

4 November 2008

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

Re: *Submission to Consultation Paper "Proposed Registration Arrangements"*

We refer to your paper of 19 September 2008 inviting comments on the Discussion Paper "Proposed Registration Arrangements". We ask that you please accept this late submission.

Maternity Coalition (MC) is a national umbrella body for maternity consumers in Australia, working collaboratively with the full range of maternity consumer groups across the country. As such MC represents many women and their families united in the desire for reform of maternity services, in particular an enhancement of 1-2-1 midwifery care.

We have read the Consultation paper and would like to comment on the following proposals regarding requirements for health professionals to hold professional indemnity insurance:

6.3 Professional indemnity insurance

Most States and Territories require registered health practitioners to hold or be covered by professional indemnity insurance (PII) arrangements in order to practise. However, the mechanism through which this is achieved varies. Attachment 1 sets out the current arrangements across jurisdictions with respect to PII.

Proposal 6.3.1: It is proposed that the legislation require registrants (except for non-practising registrants if any) to be covered by PII arrangements at all times during the registration period, as a condition of registration, and to require registrants demonstrate coverage to the satisfaction of the responsible board, at the time registration is granted for the first time, and annually on renewal of registration.

The legislation concerning PII must allow registrants to meet the requirements if they are covered by an employer's PII, their university's PII, or the PII of a health facility where they are a student, as well as when a registrant purchases their own PII cover.

Proposal 6.3.2: It is proposed that each national board have the power to issue a guideline about what constitutes acceptable arrangements for PII for registrants.

Since 2001, Australian midwives have been unable to secure professional indemnity insurance. MC has lobbied state and federal governments to assist in providing parity for midwives with medical practitioners and equality of protection for Australian consumers.

MC acknowledges the importance of professional indemnity for all healthcare providers to establish a level of 'security of practice'. We believe it is equally important that consumers have the protection of legal recourse in the event of serious injury to either themselves or their child.

However, in midwifery, practical implementation of this measure is obstructed primarily not by lack of compulsion under law, but by lack of availability of insurance.

Since 2001 the responses from the Howard Government and progressive state governments have been unsatisfactory. To date a de-facto underclass of maternity health consumer exists. Women who choose the care of a known midwife in the private system do not have the protection of an indemnified caregiver. This is despite an accepted stance across government that all health providers hold indemnity insurance.

In NSW the *Healthcare liability act* was enacted in late 2001. This legislation was considered a measure of consumer protection. Some 7 years later not all consumers are afforded the same protection.

In the NT through omnibus legislation midwives who could not furnish indemnity insurance have been prevented from practicing, thus private midwifery is not available. We would be distressed to see this replicated at a national level through Proposal 6.3.1.

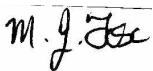
Despite being considered best practice by the World Health Organisation there are only a handful of public funded programs that offer women the care of one midwife from early pregnancy through labour and birth and the early post-natal period.

Despite the obstacles of no funding and few available midwives, we believe a significant number of women are choosing private midwifery care. In addition, it is of great concern that a growing number of women appear to be deciding to give birth without a health professional when unable to source a midwife in private practice.

We urge you to make representations to Government to include midwives in the long established government funded indemnity scheme. For too long women choosing private midwifery care have been ignored and unprotected.

We thank you for the opportunity to provide a submission. We would welcome the opportunity for further dialogue.

Yours sincerely



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