

SA Health

Policy

Privately Practising Midwives' Requirements to Admit and Provide Services to their Private Patients in Local Health Networks

Version 3.0

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Government
of South Australia

SA Health

1. Name of Policy

Privately Practising Midwives' Requirements to Admit and Provide Services to their Private Patients in Local Health Networks

2. Policy statement

This policy provides the mandatory requirements to enable the provision of planned and safe private midwifery care within SA Health maternity services, at the request of the woman. Privately practising midwives (PPMs) can offer women a planned private midwifery model of care in a public health service whereby providing women with a choice of care and continuity of care.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW) and, Local Health Networks (LHNs) including state-wide services aligned with those networks.

4. Policy principles

SA Health's approach to PPMs in public maternity services is underpinned by the following principles:

- > We support women to choose their provider of planned pregnancy care, where safe and appropriate.
- > We ensure that PPMs providing quality and safe services to their private patients within LHNs, are appropriately trained, qualified, and skilled.
- > We will be collaborative with providers of maternity care to support safe and quality care for the woman, their baby and family.
- > We promote sharing of antenatal, birthing, and postnatal information between the PPM and the LHN that ensures connected and coordinated care that is woman and family centred.

5. Policy requirements

In accordance with the Business Rules set out in Schedule G of the National Health Reform Agreement, LHNs must provide information to women before they receive care within a private model of midwifery care which includes, as a minimum, the following:

- > Providing a choice of being treated as a public or private patient, noting that PPMs are not permitted to provide midwifery services to a public patient in a LHN (PPMs would not be indemnified under their professional indemnity insurance and would be in breach of the Commonwealth requirements)
- > Financial implications (for the woman) associated with receiving services in a private model of midwifery care, and
- > Any other implications identified by the LHN which may have impact on care delivery.

Governance Arrangements for Privately Practicing Midwives

- > LHNs must ensure the establishment and maintenance of clinical governance frameworks which ensure that PPMs permitted by a LHN to admit and provide care to their private patients in the LHN, when providing midwifery services to their private patients within the LHN, practice within their agreed scope of clinical practice and within the professional, legislative, regulatory and LHN requirements.

- > LHN Nursing and Midwifery Credentialing Committees must assess and monitor the credentials of Privately Practising Midwives in accordance with the [Credentialing and Defining Scope of Clinical Practice for Midwives Policy](#) and the [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#).

LHNs must ensure that PPMs:

- > Are appropriately registered to practice pursuant to the [Health Practitioner Regulation National Law \(SA\) Act 2010](#)
- > Hold the Nursing and Midwifery Board of Australia (NMBA)'s *Endorsement for scheduled medicines for midwives*
- > Hold a Medicare provider number and a Pharmaceutical Benefits Scheme (PBS) prescriber number
- > Have an Agreement with the LHN Chief Executive Officer (CEO) which includes a Collaborative Arrangement with an LHN employing one or more obstetric specified medical practitioners (OSMPs), and:
 - Is consistent with the [National Health \(Collaborative Arrangements for Midwives\) Instrument 2022 \(Cth\)](#)
 - Requires the PPM to be credentialed by the LHN Nursing and Midwifery Credentialing Committee
 - Details the scope of clinical practice as determined by the LHN Nursing and Midwifery Credentialing Committee and must be recorded within the SA Health Credentialing and Scope of Clinical Practice System Database (CSCPS)
 - Provides for:
 - Professional consultation between the PPM and the LHN, and
 - Referral pathways of a woman by the PPM to the LHN.
 - Requires the PPM to comply with applicable SA Health policies, including policies with respect to work, health and safety, record keeping, and the confidentiality of personal information.
- > Use the [Australian College of Midwives' National Midwifery Guidelines for Consultation and Referral \(4th Edition\)](#) to guide referral (transfer) of care and for consulting with OSMP and other care providers to ensure appropriate and safe provision of quality care, and
- > Hold professional indemnity insurance which is:
 - In accordance with the NMBA Registration standard: Professional indemnity insurance (PII) arrangements and Safety and quality guidelines for privately practising midwives
 - Compliant with the requirements set out in the Agreement, and
 - Commensurate with the agreed scope of clinical practice as detailed in both the authorised Collaborative Arrangement and Agreement.

Review of Agreement with Privately Practising Midwife

- > An Agreement must be entered into for a period of up to a maximum of three years from the date of the Agreement. This must be subject to the CEO decision that the Agreement remains appropriate in all circumstances.
- > The Agreement must include a term allowing for review at least every twelve months by the Credentialing Committee to ensure that the PPM is adequately complying with the terms of the Agreement, including collaborative arrangements in respect of the Agreement.

- > PPMs seeking to amend their authorised scope of clinical practice within the Agreement must make an application to the LHN Nursing and Midwifery Credentialing Committee for consideration.
 - The authorised scope of clinical practice must not be changed without authorisation from the LHN Nursing and Midwifery Credentialing Committee.
- > The relevant CEO's decision to suspend or terminate an Agreement must be communicated in writing to the PPM within a timely manner, including relevant areas of the LHN impacted by the decision.

6. Mandatory related documents

Under this Policy, all employees of SA Health must comply with:

- > [Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#)
- > [Credentialing and Defining Scope of Clinical Practice for Midwives Policy](#)
- > [Criminal and Relevant History Screening Policy](#)
- > [Health Care Act 2008 \(SA\)](#)
- > [Health Practitioner Regulation National Law \(South Australia\) Act 2010](#)
- > [National Health \(Collaborative Arrangements for Midwives\) Instrument 2022 \(Cth\)](#)
- > [Nursing and Midwifery Board of Australia – Relevant professional standards, codes, and guidelines](#)
- > [Private Midwife Agreement](#)
- > [Perinatal Emergency Education Strategy Policy](#)

7. Supporting information

- > [Australian College of Midwives' National Midwifery Guidelines for Consultation and Referral \(4th Edition\)](#)
- > [Australian Health Practitioners Regulation Agency, Glossary](#)
- > [Department of Health and Aged Care – Pregnancy Care Guidelines - Providing woman-centre care](#)
- > [Health Practitioner Regulation National Law \(South Australia\) Act 2010](#)
- > [NPS Medicinewise - What consumers want to know about medicines](#)
- > [SA Health and Wellbeing Strategy 2020-2025](#)
- > [Nursing and Midwifery Strategic Directions 2023-2026](#)
- > [Perinatal Practice Guidelines](#)
- > [SA Rural Nursing and Midwifery Workforce Plan 2021-2026](#)
- > [World Health Organisation, Guide to Good Prescribing- a practice manual](#)

8. Definitions

- > **Access:** means that the authority is granted to a PPM by the CEO of an LHN to arrange for the PPM's private patients to be admitted for maternity care to the LHN as private patients under an Agreement.

- > **Agreement:** means the formal written agreement entered into between a PPM and a LHN under which the midwife is permitted to admit and provide maternity care to their private patients at the LHN.
- > **Collaborative Arrangement:** means the arrangement required under the Commonwealth law between a PPM and a health entity (LHN) employing one or several OSMPs in order for the PPM to be an *authorised midwife* under these laws.
- > **Credentialing and determining agreed scope of practice:** means the formal assessment of the PPM's competence, performance and professional suitability to provide planned private midwifery care to their private patients at the LHN which gives the midwife clinical privileges for a defined scope of clinical practice at the LHN.
- > **Endorsed midwife:** means a midwife who holds the NMBA *Endorsement for scheduled medicines for midwives*. Holding the endorsement means that the midwife has met the requirements of the NMBA *Registration standard: Endorsement for scheduled medicines for midwives* and is qualified to prescribe scheduled medicines and provide associated services required for midwifery practice in accordance with relevant state and territory legislation.
- > **Midwifery care:** means the care provided by a midwife which may incorporate antenatal care, intrapartum care and postnatal care for women and their infants. It includes clinical assessment, exercise of clinical judgement, planning, implementation, monitoring and review, responding to maternity emergencies, assessment and care of the newborn infant, management and administrations of medicines, use of diagnostic investigations, and consultation and referral.
- > **Obstetric specified medical practitioner (OSMP):** means the kinds of medical practitioners specified in the *National Health (Collaborative Arrangements for Midwives) Determination 2022 (Cth)*. This means:
 - o An obstetrician, and
 - o A medical practitioner who provides obstetric services.
- > **Privately practising midwife (PPM):** means a registered and endorsed midwife who is self-employed or employed within a private group practice.
- > **Scope of clinical practice:** means the roles, functions, responsibilities, activities and decision-making capacity which midwives within the profession are educated, competent and authorised to perform. The scope of clinical practice is determined by legislation and professional standards such as Midwife standards for practice, Code of conduct for midwives and Codes of ethics for midwives.
- > **Woman:** means the person giving birth. The words woman/women/mother/she/her have been used throughout this policy as most pregnant and birthing people identify with their birth sex. However, for the purpose of this policy, these terms include people who do not identify as women or mothers, including those with a non-binary identity. All clinicians should ask those that are pregnant what their preferred term is and ensure this is communicated to the healthcare team

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain

Title: Privately Practising Midwives' Access to Public Maternity Services Policy

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Contact for enquiries: Nursing and Midwifery Office | Clinical System Support & Improvement | Clinical Collaborative

11. Document history

Version	Date approved	Approved by	Amendment notes
3.0	23/01/2024	A/Deputy Chief Executive, Clinical System Support & Improvement	Formally reviewed in line with 5-year scheduled timeline for review and aligned with the Policy Framework.
2.0	22/06/2016	Portfolio Executive	Formally reviewed in line with 1-year scheduled timeline review.
1.0	11/02/2014	Portfolio Executive	PE Approved version.

12. Appendices

- Privately Practising Midwives' Requirements to Admit and Provide Services to their Private Patients in Local Health Networks Mandatory Instruction

Appendix 1: Privately Practising Midwives' Requirements to Admit and Provide Services to their Private Patients in Local Health Networks Mandatory Instruction

LHNs must comply with the following mandatory instruction to meet the requirements of this policy.

Indicator	Description
Audit of Privately Practising Midwives assessed by LHN Nursing and Midwifery Credentialing Committees who have an Agreement to admit and provide services to their private patients	Must: <ul style="list-style-type: none"> > Report through to SA Health Midwifery Leadership Advisory Council > Quarterly LHN audit reports
The number of unsuccessful applications for an Agreement by Privately Practising Midwives	Must: <ul style="list-style-type: none"> > Report through to SA Health Midwifery Leadership Advisory Council > Quarterly LHN audit reports