Policy Directive: compliance is mandatory

Privately Practising Midwives Access to Public Maternity Services in South Australia Health Policy Directive

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Summary

The purpose of the Privately Practising Midwives Access to Public Maternity Services in South Australia Health Policy Directive is to provide a mechanism by which women are able to have a planned private midwifery model of care in a public maternity service within SA Health hospitals through the process of credentialing and determining agreed scope of practice for privately practising midwives (PPM).

Keywords

PPM, midwife, credentialing, permissible access, collaborative arrangement, OSMP, service agreement, Privately Practising Midwives Access to Public Maternity Services, policy directive,

Policy history

Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? Y
If so, which policies?
Clinical Privileging, Admitting and Practice Rights of Privately Practising Eligible Midwives in South Australia Health Policy Directive

Applies to

All Health Networks

Staff impacted

All Staff, Management, Admin, Students; Volunteers

EPAS compatible

Yes

Registered with Divisional Policy

Yes

Contact Officer

Policy doc reference no.

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Privately Practising Midwives Access to Public Maternity Services in South Australia Policy Directive
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1. Objective

This Policy Directive is established by the Chief Executive of the Department for Health and Ageing pursuant to regulation 29 of the Health Care Regulations 2008 (SA) (1). The Health Care Variation Regulations 2014 made under the Health Care Act 2008 provide the legal authority for the Chief Executive, SA Health to establish policies or protocols and committees for credentialling and scope of practice.

The purpose of this Policy Directive is to provide a mechanism by which women are able to have a planned private midwifery model of care in a public maternity service within SA Health hospitals. This mechanism is the credentialling and determination of an agreed scope of practice for the Privately Practising Midwife (PPM) and the granting of a Service Agreement by the Chief Executive Officer (CEO) of the Local Health Network (LHN) to enable the provision of planned private midwifery care for women.

This Policy Directive requires the establishment or maintenance within SA Health Local Health Networks (LHN) of an appropriate Credentialling Committee in accordance with the Health Care Regulations 2008 (SA) and the SA Health Policy Directive: Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health (the Governance Framework). This Policy Directive extends the role of such Credentialling Committees to include the assessment of applications by PPMs for a Service Agreement to provide midwifery services to private patients at the LHN, and the on-going review of the continuing appropriateness of a PPM to hold a Service Agreement within the LHN.

This Policy Directive provides further details as to the eligibility requirements of PPMs for a Service Agreement, including securing appropriate levels of insurance, and being party to an appropriate collaborative arrangement with either a health entity (i.e. a LHN) that employs or engages one or more obstetric specified medical practitioners (OSMP) or an OSMP with rights of practice at the LHN.

Background

This Policy Directive was developed in response to Recommendation 1.2.2 of the National Maternity Services Plan, which required:

‘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’ (2)

Key to the provision of clinical privileges to private midwives within public maternity services is overcoming the gap in existing professional indemnity insurance (PII) arrangements for private midwives. The Nursing and Midwifery Board of Australia (NMBA) position statement for the role of the registered midwife in private practice states:

‘Once a woman is admitted to a health service as a public patient, the current professional indemnity insurance (PII) arrangements for the privately practising midwife cease. Unless the midwife has specific arrangements with the admitting health service, including appropriate PII arrangements to provide midwifery services in the health facility, (s)he...’
should not provide midwifery services as (s)he will not have PII cover and will be in breach of the Board’s PII registration standard’.

Consequently, PPMs are unable to provide continuity of care to women, who are admitted to a public health service unless access has been granted through a Service Agreement.

From 1 November 2010, Medicare benefits became payable for antenatal, intra-partum and postnatal services (in the 6 weeks post birth), provided by eligible midwives working in collaboration with a medical practitioner.

Collaborative arrangements are central to eligible midwives access to Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and any government subsidised PII.

This Policy Directive was originally developed based on the national reforms which established the class of eligible midwife and recognised the significance of collaborative arrangements by providing the opportunity for eligible midwives in appropriate collaborative arrangements to apply for a Service Agreement within SA Health LHNs.

In 2014, the Nursing and Midwifery Board of Australia (NMBA) undertook a review of the Eligible midwife registration standard (2010) and the Registration standard: Endorsement for scheduled medicines for eligible midwives (2010) and consequently developed the revised Registration standard: Endorsement for scheduled medicines for midwives. This new Registration Standard will replace these two standards and remove the two-step approach of notation and endorsement from 1 January 2017. The term ‘eligible midwife’ has been removed from the standard. This change is reflected in the eligibility requirements within this Policy Directive for determining the access and the granting of a Service Agreement to PPM to a public sector maternity service.

2. Scope

The scope of this Policy Directive is to establish and maintain consistent processes for access and the granting of a Service Agreement to PPMs in SA Health LHNs for the planned provision of private midwifery care in a collaborative model.

This Policy Directive only applies to a PPM who is seeking the granting of a Service Agreement for planned birth by private patients in a public maternity service.

A planned birth at home provided by a midwife in private practice that requires escalation or transfer of care to a public maternity facility will not be covered by this Policy Directive, or any Service Agreement to which a PPM is a party. In such situations the National Midwifery Guidelines for Consultation and Referral(3) will apply.

A PPM, for the purposes of this Policy Directive, may also be employed concurrently as a midwife by a public or private health service. In this context, the access outlined in this Policy Directive relates to attendance at the health facility when attending as a private midwife only, and not as an employee. The PPMs rights and obligations as an employee midwife of SA Health or an LHN would be in accordance with a contract of employment under the Health Care Act 2008 (SA).

A collaborative arrangement for the purposes of this Policy Directive is specified in the National Health (Collaborative arrangements for midwives) Determination 2010 (Cth) (the Determination) (4) (as amended from time to time). A PPM can enter into a Service Agreement with a SA Health LHN based on one or both of the following options:

(a) A service agreement and a written collaborative arrangement of the type specified in clauses 5(1) (c) and 6 of the Determination (“Service Agreement: Obstetric Specified Medical Practitioner: Option One”); or

(b) A service agreement without a written collaborative arrangement, as set out in (a) above,
where the PPM is in an arrangement with the LHN that satisfies clauses 5(1) (e) and 8 of the Determination (“Service Agreement Option 2”).

All items of this policy that are of general application apply to both (a) and (b) unless otherwise specified, or unless the context requires otherwise.

3. Principles

The following overarching principles provide the framework for PPMs seeking access to SA Health maternity services:

> Access for a PPM will be provided in respect of a particular LHN via a Service Agreement between the PPM and the Chief Executive Officer (CEO) of the LHN, as a delegate of the Chief Executive of SA Health (Agreement for the Provision of Private Midwifery Services(10));
> The granting of a Service Agreement to a PPM is at the discretion of the CEO of the LHN (regardless of the satisfaction of the eligibility criteria set out in this Policy Directive);
> Suspension and termination of a Service Agreement with a PPM is at the discretion of the CEO of the LHN (where applicable, subject to the terms and conditions of the Service Agreement);
> In accordance with this Policy Directive, all LHNS which provide maternity services must establish processes to assess and progress applications by a PPM for a Service Agreement (Application Form for a Service Agreement for the provision of private midwifery services in a public maternity service(10));
> The CEO of each LHN has discretion to determine whether each LHN will accept applications for Service Agreement Option 1 and Service Agreement Option 2, or only applications for Service Agreement Option 1 (see below at 4.5 for further details for each of these options);
> This requires the establishment or maintenance of an appropriate Credentialing Committee, in accordance with the Governance Framework, who will be responsible for the assessment of applications for a Service Agreement as against the eligibility requirements outlined in this Policy Directive. The nominated Credentialing Committee is required to review the proposed scope of practice for a PPM in accordance with this Policy Directive, the Governance Framework, and the relevant NMBA Registration Standards;
> The CEO of the LHN is responsible for advising the Department for Health and Ageing Legal Governance and Insurance Services of the intention to enter into a Service Agreement with a PPM before doing so; and
> Before women access this planned private model of care, they must be provided with documentation outlining the choice of being treated as a public or private client, and be fully informed of the financial and other implications of such choice as required by the Business Rules set out in Schedule G to the National Health Reform Agreement.(6)

4. Detail

4.1 GRANTING OF A PRIVATELY PRACTISING MIDWIFE’S ACCESS TO A PUBLIC MATERNITY SERVICE THROUGH THE CREDENTIALING COMMITTEE

4.1.1 The Health Care Variation Regulations 2014(5) made under the Health Care Act 2008 provides the legal authority for the Chief Executive, SA Health to establish policies or protocols and committees for credentialing and scope of practice. The Chief Executive has provided for the establishment and operation of Credentialing Committees within an LHN via the Governance Framework;
4.1.2 The CEO of an LHN providing maternity care services must establish and ensure the maintenance of processes to assess and progress the requests for access by PPMs within the LHN, including through referral to a relevant Credentialing Committee of the LHN;

4.1.3 The Credentialing Committee will either be an established or new committee in accordance with the Governance Framework, and could be a sub-committee of the Clinical Governance Committee;

4.1.4 The minimum requirements for membership of the Credentialing Committee for the purpose of carrying out functions in accordance with this Policy Directive include:
- Executive Director/Director(s) of Nursing and Midwifery (DONM) of the LHN;
- Nursing/Midwifery Director for the maternity service;
- Clinical Services Coordinator of the Birthing Unit/Suite (or as designated by DONM); and
- A pharmacist, if prescribing is within the proposed scope of practice of the PPM applying for a Service Agreement.

4.1.5 The Credentialing Committee will have the following responsibilities for the purposes of this Policy Directive:
- to assess an application received from a PPM for a Service Agreement within the recommended two (2) month time frame;
- to assess whether the application meets the eligibility criteria outlined in this Policy Directive, and in accordance with the SA Health Standards for the Management of Maternal and Neonatal Services in SA;
- to consult with an applicant PPM in relation to their Service Agreement Application where reasonable or as contemplated within this Policy Directive;
- to make recommendations to the CEO of a LHN in relation to the entry into or otherwise of a Service Agreement with a PPM based upon the Committee’s assessment of the Service Agreement Application and the Committee’s determination of the appropriate scope of practice to apply to the PPM within the LHN while providing services pursuant to a Service Agreement;
- to annually review the continuing appropriateness of a Service Agreement upon notification of the PPMs registration renewal with the Australian Health Practitioner Regulation Agency (AHPRA). The PPM will be required to provide evidence of continual competence in accordance with the Governance Framework, which may include audit of prescribing, where prescribing is included in the Credentialing Committee’s determination of the scope of practice to apply to the PPM within the LHN while providing services pursuant to a Service Agreement;
- to record the details of any Service Agreement entered into, refused, or terminated, along with the Credentialing Committee’s determination of the scope of practice to apply to the PPM within the LHN while providing services pursuant to a Service Agreement (including any amendments to that scope of practice determined by the Credentialing Committee from time to time) within the SA Health Credentialing Database, including with details for review and expiry;
- to notify the PPM with a Service Agreement in respect of the LHN of pending review or expiry of the Service Agreement. The PPM will remain responsible for applying for a new Service Agreement in accordance with this Policy.
Directive prior to the expiry of any existing Agreement; and

- to maintain confidentiality at all times by all persons involved in the process.

4.2 PROCESS FOR APPLICATION FOR ACCESS BY PRIVATELY PRACTISING MIDWIVES

4.2.1 A PPM must apply to the CEO of an LHN seeking a Service Agreement in respect of the LHN using the Service Agreement Application Form (10).

4.2.2 The PPM must complete the Service Agreement Application Form and provide all required supporting evidence for the application to be progressed.

4.2.3 The CEO, on receipt of a completed Service Agreement Application from a PPM, must forward the application and all supporting information to the relevant Credentialing Committee within the LHN for assessment and recommendation in accordance with this Policy Directive and the Governance Framework (where relevant).

4.3 ELIGIBILITY REQUIREMENT: ACCESS TO MEDICARE AND PBS SCHEME

4.3.1 The PPM must be endorsed by the NMBA in accordance with the Registration standard: Endorsement for scheduled medicines for midwives.

4.3.2 The PPM must have a Medicare Provider number and a PBS prescriber number.

4.3.3 Systems for verifying the credentials of a PPM within SA Health must comply with the Australian Council for Safety and Quality in Health Care: Standard for Credentialling and Defining the Scope of Clinical Practice (7) and referenced in the Australian Council for Safety and Quality in Health Care: Credentialling and Defining the Scope of Clinical Practice Handbook (8).

4.4 ELIGIBILITY REQUIREMENT: PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY INSURANCE

4.4.1 In accordance with NMBA Professional Indemnity Insurance (PII) Arrangements Registration Standard and Supplementary Guidelines for PII Arrangements for Midwives, the PPM must enter into and maintain policies for PII and public liability insurance sufficient to comply with the requirements set out in the Service Agreement.

4.4.2 The level and scope of PII and public liability insurance secured by the PPM must in any event be commensurate to the PPM agreed scope of practice as detailed in the relevant collaborative arrangement (see 4.5 below).

4.5 ELIGIBILITY REQUIREMENT: COLLABORATIVE ARRANGEMENTS

The Determination sets out two types of collaborative arrangements that are dealt with by this Policy Directive.

(a) A collaborative arrangement under sections 5(1) (c) and 6 where the PPM collaborates with an OSMP; and

(b) A collaborative arrangement under sections 5(1) (e) and 8 where the PPM collaborates with the LHN directly.

A PPM applying for a Services Agreement will need to select either of these options. If a PPM
wishes to obtain access under both options (for example, option one at one LHN and option two at another LHN) then the PPM must submit separate applications for each option.

OPTION ONE COLLABORATIVE ARRANGEMENT WITH AN OSMP

4.5.1 A PPM applying for a Service Agreement will be required to show evidence of a current collaborative arrangement with an OSMP of a kind specified in the National Health (Collaborative arrangements for midwives) Determination 2010 (Cth) (4), and in accordance with the SA Health Application Form for a Service Agreement for the provision of private midwifery services – Section 3 (Section 3) (10). The collaborative arrangement must include an OSMP with existing access at the relevant LHN or hospital site.

4.5.2 Section 3 details the minimum content that a collaborative arrangement will need to articulate for the purpose of supporting a PPM application for a Service Agreement. These minimum requirements apply in addition to those set out in the National Health (Collaborative arrangements for midwives) Determination 2010 (Cth).

4.5.3 The collaborative arrangement must specify the respective scopes of practice, including any limitations or exclusions thereto, of the PPM and the OSMP for the purposes of providing a collaborative model of midwifery and obstetric care within the relevant LHN.

4.5.4 The PPM agreed scope of practice as set out in the Section 3 should be consistent with the PPM:

- qualifications and training;
- NMBA registration and endorsement status;
- professional experience, including any relevant disciplinary actions;
- level of policy cover for both PII and public liability insurance

and be appropriate having regard to:

- the OSMP scope of practice as credentialed at the relevant LHN;
- the available services and facilities at the relevant LHN.

4.5.5 In cases where the PPM holds a current Service Agreement with another LHN, evidence of such may be provided, and the Credentialing Committee will contact the relevant other LHN to verify this information. However, the existence or scope of a Service Agreement at one LHN or hospital site will not be determinative of any application for a Service Agreement in respect of another LHN or hospital site.

4.5.6 A Service Agreement (or its equivalent) held by a PPM with respect to an interstate public maternity service may be considered relevant by the Credentialing Committee if the relevant interstate processes for entering into the Service Agreement (or its equivalent) are consistent with this Policy Directive.

4.5.7 If the Credentialing Committee considers that the PPM proposed scope of practice as set out in the collaborative arrangement is inappropriate for the PPM at the LHN, the Credentialing Committee may determine a more limited scope of practice to be applicable in the event that the CEO of the LHN decides to enter into a Service Agreement with the PPM. The Credentialing Committee will inform the CEO and the PPM in writing of the Committee’s determination as to the proposed scope of practice, which will either reflect or be more limited than the scope of practice as set out in Section 3. Where a Service Agreement is subsequently entered into between the PPM and the CEO of the LHN, the details of the
Committee’s determination as to the proposed scope of practice will be recorded within the SA Health Credentialing Database, and it is this recorded determination of the scope of practice which will apply for the purposes of the Service Agreement.

4.5.8 Any variations to a collaborative arrangement (including the agreed scope of practice) which relates to either a Service Agreement Application or a Service Agreement (once granted) must be brought to the attention of the CEO of the LHN by the PPM as soon as reasonably practicable. The PPM will be expected to comply with the scope of practice currently recorded within the SA Health Credentialing Database unless and until that scope of practice is reviewed by the Credentialing Committee and amended in accordance with this Policy Directive and the Governance Framework (where relevant).

OPTION TWO COLLABORATIVE ARRANGEMENT WITH THE LHN

4.5.9 A PPM seeking a collaborative arrangement with the LHN will need to apply for the collaboration at the time of application for a Service Agreement, through the completion of the Application Form for the provision of private midwifery services in a public maternity service. (10);

4.5.10 In cases where the PPM holds a current Service Agreement with another LHN, evidence of such should be provided, and the Credentialing Committee will contact the relevant other LHN to verify this information. However, the existence or scope of a Service Agreement at one LHN or hospital site will not be determinative of any application for a Service Agreement in respect of another LHN or hospital site;

4.5.11 A Service Agreement (or its equivalent) held by a PPM with respect to an interstate public maternity service may be considered relevant by the Credentialing Committee if the relevant interstate processes for entering into the Service Agreement (or its equivalent) are consistent with this Policy Directive;

4.5.12 If the Credentialing Committee considers that the PPM proposed scope of practice as set out in the Application form is inappropriate for the PPM at the LHN, the Credentialing Committee may determine a more limited scope of practice to be applicable in the event that the CEO of the LHN decides to enter into a Service Agreement with the PPM. The Credentialing Committee will inform the CEO and the PPM in writing of the Committee’s determination as to the proposed scope of practice, which will either reflect or be more limited than the scope of practice as set out in the Application form. Where a Service Agreement is subsequently entered into between the PPM and the CEO of the LHN, the details of the Committee’s determination as to the proposed scope of practice will be recorded within the SA Health Credentialing Database, and it is this recorded determination of the scope of practice which will apply for the purposes of the Service Agreement; and

4.5.13 Any variations to a collaborative arrangement (including the agreed scope of practice) which relates to either a Service Agreement Application or a Service Agreement (once granted) must be brought to the attention of the CEO of the LHN by the PPM as soon as reasonably practicable. The PPM will be expected to comply with the scope of practice currently recorded within the SA Health Credentialing Database unless and until that scope of practice is reviewed by the Credentialing Committee and amended in accordance with this Policy Directive and the Governance Framework (where relevant).
4.6 ELIGIBILITY REQUIREMENT: CRIMINAL AND RELEVANT HISTORY SCREENING

4.6.1 The PPM must comply with the legal requirements for relevant history screening under the *Children’s Protection Act 1993 (SA)* and *Children’s Protection Regulations 2010 (SA)*.

4.6.2 The PPM must provide evidence to the LHN of current relevant history screening with the following mandatory assessments:

- Child-Related Employment Screening

4.7 ENTRY INTO AND REVIEW OF SERVICE AGREEMENT WITH PPM

4.7.1 On receipt of a recommendation from the Credentialing Committee in respect of a Service Agreement application, along with the Committee’s determination as to the proposed scope of practice to apply to the PPM within the LHN, the CEO of the LHN must decide whether to enter into a Service Agreement with the applicant PPM. The CEO must inform the applicant PPM of the decision as soon as reasonably practicable;

4.7.2 The CEO is responsible for advising the Department for Health and Ageing Legal Governance and Insurance Services of its intention to enter into a Service Agreement with a PPM prior to doing so;

4.7.3 The CEO must inform the Credentialing Committee within the LHN of the decision on the Service Agreement application. The Credentialing Committee will be responsible for recording the relevant information within CSCPS;

4.7.4 A Service Agreement will be entered into for a period of 3 years from the date of the agreement, subject to the CEO’s continued satisfaction that the Service Agreement remains appropriate in all the circumstances;

4.7.5 A Service Agreement will include a term allowing for review at least every 12 months.

- The annual review will be undertaken by the Credentialing Committee. Where the Credentialing Committee is satisfied that the PPM is adequately complying with the terms of the Service Agreement and that the terms of the Service Agreement (including the collaborative arrangement in respect of the Agreement, and the PPM’s current scope of practice within the LHN as recorded within CSCPS) remain appropriate in all the circumstances, the Credentialing Committee may take no further action;

4.7.6 The CEO may additionally at any time initiate a review, to be undertaken by the Credentialing Committee, of the appropriateness of a PPM continuing to hold a Service Agreement in respect of an LHN or particular hospital site, including where:

- the PPM proposes an amendment to the relevant collaborative arrangement;
- the PPM proposes an extension to their current scope of practice within the LHN as recorded within CSCPS;
- the CEO has reason to believe that the PPM current scope of practice within the LHN as recorded within CSCPS may not be appropriate; and/or
- the CEO has reason to believe that the PPM has failed to observe, comply with or fulfil any of the PPM obligations under the Service Agreement.

4.7.7 Where, following such a review, the Credentialing Committee decides to
recommend the suspension or termination of a Service Agreement (a suspension may be appropriate where, in the Committee’s opinion, the PPM’s current scope of practice within the LHN as recorded within CSCPS should be reduced), the Chair of the Credentialing Committee must:

- inform the CEO; and
- ensure that the Credentialing Committee’s recommendation, including its reasons, are appropriately documented.

4.7.8 The CEO will consider any recommendation made by the Credentialing Committee prior to deciding whether to suspend or terminate a Service Agreement. Unless the CEO considers it necessary in all the circumstances for any such suspension or termination to have immediate effect, the CEO will notify the PPM in writing of the proposed suspension or termination, along with the reasons for it and provide the PPM with an opportunity to respond in writing within 10 business days. The CEO’s decision to suspend or terminate a Service Agreement must be communicated to the PPM in writing as soon as reasonably practicable;

4.7.9 The CEO or their nominated delegate, will communicate the outcome of such decision in writing, within a timely manner, to relevant areas within the LHN impacted by the decision, as well as other LHNs providing maternity care services;

4.7.10 The organisation may also refer the matter to the relevant regulatory board where required to ensure compliance with existing mandatory reporting requirements.

4.8 ELECTION TO BE TREATED AS A PRIVATE PATIENT IN A PUBLIC HOSPITAL

4.8.1 All women must be provided with the choice to be treated as a public or a private patient in South Australia’s public health system; in accordance with the Business Rules set out in Schedule G to the National Health Reform Agreement (the Business Rules)(6)

4.8.2 As a part of the informed consent for treatment as a private client, the woman must understand they are being admitted under the PPM, and be fully aware of any financial implications associated with choosing to be treated privately;

4.8.3 The woman must elect to be responsible for paying fees of the type referred to in the SA Health Fees and Charges Manual; and

4.8.4 Women who elect to be privately admitted by a PPM should be aware that patient election status after admission can only be changed in the event of unforeseen circumstances as detailed in the SA Health Fees and Charges Manual.

5. Roles and Responsibilities

5.1 CHIEF EXECUTIVE OFFICER

The Chief Executive Officer has ultimate responsibility for the effective implementation of this Policy Directive. As far as is reasonably practicable, the CEO of the LHN must ensure that:

- all levels of management are aware of their responsibilities in relation to this Policy Directive;
- all employees are aware of their responsibilities in relation to this Policy Directive;
- all relevant non-employee health practitioners with access to the LHN (i.e. visiting
medical specialists) are aware of their responsibilities in relation to this Policy Directive; and
> adequate resources are made available to implement this Policy Directive.

5.2 DIRECTORS, MANAGERS AND SUPERVISORS
Directors, managers and supervisors have direct responsibilities for implementing the Policy Directive’s strategies including:
> providing advice that will inform the process for credentialing and determining an agreed scope of practice for PPM;
> monitoring and editing the information on the relevant database;
> providing resources and staff support;
> informing staff about the Policy Directive and the consequences of non-compliance; and
> creating a culture which is supportive of this model of midwifery care.

5.3 EMPLOYEES
Employees are responsible for:
> participating in the implementation of this Policy Directive;
> complying with this Policy Directive and local procedures; and
> complying with NMBA professional regulatory requirements.

5.4 PRIVATELY PRACTISING MIDWIVES
Privately practising midwives are responsible for:
> participating in the implementation of this Policy Directive;
> complying with this Policy Directive and local LHN and/or hospital site procedures;
> complying with NMBA professional regulatory requirements;
> complying with the terms of any Service Agreement and the collaborative arrangement which supports that Agreement;
> complying with their current scope of practice within the LHN as recorded within the SA Health Credentialing Database;
> undertaking their practice in accordance with their current levels of PII; and
> managing their working hours and providing a fatigue management plan when applicable.

6. Reporting

PPM have a wide range of reporting obligations as outlined in this Policy Directive and to comply with the NMBA professional regulatory requirements. Any further reporting specifically required by individual LHN will need to be detailed by the relevant LHN CEO at the time the Service Agreement is entered into.

7. EPAS
As PPM will be providing direct clinical services within an LHN, this Policy Directive will have applicability within the operational clinical and related business environment. The main implications will be:

- providing security access to EPAS for PPM; and
- providing PPM with the training required to operate EPAS.

8. Exemption

No exemption allowed for this Policy Directive.

9. National Safety and Quality Health Service Standards

|---------------------|--------------------|---------------------|--------------------|--------------------|---------------------|---------------------|---------------------|--------------------|---------------------|

9.1 NATIONAL STANDARD 1: GOVERNANCE FOR SAFETY AND QUALITY AND SAFETY IN HEALTHCARE

A governance system and clinical governance framework has been developed for the acquisition and maintenance of access for PPM as outlined in this Policy Directive. This is in alignment with criterion 1.1 of the National Safety and Quality Health Service Standards (NSQHSS).

As per criterion 1.2 of the NSQHSS, the CEO of the LHN will hold ultimate responsibility for patient safety and quality of care in relation to the agreement of PPM with a Service Agreement. There are integrated systems to actively manage patient safety and quality risks.

PPM will have the right qualifications, skills and approach to provide high quality maternity care as approved by the CEOs and credentialing committees of the LHN. This aligns with NSQHSS criteria 1.10-1.13.

Consumer rights have been respected and their engagement in their care options is supported through the establishment of access for PPM as per criteria 1.17-1.20 of the NSQHSS.

9.2 NATIONAL STANDARD 2: PARTNERING WITH CONSUMERS

Governance structures were utilised to form partnerships with maternity consumers to provide consumer representation during the planning of this Policy Directive as per criteria 2.1 and 2.2 of the NSQHSS.

SA Health has supported consumers to contribute to care design through active consumer participation in this Policy Directive development, meeting criteria 2.5 of the NSQHSS.

Consumers will provide feedback during the Policy Directive evaluation process to help improve the consumer experience and health outcomes as per criteria 2.5 and 2.9 of the NSQHSS.
10. Risk Management

A full risk analysis was undertaken as a part of this Policy Directive as identified in the risk identification for lead sites. In the development of rigorous processes to ensure consistent processes for access by PPM the following risks have been mitigated:

Professional
The professional requirement for the PPM to comply with all NMBA professional regulatory requirements, standards, codes, guidelines and position statements are articulated throughout this Policy Directive and Appendices. Processes are in place across SA Health sites for incident and risk management in relation to professional practice.

Legal
This Policy Directive has been prepared in consultation with the Crown Solicitor’s Office (SA).

Political
The establishment of this Policy Directive meets the Maternity Services Reform Agenda and the needs of the midwifery profession in regards to supporting choices for women and private midwifery models of care through access to public maternity services.

11. Evaluation

SA Health will be able to demonstrate there are clear processes in place to assess and progress applications from PPM for the purpose of access in South Australian public maternity facilities.

SA Health will evidence that processes are in place to record and report the number of applications and approvals for a Service Agreement for PPM.

SA Health will be able to review the documentary evidence of Service Agreements entered into with PPM in South Australian public maternity facilities through the Credentialing Database.

The effectiveness of this Policy Directive will be evaluated through the policy review process every 3 years unless changes are required prior to the scheduled review date.

12. Definitions

In the context of this document:

- **Access** means that authority is granted to a PPM by the CEO of an LHN to arrange for the PPM private patients to be admitted for treatment to the LHN as private patients under a Service Agreement.

  The granting of access is conceptually separate from the delineation of credentialing and determining agreed scope of practice, which is primarily a peer review activity, and which determines competence for the PPM to undertake provision of clinical services.

- **Collaborative Arrangement** means there is an arrangement between a PPM and either a health entity or an OSMP as discussed above at 4.5 and as specified in the Determination(4).

- **Credentialing and determining agreed scope of practice** means the authority granted to a PPM by the CEO of a LHN to provide planned private midwifery care in the public

  ...
maternity service. For the purposes of this Policy Directive, access is granted to a PPM via the entry into of a Service Agreement between the CEO of a LHN and a PPM. Clinical privileges are limited to the PPM’s scope of practice (as determined by the LHN’s relevant Credentialing Committee, based on the agreed scope of practice set out in a relevant collaborative arrangement) and registration endorsement, as well as the LHN maternity service capabilities.

- **Eligible Midwife** means a notation or endorsement is made on the NMBA Register of Midwives as an eligible midwife. This notation applies to a class of registered midwives but not all registered midwives. An eligible midwife is qualified to provide pregnancy, labour, birth and postnatal care to women and their infants, including the capacity to provide associated services and order diagnostic investigations appropriate to the eligible midwife’s scope of practice.

Eligible midwives are currently noted until completion of the approved program of study determined by the NMBA to develop midwives’ knowledge and skills in prescribing. On completion of the approved program they will be endorsed according to the Registration Standard for Eligible Midwives and The Registration Standard for Endorsement of Scheduled Medicines for Eligible Midwives (NMBA 2010).

Endorsement identifies practitioners with additional qualifications and specific expertise. An eligible midwife may also prescribe scheduled medicines in accordance with relevant State legislation once an endorsement for scheduled medicines under Section 94 of the Health Practitioner Regulation National Law (South Australia) Act 2010 has been attained. To be approved for endorsement under section 94, an applicant must hold a notation as an eligible midwife and successfully complete an accredited and approved program of study determined by the NMBA to develop midwives’ knowledge and skills in prescribing, or a program that is substantially equivalent to such an approved program of study, as determined by the NMBA.

With the revised NMBA Registration standard: Endorsed scheduled medicines for midwives which comes into effect on the 1 January 2017, the title ‘eligible midwife’ has been removed.

- **Midwifery Care** means the care provided by a midwife and incorporates antenatal care, intrapartum care and postnatal care for women and their infant. 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 and the judicious use of diagnostic investigations, consultation and referral.

- **Obstetric Specified Medical Practitioner (OSMP)** means the kinds of medical practitioners specified in the National Health (Collaborative arrangements for midwives) Determination 2010 (Cth). These include:
  
  (a) an obstetrician; and  
  
  (b) 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 who is seeking access in a public maternity service in accordance with this Policy Directive. The midwife may also be employed concurrently by a public or private health service. In this context access relates to attendance at the health facility when attending as a private midwife only and not as an employee. If the PPM is also an employed registered midwife at a LHN, this is in
accordance with a contract of employment under the Health Care Act 2008 (SA).

- **Scope of Practice** means the specific scope determined by a Credentialling Committee and placed on what the PPM may and may not do within the LHN when operating under a Service Agreement based on the Collaborative Arrangements and the NMBA scope of practice definition: *the roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. The scope of professional practice is set by legislation – professional standards such as competency standards, codes of ethics, conduct and practice and public need, demand and expectation. It may therefore be broader than that of any individual within the profession. The actual scope of an individual’s practice is influenced by the:*
  - context in which they practise
  - consumers’ health needs, level of competence, education, qualifications and experience of the individual
  - service provider’s policy, quality and risk management framework and organisational culture

- **SA Health Credentialing Database** means the database for Health Practitioners which stores information regarding the credentialing and scope of clinical practice status of SA Health Medical Practitioners, Dental Practitioners, Allied and Scientific Health staff, Nurse Practitioners, Midwives and SA Ambulance Service staff.

- **Service Agreement** means the documents which authorises that access has been granted to a PPM by the CEO of a LHN for the PPM to provide planned midwifery care in the public maternity service. These documents are either:
  - Option 1: Agreement for the provision of private midwifery services: Obstetric Specified Medical Practitioner Collaboration; as discussed above at 4.5.
  - Option 2: Agreement for the provision of private midwifery services: Health Entity Collaboration; as discussed above at 4.5.

### 13. Associated Policy Directives / Policy Guidelines

Nursing and Midwifery Board of Australia:
- Criminal History Registration Standard
- Code of Ethics for Midwives in Australia
- Code of Professional Conduct for Midwives in Australia
- National Competency Standards for the Midwife
- Guidelines for Professional Indemnity Insurance Arrangements for Midwives
- Eligible Midwife Registration Standard
- Guidelines and Assessment Framework for Registration Standard for Eligible Midwives and Registration Standard for Endorsement for Scheduled Medicines for Eligible Midwives
- Registration Standard: Endorsement for Scheduled Medicines for Midwives
- Safety and quality guidelines for privately practising midwives
- Policy: Midwives in private practice

South Australian Department for Health and Ageing:

> Authenticating Nurse Practitioner Credentials Policy

> The Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health Policy

> SA Health Credentialing Database available via the SA Health intranet at http://credentialling.sahealth.sa.gov.au (HAD log in /password)


> SA Health Consumer Feedback Management Policy

> SA Health Fees and Charges


14. References, Resources and Related Documents


Copies of South Australian legislation can be found at www.legislation.sa.gov.au