The Secretary
Australian Health Ministers Advisory Council
PO Box 344
Rundle Mall SA 5000

By email: nras.review@health.vic.gov.au

10th October 2014

Dear Secretary,

Please find attached submission from Homebirth Australia to the Australian Health Ministers’ Advisory Council’s Review of the National Registration and Accreditation Scheme for Health Professionals. We welcome the opportunity to provide comment.

Yours sincerely,

Rachele Meredith
Homebirth Australia Committee
Submission by Homebirth Australia in relation to the Australian Health Ministers’ Advisory Council’s Review of the National Registration and Accreditation Scheme for Health Professionals

Background
Homebirth Australia is the peak national body for homebirth in Australia. For over thirty years, Homebirth Australia has worked to support consumers who choose homebirth as well as the midwives who care for them. The organisation is run by volunteers, including both consumers and midwives.

Homebirth Australia aims to:

• support the rights of homebirth parents to choose how, where and with whom they give birth;
• increase public awareness and acceptance of homebirth;
• provide communication and support to members of Homebirth Australia;
• provide information to parents planning homebirth;
• provide information, support and networking to service providers; and
• convene an annual national conference.

This Review
In this review of the National Registration and Accreditation Scheme for Health Professionals, a key issue of concern to Homebirth Australia is the regulation of midwives, as they are the registered health professionals most commonly providing care at homebirths. 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 for the regulation of nurses as well as midwives.

Midwives and the NMBA
The role of a midwife differs significantly to that of a nurse. There is a limited understanding of the role of the midwife in Australia and midwives are often placed under the same banner as nursing without acknowledgement of the definite distinction between the two disciplines. This can result in the midwifery profession being overlooked as the larger nursing profession can dominate. One example of
this happening recently was when Health Workforce Australia, the former agency assigned the role of addressing complex health workforce issues, completely overlooked any effective workforce planning for midwives, focussing instead on the larger nursing workforce.

At one time in Australia, a nursing qualification was a requirement for entry into midwifery training; this is no longer the case. Midwifery is now considered a distinct and separate profession to nursing. There are currently many midwives practising in Australia who have no nursing background and have taken the “direct entry” route into midwifery. It is time regulatory processes updated to reflect this change.

Currently, there is a noticeable lack of midwifery representation on the NMBA, in particular midwifery practised outside a hospital setting. While there are currently four individuals on the NMBA with midwifery qualifications there is no specification or requirement that these qualifications involve recent experience as a practising midwife. Of particular interest to Homebirth Australia, there appears to be a lack of perspective of contemporary midwifery practice that includes continuity of midwifery care across the full scope of practice, specifically in the home setting.

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 public, improves access to health services, and supports workforce innovation. Homebirth Australia is concerned that the NMBA’s lack of currently practising midwives or consumers with recent maternity experience could 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.

A Separate Midwifery Board
Homebirth Australia believes that the solution to some of these issues is the formation of a 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.

It is the business of the health practitioner boards to protect the public, and one of the ways this is done is to process complaints made against practitioners. In the instance of a complaint being made about a midwife, a separate Midwifery Board would ensure that the midwife was being judged by her peers rather than individuals with neither understanding of the role of the midwife nor recent midwifery experience. It can be especially problematic when the midwife is a privately practising homebirth midwife whose practice is being assessed by board members with no background or experience in, or understanding of, private homebirth midwifery. In the interest of safety it is important that those given the role of regulating midwives have a good understanding of current midwifery practice in all settings.

**Conclusion**

We support the work of the Government to improve the delivery of safe healthcare services and will continue to assist where we can. We thank you for the opportunity to provide feedback during this review process and look forward to further consultation.