

5th March 2017

Alison Chandra
[REDACTED]



Dr Lynette Cusack
Chair, NMBA
GPO Box 9958
Victoria 3001

Dear Dr Cusack

I have completed my on line survey of the public consultation regarding the Codes of Conduct for nurses and midwives in Australia but was disappointed in the survey format and the limited opportunity for response both in terms of numbers of characters and questions. I am therefore sending this separate response to you to be forwarded to the collator/s of the public consultation as I could not identify anyone on the website to whom to send my comments and the capacity to send an email was blocked. I acknowledge the work that has already been done on reviewing the Codes and the work yet to be done in order to achieve documents that will serve their intended purpose.

Response to the Code of conduct for midwives in Australia

If the NMBA is trying to create a 'one size fits all' Code of Conduct it has succeeded in part although there are some definitions that need clarification or expansion and the document could be made much more concise and therefore more likely to be read and easily understood by practitioners. This document could be modified and then applied to all Health professionals since it spells out the principles according to which all practitioners from all of the 15 professions in the 14 National Boards supported by AHPRA, should practise. Individual professions could make reference to this Code of Conduct to avoid repetition and then describe the behaviour expected from members of their particular profession that makes their profession unique.

Of course it is expected a midwife would practice within the law, would practise safely and fulfill her/his professional role, promote health, not steal from clients, establish and maintain both professional **and** therapeutic relationships, promote open disclosure, teach colleagues, fulfill professional indemnity insurance, CPD and recency of practice requirements etc etc. A midwife will also recognise complexities, consult and refer appropriately and work collaboratively to provide the best care and outcomes for women and their babies. A midwife will be kind to women and enable them to be strong and confident mothers. In addition, a midwife will be kind to herself and her colleagues thus supporting and sustaining her profession.

As they stand these draft proposed Codes contain nothing specific to either the midwifery or nursing professions and to exchange midwife with nurse and think that will suffice is inexcusable. There is little indication of the research (money for which I believe the NMBA receives as part of midwives and nurses annual registration fees) that has underpinned the evidence upon which these Codes have been drafted. Neither has the *raison d'être* of either profession been expressed.

Women centred care vs Person centred care

I do not support the 'Person centred care' concept for midwifery.

Person centred care does **not** describe midwifery work.

The essence of midwifery and therefore the professional conduct or behaviour to be exhibited by a midwife is that the midwife and the WOMAN (not a person but a **woman** – inclusive of her baby/babies and all who are important to her during her maternity experience) will work together in a relationship of mutual trust and respect where information is shared and the normalcy of the physiological processes of pregnancy, birth and afterwards are recognised and protected. The individual needs, expectations and aspirations of the woman and her right to self-determination in terms of choice, control and continuity of care from caregiver/s known to her, are the focus of woman centred care.

Woman centred care is a unique and global concept that is promoted and supported by the International Confederation of Midwives and cannot possibly be replaced by use of the words 'person centred care'. Woman centred care is also the focus of the NMBA National Competency Standards for the Midwife (2006) and the ANMAC Midwife Accreditation Standards (2014) that ensures the quality of the profession and the competency of its midwives to practise safely and effectively.

Separate Codes of Conduct for Nurse and Midwives

I support separate codes of conduct for nurses and midwives.

In 2015 the Independent review of the National Registration and Accreditation Scheme for Health Professions recommended the *National Law* be amended to recognise these two professions that are regulated by their single National Board. Midwives have a unique role as do nurses and any code of conduct should reflect the unique nature of the profession to which it applies. The two professions of nursing and midwifery have distinct and different skills and different professional practice frameworks to guide their work and in doing so, protect the public.

Working in partnership with women describes the work midwives do and is a key concept for the profession, underpinning midwifery philosophy. I am concerned that the current and well expressed companion code to the NMBA's code of professional conduct and code of ethics for midwives, the midwife's guide to professional boundaries with its guiding principles for safe

professional practice in the context of and including the complexities of contemporary midwifery practice, will be replaced by the 4.1 in the proposed draft Code of conduct for midwives. The draft does not acknowledge the complexities of contemporary midwifery nor provide the clarity of the companion guide to the current Codes of ethics and professional conduct.

I do not support the single code of conduct for both nurses and midwives as set out in the proposed identical (except for the substitution of the titles 'nurse' for 'midwife') draft Codes. I would support a single Code of conduct for all health professionals to which practitioners from the individual professions could refer for those principles and values common to all which I believe is what the draft proposed Code spells out.

For midwives, the current Codes of ethics and professional conduct with the companion guide to professional boundaries along with all the professional practice framework standards and documents clearly dictate what the public can and should expect from a midwife and tells midwives what is expected of them.

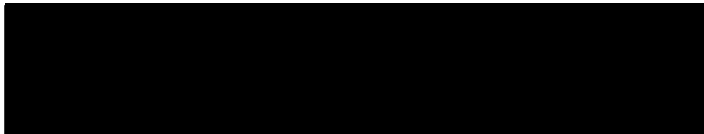
Professional relationship

I do not support the use of the term professional relationship to describe the work of midwifery or the complexities of the midwife woman partnership. The term could be used more appropriately to describe the inter-professional and collegial relationships that abound in midwifery and nursing. Effective therapeutic relationships are central to midwifery and nursing practice as a means by which a client and a healthcare professional engage with each other and effect beneficial change/outcomes in the client. (Reference *Establishing Therapeutic Relationships - Registered Nurses Association of Ontario*)

The formation of both professional and therapeutic relationships are part of midwifery work however the midwifery partnership model encompasses both these relationships and much more as first articulated in 1995 by Karen Guilliland and Sally Pairman and subsequently by Nicky Leap and Sally Pairman in 2006.

Thank you for your attention and for forwarding my comments to the appropriate person/s.

Yours sincerely

A large black rectangular box redacting the signature of Alison Chandra.

Alison Chandra RM RN