



Australian College of Nursing

Voice of influence

Nursing and Midwifery Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

nmbafeedback@ahpra.gov.au

To whom it may concern:

Re: Draft revised *Safety and quality framework for midwives*

Australian College of Nursing (ACN) is pleased to provide feedback on the Nursing and Midwifery Board of Australia's (the Board) proposed Draft revised *Safety and quality framework for midwives*.

As a key national organisation ACN represents many nurses who are also midwives and work in midwifery. ACN welcomes that in the future the midwifery practice of privately practicing midwives and midwives employed by health services will be supported by the same *Safety and quality framework for midwives*.

ACN's responses to the Board's questions posed in the consultation paper are attached to this letter.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely

A handwritten signature in black ink that reads "Debra Thoms".

Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

20 June 2014



SUBMISSION DATE: 23/06/2014

Submission on the Draft revised Safety and quality framework for midwives

Australian College of Nursing (ACN) is pleased to provide feedback on the Nursing and Midwifery Board of Australia's (NMBA) Draft revised *Safety and quality framework for midwives* (SQF). ACN welcomes that the midwifery practice of privately practicing midwives (PPMs) and midwives employed by health services will be supported by the same SQF.

General comments

The Draft revised *Safety and quality framework* combines a large number of documents which effectively cover all aspects of safe, quality and woman-centred midwifery practice. However, ACN is concerned that the draft revised SQF may not provide midwives with the clear guidance required to practice with safety and quality because of structural issues in the framework.

The Draft revised SQF is constituted of 18 elements that are selected and relevant:

- Codes and guidelines of the National Board;
- Registration standards of the National Board;
- Sections of law, authorisations and formularies under National Law;
- Sections of Commonwealth and State laws;
- Guidelines by the Australian College of Midwives; and
- Principles of clinical risk management.

In this current structure practicing midwives may find the draft revised SQF difficult to access electronically. ACN experienced some difficulty in locating all 18 elements for the purpose of this consultation. Practicing midwives may not have the time to search for the specific element(s) relevant to their practice concern(s).

Further, ACN believes that the draft revised SQF would benefit from the provision of a structure which crafts the framework's 18 loosely connected elements into a more coherent document. Grouping conceptually compatible elements together would be one step towards this aim. Grouping could be undertaken under headings such as: Codes and guidelines; Registration standards; and Other legislation. The inclusion of an overarching narrative that meaningfully connects the elements and guides readers' comprehension would provide further structure. ACN believes that midwives would find a SQF structured in this way easier to access, read and interpret for their professional guidance.

In the following submission ACN responds to statements and questions included in the NMBA consultation document. The headings correspond to the NMBA's statements for consultation and the questions are presented in italics.

ACN response to: The proposed *Safety and quality framework for midwives* replaces the existing document *Safety and quality framework for privately practising midwives attending homebirths* to include all midwives regardless of place of practice.

Is it appropriate that the revised SQF incorporates all midwives rather than focus on privately practising midwives attending homebirths?

ACN is of the view that midwives should practice to the same high standard of care regardless of whether they attend a birth in a woman's home or an institutional care setting. Therefore ACN supports that the existing *Safety and quality framework for privately practising midwives attending homebirths* be replaced by the proposed *Safety and quality framework for midwives* to include all midwives regardless of place of practice.

Does any content need to be changed, deleted or added in the revised SQF?

Element 9 *Annual statement* 'Important elements of the annual declaration' on page 9 includes a numbered list. On this list item number 3 'Professional indemnity insurance (PII) arrangements' and item number 4 'PII arrangements' appear to be identical. If they are identical one dot point should be deleted. If they are not identical then they require further description to denote the difference between items number 3 and 4.

Element 17 on page 11 states: 'Read about immediate action in *Core principles of the framework* in this framework'. Information on the NMBA's powers under National Law to take immediate action against midwives who fail to comply with the SQF is discussed under the heading: *Core elements of the framework*. The NMBA may need to check the consistency of the headings used.

Element 18 *Clinical risk management* describes the aims of notifying and reporting incidents, adverse events and sentinel events in accordance with state and territory requirements. In ACN's view the content for element 18 could be expanded to include information on processes commonly employed by health services to undertake such reviews, such as clinical governance processes. Further, element 18 should provide information on how and to whom PPMs report incidents, adverse events and sentinel events and on the processes available to them for the rigorous, multidisciplinary review of such events. Most other elements have links to descriptive documents which explain the contribution the element makes to the safety and quality of midwifery practice. Element 18 would benefit equally from illumination through a supporting document.

ACN response to: Revised requirements for professional indemnity insurance (PII) exemption (Table 1)

Do you believe that any content needs to be changed, deleted or added to the table? Do you find Table 1 outlining the legislative and policy requirements for PII exemption helpful, clear and relevant?

The content in Table 1 clearly identifies the requirements for PPMs claiming exemption for PII under S.284. However, in the column *Evidence* in the cell for *Informed consent* the point 2 'any other information required by the Board' would benefit from the inclusion of one or two examples (possibly as footnotes) that illustrate the type of information that may be requested by the Board.

Do you have any other comments on the revised table outlining the requirements for PII exemption?

The *Evidence* column in Table 1 includes the following two SQF elements: *National midwifery guidelines for consultation and referral* and *National guidance on collaborative maternity care*. Including a reference as to the documents' SQF element number may make sourcing the actual document easier.

Overall, the SQF's section dealing with evidentiary requirements could be strengthened by including an appendix which provides a sample set of required evidentiary documentation. Such a set could provide guidance as to the type

of evidence the NMBA requires as well as the breadth and depth of the content expected in supporting documentation. For example, Table 1 requires PPMs claiming PII exemption under S.284 to provide evidence as to how their practice complies with the elements of the SQF as well as comprehensive clinical notes for the clinical audit. Sample documentation may be the best way to demonstrate to PPMs the NMBA's requirements.

Feedback on: Evidentiary requirements of midwives claiming Section 284 of the National Law (Table 2)

Are the evidentiary requirements for annual audit clear and easy to understand? Do you have any other comments on the revised table outlining the requirements of PPM's?

The information contained in Table 2 is clear and relevant. Again, ACN believes that the inclusion of a sample set of evidentiary documentation in an appendix would be helpful in illustrating PII documentation requirements to midwives.

ACN believes that shading columns in Table 2 as demonstrated in the sample table below would alert the reader to the vertical integration of the information presented.

Feedback on: Policy and legislative requirements of the SQF (Table 3)

Is Table 3 outlining the policy and legislative requirements of the SQF helpful, clear and relevant? Does any content need to be changed, deleted or added to the table? Does Table 3 add any value to the SQF? Do you have any other comments on the revised table outlining the requirements of PPMs?

Table 3 on page 12 would benefit from a preamble that identifies that not all content in Table 3 is an SQF element and explains how content that is not part of the SQF articulates with the 18 elements. Further, the preamble could outline the difference between the policy and legislative requirements for midwives. Legislative requirements are mandatory and cannot be ignored or forgotten while in this regulatory context most if not all policy is underpinned by legislation but has the purpose to guide midwives' decisions. Once the difference in the mandatory nature of legislation versus the legally underpinned but guiding principle nature of policy is made clear to midwives, Table 3 will add value to the SQF.

The legislative column in Table 3 contains the following legislation which is not part of the 18 SQF elements: *The Health Insurance Amendment Regulations 2010 (No.1)*. The SQF should spell out how this regulation articulates with its 18 elements.

Other observations

- On page 3 of the SQF in the heading 'Core elements of the framework' the word 'core' indicates that the framework has other, less central elements. However, the SQF does not list any non-core elements.
- The titles of all codes, guidelines and standards and legislation included in the text should be written in full and the titles italicized in their entirety.
- Content applying to PPMs only should be clearly marked as such.