



cc: Secretary  
Ms Flanagan  
Ms Huxtable  
Ms Morris  
Mr Bartlett  
Ms O'Neill  
Ms Rosemary Bryant

RECEIVED  
10 MAY 2011  
Parliamentary Section

MINUTE TO THE MINISTER

MINISTER ROXON

Critical Date: 21 April 2011  
Adviser: Prof Judy Searle

PRIVATELY PRACTISING MIDWIVES (PPMS) - FURTHER ADVICE ON POLICY DIRECTIONS

**PURPOSE:** To provide further advice on the impending lapse of the two year insurance exemption for privately practising midwives and seek your approval to write to your State and Territory colleagues seeking their engagement to discuss this issue at the next meeting of AHMC set down for June 2012.

**ISSUE:**

2. The continuation of provision of home birthing services by PPMs remains highly contentious. Current policy settings rely on a two year exemption for PPMs to practise without PII coverage for intrapartum care during home births. This arrangement is due to cease on 30 June 2012 and beyond that date PPMs continuing to participate in homebirths would be in breach of their registration requirements.

3. [REDACTED]

4. There is a minimum lead-in time, estimated to be 6 months, for process issues relating to the enactment of any changes to the current regulations under the NRAS. While State and Territory Health Ministers are unlikely to support an extension of the exemption, a decision on this will need to be formally made by Ministers well before the end of the calendar year. It is expected, that there will be heightened interest in this issue from September 2011 onwards when women falling pregnant will be uncertain whether a currently registered midwife will be able to provide homebirth services after 30 June 2012.

5. The release of the National Maternity Services Plan (the Plan) in the near future will also bring into focus the issue of the impending lapse of the exemption and the absence of a way forward.

**REASON FOR CRITICAL DATE (including consequences if not met)**

6. This provides State and Territory Health Ministers time to consider the impact of the lapse of the exemption ahead of the next AHMC meeting.

**BACKGROUND:**

7. Under the National Registration and Accreditation System (NRAS), the Health Practitioner Regulation National Law (the National Law) requires that PII arrangements are in force in relation to the practitioner's practice of the profession.

8. In 2009, in light of intense lobbying on the right of women to have choices about childbirth, to allow data to be collected on the safety of home births and to enable time for a private insurer to provide an appropriate insurance product, Health Ministers agreed to a two year exemption for PPMs attending a homebirth. The conditions specified as applying during the interim period are:

- 2
- PPMs report all homebirths according to the requirements of their jurisdiction (note that legislation pertaining to the compulsory registration of births more generally varies between jurisdictions so the reporting of homebirths is even less likely to be comprehensive;
  - Women booking with a PPM receive written disclosure that the PPM is practising without insurance coverage for planned intrapartum care services in the home, and
  - PPMs participate in a Safety and Quality Framework for midwifery care approved by the Nursing and Midwifery Board of Australia (note, the Framework has only recently endorsed by the Board).

9.

[REDACTED]

Also since that time, the South Australian Health Minister has raised concerns about the adequacy of existing guidelines by the Nursing and Midwifery Board of Australia (NMBA) to regulate the practice of private midwives following a number of private midwife led homebirths in South Australia that have involved the coroner. In response, on 9 February 2011, the Health Policy Priorities Principal Committee requested that the Australian College of Midwives (ACM) complete a Position Statement on home birthing to be accepted as part of the NMBA registration requirements, after approval by AHMAC. This is scheduled for presentation at the June 2011 meeting of AHMAC.

10. There is also the imminent public release of the National Maternity Services Plan (the Plan) which, while it does not have a specific focus on private homebirths, requires in the first year of the Plan that States and Territories investigate options for the provision of publicly funded homebirth care. The outcomes of this investigation may have implications for privately funded homebirths and collaborative arrangements. The Plan also envisages that all Australian governments will facilitate increased access to midwifery-managed models of care for normal risk women e.g. midwifery group practice or birthing centres, while maintaining support for choice of, and access to, medically managed models of care.

#### **RELEVANCE TO ELECTION COMMITMENTS/GOVERNMENT POLICY/COAG REFORM AGENDA:**

11. In September 2007, you made an election commitment to develop a Maternity Services Plan to ensure co-ordination of public maternity services across Australia. The National Maternity Services Plan (the Plan) was endorsed by the Australian Health Ministers' Conference on 12 November 2010.

12. The Australian Greens Health Policy includes a measure to ensure that women have access to a full range of birthing services. In its response to the Senate Inquiry into NRAS, the Australian Greens have indicated the party's support for privately practising midwives to provide home birthing services for low risk births and that while alternative solutions for the PII requirement are investigated, that an exemption is made available.

#### **Remote Service Delivery National Partnership (RSDNP):**

13. This is not relevant to the RSDNP because it is regarding further advice on policy direction for Privately Practising Midwives.

#### **COMMENT:**

14. It is important that State and Territory Health Ministers be engaged as soon as possible in a discussion of the impact of not extending the exemption. If the exemption lapses, from 1 July 2012 an estimated 200 privately practising midwives who attend a planned homebirth would be unable to comply with the national registration standards.

15. The alternative for these midwives would be to join a publicly operating homebirth service (where their insurance would be covered), or to cease intra-partum care in the home and only provide pre and





~~AA~~

Maria Jolly  
Acting First Assistant Secretary  
Health Workforce Division

9 - MAY 2011

NICOLA ROXON



6 April 2011  
Outcome: 5: Primary Care  
Outcome: 12: Health Workforce  
Contact Officer:  
Bernadette Walker (02) 6289 5473  
Nursing, Allied and Indigenous Workforce Branch

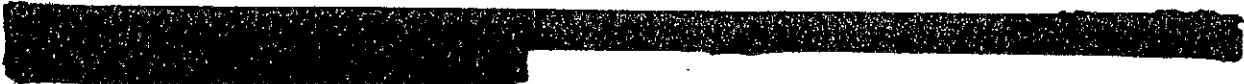
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MINISTER'S COMMENTS:

Advice Rating	1	2	3	4	5	Comments
Timeliness						
Presentation						
Quality of Advice						

Poor      Satisfactory      Excellent

ATTACHMENTS:



B: Draft letter to State and Territory Health Ministers.



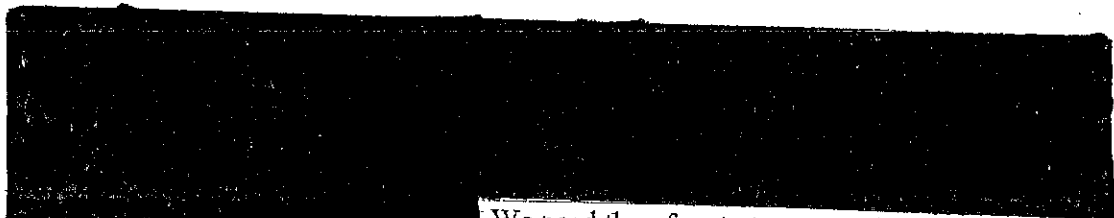
THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

The Hon David Davis MP  
Minister for Health and Ageing  
Level 22  
50 Lonsdale Street  
MELBOURNE VIC 3000

Dear Minister *David*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

As you are aware, as part of the requirement for the National Registration and Accreditation Scheme (NRAS) for health practitioners, all practitioners are required to hold PII. In the absence of a PII product being available for intrapartum care in a homebirth context, prior to the commencement of the national registration scheme in 2010, Health Ministers agreed to a two year exemption for privately practising midwives attending homebirths to hold PII. Essentially this was to allow time for data to be collected on the safety of homebirths and to enable a private insurer to develop an appropriate insurance product.



We need therefore to turn our minds to the future of the exemption, and the consequences of allowing the exemption to lapse. There is a minimum lead-in time of at least six months for process issues relating to the enactment of any changes to the current regulations under the NRAS. We will therefore need to take a decision on this matter well before the end of the calendar year and I intend to list this issue for discussion at the next Australian Health Ministers' Conference (AHMC) in June 2011. I expect that there will be heightened interest from stakeholders in this issue from September 2011 onwards when women falling pregnant will be uncertain about whether a currently registered midwife will be able to provide homebirth services after 30 June 2012.

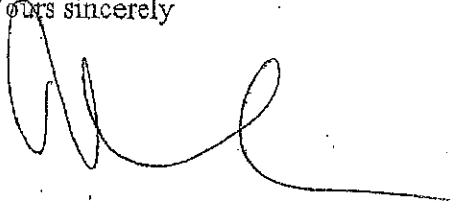
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The actions under the Maternity Services Plan agreed to by Health Ministers are also relevant here. While the Plan does not have a specific focus on private homebirths it nonetheless requires jurisdictions to investigate options for the provision of publicly funded homebirth care. The Plan also envisages that all Australian governments will facilitate increased access to midwifery-managed models of care for normal risk women e.g. midwifery group practice or birthing centres, while maintaining support for choice of, and access to, medically managed models of care.

As part of the discussion at the upcoming AHMC it would be worthwhile discussing conditions under which an extension of the exemption could be considered. These could include greater compliance measures with the Nursing and Midwifery Board of Australia's Safety and Quality Framework and commissioned work to collect national perinatal data on private home births.

I look forward to progressing these important discussions with you at our upcoming meeting.

Yours sincerely



NICOLA ROXON

09 MAY 2011



THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

Ms Katy Gallagher MLA  
Deputy Chief Minister  
Minister for Health  
Minister for Industrial Relations  
Treasurer  
GPO Box 1020  
CANBERRA ACT 2601

Dear Minister *Katy*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

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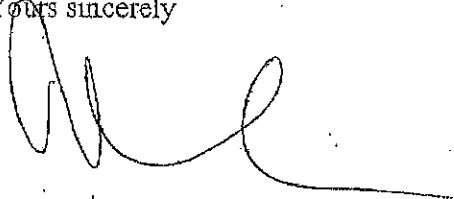
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Yours sincerely



NICOLA ROXON

09 MAY 2011





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THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

The Hon Dr Kim Hames MP  
Deputy Premier  
Minister for Health  
Minister for Tourism  
28th Floor  
Government Stirling Tower  
197 St Georges Terrace  
PERTH WA 6000

Dear Deputy Premier *Kim*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

As you are aware, as part of the requirement for the National Registration and Accreditation Scheme (NRAS) for health practitioners, all practitioners are required to hold PII. In the absence of a PII product being available for intrapartum care in a homebirth context, prior to the commencement of the national registration scheme in 2010, Health Ministers agreed to a two year exemption for privately practising midwives attending homebirths to hold PII. Essentially this was to allow time for data to be collected on the safety of homebirths and to enable a private insurer to develop an appropriate insurance product.

  
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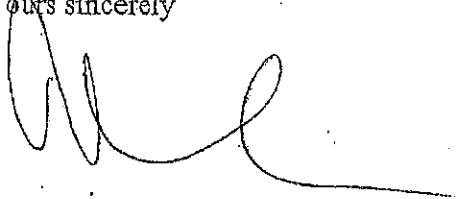
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Yours sincerely



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THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING


COPY

The Hon Kon Vatskalis MLA  
Minister for Health  
Minister for Children and Families  
Minister for Child Protection  
Minister for Primary Industry,  
Fisheries and Resources  
GPO Box 3146  
DARWIN NT 0801

Dear Minister *Kon*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

As you are aware, as part of the requirement for the National Registration and Accreditation Scheme (NRAS) for health practitioners, all practitioners are required to hold PII. In the absence of a PII product being available for intrapartum care in a homebirth context, prior to the commencement of the national registration scheme in 2010, Health Ministers agreed to a two year exemption for privately practising midwives attending homebirths to hold PII. Essentially this was to allow time for data to be collected on the safety of homebirths and to enable a private insurer to develop an appropriate insurance product.

  
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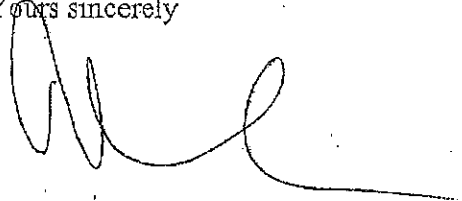
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Yours sincerely



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09 MAY 2011



THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

The Hon John Hill MP  
Minister for Health  
Minister for Mental Health and Substance Abuse  
Minister for the Southern Suburbs  
Minister Assisting the Premier in the Arts  
GPO Box 2555  
ADELAIDE SA 5001

Dear Minister

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

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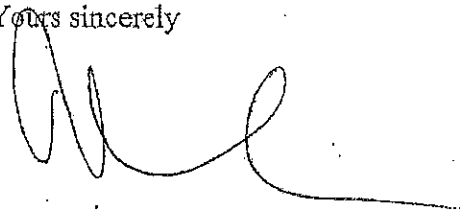
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THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

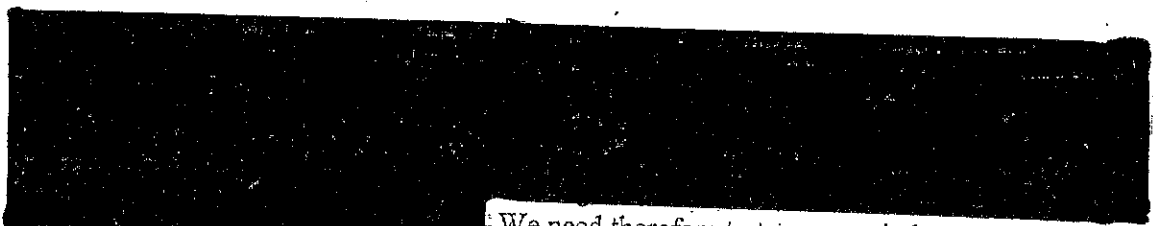
The Hon Michelle O'Byrne MP  
Minister for Health  
Minister for Tourism  
Level 10  
State Offices  
10 Murray Street  
HOBART TAS 7000

*[Handwritten initials]*

Dear Minister *Michelle*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

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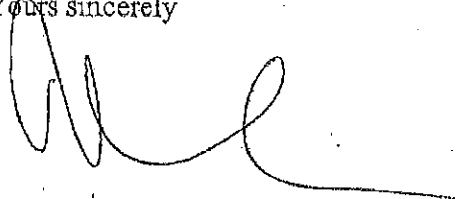
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THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

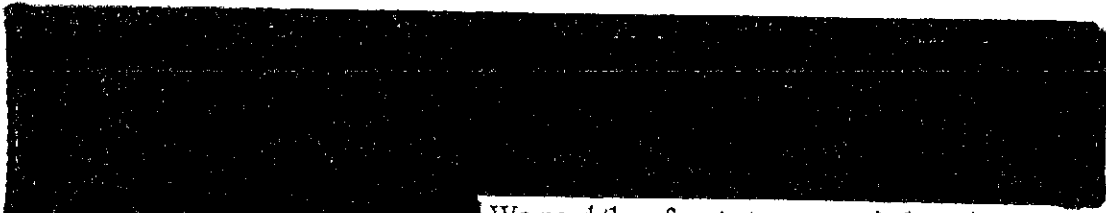
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The Hon Geoff Wilson MP  
Minister for Health  
GPO Box 48  
BRISBANE QLD 4000

Dear Minister *Geoff*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

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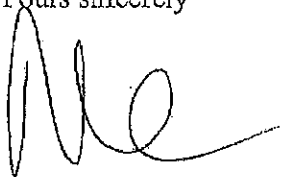
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NICOLA ROXON

09 MAY 2011



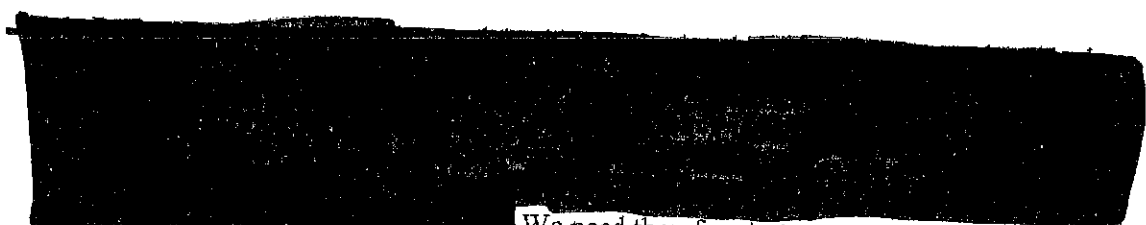
THE HON NICOLA ROXON MP  
MINISTER FOR HEALTH AND AGEING

The Hon Jillian Skinner MP  
Minister for Health  
Minister for Medical Research  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Minister *Jillian*

I am writing to request your consideration of issues relating to privately practising midwives and the exemption for professional indemnity insurance (PII) which is in effect until 30 June 2012.

As you are aware, as part of the requirement for the National Registration and Accreditation Scheme (NRAS) for health practitioners, all practitioners are required to hold PII. In the absence of a PII product being available for intrapartum care in a homebirth context, prior to the commencement of the national registration scheme in 2010, Health Ministers agreed to a two year exemption for privately practising midwives attending homebirths to hold PII. Essentially this was to allow time for data to be collected on the safety of homebirths and to enable a private insurer to develop an appropriate insurance product.



We need therefore to turn our minds to the future of the exemption, and the consequences of allowing the exemption to lapse. There is a minimum lead-in time of at least six months for process issues relating to the enactment of any changes to the current regulations under the NRAS. We will therefore need to take a decision on this matter well before the end of the calendar year and I intend to list this issue for discussion at the next Australian Health Ministers' Conference (AHMC) in June 2011. I expect that there will be heightened interest from stakeholders in this issue from September 2011 onwards when women falling pregnant will be uncertain about whether a currently registered midwife will be able to provide homebirth services after 30 June 2012.

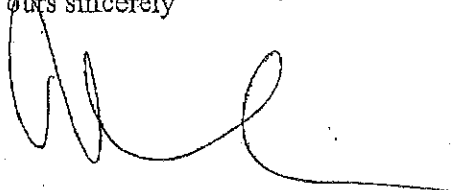
There are ramifications for all jurisdictions of the exemption lapsing. From 1 July 2012, an estimated 200 privately practising midwives who attend a planned homebirth would be unable to comply with the national registration standards endorsed by Health Ministers and their registration would lapse. There is a significant risk, therefore, that in these circumstances, private homebirths would continue with the services provided by an unregistered/unregulated workforce. That is, this workforce (who could no longer call themselves midwives) would not be compelled to comply with clinical guidelines set by the Australian College of Midwives or the Safety and Quality Framework recently endorsed by the Nursing and Midwifery Board of Australia, or to comply with state and territory reporting requirements (as they refer to midwives). This will have implications for how jurisdictions will ensure the ongoing protection of the public in terms of the safety and quality of homebirths.

The actions under the Maternity Services Plan agreed to by Health Ministers are also relevant here. While the Plan does not have a specific focus on private homebirths it nonetheless requires jurisdictions to investigate options for the provision of publicly funded homebirth care. The Plan also envisages that all Australian governments will facilitate increased access to midwifery-managed models of care for normal risk women e.g. midwifery group practice or birthing centres, while maintaining support for choice of, and access to, medically managed models of care.

As part of the discussion at the upcoming AHMC it would be worthwhile discussing conditions under which an extension of the exemption could be considered. These could include ~~greater compliance measures with the Nursing and Midwifery Board of Australia's~~ Safety and Quality Framework and commissioned work to collect national perinatal data on private home births.

I look forward to progressing these important discussions with you at our upcoming meeting.

Yours sincerely



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