Submission by Teresa Garnons-Williams Registered Midwife in relation to the Australian Health Ministers’ Advisory Council’s Review of the National Registration and Accreditation Scheme for Health Professionals

Background

I have been a Registered Nurse and Midwife in Australia for 25 years, since arriving here from Canada in 1989. In order to practice my profession safely, my Nursing and Midwifery credentials from Canada and the UK were assessed and found appropriate for registration in Australia. Since that time, I have worked continuously to support consumers within a variety of models of care in urban, rural and remote Australia and support to the Nurses and Midwives who care for them. I have been able to do this in my practice and through my association with various consumer and professional organisations.

My professional aim as a Nurse and Midwife include the following:

- support the rights of consumers to choose how, where and with whom they receive safe care;
- increase public awareness and acceptance of the various models of health care available to them;
- provide information to health care consumers regarding health care resources in their community;
- provide information, support and networking to service providers; and
- attend to issues of professional development by attending State, National and International conferences that cover my scope of practice; by association memberships in Nursing and Midwifery organisations;

In this review of the National Registration and Accreditation Scheme for Health Professionals, a key issue of concern is the regulation of Midwives.

Currently, the board responsible for the regulation of Midwives is the Nursing and Midwifery Board of Australia (NMBA). This board is the largest of the fourteen national health practitioner boards and is responsible not only for the regulation of Nurses (who make up the majority of their numbers), but of Midwives as well. Within
this board and even within our society, there is a limited understanding of the role of
the Midwife and often, Midwifery is viewed as an extension of Nursing. However, it is
important to note that the role of a Midwife differs significantly to that of a Nurse in
that they provide care that is perceived Internationally and Nationally as health
promotional rather than illness based and are also able to practice their profession
autonomously. These factors alone can result in the Midwifery profession being
overlooked or regulated inappropriately.

At one time in Australia, a nursing qualification was a requirement for entry into
midwifery training and I am one of those that fall into this category. As such, I am
professionally obligated to meet the requirements of two professional bodies even
though they are seen as one here in Australia. A Nursing qualification is no longer
necessary and with the hard work of professional Midwives, Midwifery is now
considered a distinct and separate profession to Nursing. As a result, there are
currently many Midwives practising in Australia who have no Nursing background
and it is time regulatory processes were updated to reflect this change.

Inadequate representation within the NMBA of board members with knowledge and
experience with the various models and roles that a Midwife works is also of
concern. At the present time, there is a noticeable lack of Midwifery representation
on the NMBA and midwifery practised outside a hospital setting is not represented at
all. It is noteworthy that even though there are currently four individuals with
Midwifery qualifications on the NMBA, there is no specific requirement outlining
recent experience as a practising midwife. Furthermore and of particular interest,
there is a lack of contemporary midwifery practice models being represented,
including Midwives that are currently employed in continuity of Midwifery care, team
Midwifery, Independent private practice Midwifery and Medicare eligible Midwifery –
all models of care that embrace the full scope of practice, and specifically care for
families within the community and home setting. Nor does it develop policies that
improve access to health services or support workforce innovation.

The current makeup of the NMBA does not provide the capacity for judgements to be
made about contemporary midwifery practice in a manner that assures protection of
the profession and the public. The NMBA’s lack of currently practising midwives or
consumers with recent maternity experience will impact on its ability to safely judge the practice of midwives. There is no requirement for the NMBA to ensure that community members have an understanding of the midwifery role, including the full scope of midwifery practice and its focus on wellness and public health.

I believe that the solution to these issues lies in the development of a separate Midwifery Board, separate to that of nursing. If a separate Midwifery Board were to be established, it would be the 4th largest of the Heath Practitioner Boards providing an adequate workload and good economic sense.

A Midwifery Board would be far better placed to address issues that are unique to the midwifery profession and to members of the public being cared for by Midwives. In the instance of a complaint being made about a Midwife, a separate Midwifery Board would ensure that the Midwife was being reviewed by peers rather than individuals with no understanding of the role nor recent midwifery experience. It can be especially problematic when the Midwife is in private practise and is being reviewed by board members with no background, experience or understanding of the complexities confronting private midwifery care in today’s society.

Conclusion
I write this submission with the sincere intent to support the work of the Government in improving the delivery of quality healthcare services to the Australian people and will continue to assist where I can. Thank you for the opportunity to provide feedback during this review process.