

Schedule 1: Recommendations, Strategies and Actions and Government Response

The three priorities for change are:	<ul style="list-style-type: none"> • Poor outcomes for Aboriginal and Torres Strait Islanders • Care of women who live in Rural and Remote Areas • Post-birth care (Integration of Care)
The three recommendations under which strategies are proposed are:	<ul style="list-style-type: none"> • Maternity Care 2010: Principles and Strategies • The Centre for Mothers and Families • Achieving Maternity Care 2010: Caring for Carers

Considerations for implementation

The recommendations, strategies and proposed actions in *Re-birthing* are comprehensive and detail substantial change to current models of service delivery and practice. The scope of reform proposed is extensive and complex, requiring sequential implementation strategies. In the initial stages these strategies will be facilitated by the Steering Committee in partnership with key stakeholders.

It will require fundamental cultural and practice change over a period of five to ten years to ensure steady, sustainable implementation. Initiatives that require extensive or additional resources will be considered in specific business cases which integrate existing local, regional and state wide arrangements.

RECOMMENDATION 1	Maternity Care 2010: Principles and Strategies
<p>That the Queensland Government endorses the following principles for development of any new approaches to maternity care as well as for modifications to existing approaches.</p> <ul style="list-style-type: none"> Care is safe and feels safe Care is open and honest Care is local and feels local Care is integrated Care belongs to consumers Carers work together and communicate <p>GOVERNMENT RESPONSE: The Queensland Government endorses the principles to guide the development and delivery of maternity services in Queensland.</p> <p>RATIONALE: This is an important policy commitment and appropriate given:</p> <ul style="list-style-type: none"> a) the broad degree of support expressed for these principles; b) the high profile and extensive consultation and development process involved in their formulation; c) their consistency with other Queensland Government and Health policies; and d) their capacity to provide a framework to guide provision of all maternity services in Queensland. <p>RESOURCE IMPLICATIONS: Adopting the principles has no significant resource implications in Stage 1 and provides an opportunity for service providers to consider options for improving maternity services in line with these principles.</p>	

PRINCIPLE 1		
Care is safe and feels safe		
STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>All care must be provided within a framework of safety and quality with appropriate processes for risk assessment and management.</p> <p>New approaches and practices must be based on best available evidence.</p>	<p>New approaches to care and changes to existing approaches will improve a family's experience of safety by:</p> <ol style="list-style-type: none"> 1. offering pregnancy, birth and post-birth care with a known carer (one of a small team); 	<p>Government supports the strategy and notes the range of proposed actions and actions incorporated in the work plan for implementation. These may require further examination through demonstration sites and their evaluation.</p> <ol style="list-style-type: none"> 1. Government supports in principle and will examine effective models through demonstration sites and evaluation.

STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
	<ol style="list-style-type: none"> 2. re-framing pregnancy education to prepare new parents for life post-birth as well as for birth itself; 3. providing pregnancy care with an appropriate emphasis on wellness and helpful interventions (integrated with other services) for smoking, drug or alcohol use, depression or other mental illness and risk of domestic violence; 4. providing culturally safe environments for all women, including appropriate pregnancy care for adolescent women and language interpreters for women who require them; 5. providing a range of non-pharmaceutical options for pain relief in labour, accommodating active labour, and welcoming partners and support people; 6. providing environments of ease and calm for labour, birth and post-birth care across all levels of care as possible; and 7. providing post-birth care and a support network in the community that eases the transition to life as parents (and helps establish and maintain breastfeeding). 8. Over time, current practices should be reviewed against best available evidence. 	<ol style="list-style-type: none"> 2. Government supports preparing new parents for life post-birth through integrated approaches in ante-natal care and pre-conception education. 3. Government supports this practice for all pregnant women. 4. Government supports and will work with partners to improve the cultural safety of the environment. The issue of is sustainable interpreter services is being examined as part of the Healthier Multicultural Communities. 5. Government supports implementation using a staged approach and evaluation. 6. Government supports providing environments of ease and calm wherever possible. 7. Government supports this action and will examine options through demonstration sites and links with the Child Health Model of Care 0 – 12 years. Government will engage other partners in planning implementation. 8. Government supports the systems approach to clinical practice improvement in Maternity midwifery and obstetrics. This must be in line with the broader system eg. Clinical Practice Improvement Centre, Collaboratives for Health Care Improvement, Safety and Quality.
<p>Maternity care of Aboriginal and Torres Strait Islander women belongs to Aboriginal and Torres Strait Islander women</p> <p>A determined strategy to prepare Aboriginal and Torres Strait Islander midwives, doctors and health workers who can work in communities must be a</p>	<ol style="list-style-type: none"> 1. Aboriginal and Torres Strait Islander people must determine Aboriginal and Torres Strait Islander maternity services; 2. culturally-appropriate pregnancy care and education, birth support and post-birth care are a right of all Aboriginal and Torres Strait Islander women; 3. care providers need to work to make community birthing safe; 4. cultural safety may include changes to birth 	<ol style="list-style-type: none"> 1. Government supports actions 1 and 2. It is committed to working on a partnership approach. <i>Partnerships Queensland</i> and The Aboriginal and Torres Strait Islander Health Partnership will provide a strong framework for engaging Indigenous communities in determining their health services in partnership with providers. The focus will be on integration with community initiatives and working with the prevention and intervention approach in Department of

STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>priority</p>	<p>registration to allow Aboriginal and Torres Strait Islander people who birth far from home to include their lands or groups on certificates and to provide for cultural adoption;</p> <p>5. for some women, cultural safety may require a woman carer; and</p> <p>6. birthing in home communities may not yet be safe as care is not always available in local communities. At the same time birthing on their own lands may be integral to the cultural safety of Indigenous women.</p>	<p>Communities.</p> <p>2. Government supports development and implementation of culturally respectful recruitment and training approaches that support the combination of skills required in maternal, child and young people's health as in Action 3.2.10 of the <i>Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010</i>.</p> <p>3. Government supports the development of demonstration sites in Indigenous communities to examine how birthing services can be provided safely. A priority would be to examine approaches in demonstration sites as in Action 4.4 of the <i>Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010</i>.</p> <p>4. Minister for Energy and Aboriginal and Torres Strait Islander Policy and Minister for Child Safety will seek policy advice to progress this issue.</p> <p>5. Government supports where at all possible taking account of cultural and clinical safety.</p> <p>6. Government recognises the cultural significance of birthing on the homelands and consideration needs to be given to birthing in local communities and on country.</p>

<p>PRINCIPLE 2 Care is open and honest</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>The Centre for Mothers and Families and individual carers will provide comprehensive information on all aspects of pregnancy, birth and post-birth experience by:</p>	<p>1. Offering all women and families timely, independent, accessible information to make decisions about their care, including information about preconception care, birthing approaches and their outcomes (eg. intervention rates, caesarean birth rates etc);</p>	<p>1. Government supports the provision of timely, independent and accessible information to women and their families.</p> <p>2. Government supports in principle continuity of carer wherever possible (See Principle 4 response).</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
	<ol style="list-style-type: none"> 2. providing pregnancy education that prepares families for birth and beyond; 3. providing a known carer who can listen, answer questions and respond to concerns as they arise throughout care; and 4. providing post-birth information, support and networking opportunities for new parents. 	

PRINCIPLE 3	Care is local or feels local
--------------------	-------------------------------------

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>In <u>urban centres</u> hospitals will establish integrated, community-based family centres which provide primary care based pregnancy and post-birth care.</p> <p>In <u>rural or remote areas</u>, bush family centres will be built around formal Rural Clusters of Care through which an appropriate level of care is available through a number of carers.</p>	<ol style="list-style-type: none"> 1. Family centres will be organised by the hospital in conjunction with community health and managed by a group made up of carers and administrators from the hospital, consumers and other health care providers. 2. A large hospital might have six family centres in strategic community locations (appropriately resourced child health centres or community health centres would be ideal). 3. Local birthing places will re-open as staff becomes available through the formal Cluster structure. 4. Women who must relocate to birth will automatically receive an allowance that covers reasonable travel and accommodation costs and the travel and accommodation costs of a support person. 5. For women in marginalised circumstances, costs for travel of other children will be considered, with decisions based on needs and risk to women and families who are separated. 6. Bush family centres that provide birth care will have appropriate provision for emergency transfer should this be necessary. 	<p>1&2 Government supports the concept of integrated community based ‘family centres’. However comprehensive identification, planning and analysis are required prior to the development of family centres in urban centres and implementation of this strategy. Specific initiatives will be subject to the normal business case and budget processes of the Department.</p> <p>3. Government supports the concept of Rural Clusters of Care. Prior to the development and implementation of these Clusters, comprehensive identification, planning and analysis must occur.</p> <p>Government will focus on securing current services, development of clusters of care and enhancing local access to ante-natal and post-natal care initially, rather than on the Re-birthing proposal to re-open the 36 services that have closed as suggested in <i>Re-birthing</i>. Specific initiatives will be subject to the normal business case and budget processes of the Department.</p> <p>4&5 Government supports the provision of travel and accommodation allowances for women who must relocate to birth. Further extension of this allowance to</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
		<p>provide for support persons and/or children will be considered after further collection and analysis of state wide data relating to numbers of women takes place. Queensland Health will be required to implement current provisions consistently across the State.</p> <p>6 As stated, examination of family centres must include provision for emergency transfers as risk levels change.</p>

PRINCIPLE 4 Care is integrated
--

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>Care is integrated and in accord with a family's experience of a new life rather than the stages in which care is currently structured (ante-natal, birth, post-natal or kind of carer).</p> <p>Transition from maternity services to child health care or GP care will be seamless at whatever point in time it occurs.</p>	<ol style="list-style-type: none"> 1. As many aspects of family care as possible will be provided in a local community setting or family centre (child health, immunisation, lactation counselling, social welfare, parenting education, child protection, sexual health care and family planning) and working with Child Care Services where they exist. 2. Women and families will be able to access a known carer (one of a small team) to be with them through their pregnancy, birth and post-birth care experiences. Women will also get to know other members of the care team. 3. If for any reason the known carer (midwife or GP or specialist obstetrician) will not be involved in labour and birth care, this will be made clear to families. 4. Women identified with risk factors will also be offered continuity of care with a known carer but in these situations, others on the care team may become more involved with responsibilities and accountability in accordance with agreed protocols. 	<ol style="list-style-type: none"> 1. Government supports integration of care and seamless transition across services. Further development and evaluation of models of care through demonstration sites will need to take place prior to implementation of these strategies. 2. Government supports in principle continuity of carer wherever possible. 3&4. Government supports fully informing consumers in previous advice and at the point of care of the potential for changes, if unforeseen circumstances arise such as risk or unavailability of carer.

PRINCIPLE 5	Care belongs to consumers
--------------------	----------------------------------

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>Government recognises that the systems responsible for the care of pregnant women and their babies ultimately belong to families.</p>	<ol style="list-style-type: none"> 1. Women and families will be represented on the Centre for Mothers and Families Board, Working Partners, other State wide bodies involved in maternity care and on District and family centre planning, management and evaluation groups. 2. There will be a register of interested consumers to serve on management groups, and training programs for consumers to enable them to become effective advocates for women. 3. Consumers with recent experiences will be asked about their experience of care at State wide, District and local family centre level – perhaps participating in nationally based surveys. 	<ol style="list-style-type: none"> 1. Government supports the involvement of women and families in planning and governance mechanisms at State, regional and local levels. Government supports consumer representation in governance arrangements for the Cooperative Centre for Mothers and Families. 2. Government supports the development of a register of interested consumers. Government supports the active engagement and involvement of consumers in maternity care. Government supports the provision of training programs for consumers to allow them to become effective advocates. 3. Government supports the survey of consumers about their recent experiences.

PRINCIPLE 6	Carers work together and communicate
--------------------	---

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>Obstetricians, midwives, GPs, and others work together in an integrated system to provide care for all women and their families from pre-conception to early parenting/early childhood care.</p>	<ol style="list-style-type: none"> 1. Care approaches will operate in a clinical governance framework based on teams of carers with equal input in the team planning and day by day operations. 2. Planning for care and providing clinical care at all levels will require accepted leadership with clearly defined responsibilities. 3. All carers in the team will be involved in multidisciplinary clinical audits and continuous clinical 	<ol style="list-style-type: none"> 1. Government supports strategies that support all carers working together as a team in an integrated system. 2. Government supports care approaches operating within a clearly defined clinical governance framework that is consistent with the approach adopted within the public health system. 3. Government supports approaches which involve all carers in multidisciplinary clinical audits and continuous

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
	<p>improvement processes. This will be an important component of assuring safety for woman and baby but also carers.</p> <p>4. Decisions on team roles and actions will be embedded in protocols (revised at least annually).</p> <p>5. As care environments change, there will be the provision of choice in the way carers participate i.e. shift work, team care and caseload. The choice however will vary depending on the particular hospital situation.</p>	<p>clinical improvement processes.</p> <p>4. Government supports embedding team roles and responsibilities within protocols that align with best practice and national approaches and which are reviewed regularly.</p> <p>5. Government supports carer choice.</p>
<p>All carers will be encouraged to acquire appropriate communication skills and be supported in acquiring them through multidisciplinary communication skills development courses.</p>	<p>1. Communication skills will focus on the fundamental role of effective communication in:</p> <ul style="list-style-type: none"> • provision of information to and consequent understanding of women and families about care; • optimal clarity of clinical information sharing between carers; and • building of relationships with individual women and their families and minimising litigation. 	<p>1. Government supports this strategy. The opportunity to conduct this training will be explored in the initial implementation (Stage 1).</p>

RECOMMENDATION 2	The Centre for Mothers and Families
<p>That a Centre for Mothers and Families be established in Queensland, responsible to the Minister for Health and providing annual reports to the Minister for Health and to the Ministers for Aboriginal and Torres Strait Islander Policy, Child Safety, Communities and Disability Services, and Education and the Arts.</p>	
<p>GOVERNMENT RESPONSE: Government supports in principle the concept of an independent <i>Maternity Care 2010: a Cooperative Centre for Mothers and Families</i> subject to further consideration of a detailed business case, policy framework and work plan. Government will appoint a Steering Committee to oversee the development of the business case, policy framework and work plan for the Cooperative Centre for Mothers and Families.</p>	
<p>RATIONALE: The Cooperative Centre for Mothers and Families will be recognised as a central point of reference and authority which can provide expert, evidence-based advice. The Centre would provide advice to Government on any issue relating to maternity care; improve and continuously monitor the appropriateness, effectiveness, quality, safety and evidence base of maternity services in Queensland; and facilitate best practice changes to care. The Centre would also ensure that all processes are inclusive of key stakeholders, including Queensland Health; utilise a partnership approach with all stakeholders working together; provide independent scrutiny and accountability for maternity service reform; bridge the public/ private interface; provide impetus for the reform of maternity services in the context of extensive reforms which will occur in broader public health system; provide authorisation to progress best practice; and invest in change management.</p>	
<p>RESOURCE IMPLICATIONS: In the first fifteen months (2005 – December 2006), the Steering Committee will be established to commence Stage 1 implementation (initial tasks as in the preliminary Implementation Plan), explore options for implementation beyond Stage 1 and progress the business case, policy framework and work plan for the Centre (including office equipment) subject to consideration by Government.</p>	

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>Establish a Centre for Mothers and Families to:</p> <ul style="list-style-type: none"> • provide advice to Government on any issue relating to maternity care. • improve and continuously monitor 	<p>1. That the Centre be governed by a 10 to 15 member board which includes representation from carer organisations, consumer organisations, the Director General of Health, other Government Departments (Aboriginal and Torres Strait Islander Policy, Child Safety, Communities, Disability Services, and Education and the Arts), hospital sectors and the broader community and at least one</p>	<p>Government supports this recommendation in principle, subject to further consideration of a detailed business case, policy framework and work plan.</p> <p>1&2. Subject to Government consideration, the governance arrangements for the Centre will need to include recommendations which will inform any legislation</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
<p>the appropriateness, effectiveness, quality, safety and evidence base of maternity services in Queensland and to make cross-sector recommendations to the Minister for Health.</p> <ul style="list-style-type: none"> facilitates best practice changes to care by working with Queensland Health, other relevant Government departments, professional bodies, private hospitals and private health funds, consumer organisations, education providers, independent researchers and other relevant organisations or individuals. 	<p>recognised leader in the field from interstate to provide a national perspective.</p> <ol style="list-style-type: none"> That an independent Board Chair be appointed by the Minister from the community. That the Centre be appropriately resourced to carry out its role and functions, with a full-time Chief Executive Officer at an appropriately senior level, and with a staff that includes research capacity, project coordination and administration. That Board members be appointed by the Minister for Health, for an initial period of three years, with provision for extension to seven years. That the Centre be funded for an initial period of seven years with a progress review at the end of three to confirm ongoing funding. That a Steering Committee be established by the Minister for Health to progress the necessary administrative arrangements to set up the Centre for Mothers and Families and commence the program of work; with members drawn from the Advisory Panels to the Review of Maternity Services and an Interim Chair from the community. 	<p>required. These will need to be consistent with any recommendations arising out of the Forster Review. As Queensland Health is the largest provider of maternity services in Queensland, strong linkages and mechanisms will need to be defined in these arrangements to ensure that the work of the Department and the Centre is consistent and aligned, avoids duplications and utilises existing skills and capacity within the Department.</p> <ol style="list-style-type: none"> Government supports in principle the role of the Centre, being to: <ul style="list-style-type: none"> provide advice to Government on any issue relating to maternity care; improve and continuously monitor the appropriateness, effectiveness, quality, safety and evidence base of maternity services in Queensland and to make cross-sector recommendations to the Minister for Health; and facilitate best practice changes to care by working with Queensland Health, other relevant Government departments, professional bodies, private hospitals and private health funds, consumer organisations, education providers, independent researchers and other relevant organisations or individuals. <p>As a statutory body, the Centre will have a clearly defined role, functions, reporting responsibilities and affiliations. The Centre should have strong affiliations with tertiary institutions to support the Centre's role in facilitating education, training and research reforms across the spectrum of maternity services and care.</p> <p>Government supports the appointment of a Chief Executive Officer to the Centre.</p> Government will consider this in the context of the Business Plan developed by the Steering Committee. Subject to further consideration, Government will fund

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
		<p>the Centre for a period of 5 years with a progress review at the end of three to determine the allocation of ongoing funding. Further evaluation will take place after 5 years.</p> <p>6. In the interim, Government supports the establishment of a Steering Committee reporting to the Minister for Health.</p> <p>The Steering Committee will include an independent Chair and representation from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the Australian College of Midwives Inc, the Australian College of Rural and Remote Medicine, Royal Australian College of General Practitioners, Maternity Coalition and other consumer/ community groups, Chief Nursing Officer and Chief Health Officer, Queensland Health, Department of Communities, Department of Aboriginal and Torres Strait Islander Policy, Private Hospitals Association of Queensland, Queensland Aboriginal and Islander Council, Directors of Obstetrics (public sector), Nursing Director/ Nurse Unit Manager Maternity Services (public sector), relevant university clinical schools, Queensland Multicultural communities, Zonal Managers, Queensland Health, Executive Directors of the Clinical Practice Improvement Centre and the Patient Safety Centre.</p> <p>The Steering Committee will oversee the commencement of implementation priorities and progress a program of work.</p> <p>The Steering Committee will be supported by a Secretariat located within Queensland Health.</p> <p>The Steering Committee will develop a comprehensive business case for the establishment of the Cooperative Centre for Mothers and Families. This must detail the role and policy framework, structure for the Centre and any required legislative changes to the Government by</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
		June 2006.

RECOMMENDATION 3	Maternity Care 2010: Caring for Carers	
<p>Maternity 2010 will have impacts on carer roles. Government will need to take steps to ensure appropriate bodies are:</p>		
<ul style="list-style-type: none"> • Valuing and rewarding the carers who continue to provide maternity services • Respecting the professional knowledge and contribution carers bring to their work • Providing adequate staffing so that the system does not inadvertently take advantage of its most dedicated members who, in some environments, are overworked to the point of fatigue in trying to provide quality care 		
<p>GOVERNMENT RESPONSE: The range and diversity of the strategies proposed in <i>Re-birthing</i> to address workforce issues goes beyond the jurisdiction of both Queensland Health and the <i>Maternity Care 2010: a Cooperative Centre for Mothers and Families</i>. The overarching objectives as articulated above are endorsed. Government supports further consideration and investigation of the range of strategies and actions to address the workforce issues identified.</p>		
<p>RATIONALE: There are considerable current and predicted workforce shortages across the obstetric, midwifery and procedural general practice professions. These shortages are particularly apparent in rural and remote areas. Without immediate action at this level, the continued attrition of the maternity workforce is expected to threaten the future supply of maternity care to large populations across Queensland.</p>		
<p>RESOURCE IMPLICATIONS:</p>		
<p>Resources in Stage 1 will allow the establishment of a Steering Committee and a Secretariat and support:</p>		
<ul style="list-style-type: none"> • the development of implementation tools including include risk management frameworks, key performance indicators of clinical performance, evaluation of existing initiatives, templates and guidelines for models of care and organizational structures, collaborative approaches among carers, and analysis of rural birthing services and establishment of initial clusters of care; and • workforce (Caring for Carers) activities including conducting workforce surveys, trials of improved and flexible working conditions, development of strategies which value staff including senior representation and improved career paths, remuneration, incentives and education initiatives in the broader context of Enterprise Bargaining negotiations. 		

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
---------------------	-------------------------------	---------------------

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
Providing resources for continuing professional education and upskilling programs for all carers	<ol style="list-style-type: none"> 1. Supporting and encouraging education providers in their efforts to produce graduates with adequate communication skills who can work collaboratively to provide care. 2. Preferably multidisciplinary programs in neonatal resuscitation, the Advanced Life Support in Obstetrics program and tailored programs in the Clinical Skills Improvement Centre (including up-skilling programs for midwives and GP obstetricians moving into new roles). 	<ol style="list-style-type: none"> 1. Government supports further investigation and development of the options and resources for continuing professional education and development programs for all carers. 2. This must occur in partnership with service, education and training providers.
Providing more flexibility for the midwifery workforce	<ol style="list-style-type: none"> 1. Allow flexible working hours or even caseload arrangements, particularly for midwives working in rural settings. 2. Allow annualised salaries (pro rata). 	<ol style="list-style-type: none"> 1. Government supports further investigation and development of the recommended actions relating to flexibility of the midwifery workforce, in the context of broader Enterprise Bargaining negotiations, service delivery models and demonstration sites. 2. Consideration of these actions will require negotiation and development with the Queensland Nurses Union and the Queensland Branch of the Australian College of Midwives Inc. within the broader context of Enterprise Bargaining negotiations, the Queensland Health Systems Review (Forster Review) and the Queensland Public Hospitals Commission of Inquiry (Davies Commission).
Supporting the midwifery profession in its ongoing development.	<ol style="list-style-type: none"> 1. Registration of midwives based on recency of practice; 2. involvement in continuing professional education and demonstrated core competencies; 3. supporting regulation of the midwifery profession as an independent profession in the most appropriate way (under its current head of power or a separate Act); 4. provision for recognition of senior clinical experience in midwifery, based on experience and additional clinical training; and 5. supporting education providers who are seeking to 	<p>Government supports further development and implementation of the recommended actions relating to support of the midwifery workforce in its ongoing development and supply.</p> <p>Consideration of these actions will require negotiation with the Queensland Nursing Council, Queensland Nurses Union and the Queensland Branch of the Australian College of Midwives Inc. in the broader context of Enterprise Bargaining negotiations.</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
	introduce multiple pathways for midwifery education, for example, direct-entry undergraduate programs leading to registration as a midwife.	
Improving recruitment and retention and quality services in rural and remote areas	<ol style="list-style-type: none"> 1. Supporting and encouraging education providers in their efforts to recruit students who will work in rural and remote communities after graduation. 2. Working with the Rural Doctors Association of Queensland to consider alternative remuneration arrangements for Visiting Medical Officers in rural Queensland including fee for service. 	<ol style="list-style-type: none"> 1. Government supports the strategy to support and encourage education providers to recruit students who will work in rural and remote communities after graduation. 2. Government currently supports recruitment to rural communities through: <ul style="list-style-type: none"> – scholarships for training of medical and allied health staff with subsequent rural placement on graduation; – funding 235 additional training places over four years in Universities for medical students; and – piloting extension of nursing practice through the establishment of nurse practitioner positions and training programs. <p>Government launched a Queensland Health recruitment plan in London on 20 September 2005.</p>
Recognising the special role of GP obstetricians in rural and remote communities	<ol style="list-style-type: none"> 1. Offering a specific consultant title to Visiting Medical Officers in appropriate circumstances (to be negotiated with the Rural Doctors Association of Queensland and the Australian College of Rural and Remote Medicine). 	<ol style="list-style-type: none"> 1. Government will examine incentives for Queensland Health doctors in rural and remote communities taking into account Enterprise Bargaining negotiations. Incentives for private practitioners would be subject to negotiations with the Australian Government..
Supporting recognition of rural doctors (including GP obstetricians) as a group having special skills which require specific training and regular upskilling	<ol style="list-style-type: none"> 1. Provide training for this work in a variety of ways including crossover with other specialty training programs. 	<ol style="list-style-type: none"> 1. Government supports further investigation of this action relating to the role of GP obstetricians in rural and remote communities. This should include use of the Skills Development Centre as part of the approach. This will require development with the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine and the Royal Australian and New Zealand College of Obstetricians and

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
		<p>Gynaecologists.</p> <p>Government will examine incentives for Queensland Health doctors in rural and remote communities taking into account Enterprise Bargaining negotiations. Incentives for private practitioners would be subject to negotiations with the Australian Government.</p>
<p>Offering appropriate incentives to attract and retain GP obstetricians in rural and remote communities which complement Commonwealth initiatives in this area</p>	<p>1. Appropriate incentives examples are:</p> <ul style="list-style-type: none"> - support for administrative work; - backfilling of vacancies; - encouraging supervision of less experienced GPs by providing time for supervision to more experienced GPs; - encouraging relevant colleges to recognise rural placements with accredited GP obstetrician 'teachers'; - providing respite time for professional development in flexible packages eg. 6 weeks every five years in addition to 1 week every year to provide upskilling and reflective practice development; and - exchange programs between small units and larger non-tertiary hospitals to transfer skills, knowledge and learning both ways. 	<p>1. Government will examine incentives for Queensland Health doctors in rural and remote communities taking into account Enterprise Bargaining negotiations. Incentives for private practitioners would be subject to negotiations with the Australian Government.</p>
<p>Offering appropriate incentives to attract and retain midwives in rural and remote communities</p>	<p>1. Appropriate incentives examples are:</p> <ul style="list-style-type: none"> - backfilling of vacancies; - encouraging supervision of less experienced midwives by providing time for supervision to more experienced midwives; - providing respite time for professional development to provide upskilling and reflective practice development; and - exchange programs between small units and larger 	<p>1. Government supports the development and implementation of appropriate strategies to recruit and retain midwives in rural and remote communities. This will need to be considered in the context of Enterprise Bargaining negotiations.</p>

PROPOSED STRATEGIES	PROPOSED ACTION/ RATIONALE	GOVERNMENT RESPONSE
	non-tertiary hospitals to transfer skills, knowledge and learning both ways.	
<p>Increased representation of Indigenous peoples among maternity service providers</p>	<ol style="list-style-type: none"> 1. Providing training and education opportunities for traditional birth attendants and Indigenous health workers to train as midwives, with appropriate (and if necessary, alternative) educational pathways to midwifery practice; and 2. supporting and encouraging education providers in their efforts to recruit Indigenous students into courses (medicine, obstetrics, nursing and midwifery) and to prepare Indigenous health workers who can provide maternity care in communities. 	<ol style="list-style-type: none"> 1. Government supports further investigation of actions relating to the representation of Indigenous peoples among maternity service providers. The development of the Aboriginal and Torres Strait Islander Health Workforce is a priority and is supported by a number of strategies as outlined in the <i>Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-2010</i>. These include: <ul style="list-style-type: none"> – increasing the competence of generalist Indigenous Health Workers, – developing specialist roles and career structures, – supporting learning and develop through mentoring programs, cadetships, scholarships, traineeships, academic support, training options and management development; and – financial capacity for the employment of locum/relieving Indigenous Health workers to support training and education opportunities. <p>Further consideration of the impact of these strategies on the maternity services workforce is required.</p>

STAGE 1 IMPLEMENTATION

Maternity Care 2010: Program of work as recommended in the preliminary Implementation Plan based on the *Re-birthing* priority groups and recommendations.

GOVERNMENT RESPONSE

Immediate steps for implementation are appointment of a Steering Committee for fifteen months to:

- progress priorities for Stage 1 implementation of the recommendations of the *Re-birthing* report;
- commence implementation of the preliminary Implementation Plan 2005 – 2007;
- oversee the development of a detailed business case, policy framework and work plan to support the establishment of the Cooperative Centre for Mothers and Families in the context of the Queensland Health Systems Review (Forster Review) budget considerations and the Queensland Public Hospitals Commission of Inquiry (Davies Commission) by June 2006;
- develop a Stage 2 implementation plan beyond 2007 around the recommended strategies in *Re-birthing* by October 2006; and
- progress the legislative work required to establish the Cooperative Centre for Mothers and Families.

Members of the Steering Committee will include representatives of key consumer groups, interest groups, clinicians, private and public health sectors, rural and remote communities, Indigenous communities, universities and professional colleges and organisations.

Priorities during Stage 1 Implementation

(i) Development of the proposal for the *Maternity Care 2010: a Cooperative Centre for Mothers and Families-improving practice, informing choice and building capacity.*

The priority for the Steering Committee is the development of the business case, policy framework, work plan and structure to support the establishment of the Cooperative Centre for Mothers and Families by June 2006. The business case must detail the role and policy framework, structure and governance arrangements for the Centre and any required legislative changes.

(ii) Implementation tools

The preliminary Implementation Plan details the actions that are required to develop the foundations for implementation of many strategies. Commencing the development of these foundation tools must be a priority of the Steering Committee. Implementation tools to be completed by August 2006 include risk management frameworks, key performance indicators of clinical performance, evaluation of existing initiatives, templates and guidelines for models of care and organizational structures, collaborative approaches among carers, and analysis of rural birthing services and establishment of initial clusters of care.

(iii) Demonstration Sites

A further priority for the Steering Committee and the Cooperative Centre for Mothers and Families will be commissioning of demonstration sites and the evaluation of sites where service models offering enhanced choice and options for women and their families are already operating. This will include the maternity services located at Mareeba Hospital and North Lakes and Surrounds Health Precinct project.

The focus of these demonstration sites will be on:

- Evaluating service changes within an agreed clinical risk management framework, including rural and Indigenous birthing services;
- Determining the effectiveness and viability of demonstration service models in achieving improved outcomes and the relevant factors, including the perspectives of consumers; and
- Assessing the relative costs and benefits, including those for consumers, of various approaches to service delivery.

Issues of specific clinical practice requiring skilled and strict research design and management to form a valid basis for evidence may need to be outsourced to a specialist research centre or University.

The proposal for '*joint planning, design, implementation and evaluation*' of demonstration sites is critical to the recognition, and acceptance of their findings.

(iv) Consumer Participation and Consumer Information

Another priority for the work of the Cooperative Centre for Mothers and Families, in accordance with the principles of *Care is open and honest* and *Care belongs to*

consumers is the development of consumer roles in policy and service development activities. This will need to include the development of structural mechanisms for representative consumer participation.

The Steering Committee in partnership with Queensland Health will develop and deliver to consumers comprehensive information on all aspects of pre-pregnancy, pregnancy, birth and post-birth experience, in particular:

- Evidence-based information on maternity practice; and
- information on services and choices available.

The Steering Committee will review and develop information provided by Queensland Health and private sector maternity services and explore the viability of operating a common website (with Queensland Health), print resources and other communication mechanisms to provide information on evidence based practice currently accessed by carers from national and international websites.

If care is to be "*open and honest*", it will be important for consumers and carers to have access to the same websites, print resources and other communication mechanisms with consistent information. In addition, information on the evidence basis for care options could provide a basis of discussion between carers and consumers to assist consumers in making informed decisions.

(v) Consumer Survey

The Steering Committee will also develop a standardised and validated consumer survey for application across the State. This survey should be developed in partnership with consumers and an independent organisation with expertise in consumer surveys and linked to system wide survey mechanisms.

This survey could provide opportunities for benchmarking of public sector services across the State, and with the private sector and other States. In this way it supports the development of services that effectively address consumer needs.

It will also be important for the results of surveys to feed into local performance review mechanisms intended to guide service responses to consumer feedback.

In addition to a state wide consumer survey, the Steering Committee should also consider a range of other consultative measures with clients of and health service providers to groups who are not easily reached by surveys eg. facilitated focus groups, interviews with members of Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities.