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| Pilot of collaborative arrangements with eligible midwives in Victoria |
| Frequently Asked Questions – 18 May 2015 |

The Victorian government has committed to establish two pilots of collaborative practice for private (eligible) midwives to access public hospitals to provide birthing services. These FAQs have been developed for public maternity services who may be considering submitting an Expression of Interest (EOI) to undertake a pilot of a collaborative arrangement.

## Q1. How will the pilots operate?

The pilots must conform to the principles outlined in the Department of Health & Human Services *Eligible midwives and collaborative arrangements: An implementation framework for Victorian public health services* (the Framework). The Framework can be found at <<http://docs.health.vic.gov.au/docs/doc/Eligible-midwives-and-collaborative-arrangements:-An-implementation-framework-for-Victorian-public-health-services>>.[[1]](#footnote-1)

The key deliverable for each pilot site is that they will have at least one collaborative arrangement operating in 2015-16.

## Q2. What is the process for health services interested in establishing a pilot?

An EOI will be circulated by email to public maternity services on 18th May and submission will close 5th June 2015.

Health services that have submitted an EOI will be advised of the outcome on 19 June 2015.

To support the change management and project management activities, one-off funding of $30,000 per site will be provided to successful health services in July 2015. This funding is based on 8-10 weeks of a project officer salary and overheads, but can be used flexibly by the health service to achieve the deliverable.

Funding to pilot this model is only available to public health services that have a maternity service with a capability level 2 or above[[2]](#footnote-2).

## Q3. What if my health service is not sure it will be able to get an agreement?

The funding to support the pilots is not provided to conduct feasibility or exploration studies. Health services have been asked to have considered the feasibility of doing a pilot at this time in the period before the EOI opens.

The EOI selection process will be seeking to identify services that are ready to begin **implementation.**

## Q4. What WIES payment will the health service receive for a birth delivered by an eligible midwife in a collaborative agreement?

Normal WIES payments will apply for births that occur under the collaborative arrangements model as per the Victorian health policy and funding guidelines available at: <<http://www.health.vic.gov.au/pfg/>>

## Q5. As the WIES price for a private birth is less than a public birth, will the department supplement funding to health services?

The private WIES price is discounted to take into account the additional revenue health services receive from private health insurers, the Commonwealth and patient payments.

The department will not be supplementing funding under the collaborative arrangements model.

Normal WIES payments will apply for births that occur under the collaborative arrangements model as per the Victorian health policy and funding guidelines available at: <<http://www.health.vic.gov.au/pfg/>>

## Q6. Do you have to be a pilot site to develop a collaborative agreement?

Not at all - these formal pilots in no way restrict other health services entering into collaborative arrangements at any time. The establishment of collaborative arrangements with eligible midwives is a decision for individual health services.

## Q7. Will there be more rounds of EOI and funding?

There are no plans to have further rounds but health services are free to implement this service at any time.

## Q8. Where can I get more information about collaborative arrangements?

Although Victorian public health services have experience and expertise in managing private practice arrangements for medical practitioners, the extension of this model to midwives is new. As such, there is limited information but the following resources will assist:

* The *Eligible midwives and collaborative arrangements: An implementation framework for Victorian public health services* can be found at <<http://docs.health.vic.gov.au/docs/doc/Eligible-midwives-and-collaborative-arrangements:-An-implementation-framework-for-Victorian-public-health-services>>

Particular topics of interest may include:

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| Why should health services support collaborative arrangements? | 6 | 1. Introduction |
| What happens when an eligible midwife is also employed at the health services where he/she has a collaborative arrangement in place? | 10 | 4. Requirements for eligible midwives |
| Who should be involved in collaborative arrangements? | 18  27 | 6.1. Planning for collaborative arrangements with eligible midwives  6.5 Care planning and documentation |
| What is the process for credentialling eligible midwives and defining their scope of practice? | 19  24 | 6.2 Credentialling and scope of practice for eligible midwives 6.4 Clinical governance |
| If escalation of care is required, what happens to the patient’s admission status? | 21-22 | 6.3 Admission practices |
| If escalation of care is required, who takes over care? | 27 | 6.5 Care planning and documentation |

* Presentations from the collaborative arrangements meeting held in March 2015 are available to health services on request.
* The *Capability Framework for Victorian maternity and newborn services* (2010) can be found at <<http://docs.health.vic.gov.au/docs/doc/50634A0A85A10180CA25785700015368/$FILE/Capability%20framework%20for%20Victorian%20maternity%20and%20newborn%20services.pdf>>
* Information on eligible midwives and the Medicare Benefits Scheme can be found at <<http://www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-qanda>>

**For further information please contact:**

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1. Health services are advised to check the primary sources for any updates to the information in this document. [↑](#footnote-ref-1)
2. Level 2 services are capable to manage normal risk pregnancies including management of labour, birth and puerperium at 37 weeks gestation or more. [↑](#footnote-ref-2)