



UNIVERSITY OF
TECHNOLOGY SYDNEY

Centre for Midwifery, Child and Family Health
Faculty of Nursing, Midwifery and Health
University of Technology Sydney (UTS)
PO Box 123
Broadway NSW 2007
Tel 02 9514 4834
Fax 02 9514 4835
Email: Caroline.Homer@uts.edu.au
Website: <http://www.nmh.uts.edu.au/cmcfh/index.html>

Practitioner Regulation Subcommittee
nraip@dhs.vic.gov.au

29th October 2008

To The Practitioner Regulation Subcommittee

Re: The National Registration and Accreditation Scheme for the Health professionals: Consultation paper proposed registration arrangements

Please find attached a submission to the Proposed Registration Arrangements consultation paper on behalf of the Centre for Midwifery, Child and Family Health in the Faculty of Nursing Midwifery and Health at the University of Technology Sydney. Thank you for the opportunity to provide comment on this important matter.

Should you require any further information regarding this submission please feel free to contact me on: (02) 9514 4834 or by email: caroline.homer@uts.edu.au.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Caroline Homer', written over a light blue rectangular background.

Professor Caroline Homer RM MMedSc(Clin Epi) IBLCE PhD
Professor of Midwifery UTS

Submission to: The National Registration and Accreditation Scheme for the Health Professionals - Consultation paper on *Proposed Registration Arrangements*

The following document is submitted on behalf of the Centre for Midwifery, Child and Family Health in the Faculty of Nursing Midwifery and Health at the University of Technology Sydney.

We reviewed the consultation paper and provide comments related to the following sections of the consultation paper:

- Section 3. Regulated professions
- Section 4.3 Criminal history checks
- Section 6.3 Professional indemnity insurance arrangements

Section 3 Regulated professions

The consultation paper documents the 10 professional groups which have been documented in the IGA and agreed by the health ministers in the first round of implementation of the national registration and Accreditation Scheme. Nursing and Midwifery are included in one of the 10 professional groups.

The consultation paper documents (Table 1) the proposed arrangements for Boards, registers and division of registers. With respect to the nursing and midwifery professions this includes:

- A single board ó Nursing and Midwifery Board of Australia
- A single register of nurses and midwives
- The register includes three divisions with midwives being division 3

We have the following concerns about this proposed arrangement

- A single board ó Nursing and Midwifery Board of Australia
We **support** this arrangement
- A single register of nurses and midwives. We **do not support** this arrangement for the following reasons:
 - Midwifery is a distinct profession separate from nursing, as such it is inappropriate to include two different professions within the same register.
 - Midwives have a very different role to nurses. It is important that this distinction is easily identifiable to the public who maybe confused about the legitimate role of the midwife if they are on the same register.

Recommendation:

- We recommend that the proposed structure should be changed to a separate register for midwives and a separate register for nurses.
- The register includes three divisions with midwives being division 3. We **do not support** this arrangement for the same reasons stated above.

Recommendation:

- We recommend that midwives should not be a division on the nurses and midwives register. The proposed structure should be changed to a separate register for midwives and a separate register for nurses. The separate register of midwives would not include any divisions. The Register of Nurses would have two divisions, registered nurses (including authorised nurse practitioners) and enrolled nurses only.

Section 4.3 Criminal history checks

We **support** the proposal that criminal history checks should be undertaken for all new applicants and this should include also existing applicants to be phased in over time. Whilst there is a balance between protecting the public and the privacy of the health professional the protection of the public is a priority. It is suggested that the respective boards be charged with undertaking this role.

Section 6.3 Professional indemnity insurance arrangements

Proposal 6.3.1 ó proposes that legislation require all registrants to be covered by professional indemnity arrangements at all times during the registration period, as a condition of registration.

Midwives working in private practice may be unable to meet this requirement due to an inability to access professional indemnity insurance in Australia. Midwives in Australia have been unable to obtain professional indemnity insurance for private practice since July 2001. The loss of indemnity did not follow any significant payout for damages against a midwife. Rather it followed global uncertainty in the insurance market and increased sensitivity to risk, following the HIH collapse, and 9/11 in the USA. The relatively small pool of midwives in private practice in Australia meant insurers judged that there was an insufficient premium pool to continue to underwrite insurance in this area.

Midwives are the only health professionals in Australia unable to obtain professional indemnity insurance despite being educated and registered to practise on their own responsibility in any setting. Should this proposal be adopted in the current format consideration is required as to how midwives in private practice may be supported nationally to gain the appropriate levels of professional indemnity insurance.

Recommendation

We recommend that the proposal should be amended to state that,

Legislation requires all registrants to be covered by professional indemnity arrangements where available.