Review of the National Registration and Accreditation scheme for health professions

Submission from
Maternity Choices Australia

Friday 10 October 2014

Maternity Choices Australia, formally Maternity Coalition (MC), is a national consumer advocacy organisation committed to the advancement of best-practice maternity care for all Australian women and their families. We bring together groups and individuals for effective lobbying, information sharing, networking and support.

Nationalising the registration and accreditation of Australia’s health practitioners has many benefits for both our community, health consumers and our health practitioners. It’s a huge job and we’re pleased that this review is taking place to see how it’s travelling. Is with anything this major, there is still need for fine tuning to take place; but the major disruption has been worth it to improve the safety for health consumers (patients). We are generally supportive of the changes.

As a maternity consumer group, our membership is focused on the needs of women and their families while on their childbirth journey. We advocate for consumers to be involved in decisions not only about their own health care but also to be involved in the decisions and policies in our healthcare system. Maternity Choices Australia promotes and facilitates the participation of consumers at all levels of policy planning and decision making in the delivery of maternity services.

Recommendation 1: Real, sustainable and on-going partnerships with consumers through consumer representation and engagement.

We support strong, visible and effective consumer engagement with all facets of the health system, including national registration and accreditation (7th principle of our organisation’s purpose).

We would like to see consumers much more involved in the decisions, policy and vision-setting of all elements of NRAS.

What’s the vision? What is the future way of providing healthcare? Who is involved in this conversation? Where is the profession heading? The NRAS needs to be ahead of the game.
and leading these conversations. Consumer engagement (and broad stakeholder engagement) is integral to this process.

Public safety and protection (or patient safety) is the key to NRAS. This is best achieved by working in partnership with consumers and consumer organisations such as Maternity Choices Australia and key national and state-based consumer advocacy groups including Consumers Health Forum and Health Consumers Queensland. These types of organisations have expertise, knowledge and ideas about how to make our health care system work better for the people it cares for as well as issues that impact on our healthcare system including registration and accreditation.

We recommend that consumers and consumer organisations are visible in the report prepared by the reviewer; that their views have been considered and that clear recommendations are made to ensure that the principle of real, sustainable and on-going consumer engagement/partnership is key part of doing NRAS business.

We'd like to see real engagement with stakeholders; between the regulators and the outside world including consumer organisations. Often, consultation is out-sourced so long-term relationships between key staff involved, for example, with NMBA are not able to build, maintain and grow with key consumers and consumer organisations such as Maternity Choices Australia. Over time, shared understandings can be established, a shared vision can be created but only if consumers are included in all levels of policy planning and decision making.

Maternity consumers have a clear idea of the type of evidence-based, woman-centred care they’d like to access and receive and would like to work with all parts of NRAS, including the appropriate regulators, to ensure that any challenges or blocks can be overcome and that regulation is not something that holds back innovative workforce solutions and ways of better providing care to women and their families.

We want to be a part of determining our future needs, and working out clear strategies to get us there.

Currently we're hampered by a number of factors:

1. Consumer partnership not clearly understood, valued or facilitated.
2. NMBA being a mix of nurses and midwives and often issues affecting midwifery are being made by nurses who have no contemporary knowledge of midwifery today or for the future.

**Recommendation 2: Maternity Choices Australia would like to see the regulation of midwives being done by and for midwives and consumers working together.**

The Australian College of Midwives, we believe, is recommending a separate national board for midwives. We support their reasons for this, but are not tied to the only solution being a separate national board, but certainly the clear identification of the two separate professions and ensuring that midwives are responsible for making decisions about midwifery and nurses making decisions about nursing.

- Lack of contemporary practising midwives or consumers with recent maternity experience on the NMBA who can safely judge the practice of midwives.
• 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.

• A Midwifery Board would have 35,000 registrants which would be the fourth 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 and implementing more cost effective, economical and evidence based models of care in rural Australia and for Aboriginal and Torres Strait Islander women to help “Close the gap.”).

• Issues associated with midwives and midwifery including private practice midwifery and eligible midwives, would receive attention from individuals who are appropriately qualified and experienced.

• Protection of the public is increased through the nimbleness of a midwifery focussed Board thus improving responsiveness to emerging issues associated with rapid escalation.

• Community representatives who are aware of the relevant issues for childbearing women and families are recruited to the Board thereby ensuring accurate assessment of practice-related issues for midwives.

• Cost effectiveness is achieved by appropriate regulation and protection of the public.

• Data collection about practising midwives is improved, which will improve workforce planning.

The issue of midwifery invisibility in the legislation, and its consequences, would cease.

The regulation and accreditation processes around maternity care (both midwifery and medical) needs to support new innovative models of care that are truly woman-centred and evidence-based.

Maternity Choices Australia responses to some of the questions posed by the reviewer:

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?
Yes, we are broadly supportive of this. The independent reporting should extend beyond the Ministers of Health and should also be accountable to the health professions and the community.

The membership of the Council needs to be independent, and focused on the needs of consumers and health professionals. As such, we’d like to see a number of members come from consumer health advocacy groups with knowledge, understanding and expertise in health from the perspective of the consumers of the service.

Maternity Choices Australia would like to see as part of accountability some good analysis of complaints/notifications done, collecting the data from all states and territories even those with their own complaints system like QLD and NSW. The analysis can then be used to provide feedback to the relevant health practitioner professional body and the universities providing the education to the health professionals e.g. midwifery to ensure a feedback loop is present and to help with continual improvement of our healthcare system. This isn’t being done at the moment and it’s a lost opportunity.

2. Should the Australian Health Workforce Advisory Council be the vehicle through which any unresolved cross-professional issues are addressed?

It is clear to Maternity Choices Australia that there needs to an independent body that addresses cross-professional issues but we don’t know whether the best vehicle is the Health Workforce Advisory Council or some other vehicle.

But we do believe that whatever body addresses these important issues should:

- Include a number (not just one) expert health consumer advocates on the Council to ensure that decisions are based on the needs of health consumers and the health care system, rather than meeting only the needs of health practitioners.
- Decisions need to be consumer-centred and evidence-based.
- Body can compel AHPRA and the health practitioner boards to implement its recommendations and strategies.
- Has a clear goal to provide oversight and address systemic issues that Governments and Health Ministers may be reluctant to tackle themselves because of the political repercussions. E.g. the national maternity reforms from 2010 have been difficult to implement and much of this can be attributed to the lack of support of doctors to these reforms (especially the reforms around midwifery services). Governments have been reluctant to ‘tell’ doctors that they must establish collaborative arrangements with midwives and so the benefits of the reform have been mostly lost to the women and families that would’ve benefited most. This is not in the interests of the consumers of the services, or our community, and yet there is currently no effective vehicle that is responsible to address these systemic, oversight issues.

10 Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

It is too early to tell if Queensland’s new system is going to effectively and efficiently address the problems that were inherent in the national complaints system.
However, Maternity Choices Australia does feel strongly that co-regulation is not the direction we should be going – we should be trying to maintain a nationally consistent approach to as much of the registration and accreditation business as we can. Co-regulation would make it difficult to ensure that consumers would feel the same level of safety and satisfaction with the complaints process from one jurisdiction to another.

It also makes it that much more complicated to try to get a national picture of how the Scheme is being run, what lessons can be learned from the analysis of national data, and to on-going continual improvement to NRAS as well as our health care system as a whole.

11 Should there be a single entry point for complaints and notifications in each State and Territory?

Yes. But there should also be ‘no wrong door.’

12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Yes! Of course.

14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

Yes. As long as it doesn’t mean that it’s an either/or scenario. That the practitioner can still be disciplined by the Board, if appropriate, as well as using the alternative dispute resolution to help satisfy the needs of the notifier.

15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

Depends. Maybe some findings should never be removed e.g. if it is concerning sexual assault.

17 How should the National Scheme respond to differences in States and Territories to protected practices?

An independent, overarching group should be established who has oversight of this. They can advise all states/territories of change(s), the rationale for the change and recommend whether or not it should be nationally consistent.

**Workforce reform and access**

This area is important to Maternity Choices Australia as we actively advocate for a broader range of maternity models of care to be available to more Australian women and their families.
and this requires strong workforce reform and leadership at all levels – including with National Boards, professional organisations, governments, public and private health services and with consumer organisations.

- A strong, robust conversation with consumers about the type of care and carers they need has to take place.
- Currently, we see little evidence in the NMBA taking on leadership in driving innovation and practice. In midwifery, the insurance exemption for providing birth care at home will expire in mid-2015 and the contract for the government-subsidised professional indemnity insurance also expires at the same time and yet, MCA – the peak maternity consumer group – has not heard of any leadership the NMBA has taken on these issues. It has the potential to severely impact on the options available to women beyond July 2015 and could potentially result in women seeking care from unregistered care providers. Surely our regulators, whose key goal should be to protect the public, should be working vigorously on this issue and in partnership with consumers?
- This problem is further exacerbated by the lack of distinction between the two professions of nursing and midwifery; and potentially nurses who do not understand the issues making decision (or not making decisions) that need to be made.
- We’d like to see midwives and consumers together creating shared goals, strategies and decisions to help drive innovation and practice and to ensure the workforce of tomorrow is able to deliver the type of care maternity consumers are demanding today.
- This could be done by ensuring NMBA clearly identifies they are serving the needs of two discrete professions and sets up sub-committees to ensure midwives are working on midwifery issues and nurses are working on nursing issues; or by setting up a national board of midwives.
- Accreditation bodies need to be aware of the two discrete professions of nursing and midwifery as well, and look at how midwives and Aboriginal Health Workers may work together in the future more effectively to provide quality, localized maternity care for Aboriginal and Torres Strait Islander women and their families.
- Great benefits for Aboriginal and Torres Strait Islander women and their families could result in synergies between midwifery and Aboriginal Health Workers receiving some similar training to better meet the cultural, emotional and physical needs of Indigenous women during their childbearing years.

21 Should a reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

Again, we don’t know if AHWAC is the best vehicle or if another independent, consumer-focused, evidence-based group should look at these issues as well as identify systemic issues that need to be addressed. But this role does need to be filled and an independent body of some kind needs to be responsible for it.

23 What relationship, if any, is required between regulators and education institutions to ensure minimum qualification for entry to professions remains available?

Clearly, there needs to be some kind of formal relationship between the two, not just to ensure minimum qualifications for entry but also to have two-way conversations about reasons for common complaints/notifications and ways in which educational institutions can address these to ensure future practitioners learn from previous mistakes/shortfalls.
Governance and accountability of the scheme

As a consumer organization, good clear, transparent, governance and accountability are crucial to us.

25 Should the appointment of Chairperson of a National Board be on the basis of merit?

The current National Law prevents community members from being appointed as the chair of a National Board. Maternity Choices Australia welcomes the idea of a community member being appointed to the position of Chair based on merit. We believe there is precedent of this happening already, with a Nurse being the Chair of the Medical Board in Queensland.

We would also strongly recommend that appointments based on merit be made if a reconstituted Australian Health Workforce Council is established, and would like to see some positive discrimination that would enable an expert health consumer advocate to be appointed Chair. This sends a clear message that the Council is independent and actively working towards building a health system that meets the needs of the users, rather than only looking after the needs of the health practitioners who service it. For too long there has been an imbalance in our healthcare where the providers of the service have had too much influence with the consumers of the service merely being offered piecemeal chances to affect and influence the system.

Merging National Boards

Maternity Choices Australia recommends that any decision made about whether or not to merge some of the national boards should consider:

- The impact on the public and consumers of those health services.
- That each profession has the ability to make decisions and policy that affect them, and not have other professions making these decisions and policies for them.
- That consumers of these services are embedded in the decision-making of the policies planning and vision for each of the professions.
- That cost alone is not the only driver.
- That unintentional consequences of any change are carefully considered.

About Maternity Choices Australia

Maternity Choices Australia (MCA) works to improve our maternity system so that it better meets the needs and choices of Australian women. We do this through consumer representation, consumer advocacy, education and support.

A representative of Maternity Choices Australia attended the workshop held for consumers as part of the review's consumer engagement strategy. That same representative attended the consultation held in Brisbane in September and has worked on developing this response with other members of Maternity Choices Australia.

Maternity Choices Australia is a national consumer advocacy organisation made up of individuals and groups who share commitment to improving the care of women in pregnancy,
birth and the postnatal period. It is non-profit, non-political and non-sectarian.

The purposes of MCA are:

i. To advocate for women’s rights as mothers and consumers of maternity services;
ii. To support the role of the midwife in providing primary care in maternity services;
iii. To protect pregnancy and childbirth as a normal process;
iv. To promote dialogue between a woman and her carer, based on trust, reciprocity and respect for the expertise of both;
v. To promote consumer awareness of the options relating to issues during pregnancy, birth and the post-natal period;
vi. To promote and facilitate the participation of consumers at all levels of policy planning and decision making in the delivery of maternity services;
vii. To provide a forum for consumer groups and individuals in the maternity area so they may gain support and share information, skills and resources.

viii. The Association shall not directly or indirectly support any political party, religious creed, movement or organisation, except so far as shall be necessary for the attainment of the foregoing objectives.

For further information:

We welcome you to discuss key points of our submission with us. Please feel free to contact me (my contact details are listed).

Yours sincerely,

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