RACGP

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30 June 2014

Ms Alyson Smith
Executive Officer
Nursing and Midwifery Board of Australia
Australian Health Practitioner Regulation Agency
GPO Box 9958
MELBOURNE VIC 3001

nmbafeedback@ahpra.gov.au

Dear Ms Smith

Re: Draft revised safety and quality framework for midwives

The Royal Australian College of General Practitioners (RACGP) thanks the Nursing and Midwifery Board of Australia (NMBA) for the opportunity to provide comment on the proposed Safety and Quality Framework (SQF) for Midwives.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting and maintaining the curriculum and standards for education, training, quality general practice and for supporting GPs in their pursuit of clinical excellence and community service.

The RACGP recognises and values the role of midwives in maternity service provision. However, the proposed SQF does not appear to represent an optimal quality and safety framework.

That is, the underpinning policy directives, comprised within the SQF, appear to:

- excise pregnancy from a holistic medical model of healthcare – siloed care
- provide inadequate risk management
- include homebirth without adequate safeguards.

<u>Siloed care</u>

The key components of the proposed Framework that appear to excise pregnancy from a holistic medical model of care (hence undermine the quality and safety of service provision) include the:

- permitted scope of practice
- decision making framework
- collaborative arrangements determination
- consultation and referral guidelines
- registration standard for endorsement for prescribing rights
- professional indemnity insurance exemptions – for homebirth.

These policy directives were developed with inadequate medical input and prioritise independent midwifery practice, without facilitating medical attendance to mothers' and babies' broader healthcare needs.

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This siloed service model is therefore at odds with general practice (which is the provision of person - centred, continuing, comprehensive and coordinated whole person healthcare) and undermines the attainment of optimal quality and safety standards of care.

Risk management

Despite the stated *'primary purpose of the SQF being to protect the public*' (*page 3*) the proposed SQF does not include reference to a *pre-emptive* / *real-time* clinical risk management framework.

That is:

- Item number 18 *Clinical risk management* (*page 11*) which applies to all midwives, only refers to reporting of adverse events in accordance with state and territory legislation
- the regulatory requirements for midwives claiming exemption for PII Under S284, for the provision of homebirth, under the National Law (*Table 1, page 6*) – only requires reflective clinical audit, retrospective peer review and data reporting.

This is 'too little, too late' – increasing the risk of maternal and foetal distress, injury or death.

Risk management needs to be an integral part of the midwives' service delivery model. At a minimum, this should include:

- appropriate supervision arrangements
- assignment of clear roles, responsibilities and accountabilities
- compliance with clinical standards
- obtaining informed consent – including full disclosure of the risks
- patient risk profile analysis
- use of patient exclusion criteria
- clinical audit / performance monitoring
- peer and inter-professional review
- adverse event reporting
- processes for patient feedback and complaint escalation.

This would apply to all midwives. Additional risk management measures should be required of midwives attending homebirths as discussed below.

Homebirth

The excision of pregnancy from a holistic medical model of healthcare and the absence of an obvious risk management framework, is particularly problematic in the case of homebirths.

Homebirths:

- are not as safe as clinical alternatives
- are furthest removed from emergency support services
- are not covered by professional indemnity insurance (PII) – which signals the high level of uncertainty and risk involved.

Hence, the RACGP feels it is inappropriate to apply the proposed QSF to homebirth, without additional risk management measures, to those listed above for all midwives. For homebirths the proposed SQF should additionally include:

- an agreed escalation process
- tentative hospital booking
- hospital access rights
- a reliable rapid transfer plan.

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Comprehensive, coordinated, ongoing care

Regardless of the setting in which a birth takes place, only an integrated and collaborative approach to maternity care would allow for safety and quality optimisation.

This would involve a team based, collaborative model of care, whereby, midwives, GPs and obstetricians, work together to continuously monitor mothers' and babies' health status and the risks associated with each individual pregnancy.

Accordingly, all collaborating healthcare professionals should have:

- clearly defined and complementary roles and responsibilities
- strict risk assessment and patient exclusion criteria
- access to a shared patient record
- an agreed care plan
- agreed consultation and referral guidelines
- a robust risk management strategy
- performance monitoring requirements.

Under such a model medical practitioners would be ultimately responsible for monitoring the mother's and baby's health and for supervising their overall healthcare. This enables the healthcare team to achieve the best possible quality and safety standards – particularly if/where health complications, or life threatening emergencies arise.

If you have any questions regarding these matters please contact Mr Roald Versteeg, Manager – Policy & Practice Support on (03) 8699 0408 or at roald.versteeg@racgp.org.au

Yours sincerely

Liz Marles

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