



Thursday, April 28, 2011

**Ms. Anne Copeland**

*Chair*

Nursing and Midwifery Board of Australia/AHPRA  
GPO Box 9958  
MELBOURNE Vic 3001

Dear Ms. Anne Copeland:

**Re: Nursing and Midwifery Board of Australia, Professional Indemnity Insurance Arrangements Registration Standard and Guidelines: Professional indemnity insurance for midwives.**

Thank you for providing the opportunity to provide feedback on the above

Prepared by:

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The Australian College of Midwives (ACM) is the peak professional body for Midwives in Australia, representing over 5 400 members. The ACM has been actively consulting with and advising local and federal Government committees and the regulatory authority to develop standards, codes and guidelines to inform the legal and professional practice of midwives in the provision of women centred care across the continuum of pregnancy, labour and birth, postnatally and early parenthood.

*The ACM supports the revised Standard.*

It provides a clear and defined legal and professional framework which guides midwives in relation their accountability.

*The ACM in principle supports the Guidelines: Professional Indemnity Insurance for Midwives.*

The guideline is not clear in relation to the *Run off Cover* and may be misinterpreted. Further clarification is required in relation to the following:-

- A midwife providing continuity of care, including homebirth are exempt
- A midwife providing only intrapartum care in the home are exempt (i.e. not a continuity of care model)

*The ACM supports approach 2.*

Midwives intending to practice privately are required to meet the requirements detailed in the guideline. The self-assessment criteria outlined in the discussion paper clearly defines the obligations of the midwife in relation to a thorough assessment of their individual scope, context and expertise to practice. This proposal is supported by the ACM.

The recently released Safety and Quality Framework for PPM not only provides robust governance around Private Midwifery Practice. But also provides a legal and professional framework to guide and inform PPM practice.

Furthermore, midwives seeking the eligibility endorsement to their registration are required to undertake a rigorous process based on a robust governance framework in order to obtain the endorsement.

*The ACM does not support approach 1 in relation to quantum of cover.*

Minimum insurance cover should be based on actual evidence of the claims history of midwives. Prior to the withdrawal of insurance for Privately Practicing Midwives (PPM) in 2001, no claims had been made. It remains unclear the justification as to why insurance was withdrawn, based on this. There is no history of claims being made in the time from when insurance was withdrawn until 2010, when limited insurance became available.



The Board has not provided any evidence for determining the amount of insurance required and on what basis, therefore this approach cannot be supported. Only when a claims history is established can a formula be applied to determine a minimum level of cover. The claims history of obstetricians or other medical practitioners should not be used to determine a quantum cover for midwives – as the scope of practice and inherent risk is very different.

Adequate and appropriate insurance ensures that midwives can meet claims reasonably anticipated that arise from their work. Adequate and appropriate insurance also needs to fit for purpose and readily available. Currently there are only two insurance providers, neither of which provides cover for home birth. Stipulating a quantum of cover that is not reasonably available could effectively restrict trade.

The ACM welcomes the opportunity to provide feedback and hopes to continue to provide input into guidelines and standards for midwifery practice.

Tracy Martin  
President ACM