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The Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Sirs

**SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE – INQUIRY INTO THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR DOCTORS AND OTHER HEALTH WORKERS**

Childbirth Australia is a not-for-profit organization that advocates for birthing women and their families.

Childbirth Australia wishes to make the following comments with regard to the proposed National Registration and Accreditation Scheme for Doctors and other Health Workers ("the Scheme"), particularly as it impacts on women and their families accessing maternity services.

Childbirth Australia welcomes a national scheme which can provide consistency for women and their families wherever they live.

Consumer/community participation

Childbirth Australia – as a consumer representation and consumer advocacy body – welcomes the commitment to consumer involvement in registration and accreditation of health professionals. This needs to be more than simply a 'token' representation but should actively involve and engage consumers and community members, through membership of the Boards but also in course development and accreditation processes.

It is imperative that these members be appropriately trained, supported and remunerated as recognition of the work involved.

Appointment should be through a transparent appointments system in which applicants should be required to demonstrate the appropriate level of expertise and commitment to the role.

## Patient care and safety

Women wish to access safe maternity care and need to be confident that the health professionals caring for them are appropriately trained and whose professional qualifications have been appropriately accredited. This must include the requirement that health professionals undergo regular and continuous professional development if they are to maintain their professional registration.

Where health professionals have been trained outside Australia, women and their families need to be confident that their professional competencies are comparable with that of Australian-trained health professionals.

Childbirth Australia supports the requirement of Professional Indemnity Insurance ("PI cover") for all health professionals. However, this requirement should not have unforeseen consequences that might impact on patient care and safety.

It is of some concern to Childbirth Australia that PI cover is not available to all midwives. We understand that PI cover is available to midwives that are employed by health departments and hospitals, but is not available for example, for midwives who work privately.

A potential consequence of the requirement for PI cover would be that some midwives may become ineligible for registration if PI cover were not to be made available to these midwives. This could mean that those midwives (who predominantly provide homebirth services), may practice without registration and/or no longer practice at all. It is certain that women will still wish to birth at home, and - it is to be assumed - will either use unregistered midwives (if available) or choose to birth without any medical attendant: this could have a significant impact on care and safety for birthing women. Furthermore, women who use unregistered midwives will have no recourse through the relevant Board should this be required.

## Standards of training and qualification of relevant health professionals

As mentioned above, birthing women need to have confidence that health professionals involved in their care are appropriately trained.

Childbirth Australia would like to see a commitment to interdisciplinary care in maternity services. Maternity care can be fragmented which does not contribute to optimum care for women and their babies. While Childbirth Australia understands that this would require reform outside the scope of the Scheme, a requirement for all health professionals to undertake training in collaborative practice would benefit birthing women.

Recent research (Reiger K. and Lane K. 2009, Australian Health Review, May 2009) has revealed that while state policies increasingly promote multidisciplinary team work and collaboration, there is evidence that traditional hierarchical structures, hospital protocols and cultural assumptions about birth, the birthplace and midwifery/obstetric professional relationships that continue to actively impede shifts to the new collaborative workplace. Specifically, many midwives remain locked into an assumption that their role is to assist the obstetrician rather than taking a primary role in responsible care for women. The document identifies that doctors needed highly skilled midwives who could work as part

of a team in identifying and anticipating problems and could advise the obstetrician when they were needed. They also wanted midwives to accept and respect their expertise. For their part, midwives wanted doctors to be competent, reliable and accessible. Most importantly, they wanted doctors to trust and respect their expertise as professionals. In turn, they respected obstetricians who valued midwifery knowledge, who sought their opinion as competent professional colleagues and who were courteous to women. In essence, the study showed that reciprocal respect and recognition lay at the heart of expert and seamless professional collaboration.

Our view is that these often intangible but fundamental cultural issues should be inserted into professional training regimes in universities and on-going professional development courses, not as peripheral to good care, but as the core business guiding all clinical and operational decision making.

Childbirth Australia believes that it is appropriate that the training and credentialing of health professionals be overseen by the relevant Board: that is by the health professionals themselves.

While it is important that new courses to train health professionals, these should be of an appropriate scope and structure to provide professionals with the appropriate levels of skills and expertise. Childbirth Australia would not wish to see training courses being accredited for political expediency or to address workforce issues and – as such – should not be able to be subject to political interference.

#### Complaints management and disciplinary processes

Most women and their families who suffer adverse events during pregnancy, labour and birth require a thorough investigation and an explanation of what happened, along with an apology (if appropriate).

The process for investigating adverse events and making complaints currently varies from state to state. A process that enables complaints to be handled quickly, consistently and transparently is to be preferred.

While a centralized complaints process may have advantages from a consumer perspective, it should also be noted that consumers need to have the ability to access the process locally and – as such – some devolvement of the process to local committees may be appropriate and preferable.

The use of 'qualified privilege' can mean – that in some instances – families cannot be advised of findings carried out by bodies that operate under a qualified privilege regime. This may leave them 'in the dark' about what happened during these adverse events. A commitment to Open Disclosure would benefit women.

The ability to be able to access complaints data would be welcome. For example, to be able to check whether a chosen health professional has any complaints upheld against them would assist women and their families to choose health professionals for their care.

Complaints processes can be difficult to navigate for even the most informed and assertive of people. Assistance with accessing and navigating the 'system' is an imperative if the system is to be used appropriately and effectively.

## Conclusion

The issues raised above are those identified by Childbirth Australia as being of significance to women accessing maternity services in Australia.

We would welcome the opportunity to discuss this further should the Committee feels it appropriate.

For and on Behalf of  
CHILDBIRTH AUSTRALIA, INC.

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