

13 April 2011

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

Dear Sir/Madam,

RE: Inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) - Midwifery

I am writing to raise concerns that the current system by which independent midwives are being processed if there has been a complaint lodged against them has not been carefully considered or adapted to take into account the usual methods of care delivery for these practitioners. As I understand it, currently an independent midwife against whom a complaint has been made can, if it is decided that an investigation is warranted, be directed only to work in a hospital environment and only under supervision. I believe some further thought needs to be given to the practicalities of this "blanket-style" solution and the potential knock-on effects to both the midwife being investigated and those expectant mothers already under the midwife's care.

As an expectant mother under the care of an independent midwife I do believe, and take comfort in, there being a system of regulation for independent midwifery practitioners (as I would for any other healthcare provider) as I believe this ensures that high standards are maintained which ultimately makes using services safer and more reassuring for families who would like to follow this pregnancy care model. At the same time, I do believe that the "innocent until proven guilty" premise remains true and that whilst reasonable restrictions on a midwife's practice are a sensible precaution during an investigation, there are ways and means of doing this without potentially depriving both the patient of a caregiver and the practitioner of income and/or the ability to practice at all. I believe a graded, rather than coverall, system of restrictions (in line with the seriousness of the accusations) would be a fairer way of exercising this control. For example, a midwife may be instructed to work under supervision of another midwife but not necessarily restricted to working at a hospital (which would be largely impossible for a midwife not already doing so), thereby allowing the midwife to continue to serve her existing patients whilst being supervised by another certified professional/independent midwife. This would allow the patient to continue their care within their model of choice with the care provider they have been dealing with, whilst being assured that their care is still being overseen by a consummate professional. Obviously I understand that there are cases where accusations are very serious and therefore serious restrictions on practice may be valid, as would be enforced upon any comparable healthcare practitioner.

I would also recommend that a set timeframe to investigations be instituted to give some certainty to practitioners being investigated that their case will be decided within a given timeframe. Whilst it is certainly important to ensure that midwives are competent, professional and practise ethically, it should also be a reasonable expectation that any complaint against a practitioner is investigated promptly and resolved speedily. I understand that currently some investigations can take more than a year to resolve and I find this both incredulous and unprofessional on the part of the regulating authorities to limit the practice of independent midwives so severely (which may have the potential to rob them of the ability to practice altogether during this time, given current means of restricting practice).

I request that this process is reviewed and that some balance be to this system of complaint investigation be restored, in order that families retain confidence in their model of care whilst still retaining the ability to choose to birth outside of hospital if that is their preference.

Yours Faithfully,

Mrs Catherine Finch