

Fact sheet

August 2017

Safety and quality guidelines for privately practising midwives audit

Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The NMBA regulates the practice of midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of midwives in Australia.

Background

The *Safety and quality guidelines for privately practising midwives* (the guidelines) were published by the NMBA on 1 February 2016 and came into effect for all privately practising midwives on 1 January 2017.

Privately practising midwives (PPMs) need to meet the guidelines in order to be exempt from holding professional indemnity insurance (PII) for homebirths, under the National Law.¹

The NMBA are auditing all PPMs who provide homebirth services against the guidelines in 2017.

Who does this apply to?

This fact sheet is relevant to:

- privately practising midwives, and
- privately practising midwives who provide home birth services.

Why is there a need for an audit of the Safety and quality guidelines for privately practising midwives?

The NMBA conducts audits to ensure midwives and/or nurses are meeting their registration standards and guidelines, in the interest of public safety. The National Law at Section 284(c) (ii) requires PPMs to comply with the requirements of the guidelines to ensure public safety. The NMBA is therefore auditing the practice of PPMs involved with homebirth as required by the guidelines.

I am a midwife in private practice; how do I prepare for this audit?

The best way for you to prepare for the audit is to make sure you are familiar with the evidentiary requirements as described in Table 1 of the guidelines (pages 4 and 5).

¹ A privately practising midwife is exempt from the requirement to hold professional indemnity insurance for homebirths under section 284 of the National Law, if they meet the requirements as set by that section, which includes compliance with a code or guideline relating to the safety and quality of the practice of private midwifery as set by the NMBA. This exemption has been extended by the Australian Health Workforce Ministerial Council (AHWMC) to December 2019.

The requirements for this audit will include documentary evidence of your clinical practice, your midwifery portfolio and your business or private practice records.

I am a midwife working only in a publicly (state or territory health department) funded homebirth practice. Does this audit apply to me?

No, this audit only applies to midwives who work in private practice. The audit does apply to midwives employed and indemnified through their private group practices that provide homebirth services.

I am a midwife who provides support as a second midwife only. Do I need to undertake this audit?

If you provide services as a second midwife only and are not involved in primary care, you may receive an audit however you are not required to undertake the audit in its entirety.

When will the audit occur?

The audit will be conducted in two groups, one commencing in August 2017 and one in October 2017. You will be required to respond to AHPRA with the documented evidence within twenty eight days of receiving the audit letter via post.

How will this audit be conducted?

This audit will include all privately practising midwives who provide and support homebirth.

Each midwife will be formally advised by postal correspondence when the audit is to be conducted.

The audit form encompasses the eight evidentiary requirements as included in Table 1 of the guidelines. Copies of de-identified clinical records and practice documents (such as protocols, meeting minutes and plans) will need to be posted, delivered, or scanned and emailed to nmbasgg@ahpra.gov.au.

The audit will be individually assessed and you will then be advised of the outcome.

What if I don't understand the requirements?

If you require further clarification or support, you can contact the Midwifery Professional Officer by email at nmbasgg@ahpra.gov.au.

What if I can't locate the required evidence?

If you have problems locating or choosing documents that verify your practice, please refer to the Evidentiary Table 1 in the guidelines (pages 4 and 5).

You may not have the records or evidence relating to the specific areas of the guidelines covered within the audit (i.e. transfer of a woman to tertiary care). If you do not have the records you will be required to provide evidence that you have the necessary protocols/policies to guide your practice.

Should you require further clarification you may also contact the Midwifery Professional Officer. (nmbasgg@ahpra.gov.au).

How do I know that the clinical information I provide remains confidential?

The audit requires you to provide copies of de-identified clinical information to AHPRA. All documents collected in the audit will be identified against the midwife and securely stored by AHPRA. Please refer to the *Collection Statements on Privacy* as published by AHPRA (<https://www.ahpra.gov.au/About-AHPRA/Privacy.aspx>).

Why will I have to keep a copy of the audit and the documents I send to AHPRA for three years?

We recommend that you retain these records in case you need to use them in the future for further clarification of the audit process.

I am a midwife who works in a group practice, do we all need to provide the evidence of the protocols that we have in place to support our group practice?

If you work in a group practice and are audited, please provide clear advice to the Midwifery Professional Officer by email where the protocols that support the group practice have already been provided by a colleague who has undertaken the audit. The Midwifery Professional Officer will advise you if any further evidence is required. You will have to provide the specific de-identified copies of records specific to your individual practice.

INFORMED CONSENT

What if I don't have any de-identified consent forms completed from the beginning of January 2017?

The requirement for informed consent has been legislated since 2010. You will be required to provide evidence of the most recent copies of the consent form that you use in your private practice.

RISK ASSESSMENT

What if my assessment records do not refer to the Australian College of Midwives National midwifery guidelines for consultation and referral?

You will be required to provide documentary evidence of how you assess the women in your care against the criteria used in the Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral*². This includes documentation when changes in maternal care shift from 'discussion' (or 'A') to 'consultation' (or 'B') with another health care provider and/or 'referral' (or 'C') to a medical practitioner for secondary or tertiary care.

If you do not hold records that clearly refer to the ACM *National Midwifery Guidelines for Consultation and Referral*, you will be required to attach a detailed and signed explanation of how you do follow the ACM *National Midwifery Guidelines for Consultation and Referral*.

Your clinical records or processes (protocols/policies) must also clearly indicate how you respond and implement the required change in maternal care in line with the ACM *National Midwifery Guidelines for Consultation and Referral*.

How will I record the distance and time to travel to an appropriately staffed hospital as required by the guidelines?

The process used to assess and record distance and time to the appropriately staffed hospital must be included within your records when a homebirth is decided, for example when completing a checklist at the commencement of care, or by describing within your clinical notes that this discussion has occurred with the woman. This may also include a protocol/checklist that clearly defines this procedure/process.

CLINICAL AUDIT

What do I provide as evidence for the audit of clinical records?

Any evaluations, reviews or audits of your clinical records may include such documents as: consent forms, management plans, pregnancy records, labour and birth records, and postnatal care plans or notes. You can also include any record of changes that you have undertaken in response to these

² Australian College of Midwives *National Midwifery Guidelines for Consultation and Referral* 3rd Version, Issue 2

evaluations. These may include quality assurance records, changes to forms, or improvements undertaken in response to your audits.

COLLABORATIVE ARRANGEMENTS

How do I provide evidence of collaborative arrangements I hold with a medical practitioner, hospital or health service?

Evidence of your collaborative arrangements must include:

- written agreements or correspondence between the health service or medical practitioner, and/or
- clinical records which provide documented verification of practitioner or health service involvement.

Evidence may also include records of collaborative discussions or multi-disciplinary meetings that you have participated in or attended.

SUBMISSION OF REPORTS AND DATA

How do I provide evidence for all births that I attend as a primary midwife and perinatal data as required by my state or territory?

Each state and territory has different reporting requirements for births and related perinatal data. If your state/territory requires online reporting, you will be required to provide a statutory declaration that you comply with the reporting process to your government authorities. If your state/territory requires hard copy reports then a de-identified copy of these should be provided.

Statutory declarations are available on the Attorney-General's Department website;
<https://www.ag.gov.au/Publications/Statutory-declarations/Pages/default.aspx>

PRIVATELY PRACTISING MIDWIFE PORTFOLIO

What evidence will I be required to provide as part of my privately practising midwifery portfolio?

As outlined in the guidelines, your portfolio must include:

- evidence of your professional practice review program, which has been completed recently, and
- your annual competency in basic/advanced adult life support and neonatal resuscitation.

Your portfolio may include evidence such as:

- mentoring programs and feedback from your mentors on your practice
- personal reflection on practice events and incidents, including commentary on the development and refinement of your clinical skills in response to these incidents, and
- records of training that you have undertaken to support your private midwifery practice, such as clinical risk audits and assessments (including adverse event management), referral pathways, collaborative arrangements, and managing your personal portfolio.

What will happen following the audit?

All audits received will be individually assessed and you will then be advised of the outcome.