National Health (Collaborative arrangements for midwives) Determination 2010

National Health Act 1953

I, NICOLA ROXON, Minister for Health and Ageing, make this Determination under subsection 84 (1) of the National Health Act 1953.

Dated 14 July 2010

NICOLA ROXON
Minister for Health and Ageing
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Part 1 Preliminary

1 Name of Determination
This Determination is the National Health (Collaborative arrangements for midwives) Determination 2010.

2 Commencement
This Determination commences on the later of the following:
(a) 1 July 2010;
(b) the day after it is registered.

3 Definitions
In this Determination:
Act means the National Health Act 1953.
collaborative arrangement means a collaborative arrangement mentioned in section 5.
medical practitioner has the meaning given by subsection 3 (1) of the Health Insurance Act 1973.
obstetrician means a medical practitioner who is a specialist in the specialty of obstetrics and gynaecology (however described).
obstetric specified medical practitioner means a medical practitioner mentioned in paragraph 4 (a) or (b).
specialist has the meaning given by subsection 3 (1) of the Health Insurance Act 1973.
specified medical practitioner means a medical practitioner mentioned in section 4.

4 Specified medical practitioners
For the definition of authorised midwife in subsection 84 (1) of the Act, the following kinds of medical practitioner are specified:
(a) an obstetrician;
(b) a medical practitioner who provides obstetric services;
(c) a medical practitioner employed or engaged by a hospital authority and authorised by the hospital authority to participate in a collaborative arrangement.
Part 2 Collaborative arrangements

5 Collaborative arrangements — general

(1) For the definition of authorised midwife in subsection 84 (1) of the Act, each of the following is a kind of collaborative arrangement for an eligible midwife:

(a) the midwife is employed or engaged by 1 or more obstetric specified medical practitioners, or by an entity that employs or engages 1 or more obstetric specified medical practitioners;

(b) a patient is referred, in writing, to the midwife for midwifery treatment by a specified medical practitioner;

(c) an agreement mentioned in section 6 for the midwife;

(d) an arrangement mentioned in section 7 for the midwife.

(2) For subsection (1), the arrangement must provide for:

(a) consultation between the midwife and an obstetric specified medical practitioner; and

(b) referral of a patient to a specified medical practitioner; and

(c) transfer of a patient’s care to an obstetric specified medical practitioner.

(3) A collaborative arrangement, other than an arrangement mentioned in section 7, may apply to more than 1 patient.

(4) However, an acknowledgement mentioned in paragraph 7 (1) (c) may apply for more than 1 patient.

6 Agreement between eligible midwife and 1 or more specified medical practitioners

(1) An agreement may be made between:

(a) an eligible midwife; and

(b) 1 or more specified medical practitioners.

(2) The agreement must be in writing and signed by the eligible midwife and the other parties mentioned in paragraph (1) (b).

7 Arrangement — midwife’s written records

(1) An eligible midwife must record the following for a patient in the midwife’s written records:

(a) the name of at least 1 specified medical practitioner who is, or will be, collaborating with the midwife in the patient’s care (a named medical practitioner);
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(b) that the midwife has told the patient that the midwife will be providing midwifery services to the patient in collaboration with 1 or more specified medical practitioners in accordance with this section;

(c) acknowledgement by a named medical practitioner that the practitioner will be collaborating in the patient’s care;

(d) plans for the circumstances in which the midwife will do any of the following:
   (i) consult with an obstetric specified medical practitioner;
   (ii) refer the patient to a specified medical practitioner;
   (iii) transfer the patient’s care to an obstetric specified medical practitioner.

(2) The midwife must also record the following in the midwife’s written records:

(a) any consultation or other communication between the midwife and an obstetric specified medical practitioner about the patient’s care;

(b) any referral of the patient by the midwife to a specified medical practitioner;

(c) any transfer by the midwife of the patient’s care to an obstetric specified medical practitioner;

(d) when the midwife gives a copy of the hospital booking letter (however described) for the patient to a named medical practitioner — acknowledgement that the named medical practitioner has received the copy;

(e) when the midwife gives a copy of the patient’s maternity care plan prepared by the midwife to a named medical practitioner — acknowledgement that the named medical practitioner has received the copy;

(f) if the midwife requests diagnostic imaging or pathology services for the patient — when the midwife gives the results of the services to a named medical practitioner;

(g) that the midwife has given a discharge summary (however described) at the end of the midwife’s care for the patient to:
   (i) a named medical practitioner; and
   (ii) the patient’s usual general practitioner.

(3) In this section:

usual general practitioner, for a patient, includes a medical practitioner nominated by the patient.

Note