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**Personal submission by Danilo Yali  
Re: Exposure Draft of Bill B  
Health Practitioner Regulation National Law 2009**

I write this as a concerned husband, father and a supporter of human rights. I fully support midwives and the important role they play within home births. I have read some of the above legislation and the following sections stood out to me in particular:

***4 Objectives and guiding principles of national registration and accreditation scheme***

*(1) The objectives of the national registration and accreditation scheme are as follows:*

- (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered,*
- (b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction,*
- (c) to facilitate the provision of high quality education and training of health practitioners,*
- (d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners,*
- (e) to facilitate access to services provided by health practitioners in accordance with the public interest,*

*(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

*(2) The guiding principles of the national registration and accreditation scheme are as follows:*

- (a) the scheme is to operate in a transparent, accountable, efficient, effective and fair way,*
- (b) fees required to be paid under the scheme are to be reasonable having regard to the efficient and effective operation of the scheme,*
- (c) restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.*

And Section:

#### **101 Conditions of registration**

*(1) If a National Board decides to register a person in the health profession for which the Board is established, the registration is subject to the following conditions:*

- (a) for a registered health practitioner other than a health practitioner who holds non-practising registration:
  - I. that the registered health practitioner must complete the continuing professional development program required by the National Board, and*
  - II. (ii) that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession,**

I shall make comments in relation to the highlighted text in yellow as follows:

S. 4 (1) (e)

*(e) to facilitate access to services provided by health practitioners in accordance with the public interest,*

I note that no definition of public interest as been made for within the legislation. Is this "public interest" for the sake of votes in a politically controlled environment where there are trade offs for votes? Or, as the real intent implies, for the betterment of our society? This objective seems to be at odds with placing a restriction on certain practitioners from gaining insurance, which leads to the restriction of their scope of practice. Such will be the case for independent midwives who want to or are asked to assist during home births.

## **Subdivision 6 Registration**

### **101 Conditions of registration**

*(1) If a National Board decides to register a person in the health profession for which the Board is established, the registration is subject to the following conditions:*

*(a) for a registered health practitioner other than a health practitioner who holds non-practising registration:*

*(i) that the registered health practitioner must complete the continuing professional development program required by the National Board, and*

*(ii) that the registered health practitioner must not practise the health profession unless professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession,*

As I understand, insurance is not available due to the small number of midwives that want to practice within our community. The work carried out by midwives appears to be undervalued and dismissed unless it is done within the confines of our hospital systems. Which I must say is at odds with S. 4 (1) (f)

*(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

Innovation cannot happen unless there is freedom from the burden that is often placed by the high cost of insurance. Should there be a need to place insurance on midwives I feel that such insurance should be supplemented by the respective governments. Such supplement should be seen as a small investment for a large gain.

The gains to be had are:

- Increased uptake of home births and less crowding of hospital beds.
- Less administrative and associated costs often incurred by running a hospital.  
The bigger an organisation is, the more are the overhead costs.

I wonder if any financial comparisons have been carried out to determine how much it costs between a home birth and a hospital birth in Australia? I certainly could not find any such data.

Home births are often more relaxed as studies have shown that during birth, the woman is generally more at ease within her home environment. The more comfortable a woman is with her surroundings and attendants, the less medication & intervention is required. A hospital environment is a created artificial environment and often lacks the emotional and physical support that can be given during a home birth. I am not saying that people within hospital environments do not or cannot empathise, but the individuals that work in such an artificial environment do not have the same connection or continuity of care that can be provided by an independent midwife during a home birth.

The above can be easily substantiated by the fact that hospitals have competing functions and budgetary constraints. Where an independent midwife operates in a home environment, she/he is there purely to provide support and expertise to that woman and the entire birthing process is woman-centred rather than policy-driven.

I want to experience and support my wife in her choice to have a home birth and to see that this can be taken away from us is emotionally devastating.

I am fully aware that if there is goodwill for laws to be enacted to truly represent to protect and give people choice, it can be done. Let's support midwives in providing home birthing services. We can either supplement the insurance for same, or at least make provisions in the legislation that prevent it becoming illegal for midwives to practice what they have been doing safely for quite some time.

I thank you for your consideration of this matter.

Yours truly,

Danilo Yali