To whom it may concern,

I am writing in response to the invitation for submissions to the Review of the National Registration and Accreditation Scheme.

I am aware that the Australian College of Midwives (of which I am a member of) is advocating for the formation of a separate Midwifery Board, rather than a combine Nurses and Midwives Board and I am in support of this proposal. I would like to see a separate board formed to oversee the specialized and specific concerns of the midwifery profession.

I am a Private Midwife practicing in NSW and also a PhD Candidate of the University of Western Sydney with a focus on birthing ‘outside the system’. I have been a practicing midwife for approximately 5 years and in that time have seen huge changes in the legislation and regulation of midwifery practice. It is obvious to me that with the rapid changes to insurance, regulation and the acquisition of Medicare eligibility and prescribing rights for private midwives that a specialist board who can oversee the profession of midwifery is needed.

I believe that this board should include midwives who are acutely aware of the dramatic changes within the profession and who exhibit currency of practice throughout the scope of midwifery care, including private practice and continuity of care models. I believe that midwives are the people who should be judging other midwives and not members of another profession.

At present (with a combine board) there is a:

- Lack of contemporary practising midwives or consumers with recent maternity experience on the NMBA who can safely judge the practice of midwives in this rapidly changing professional climate.
- Lack of equity on the NMBA in relation to nursing and midwifery representation
- Lack of understanding about the differences between nursing and midwifery from the NMBA and therefore an unsafe blurring of boundaries exists in legislation, regulation and consultation
- Limited understanding of the role of the midwife in Australia and therefore an inability to facilitate innovative health services or workforce deployment
- Lack of visibility of midwifery within the NMBA filters down to all other agencies, for example, the former Health Workforce Australia omitted any effective midwifery workforce planning as midwifery was swamped by the size of nursing.

The ACM believes that a Midwifery Board would have 35,000 registrants, which would be the 4th largest Board and would constitute an adequate workload given the complexities of midwifery practice (eg. the challenges associated with effectively addressing homebirth, Eligible midwives, privately practising midwives). Given the large number of midwives, it seems appropriate to have a board exclusively developed to address the needs of this large and vastly different workforce.
There are notionally four individuals on the board with midwifery qualifications (although only one place necessitates a midwifery qualification). However current legislation does not require members of the Board to have any currency in midwifery practice, especially contemporary practice that includes midwifery continuity of care across the full scope of practice. Thus the current structure does not provide a capacity for the Board to make judgements about contemporary midwifery practice in a manner that assures protection of the public, improve access to health services and support workforce innovation.

There is no legislation that mandates that community members have an understanding of midwifery care or the unique role of midwives including continuity of care and enhancing public health and this is especially concerning to me given the rapidly changing midwifery profession.

I also believe that midwifery, in practice and philosophy, is very much separate from Nursing. Midwifery focuses on a wellness model where we are providing care to healthy members of the community and requires a different skill set to that of nursing. This difference has been more recently recognised by educational institutions who now offer midwifery as a separate Bachelor rather than a combined degree with nursing. I believe a new board focusing solely on midwifery would help to continue the identification of midwifery as a separate profession to nursing and help to address its increasingly differing needs.

To reiterate my point. I would like to see midwifery governed by a separate midwifery board, rather than a combined board of Nurses and Midwives. I believe a move to sepeate board is in the best interest of the safety of the public and practicing midwives as midwifery practice can be judged by peers who can effectively assess the safety and efficacy of midwifery practice.

Kind regards,

Melanie Jackson

www.ellamaycentre.com