

National Health (Collaborative Arrangements for Midwives) Instrument 2022

I, Travis Haslam, delegate of the Minister for Health and Aged Care, make the following instrument.

Dated 27 September 2022

Travis Haslam

Acting First Assistant Secretary

Medical Benefits Division

Health Resourcing Group

Department of Health and Aged Care

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Part 1—Preliminary

1 Name

 This instrument is the *National Health (Collaborative Arrangements for Midwives) Instrument 2022*.

2 Commencement

 (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

| Commencement information |
| --- |
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. The whole of this instrument | The day after this instrument is registered. |  |

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

 (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

 This instrument is made under subsection 84(1) of the *National Health Act 1953*.

4 Definitions

Note 1: A number of expressions used in this instrument are defined in the Act, including the following:

(a) midwife.

Note 2: Under subsection 4(1A) of the Act, a word or phrase defined for the purposes of the *Health Insurance Act 1973* has the meaning that it would have if used in that Act. Expressions used in this instrument that are defined in that Act include the following:

1. medical practitioner;
2. specialist.

 In this instrument:

***Act*** means the *National Health Act 1953*.

***eligible midwife*** has the same meaning as in Part VII of the Act.

***hospital-authorised medical practitioner*** has the same meaning as in the *Health Insurance Regulations 2018*.

***obstetric medical practitioner*** has the same meaning as in the *Health Insurance Regulations 2018*.

5 Schedules

 Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Part 2—Specified medical practitioners and collaborative arrangements

6 Authorised midwives—specified medical practitioners

 For the purposes of the definition of ***authorised midwife*** in subsection 84(1) of the Act (which deals with eligible midwives providing midwifery treatment in collaborative arrangements with medical practitioners), a medical practitioner of the kind mentioned in a description of a kind of collaborative arrangement in section 7 is specified in relation to that kind of collaborative arrangement.

7 Authorised midwives—specified collaborative arrangements

 (1) For the purposes of the definition of ***authorised midwife*** in subsection 84(1) of the Act (which deals with eligible midwives providing midwifery treatment in collaborative arrangements with medical practitioners), each of the following is specified as a kind of collaborative arrangement, provided the collaborative arrangement complies with subsection (2):

 (a) a collaborative arrangement in which the eligible midwife:

 (i) is employed or engaged by one or more obstetric medical practitioners; or

 (ii) is employed or engaged by an entity that employs or engages one or more obstetric medical practitioners; or

 (iii) has an agreement in writing with an entity (other than a hospital) that employs or engages one or more obstetric medical practitioners;

 (b) a collaborative arrangement in which an obstetric medical practitioner or hospital authorised medical practitioner refers a patient to the eligible midwife, for midwifery treatment, in writing;

 (c) a collaborative arrangement in which the midwife and one or more obstetric medical practitioners or hospital‑authorised medical practitioners make an agreement in writing, signed by each party;

 (d) a collaborative arrangement in which the eligible midwife:

 (i) has acknowledgement from one or more obstetric medical practitioners or hospital‑authorised medical practitioners that the practitioner will be collaborating in the care of a patient or patients; and

 (ii) tells each patient to whom the arrangement applies that the midwife will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient’s care (as required by subsection (2)); and

 (iii) makes the records required by section 8 in relation to each patient to whom the arrangement applies;

 (e) a collaborative arrangement in which a hospital that employs or engages one or more obstetric medical practitioners:

 (i) formally assesses the eligible midwife’s competence, performance and professional suitability; and

 (ii) gives the eligible midwife clinical privileges for a defined scope of clinical practice; and

 (iii) permits the eligible midwife to provide care to the midwife’s own patients at the hospital.

 (2) For the purposes of subsection (1), a collaborative arrangement must provide for:

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

 (b) referral of a patient by the midwife to an obstetric medical practitioner or hospital-authorised medical practitioner; and

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

 (3) A collaborative arrangement may apply to more than one patient.

 (4) To avoid doubt, a collaborative arrangement may involve an obstetric medical practitioner who is employed or engaged in private practice or in the public sector.

8  Midwife record‑keeping requirements for certain collaborative arrangements

 *General*

 (1) For the purposes of subparagraph 7(1)(d)(iii), the eligible midwife must record the following in the midwife’s written records in relation to the patient:

 (a) the name of at least one obstetric medical practitioner or hospital-authorised medical practitioner who has given the midwife an acknowledgement mentioned in subparagraph 7(1)(d)(i) that applies to the patient (a ***named medical practitioner***);

 (b) that the midwife has told the patient that the midwife will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient’s care (as required by subsection 7(2));

 (c) the circumstances in which the midwife will do any of the following:

 (i) consult with an obstetric medical practitioner about the patient’s care;

 (ii) refer the patient to an obstetric medical practitioner or hospital‑authorised medical practitioner;

 (iii) transfer the patient’s care to an obstetric medical practitioner.

 *Particular events*

 (2) For the purposes of subparagraph 7(1)(d)(iii), the eligible midwife must record, in relation to each patient, the following in the midwife’s written records, as soon as practicable after the event occurs:

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

 (b) any referral of the patient by the midwife to an obstetric medical practitioner or hospital‑authorised medical practitioner;

 (c) any transfer by the midwife of the patient’s care to an obstetric 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) when the midwife gives 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***, in relation to a patient, includes a medical practitioner nominated by the patient.

Schedule 1—Repeals

Note: See section 5.

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1 The whole of the instrument

Repeal the instrument.