

Visiting Endorsed Midwife Practice

Summary This Policy Directive applies to privately practicing endorsed midwives, and a midwifery practice or health care practice that employs a visiting endorsed midwife seeking to provide private care in NSW public hospitals.

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Visiting Endorsed Midwife Practice

POLICY STATEMENT

NSW Health is committed to facilitating women's options for maternity care. NSW Health also supports public hospitals to enable admitting and practice rights for Visiting Endorsed Midwives (VEMs), in accordance with Commonwealth maternity reforms.

SUMMARY OF POLICY REQUIREMENTS

This Policy Directive provides options for endorsed midwives to apply for an Access Agreement with an NSW Public Health Organisation (PHO). These options include in the capacity as a VEM who provides private midwifery services in NSW Health facilities in an individual capacity, or as a VEM who is separately employed by a midwifery practice or Health Care Service.

Planned births at home that require escalation or transfer of care to a public maternity facility is not included in the scope of this Policy Directive.

An Access Agreement outlines the terms and conditions under which a PHO agrees to grant a VEM the right of access to NSW Health facilities operated by that organisation.

A collaborative arrangement must be agreed and in place between the VEM and either a NSW Health maternity service, or an Obstetric Specified Medical Practitioner who also has rights of practice at the same service.

PHOs must establish Verification Committees to assess applications for Access Agreements from VEMs, and applications from midwifery practices or Health Care Services that employ a VEM requesting an Access Agreement. Verification Committees make recommendations to the Chief Executive (or their delegate) of the PHO to approve or decline applications. Verification Committees are also responsible for credentialing and determining the scope of practice of VEMs.

Verification Committees verify, cite and authenticate relevant documents supplied by a VEM to validate their professional qualifications and experience, and also validate the endorsement of VEMs for use of scheduled medicines. Verification Committees also consider and approve amendments to Collaborative Arrangements. Verification Committees review the right of access of the VEM, midwifery practice or Health Care Service at one year from the commencement date of the Access Agreement, and then each 12-month period thereafter (a new application for an Access Agreement is required every five years).

REVISION HISTORY

Version	Approved By	Amendment Notes
(PD2023_036 October – 2023)	Deputy Secretary, People, Culture and Governance	Modifications made to the policy to ensure that it applies to both midwives working in an individual capacity, and midwives employed by a private midwifery practice or Health Care Service
PD2022_018 June-2022	Deputy Secretary, People, Culture and Governance	A full review of privately practising endorsed midwives with an Access Agreement who may also be employed as a registered midwife within the public health organisation. <ul style="list-style-type: none"> Describes indemnity arrangements for NSW public health organisations and privately practicing endorsed midwives
GL2015_014 November-2015	Deputy Secretary, Governance, Workforce and Corporate	New guideline

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1. BACKGROUND

NSW Health is committed to facilitating women's options for maternity care. NSW Health also supports public hospitals to enable admitting and practice rights for Visiting Endorsed Midwives (VEMs), in accordance with Commonwealth maternity reforms.

1.1. About this document – Access Agreements and VEMs

This Policy Directive outlines the arrangements for VEMs to provide care in facilities operated by NSW Public Health Organisations (PHOs).

PHOs are not required to enable admitting rights for VEMs. However, if a PHO does wish to engage with VEMs, they must adhere to this Policy Directive.

VEMs are midwives endorsed by the Nursing and Midwifery Board of Australia. They work in either an individual capacity or in the course of their employment with a midwifery practice or Health Care Practice, and have admitting rights to provide care for a woman admitted as a private patient in NSW Health facilities operated by PHOs.

VEMs are required to establish an Access Agreement with a PHO prior to providing midwifery care in that organisation's facilities. An Access Agreement outlines the terms and conditions required for determining a collaborative arrangement and credentialing process, including determining the scope of practice, for VEMs to provide care to women in NSW Health facilities operated by PHOs.

The Access Agreement for VEMs who provide private midwifery services in NSW health facilities in an individual capacity is available at the [Midwifery in NSW webpage](#). It to be used by the individual VEM and the relevant PHO that operates the facility.

The Access Agreement for a midwifery practice or Health Care Practice that employs a VEM who provides private midwifery services in NSW Health facilities while employed by them is available at the [Midwifery in NSW webpage](#). This Access Agreement has been prepared for VEMs who are covered by their employer's insurance policy, and is to be used by the relevant midwifery practice or Health Care Practice that employs a VEM, and the relevant PHO that operates the facility.

VEMs must have collaborative arrangements in place with either a NSW Health maternity service or with an Obstetric Specified Medical Practitioner who also has rights of practice at the same service.

VEMs may also be employed as registered midwives on a casual basis by a PHO. Full-time and part-time NSW Health midwifery staff are not eligible to enter into an Access Agreement with a PHO. When a conflict occurs between the responsibilities of the VEM to their personal caseload and their duties as a casual employee, the VEM must fulfil the duties of their casual employment with a PHO in the first instance. Back-up plans, as described in section 4.2 of this Policy Directive, must be adopted as provided in the terms of the Access Agreement. Any decisions about managing the personal caseload of the VEM, along with the terms of their casual employment, is made at a local level, within the PHO, and in consultation with the Midwife Manager on duty.

This Policy Directive does not apply to midwives who are practising in the course of their employment with a PHO and who may also hold an endorsement for the use of scheduled medicines with the [Nursing and Midwifery Board of Australia](#).

1.2. Key definitions

Access Agreement	<p>Terms and conditions under which a PHO agrees to grant a VEM a right of access to the NSW Health facilities operated by that organisation. Note that the granting of access is conceptually separate from the process of credentialing and determining an agreed scope of practice, which is primarily a peer review activity.</p> <p>There are two types of Access Agreements available at the Midwifery in NSW webpage:</p> <ul style="list-style-type: none">• One to be used by VEMs who provide private midwifery services in NSW health facilities in an individual capacity• Another to be used by a midwifery practice or Health Care Practice that employs a VEM who provides private midwifery services in NSW health facilities while employed by the midwifery practice or Health Care Practice
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Agreed Plans	Documented clinical arrangements that the VEM has in place under the Access Agreement, the details of which include back-up for the VEM, provision of inpatient care, arrangements for anaesthetic (epidural) services and arrangements for neonatal/paediatric services.
Collaborative Arrangement	An arrangement between a VEM and an obstetrician or a medical practitioner who provides obstetric services, or an entity that employs one or more obstetric medical practitioners. The Commonwealth defines Collaborative Arrangements and how they can be demonstrated in the National Health (Collaborative Arrangements for Midwives) Determination 2010.
Credentialing	A peer review activity which verifies the qualifications, experience, and professional standing of health practitioners in determining an agreed scope of practice to work within an organisation.
Endorsed Midwife	A midwife assessed and endorsed by the Nursing and Midwifery Board of Australia to prescribe schedule 2, 3, 4 and 8 medicines relevant to midwifery practices, in accordance with the Health Practitioner Regulation National Law, in force in each state and territory (National Law).
Informed financial consent	Means the provision of cost information to patients (including any likely out-of-pocket expenses) by a doctor or other health service provider, preferably in writing, about the proposed treatment or admission to hospital.
Nursing and Midwifery Board of Australia	The Nursing and Midwifery Board of Australia works to ensure that Australia's enrolled nurses and registered nurses are suitably trained, qualified and safe to practise. Public safety is our priority.
Obstetric Specified Medical Practitioner	A range of medical practitioners specified in the National Health (Collaborative Arrangements for Midwives) Determination 2010 (Commonwealth). These include: <ul style="list-style-type: none"> • an obstetrician • a medical practitioner who provides obstetric services • a medical practitioner employed or engaged by a hospital authority and authorised by that authority to participate in a Collaborative Arrangement

Public Health Organisation	A Local Health District, or a statutory health corporation, or an affiliated health organisation in respect of its recognised establishments and recognised services
Midwifery practice or Health Care Service	A company or other legal entity that employs a VEM who is given a right of access to provide midwifery services in a NSW Health facility in accordance with this Policy Directive.
Visiting Endorsed Midwife (VEM)	A midwife endorsed by the Nursing and Midwifery Board of Australia, who works in either an individual capacity or while employed by a midwifery practice or Health Care Practice, and has access rights to provide care for women admitted as private patients in NSW Health facilities.
Scope of practice	<p>Refers to the boundaries within the profession of midwifery, within which midwives are educated, deemed competent and permitted to perform by law, as described by the Nursing and Midwifery Board of Australia's Midwife Standards for Practice.</p> <p>The actual scope of the individual midwife's practice is defined by all parties to the Access Agreement and is dependent on the midwife operating within the bounds of their qualifications, education, training, current experience, and competence, and within the capability of the facility or service in which they are working.</p>
Verification	Act of citing and authenticating relevant documents supplied by a VEM to validate their professional qualifications and experience.
Verification Committee	<p>The committee established by a PHO to assess applications by VEMs for access rights to NSW Health facilities operated by that organisation. The Verification Committee makes recommendations to approve or decline applications and to determine the scope of practice of VEMs under their Access Agreement. The Verification Committee reviews rights of access at regular intervals.</p> <p>The Verification Committee also verifies, cites and authenticates relevant documents, considers and approves amendments to Collaborative Arrangements and validates the endorsement of VEMs for use of scheduled medicines.</p>

1.3. Legal and legislative framework

Under Commonwealth legislation, a VEM must have a Collaborative Arrangement in place, either with an Obstetric Specified Medical Practitioner or a PHO that provides maternity

services, in order to access the Medicare Benefits Scheme, Pharmaceutical Benefits Scheme and/or any Commonwealth Government subsidised programs.

VEMs are expected to comply with all relevant NSW Health policies, procedures, documents, and guidelines when providing care to women in NSW Health facilities operated by PHOs. All relevant NSW Health policy documents are available on the [Policy Distribution System](#) website.

Relevant Legislation for VEMs includes:

- [Health Practitioner Regulation National Law \(NSW\) No 86a \(the National Law\)](#)
- [Health Insurance Act 1973 \(Commonwealth\)](#)
- [National Health Act 1953 \(Commonwealth\)](#)
- [Medical and Midwife Indemnity Legislation Amendment Act 2021 \(Commonwealth\)](#)
- [National Health \(Collaborative arrangements for midwives\) Determination 2010 \(Commonwealth\)](#)
- [National Health Reform Agreement](#)
- [Poisons and Therapeutic Goods Act 1966 \(NSW\)](#)
- [Poisons and Therapeutic Goods Regulation 2008 \(NSW\)](#)

For more information about the provisions of the *Health Insurance Act 1973* (Commonwealth) and the *National Health Act 1953* (Commonwealth) that apply to VEMs, please refer to the explanatory memorandum to the [Health Legislation Amendment \(Midwives and Nurse Practitioners\) Bill 2009](#).

2. APPLICATION AND APPOINTMENT TO RIGHT OF ACCESS

VEMs who wish to be granted rights of access to a NSW Health facility operated by a PHO must apply to the Chief Executive (or their delegate) for an Access Agreement. Application forms can be found on the [Midwifery in NSW webpage](#).

The Chief Executive (or their delegate) is to forward applications to the relevant Verification Committee for assessment and credentialling.

2.1 Collaborative Arrangements

Collaborative Arrangements must be in place for the VEM to be granted an Access Agreement in NSW Health facilities operated by PHOs. The [National Health \(Collaborative Arrangements for Midwives\) Determination 2010](#), as made under the *National Health Act 1953* (Commonwealth), specifies the types of Collaborative Arrangements that VEMs may enter with medical practitioners.

For the purposes of this Policy Directive, a VEM can demonstrate a Collaborative Arrangement via two options:

Option 1

A written and signed agreement between a VEM and one or more obstetric specified medical practitioners who have visiting rights or employment with the PHO, or is a staff specialist wishing to exercise his/her right to private practice.

Option 2

A PHO has entered into a collaborative arrangement with the VEM.

The hospital must employ or engage one or more obstetric specified medical practitioners.

Applicants with an existing Collaborative Arrangement are to provide evidence of that agreed arrangement. An applicant seeking a Collaborative Arrangement with the PHO will need to make that application with that organisation at the same time of application for an Access Agreement.

<u>Collaborative Arrangements as required by the Commonwealth</u>	
Option 1 VEM and medical practitioner	Option 2 VEM and PHO
The VEM has an existing Collaborative Arrangement in place with one (or more) obstetric specified medical practitioners that have visiting rights or employment with the PHO, or is a staff specialist wishing to exercise his/her right to private practice.	The VEM requests to enter a Collaborative Arrangement with the PHO that employs one or more obstetric specified medical practitioners. The Collaborative Arrangement is between the VEM and the PHO.

If the Collaborative Arrangement is amended, a copy of the new Collaborative Arrangement must be provided to the PHO for consideration and approval by the Verification Committee.

2.2 Endorsement for Scheduled Medicines

VEMs must hold endorsement with the Nursing and Midwifery Board of Australia for the prescribing of scheduled medicines. Midwives are to indicate their context for practice when prescribing scheduled medicines. The Nursing and Midwifery Board of Australia provides [further advice](#) about the prescribing context of practice for midwives.

The Verification Committee must validate the endorsement of VEMs for use of scheduled medicines, and that it is applicable to their scope of practice as determined by the credentialing process.

2.3 Credentialing and Verification

2.3.1 Credentialing and Scope of Practice

The purpose of credentialing is to form a view about a practitioner's competence, performance, and professional suitability to provide safe, high-quality health services within an organisation.

Credentialing of VEMs follows a similar process used to credential and define the scope of practice for other health practitioners, and is consistent with [Australian Commission on Safety](#)

[and Quality Health Care Credentialing Guidelines](#) and the Nursing and Midwifery Board [Safety and Quality Guidelines for Privately Practising Midwives](#).

Under either Collaborative Arrangement options in Section 2.1 of this Policy Directive, the VEM is:

- credentialed to provide midwifery services after successfully completing a formal process to assess their competence, performance, and professional suitability; and
- given clinical privileges for a defined scope of clinical practice for the NSW Health facility operated by a PHO; and
- permitted to provide midwifery care for women and babies at that facility.

2.3.2 Verification Committee

The Chief Executive (or their delegate) of a PHO must establish a Verification Committee to assess applications from VEMs requesting an Access Agreement. This may be a new or established committee in accordance with the existing governance frameworks of that PHO.

The Verification Committee can be convened at a public hospital or a Local Health District level and have a terms of reference or a committee charter, which is to be reviewed at least every two years and approved by the Chief Executive.

2.3.3 Committee Membership

The Verification Committee must contain members appropriate to the needs of the PHO and its facilities. It is recommended that the core membership includes the following:

- Director of Nursing and Midwifery – (must be the convenor of the Verification Committee)
- Director of Medical Services
- Midwifery Manager (or a senior midwifery expert as designated by the Director of Nursing and Midwifery)
- Medical practitioner with relevant expertise in obstetrics (Director of Obstetrics or a medical practitioner providing obstetric services)
- A pharmacist – (determined by the PHO)
- Other members as determined by the convenor (e.g. an endorsed midwife).

2.3.4 Committee Responsibility

The Verification Committee is responsible for credentialing the VEM. The Verification Committee must sight all original documentation and verify the applicant has:

- Current registration as a midwife with the Nursing and Midwifery Board of Australia
- Endorsement for scheduled medicines for midwives with the Nursing and Midwifery Board of Australia

- A Medicare Benefits Scheme provider number and a Pharmaceutical Benefits Scheme prescriber number
- Current Professional Indemnity Insurance that complies with the requirements of the Access Agreement and is commensurate to the proposed scope of practice of the VEM
- An appropriate scope of practice.

The Verification Committee will outline timeframes for any further education or training needed by the VEM and ensure these requirements are included in the terms of the Access Agreement and communicated with the local Midwifery Manager. (Examples of such training include NSW Health perinatal safety program, perineal repair and intravenous cannulation).

The Verification Committee will adhere to human resource principles with regard to its membership, as outlined in the *Recruitment and Selection of Staff to the NSW Health Service Policy Directive* ([PD2023_024](#)). This includes, but is not limited to, current resumes, identity documents, referee checks and Criminal and Working with Children Checks.

The Verification Committee should assess applications within four weeks of the application being received, or as soon as practicable if this aligns with the PHO's governance processes. The Verification Committee will make a recommendation to the Chief Executive (or their delegate) to approve or decline the application. If the Verification Committee recommends approval, the Chief Executive (or their delegate) authorises the Access Agreement with the VEM and notifies them in writing.

The Verification Committee is responsible for reviewing the right of access of the VEM at one year from the commencement date, and then each 12-month period thereafter. Reviews may also be required between these times.

PHOs must consider the available resources required to support the VEM within their service (such as access to facilities, electronic medical records and databases), including implications for medical indemnity protection.

2.3.5 Renewing an Access Agreement

A renewed application for an Access Agreement is required every five-years.

The process for renewal is to follow the initial application procedure. If the application is successful, a letter of re-appointment will be provided to the VEM, or the midwifery practice, or Health Care Practice which holds insurance on behalf of the VEM, and will include the new review date and any additional details of the appointment (such as further education requirements).

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2.3.6 Notification and Record-keeping

The convenor of the Verification Committee must notify appropriate departments within the PHO of Access Agreements with VEMs. This includes, but is not limited to, admissions, human resources, maternity services, obstetrics and gynaecology, anaesthetics and

neonatology/paediatrics). All documentation regarding the application must be retained by the PHO for the required statutory period.

2.3.7 Unsuccessful Applications

The Chief Executive (or their delegate) will notify any unsuccessful applicant in writing, providing the reason for the decision.

PHOs may, at their own discretion, develop an internal review process for VEMs where a previously approved Access Agreement has not been renewed.

3. TERMS AND CONDITIONS IN GRANTING RIGHTS OF ACCESS

All Access Agreements entered into VEM must be in the form of the [standard Access Agreements](#) of this Policy Directive are available on the [NSW Nursing and Midwifery Office](#) website. Parties can only depart from the standard terms and conditions with the written approval of the Nursing and Midwifery Office, NSW Ministry of Health.

The [Access Agreement](#) of this Policy Directive, available on the [NSW Nursing and Midwifery Office](#) website, must be used by a PHO and a VEM who provides private midwifery services in NSW health facilities in an individual capacity.

The [Access Agreement](#) of this Policy Directive, available on the [NSW Nursing and Midwifery Office](#) website, must be used by a PHO and a midwifery practice or Health Care Practice that employs a VEM. Under this Access Agreement, the employer of the VEM commits to ensuring the VEM is a suitable person to provide private care in facilities operated by the PHO, and agrees to hold relevant insurance that covers the VEM. Additionally, under this Access Agreement, only the VEMs listed in Schedule 1A are given a right of access to the PHO to provide the private midwifery services. The PHO and the midwifery practice or Health Care Practice can agree to add additional midwives to Schedule 1A of the Access Agreement.

4. IMPLEMENTATION OF ACCESS AGREEMENT

4.1 Admission Processes and Informed Financial Consent

Women who have chosen to be admitted under the care of a VEM must be admitted as a private patient to NSW Health facilities. PHOs admit women in accordance with the *Admitted Patient Election Processes for NSW Public Hospitals Policy Directive* ([PD2021_046](#)).

Under the [National Health Reform Agreement](#) (NHRA), all eligible persons have the choice to be treated as either public or private patients in NSW Health facilities, irrespective of their health insurance status.

A patient can elect to be treated as a private patient where such a valid election has been made in accordance with the NHRA. The requirements of a valid private patient election include a statement signed by the patient acknowledging they have been fully informed of the consequences of their election, and evidence that the patient has made an election based on informed financial consent. Informed financial consent means the provision of cost

information to patients (including any likely out-of-pocket expenses) by a doctor or other health service provider, preferably in writing, about the proposed treatment or admission to hospital.

Once the patient has elected to be treated as a private patient, they cannot change back to a public patient unless unforeseen circumstances occur. Clause G30 of the NHRA outlines examples of unforeseen circumstances, such as, but not limited to, complications requiring extra procedures, and/or extensions in the patient's length of stay beyond what was originally planned by a health professional.

Before a patient makes a private patient election, they must be informed that any change in patient status is effective from the date of the change onwards and must not be retrospectively backdated to the date of admission.

When admitting women under the care of a VEM, it is the responsibility of that VEM to gain informed financial consent from the woman. The VEM must ensure that certain information is provided to the woman to ensure a private patient election is made validly and on the basis of informed financial consent, including costs related to inpatient hospital stay (for the woman and her baby), use of operating theatres, consultation with private medical specialists (e.g. anaesthetists and neonatologists), as well as any impacts associated with transfer of care to a medical practitioner if it becomes necessary. If the woman holds private health insurance, these costs may be met fully or in part by their health fund.

Fees for VEM services are negotiated between the VEM and the woman, and are independent of NSW Health. The VEM may charge the woman a fee for service utilising a range of Medicare item numbers that are reflective of the care provided. The VEM is not paid by the PHO.

It is NSW Health policy that a facility fee is payable by health practitioners exercising rights of private practice in NSW Health facilities for the use of those facilities and/or NSW Health staff. This also applies to VEMs.

A provision to this effect is included in the Access Agreement for VEMs at a rate of 5% of revenue earned by the VEM in care provided. A PHO may choose to waive the facility fee in lieu of other contributions the VEM may make to that PHO (such as providing mentorship to midwives and contributing to professional development activities for staff members), in which case those in-kind contributions must be documented in the Access Agreement.

4.2 Arrangements when the VEM is Unavailable

The Access Agreement must include documented arrangements for when the VEM is unavailable. The arrangements are to include leave relief, caseload management, responsibilities to rostered shifts as a casual employee (where applicable), and dealing with fatigue. PHOs may be guided by caseload models and relevant industrial frameworks in supporting the VEM in maintaining a fatigue management plan.

Arrangements for cover must include another named VEM with an Access Agreement with the PHO. Regular communication must occur between the VEM and the PHO's midwife in-charge regarding caseload management.

A VEM is responsible for ensuring that the woman under their care is fully informed regarding arrangements for when the VEM is unavailable.

4.3 Consultation and Referral or Transfer of Care

In conjunction with the *Maternity- National Midwifery Guidelines for Consultation and Referral Policy Directive* ([PD2020_008](#)), VEMs with an Access Agreement must utilise the *National Midwifery Guidelines for Consultation and Referral* (Australian College of Midwives).

These guidelines provide an evidenced-based framework to support midwives in their clinical decision making across all practice areas. They also facilitate appropriate consultation and referral to peer midwives, medical and allied health staff during pregnancy, birth, and the postnatal period.

VEMs are responsible for ensuring the woman is informed when their care and/or their baby's care requires further consultation, referral, or transfer of care.

4.4 Leading Care

When a VEM needs to consult, refer, or transfer care to an Obstetric Specified Medical Practitioner, the principles of collaboration must follow the *National Midwifery Guidelines for Consultation and Referral* (Australian College of Midwives) definition outlined below:

"Collaboration refers to all members of the health care team working in partnership with both the woman and each other to provide the highest standard of, and access to, health care. Collaborative relationships depend on mutual respect. Successful collaboration is contingent upon open communication, consultation and joint decision-making within a risk management framework, to enable appropriate identification of risk and any requirement for consultation and/or referral. Collaboration ensures effective, efficient and safe health care".

Responsibility for care may range from the VEM remaining as lead carer, a shared care arrangement with the Obstetric Specified Medical Practitioner, or transferring care to the Obstetric Specified Medical Practitioner. The VEM can continue to contribute to care for the woman with clinical complexities. The lead care role may be transferred back to the VEM at a later stage in pregnancy, labour, or puerperium, provided there is agreement between the collaborating Obstetric Specified Medical Practitioner, the VEM and the woman under their care.

4.5 Financial and Indemnity Considerations Regarding Transfer of Care

Where transfer of care is required, the woman's status as a private patient should be maintained, except where unforeseen circumstances occur (see clause G30 of the National Health Reform Agreement and Section 4.1 of this Policy Directive). In maintaining the woman's private status, care can be transferred to the collaborating Obstetric Specified Medical Practitioner (typically a staff specialist or Visiting Medical Officer exercising their rights of private practice). All parties can raise claims for respective services provided against relevant Medicare Benefits Schedule item numbers for any private care provided.

Women are to be informed early of the types of circumstances that may require the transfer of their care from the VEM to NSW Health staff and any implications this may raise (see Section 4.1 of this Policy Directive).

When a permanent transfer of care from the VEM to an Obstetric Specified Medical Practitioner is deemed necessary during pregnancy, a plan of care is to be made in consultation with the woman and her family.

Transfer of care can only occur with the informed consent of the woman and must be documented carefully. Documentation must include an outline of the consultation process and any recommendations made, the woman's response, the rationale for the decisions and the agreed plan of care.

In an emergency, the clinical responsibility is transferred as soon as possible to the most appropriate practitioner available.

5. COMPLAINTS MANAGEMENT

5.1 Clinical Practice

Where a person makes a complaint about a VEM while practising in a NSW Health facility and/or where a concern is raised regarding their practice, it will be managed in line with the *Managing Complaints and Concerns about Clinicians Policy Directive* ([PD2018_032](#)).

5.2 Maternity Services

Where a VEM raises concerns or a dispute regarding maternity services or another clinician, it will be managed according to the *Resolving Workplace Grievances Policy Directive* ([PD2016_046](#)) or the *Managing Complaints and Concerns about Clinicians Policy Directive* ([PD2018_032](#)), as appropriate.

NSW Health policy documents do not affect the rights of a PHO to suspend or terminate an Access Agreement in accordance with its terms.

6. WITHDRAWAL OF RIGHT OF ACCESS

The Access Agreement provides a number of grounds on which access may be withdrawn by the PHO and the agreement terminated. This will include where the VEM:

- Fails to comply with their obligations under the Access Agreement.
- Commits a material breach of the Access Agreement that they cannot remedy, or commits a material breach that is capable of remedy but where they fail to do so within 7 days of receiving notice in writing from the PHO requiring them to remedy that breach.
- Fails to comply with any lawful direction (which may include a reasonable work direction) by the PHO.
- Is convicted of an offence punishable by imprisonment.
- Is declared bankrupt or has bankruptcy proceedings commenced against them.

The PHO can also suspend the rights of the VEM under the Access Agreement, including where the VEM:

- Fails to comply with the requirements of the Access Agreement.
- Fails to comply with the Collaborative Arrangement.
- Provides services that in the PHO's opinion involves an unacceptable risk to the health or life of any person.

The VEM's access under the Access Agreement may later be reinstated at the PHO's discretion or terminated entirely.

Either the PHO or the VEM may terminate the Access Agreement for any or no reason within 30 days written notice to the other party.