Collaborative arrangements with eligible midwives for Victorian public hospitals

A framework for public hospitals

Project overview

The Australian Health Ministers’ Conference (AHMC) has endorsed the National Maternity Services Plan (2010) that sets out a five year vision for maternity care in Australia. The Plan has a sequential implementation strategy over the initial (Year 1) middle (Years 2 and 3) and later years (Years 4 and 5). The Plan is available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan

A year one action (1.2.2) of the National Maternity Services Plan is for “… Jurisdictions (to) develop consistent approaches to the provision of clinical privileges within public maternity services, to enable admitting and practice rights for eligible midwives and medical practitioners…”.

Victoria is therefore commencing work on a framework (the framework) for use by Victorian public hospitals who intend to enter into collaborative arrangements with eligible midwives providing midwifery care to women who are admitted privately. The Department of Health (DH) has asked the 3Centres Collaboration (comprising the Royal Women’s Hospital, Monash Medical Centre and Mercy Hospital for Women) to consult on and develop a framework for consideration.

An expert reference group has been convened to provide advice and inform the development of a framework that aligns with the governance arrangements for Victorian public health services.

1. Background

To support the National Maternity Services Plan, the Commonwealth has enacted several pieces of legislation including Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010, Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010 and Midwife Professional Indemnity (Run-off Cover Support Payment) Act 2010.

The National Health (Collaborative arrangements for midwives) Determination 2010 (the Determination), of the National Health Act 1953 further defines the requirements for collaborative arrangements between eligible midwives (EMs), obstetric (and non-obstetric) specified medical practitioners and public hospital authorities.

In Victoria, public health services are separate entities governed by a board of directors or board of management, accountable to the Minister for Health for setting the strategic directions of the entity, within the framework of government policy. This devolved governance model allows decisions to be made that are most appropriate and effective for each local community, increasing local autonomy and flexibility, and enabling services to be innovative and responsive to local needs.

In relation to the provision of private services by eligible midwives in a public health service, the health service is accountable for determining if and how such arrangements may occur and are responsible for ensuring that all services provided to patients are safe, appropriate and within the capability and role of the service. In doing so a range of clinical governance, risk management and other issues need to be recognised and addressed.

Whilst health services have experience and competence in managing private practise arrangements for medical practitioners, the development of midwifery authorisations in relation to the public benefits schemes (MBS and PBS) needs to be proactively managed. In particular smaller services would benefit from guidance on best practice approaches.

2. Project aim

The aim of this project is to develop a framework for use by Victorian public hospitals that provides guidance on the appropriate mechanisms to consider, implement or review collaborative arrangements with EMs providing midwifery care to women who are admitted privately and seeking to birth in hospital under the care of the EM.
The framework needs to address a range of operational, legislative, regulatory and professional issues and requirements at the commonwealth, state and health service level.

3. Scope

The framework is to provide guidance to public health services in Victoria (defined as a public hospital, metropolitan health service or multipurpose services identified in schedules 1, 2, 3, 4 and 5 of the Health Services Act 1988) on the specific issues related to collaborative arrangements between EMs providing private midwifery care and Victorian public hospitals. Although the project is being undertaken by the 3Centres, it will be essential it reflects the demands and specific issues of smaller and/or rural services.

It is likely the framework may be used (voluntarily) to inform collaborative arrangements with private hospitals.

4. Key steps/milestones

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<thead>
<tr>
<th>Stage</th>
<th>Key focus</th>
<th>Interval</th>
<th>ERG meeting</th>
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<tr>
<td>Stage 1</td>
<td>Project establishment and Issues identification and mapping</td>
<td>October to December 2011</td>
<td>Meeting 1 6 October 2011</td>
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<td>Stage 2</td>
<td>Consultation and engagement Including regional forums</td>
<td>November 2011 to December 2011</td>
<td>Meeting 2 9 November 2011</td>
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<td>Stage 3</td>
<td>Framework compilation and finalisation by 3Centres</td>
<td>December 2011 to February 2012</td>
<td>Meeting 3 7 December 2011</td>
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DH anticipates receiving the final version of the framework for ratification and dissemination by February 2012

5. Project Governance

Key Principles

• Ensuring safety and quality in the provision of maternity services
• Providing women with informed choice and greater control of their birthing experience
• Supporting strong governance in health services
• Ensuring there is guidance on developing transparent, fair and defensible processes for determining private practice rights for all parties
• Maternity care is available to women regardless of socioeconomic or cultural background, disability or place of residence
• Achieving the right balance between primary level care and having access to appropriate levels of medical expertise when it is needed
• Making the best use of the complementary skills of midwives, general practitioners and obstetricians
• Enhancing a maternity team approach
• Maternity care is delivered in an efficient and cost effective manner.

Lead responsibility for this work is the Maternity and Newborn Program area of the Department of Health.
• 3Centres Collaboration is undertaking the work to develop a framework on behalf of DH.
• A project management team (DH and 3Centres) is responsible for monitoring the project against the project plan and reports to the Manager, Acute Programs, DH
• An Expert Reference Group (ERG) has been convened by the Manager, Acute Programs to provide additional advice to the DH and the project management team. The ERG membership is listed below.
• Additional sector consultation will occur as part of the project methodology.
Expert reference group (ERG)

The ERG role is to:

- provide advice to the department on issues related to access for PPMs, collaborative models and framework
- ensure the project scope retains a statewide focus
- provide a forum for stakeholder views
- arrange for relevant and expert advice to inform the project as required, and
- provide or arrange for expert advice on strategies for the implementation and monitoring of uptake phases of the framework.

Membership

The following organisations have representatives on the ERG

- 3Centres Collaboration
- Maternity and Newborn Program, Department of Health (DH)
- Nursing and Midwifery Policy Unit, DH
- Health Regulation and Reform Branch, DH
- Quality, Safety and Patient Experience Branch, DH
- Maternity and Newborn Clinical Network
- Maternity Managers from Victorian health services
- Health Services with experience in establishing collaborative arrangements with eligible midwives
- Australian College of Midwives
- Midwives in Private Practice
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Metropolitan and Rural Directors of Medical Services
- General Practice Victoria
- Rural Doctors Association of Victoria
- Maternity Coalition (Consumer organisation)
- Childbirth Australia (Consumer organisation)
- Deans of Nursing and Midwifery Victoria & Tasmania
- Victorian Managed Insurance Authority
- Australian Nursing Federation
- Australian Medical Association
- Australian Health Insurance Association

Project Management Team (PMT)

The PMT will:

- oversee the timely progress of the project and address factors impeding its success
- provide leadership and direction for the Project Officer
• provide an update report to the ERG prior to meetings and refer to the ERG for expert advice as required, and
• ensure work is carried out within the stated timelines and budget.

The PMT comprises:
• 3Centres Collaboration (project sub-group)
• Simone Corin, Manager Maternity and Newborn Program, DH
• Katy Fielding, Manager, Nursing & Midwifery Policy, DH
• Colleen White, Project Manager, Southern Health
• Vickie Veitch, Secretariat/DH Liaison, Maternity and Newborn Program, DH

Further Information
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Attachment
Eligible Midwives in public health services
Overview of authorisation steps

The authorisation of midwives to access both the MBS and PBS for private services is complex and involves a co-regulatory model where the regulatory responsibilities are shared between:
• Nursing and Midwifery Board of Australia (NMBA) - notation and endorsement of registration
• Commonwealth agencies (under Commonwealth legislation for Medicare access and PII), and
• States/Territories (prescribing authority under drugs and poisons legislation)