



Fixing the “collaborative arrangements” problem

The proposed requirement for midwives to have “collaborative arrangements” with “one or more medical practitioners” before being eligible for professional indemnity insurance or Medicare rebates, leads to a range of problems:

- **Untenable consequences for professional regulation of midwifery:**
 - Medical control over “collaborative arrangements” gives doctors power to determine midwives’ access to insurance, and consequently their ability to maintain their license to practice.
- **Anti-competitive influence on the health care market:**
 - One group of providers would be able to control consumer access to another group of providers of the same business service (e.g. antenatal care) by controlling midwives’ access to insurance, Medicare and registration to practice.
- **Difficulty in delivering intended access and choice for Australian women:**
 - Doctors have minimal incentives to enter collaborative arrangements.
 - Doctors face significant disincentives, e.g. medico-legal risks, cultural resistance, competition.
 - Formalised agreements may undermine normal professional collaboration that is already occurring and amplify power imbalances.
- **“Collaborative arrangements” do not specifically include hospitals:**
 - Collaborative arrangements with public hospitals will require sign-off by named doctors. This is unworkable, especially in rural and remote communities where doctors regularly change.
- **The amendments do not improve “safety” or “continuity” for Australian mothers:**
 - Midwifery is a regulated profession with standards, codes and guidelines which require appropriate collaboration.

Maternity Coalition proposes the following be addressed before the Medicare for midwives Bills are passed:

- Remove any requirement for collaborative arrangements as a prerequisite for access to insurance, eligibility, or registration for private midwifery practice.
- Requirements for collaboration between midwives and doctors must not facilitate anti-competitive behavior by giving one group veto or control power over another.
- Explicitly include and support collaborative relationships between midwives and hospitals, not limited to individual doctors.

For more information contact: Bruce Teakle 07 3289 0231, teakle@maternitycoalition.org.au