

14.4.11

Senate Finance and Public Administration Committees
PO Box 6100 Parliament
House Canberra ACT 2600 Australia

To whom it may concern,

RE: Submission to the Senate Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA)
With 35 yrs of clinical background in Midwifery I strongly support the National Registration, but there are clearly significant challenges and problems that have emerged in the process for Eligible Midwives.
Specific issues of concern include

Departure from the written standard when midwives applications are processed – e.g. midwives were refused the endorsement because they could not demonstrate five years postgraduate experience. The standard states three years.

The referee is to be a midwifery manager
– not all midwives work in an environment where they have midwifery managers, but could obtain references from other health professionals which were not accepted.
The requirement of the referee to complete the reference by addressing the ANMC competency standards for Midwives – this is a demanding and completely unnecessary task for midwifery managers.
Remember all these participants have already satisfied APRHA to be registered and endorsed each year that include the competency standards.

Maladministration and timeframe

Ability to process the applications in a timely manner. Many Midwives had to wait a number of weeks/months with reapplication of forms and/or further requirements for their applications to be processed.

If the application was incorrect or incomplete, it was exceedingly difficult to obtain further information from AHPRA that would expedite the process.

Each resubmission incurred a burden of an additional fee.

The delay in the endorsement of the safety and Quality Framework for Privately Practicing Midwives (PPM) by AHPRA and publication on the site.

In January 2010, the Department of Health in Victoria was given the task of conducting a national consultation to develop a Safety and Quality Framework for PPM. The consultations were completed in May 2010 and a framework was developed and endorsed by the Victorian Minister for Health in June 2010. The framework was sent to AHPRA for endorsement in July 2010, but it was not until January 2011 that the standard was

made public.

This framework provides the professional and legal regulation around practice for PPM.

The current circumstances by which Midwives in private practice are being targeted if there has been a unproven complaint against them is unacceptable.

No conditions should be placed on any Midwife before an investigation has taken place. I have serious concerns that at any time a Midwife could find their registration under restriction as this would exclude them from continuing as the homebirth woman's care provider.

The ongoing process a Midwife has to endure during this time can be long e.g. 3 years or more, and arduous. The complaint if not substantiated can lead to unemployment and derision that is not warranted.

This restriction could also force a pregnant woman into the hospital system or she may choose to free birth i.e. birth at home without a Midwife.

Practicing clinical midwives should be processing these applications – is this in place? Information on this simple query was not forthcoming at this time. Nurses and/administrators alone should not be the sole reviewers if they cannot process or understand these applications.

Remember, nursing and midwifery are different professions e.g. like comparing surgeons to pharmacists, both professions have intensive medical knowledge and they work collaboratively in both the hospital and private settings but nevertheless are different professions.

Consumer participation

Appropriate consumer participation is essential in all aspects of the framework. Again this information was not easily available.

All health provision is to be in line with the Alma-Ata agreement (2008) “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care”. And “community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate”.

With the above few examples the following is required:

All relevant information is accessible to Midwives intending to apply for eligibility endorsement in a format that is user friendly and not buried within other pages on the website.

Adequate resources are made available to process the applications that include officers who are able to process applications in a timely manner. This small change in the process could alleviate the unnecessary time delay or misunderstanding.

New standards, codes and guidelines endorsed by the national board are to be made available, but are user friendly i.e. easy to locate, and collated forms on the one page, on the AHPRA website without delay with appropriate consumer participation.

I look forward to a productive outcome.

Yours sincerely,