working in private practice will still require appropriate insurance to provide antenatal and postnatal care to women in their care, regardless of the planned location of the birth. The exemption is only available if midwives meet the conditions set out in section 284. These are discussed in more detail on page 9 of this guideline.

Section 284(2) provides that midwives who are exempt under this section do not have to include information in their annual statement concerning their lack of PII for intrapartum care. Under normal circumstances midwives would be required under subsection 109(1)(a)(iv) and (v) as part of their application for renewal of registration to the Board, to inform the Board that they did not have professional indemnity insurance for this aspect of their midwifery practice.

Section 284 is a transitional provision and this exemption will be available only from 1 July 2010 to 30 June 2012.

Publicly funded homebirths, under current arrangements based in states and territories, will be able to continue. However, midwives who are working under such arrangements should ensure they are covered by their employers' insurance arrangements.

Scope of the insurance required

The Board has described the scope of PII required in the PII registration standard as

Arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

The Board requires that midwives, unless exempted under the National Law for home based intrapartum care, will require PII to cover the full scope of their practice, whether they are employed in public or private health services; or in private medical practices; or self-employed and working in private midwifery practice.

The Board also recognises that midwives in different types of midwifery practice will require different levels of PII cover, according to their individual scope of practice and the risks associated with that practice.

In order to understand what constitutes appropriate indemnity insurance arrangements for each midwife, the Board offers the following advice in terms of factors the midwives will need to consider:

- the practice setting and the type of midwifery services and care delivered;

- the client group
- the volume of clients to whom treatment, advice, guidance or care is provided by the midwife;
- the health status of the women and their infants that make up the midwives' client group;
- previous history of insurance claims and the type of claim made against the midwife in the past, if any;
- the age of the midwife;
- any advice from professional indemnity insurers, professional associations and industrial organisations, including advice regarding the history and volume of professional liability claims experience by other members of the profession, provided by a relevant professional association;
- any advice of an insurance broker;
- the midwives' current employment status; that is whether they are:
 - employees working exclusively in public or private health services, or in private medical practices or
 - working as sole practitioners (either on a full-time or part-time basis) working in businesses owned solely by the midwife, or in a partnership or collective; or where a midwife is employed (full-time or part-time) by a company that is owned solely by the midwife, or that is owned solely by practising midwives, where the only directors of that company are practising midwives or
 - working for part of their time as employees and for other parts of their time as midwives in private practice or
 - providing midwifery services in a voluntary, subsidised or otherwise unpaid capacity.

In purchasing PII, it is important to investigate the scope and quantum of the insurance coverage (including the 'run off' cover when a midwife ceases to practise as a midwife). It is also critical to ensure that any other requirements, including the disclosure requirements, are met for the insurance cover to be, and remain, valid. The responsibility is on the person purchasing the insurance to meet all the obligations. Reading and understanding all the conditions prior to entering into an insurance contract and those that may be amended during the course of the contract, is critical and advice may need to be sought from experts, including industrial and/or legal advisors.

When applying for registration or renewal of registration, midwives will be required to declare that appropriate PII arrangements are, or will be, in place while they practise midwifery.

Run-off cover

Midwives in private practice are also required to have run-off cover, except those midwives who are exempt under the National Law for homebirth care.

Run-off cover insures midwives for claims made in the future that relate to incidents occurring when they were practising in the past. Midwives are required by the Board to maintain run-off cover for the whole time after they have ceased to practise privately to be protected against claims that may arise in the future. Midwives employed by a health service or practice. For an example of runoff cover go to <http://www.miga.com.au/content.aspx?p=160>

The majority of midwives in Australia work as employees. In most cases, this is in public or private health services, or in private medical practices; most midwives who are employees are covered by their employers' insurance under the common law doctrine of vicarious liability.²

There are situations where a civil claim may be made against a midwife as an individual. This includes situations where employer-based liability cover may not apply. For example, the midwife may have acted in a way that a court would find was not within the 'course and scope of their employment'. One illustration would be a midwife performing an unauthorised act, such as prescribing medicines for a woman and/or her infant without having endorsement as an eligible midwife for scheduled medicines in the course of their employment. In such a case, the employer's insurance may not accept liability for the midwife's act, should any formal investigation or legal action ensue. Employed midwives are advised to check their PII arrangements with their employing organisation.

Employed midwives also working in private practice

Some midwives may provide midwifery care to women and their infants while employed in public or private health services, or in private medical practices; and may also conduct part of their practice where they would be considered to be in private midwifery practice and not employed in an employment situation where their employers' indemnity insurance would cover their practice.

This may arise in a formal business arrangement where midwives (generally with the knowledge and agreement of their employers) have established a private midwifery practice, but also work as an employee

² Doctrine of Vicarious Liability: Provides that where an employee has been negligent in the course and scope of employment and a person suffers damage as a result, the employer will be made liable. That does not mean that the personal liability of the individual is transferred to the employer but that the responsibility for the negligent act is directed at the employer. In simple terms, that means that the employer has to pay the plaintiff the sum of money awarded by the court as a result of the employee's negligent act.....For the purposes of the doctrine of vicarious liability, an employee has to be distinguished from what is traditionally referred to as an independent contractor. The closest analogy to an independent contractor is the self-employed person, although as far as the law is concerned this may not necessarily be the case. In the first instance the way to distinguish between an employee and an independent contractor is to apply what the law refers to as the control test. Generally speaking, a person is an employee if he or she is able to be directed by the employer as to what to do, how to do it and when to do it, as far as the performance of the employee's duties is concerned. In other words, a person is an employee if the employer exercises authority over that person in the performance of the person's work and is able to give the person instructions in relation to such work. In most situations other indicators of control can be:

- is the person paid a weekly or regular wage and is tax deducted;
- is the person entitled to the benefits of an industrial award; for example, annual leave, sick leave, etc; and does the employer provide the necessary plant and equipment to enable a person to carry out the duties that person is engaged to perform? (Patricia Staunton and Mary Chiarella (2008) Nursing & the Law, 6th edition, Elsevier, Sydney.)

in public or private health services, or in private medical practices. Midwives working in private practice and working as an employee must have their own PII in place to cover the midwifery services they provide for their private clients. They must also ensure they continue to be covered by employers for the work they do as an employee.

Situations also arise where midwives, as well as being employed in public or private health services, or in private medical practices, also provide volunteer midwifery services or subsidised services for charitable, aid or welfare organisations in Australia; and in some cases, for individual women in their local communities³. In each of these situations midwives will be working in a professional capacity using their skills, knowledge, judgment and experience as midwives and require PII. In some cases, the charitable or welfare organisations may have purchased PII for professionals working with them but this is not always the case and midwives may have to purchase their own insurance. Whatever the situation, the responsibility is on midwives to make the necessary inquiries and ensure the appropriate professional indemnity arrangements are in force.

Midwives in private midwifery practice

Private midwifery practice is where a midwife is working as a sole practitioner (either on a full-time or part-time basis) in a business owned solely by the midwife, or in a partnership or collective; or where a midwife is employed (full-time or part-time) by a company that is owned solely by the midwife, or that is owned solely by practising midwives, where the only directors of that company are practising midwives.

Midwives may also be deemed to be working in a private capacity when they provide midwifery services in a voluntary capacity as an individual or as part of a program run by a welfare, aid or charitable organisation where the organisation is not formally an employer and does not have PII for persons working with them as volunteers.

In all these situations, midwives will be responsible for purchasing the appropriate PII to cover the scope of their midwifery practice, unless the sole scope of their practice is in attending homebirths to provide intrapartum care and they meet the requirements to be exempt from having PII, as outlined in section 284 of the National Law. This situation would be considered unusual by the Board, which would require evidence that the midwife had never seen the woman in any capacity prior to the intrapartum care and that this was a completely isolated incident of care.

³ Conduct Statement 8 of the Code of Professional Conduct for Midwives in Australia requires that 'Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s)' and several of the explanatory statements under that Statement clearly contemplate the nature of the relationship where a midwife may provide care to friends and family, and that they will continue to have professional responsibilities, whatever the relationship:

8.5. Midwives fulfil roles outside the professional role, including those as family members, friends and community members. Midwives are aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives [should] take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

8.7. Midwives should not be required to provide midwifery care to a woman with whom they have a pre-existing non-professional relationship. Reassignment of the woman to other midwives for care should be sought where appropriate. (Australian Nursing and Midwifery Council (2008) Code of Professional Conduct for Midwives in Australia) available at <http://www.nursingmidwiferyboard.gov.au/en/Codes-and-Guidelines.aspx>.

The PII registration standard requires midwives who hold private insurance cover in their own name to retain documentary evidence of their insurance and to provide it to the Board on request. Self-employed midwives must provide full disclosure of their level of PII to women who are their clients.

As noted previously, midwives working in private practice are also required to have run-off cover, except those midwives who are exempt under the National Law for homebirth care. This applies to midwives who work exclusively in private practice and those who may work in private practice for part of their working time and in an employed capacity at other times.

Requirements for midwives to exercise the exemption under section 284

The relevant provisions of the National Law and the Board's requirements are outlined below:

Section 284 (1) (b) informed consent has been given by the woman in relation to whom the midwife is practising private midwifery

The NMBA requires that informed consent is given by the woman who is the client of the midwife in private practice.

Section 284 (c) the midwife complies with any requirements set out in a code or guideline approved by the National Board under section 39 about the practise of private midwifery, including—

(i) any requirement in a code or guideline about reports to be provided by midwives practising private midwifery;

The Board requires that midwives practise according to the *Code of Professional Conduct for Midwives in Australia*, the *Code of Ethics for Midwives in Australia* and the *National Competency Standards for the Midwife*. These documents are approved by the Board under section 39 of the National Law and provide guidance on professional standards expected of a midwife, regardless of their place of practice. Each of these codes and guidelines is fundamental to the safety and quality framework for professional midwifery practice and the Board requires that all midwives practise according to these codes and guidelines, regardless of their practice context. These codes and guidelines can be found on the NMBA website.

Requirements for reports to be provided by midwives in private practice

Under this guideline, the Board requires a midwife in private practice to contribute the required data to the National Perinatal Statistics Unit (NPSU) for national perinatal data collection. Midwives are required to provide evidence of contribution to the data set, if required on audit, to the NMBA.

The information required relates to the midwifery care a midwife provides to women and their infants and is used for developing maternity services policy, midwifery professional standards, maternity service planning and contributes to research about Australian reproductive and perinatal health. The Perinatal National Minimum Data Set (NMDS) is a specification for perinatal data elements for mandatory collection and reporting at a national level, and depends on a national agreement to collect the data in a uniform way.

This core set of data elements includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth, and data items relating to the baby, including birth status, sex and birth weight. More data elements are included in the NPDC than are

specified in the NMDS. Definitions of all data elements in the Perinatal NMDS are included in the AIHW's online metadata registry, 'METeOR'

Midwives in private practice are important contributors to this data set. The information they provide is generally the only data relating to women who choose private maternity care by midwives providing intrapartum care in a home setting. Requiring midwives to provide such information as part of practice captures this important subset of data. It also documents practice as all aspects of data collected should be included in a midwife's record of maternity care provided to women and their infants.

section 284 (1) (c) (ii) Requirements relating to safety and quality in the private practice of midwifery

The NMBA requires midwives in private practice to meet the requirements detailed below with regard to safety and quality to be eligible to claim an exemption for PII.

The principles articulated in Primary Maternity Services in Australia - a Framework for Implementation underpin the provision of primary maternity care in Australia and provide the basis for the NMBA's safety and quality requirements in relation to midwives seeking the exemption under section 284. These are:

- ensuring services enable women to make informed and timely choices regarding their maternity care and to feel in control of their birthing experience
- ensuring that maternity services and care are provided in a culturally appropriate and responsive manner according to the individual needs of each woman
- maximising the potential of midwives, obstetricians, general practitioners and where appropriate other health professionals such as paediatricians and Aboriginal health workers specific knowledge, skills and attributes to provide a collaborative, coordinated multidisciplinary approach to maternity service delivery
- offering continuity of care, and wherever possible continuity of carer, as a key element of quality care
- ensuring that maternity services are of a high quality, safe, sustainable and provided within an environment of evidence based best practice care
- ensuring continued access to best practice maternity services and care at the local level, while recognising that the benefits of local access must be considered within a quality and safety framework
- providing the right balance between primary level care and access to appropriate levels of medical expertise as clinically required
- working to reduce the health inequalities faced by Aboriginal and Torres Strait Islander mothers and babies and other disadvantaged populations.⁴

⁴ Australian Health Ministers' Advisory Council (2008) Primary Maternity Services in Australia - a Framework for Implementation, prepared by the NSW Department of Health, on behalf of the Maternity Services Inter-jurisdictional Committee, 2. Available at http://www.ahmac.gov.au/cms_documents/Primary%20Maternity%20Services%20in%20Australia.pdf.

The Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral*⁵ and the principles and practices outlined in the draft National Health and Medical Research Council (NHMRC) *National Guidance on Collaborative Maternity Care*⁶ also provide consistent and important professional guidance for midwives working in all areas of midwifery practice and further articulate key aspects of safe, high-quality midwifery practice. Each would be drawn upon to assess whether the practice of a midwife in private practice is reasonable.

The Board requires that midwives claiming the PII exemption for homebirths are able to demonstrate they practise according to the requirements set out in the *National Midwifery Guidelines for Consultation and Referral* and the *National Guidance on Collaborative Maternity Care*.

Midwives are obliged to demonstrate they:

- have appropriate collaborative arrangements with a medical practitioner or private hospital or a care plan communicated to a public hospital providing maternity services
- keep comprehensive documentation of:
 - informed consent, including advice provided on risks, the midwife's scope of practice and care, escalation processes and collaboration arrangements and
 - all aspects of midwifery care planning, clinical risk assessment, care provided and advice given and
- any opinions from other maternity care professionals obtained, including those when a woman chooses not to follow clinical advice concerning interventions or transfer.

The Safety and Quality Framework for demonstrating compliance with exemption requirements

To be eligible for exemption from the mandatory PII requirement under the National Scheme and satisfy Board requirements, midwives in private practice will be required to demonstrate they meet all obligations outlined in *Table 1 – Safety and quality framework to demonstrate compliance with exemption requirements*.

⁵ Australian College of Midwives Inc (2008) *National Midwifery Guidelines for Consultation and Referral*, Revised Edition, Deakin West, ACT.

⁶ National Health and Medical Research Council (2010) *National Guidance on Collaborative Maternity Care Draft for public consultation* March 2010, Australian Government, Canberra. Available at: http://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/consult/consultations/Draft-Guidance-Collaborative-Maternity-Care-18_March.pdf.

Table 1 - Safety and quality framework to demonstrate compliance with exemption requirements:

Principle	Requirement	Evidence
Consumer value	Consumer friendly consent template	Templates
	Written information detailing evidence informed materials	Consumer information paper
	Process for complaint management	Documented process, including complaint escalation information
	Consumer participation	Women involved in case and peer review
	Consumer satisfaction	Templates
Clinical performance and evaluation	Clinical standards	Documented evidence informed clinical guidelines on which practice is based e.g. NHMRC, NICE, or state and territory guidelines
	Referral pathways	Clearly articulated referral pathways for referral and/or consultation in accordance with ACM consultation and referral guidelines Comprehensive clinical notes to share with other health professionals engaged in woman's care
	Clinical indicators / KPI	Reporting of all births as per each state and territory requirement
	Clinical audit	Comprehensive clinical notes to guide reflective practice and enable review and evaluation of care provided
Clinical risk	Incident and adverse event reporting	Documented process in accordance with state and territory requirements

Principle	Requirement	Evidence
	Sentinel event reporting	Documented process in accordance with state and territory requirements Documented involvement in case investigation
	Risk profile analysis	Documented process for identification and evaluation of clinical risk and evidence of correcting, eliminating or reducing these risks
Professional development	Maintenance of professional standards	Complies with NMBA minimum standards
	Awareness and monitoring of new procedures and practices	Involvement in professional organisation/s and documented schedule for formal practice review and mentoring processes
	Competency standards – ensures appropriate skills and experience	Demonstrates practice in accordance with ANMC national competency standards for the midwife
	Continuing professional development (CPD)	Documented evidence of attendance at ongoing and regular education and research activities determined by the NMBA standard relating to CPD Maintenance of professional portfolio

Definitions

Retroactive cover- PII arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioners professional practice, prior to the date of the commencement of the insurance.

Run-off cover –insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he or she was conducting that practice.

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