

Response template

Public consultation: Endorsement for scheduled medicines for midwives



The Nursing and Midwifery Board of Australia (NMBA) invites you to provide feedback on:

- the proposed revised **Registration standard: Endorsement for scheduled medicines for midwives (the Registration standard)**, and
- proposed revised **Guidelines: Endorsement for scheduled medicines for midwives (the Guidelines)**.

As part of our ongoing commitment to regularly review regulatory documents, the NMBA is undertaking a review of the Registration standard to ensure that it remains current and is based on the best available evidence.

Your feedback is important to us

Public consultation allows the NMBA to test proposed updates to the Registration standard and supporting Guidelines before they are finalised. It also provides an opportunity to engage with the public and registrants transparently and improve regulation. This will help us to identify any unintended consequences or implementation issues before they arise.

Please read the public consultation paper before completing the questions below. This document includes:

- eight questions about revised Registration standard, and
- six questions about the proposed Guidelines.

Please email your response to nmbafeedback@ahpra.gov.au with the subject line: **'Feedback: Endorsement for scheduled medicines for midwives public consultation'**.

The consultation opens on **Wednesday, 8 April 2026** and closes on **Friday, 5 June 2026**.

Related public consultation

This public consultation is being undertaken concurrently with the [public consultation for the review of the Safety and quality guidelines for privately practising midwives \(SQG\)](#). While the Registration standard and the SQG function as separate regulatory instruments, they are closely interlinked in practice.

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them, and their

publication does not imply any acceptance of, or agreement with, these views by the NMBA.

We can also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include published experiences or other sensitive information.

Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Next steps

After public consultation closes, we will review and consider all feedback before making further decisions about the proposed *Registration standard: Endorsement for scheduled medicines for midwives* and the new *Guidelines: Endorsement for scheduled medicines for midwives*.

Submission type

Are you completing this submission on behalf of an organisation or as an individual?

Organisation

Individual

Your details

- If you prefer to provide only your name or organisation name, please enter N/A in the other field.
- If you prefer to remain anonymous, enter N/A in both fields.

Name:

Organisation: Maternity Choices Australia

Permission to publish submission

Do you give permission for your submission to be published?

- Yes - publish my submission **with** my name and organisation name
- Yes - publish my submission **with** my name only
- Yes - publish my submission **with** my organisation name only
- Yes - publish my submission **without** both my name and organisation name
- No - **do not** publish my submission

Questions for feedback

The following eight questions are about the revised **Registration standard**.

1. Is the updated content of the proposed revised registration standard helpful, clear, and relevant?

- Yes
- No

- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details. *As a peak maternity consumer advocacy group, we support the direction of the proposed registration standard. The current 5,000 hour requirement is a barrier that has limited the number of midwives able to support women in private practice, including in homebirth. Removing it is a positive step.*

2. Do you support the removal of the requirement for 5,000 hours of clinical practice?

- Yes
- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

The NMBA's own evidence base supports removal: the Midwifery Futures Australian Midwifery Workforce Project (NMBA 2024); Hull et al. (2024) scoping review of endorsed midwives prescribing in Australia (Women and Birth, 37(2)); Small et al. (2025) scoping review of midwifery prescribing regulation internationally (Sexual & Reproductive Healthcare, 44). The 5,000 hour requirement is not supported by evidence as a threshold for safe prescribing, and it disadvantages new graduates, midwives returning to practice, and rural midwives. Removing it will increase the number of midwives able to provide comprehensive private midwifery care, including for women choosing homebirth.

3. Do you support the removal of the requirement to specify a context of practice?

- Yes
- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

Yes. The administrative requirement to specify a context of practice no longer serves a regulatory purpose. The NMBA's own rationale notes Services Australia has confirmed it is not required for MBS or PBS access. Removing it reduces friction without any safety implication.

4. Do you support the requirement that midwives must lodge a complete application for endorsement within 12 months of completing an NMBA approved endorsement qualification?

- Yes
 No
 Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

We support timely application in principle - recency of training is important to safe practice. I also support the proposed case-by-case mechanism for midwives who do not lodge within 12 months. However, I am concerned that the case-by-case mechanism may operate unpredictably for midwives completing endorsement as part of a broader further qualification (say Advanced Diploma or Masters degree), or midwives experiencing common life-circumstance interruptions like parental leave or illness. Anything that discourages midwives from completing endorsement reduces the workforce available to women. We ask the NMBA to publish, in the proposed Guidelines, a clear list of categories that automatically attract favourable consideration in the case-by-case process: Master's program completers, parental leave, certified illness, caring responsibilities, rural relocation, and similar.

5. Would the proposed updates result in any potential negative or unintended effects for people requiring healthcare, including priority members of the community who may choose to access services provided by an endorsed midwife?

- Yes
 No
 Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

The proposed updates should have positive effects on healthcare access for women, particularly in rural and regional areas. The NMBA itself notes 'Rural, remote, and regional communities continue to face challenges in accessing healthcare including midwifery services' (Discussion section, p.14). The exception is the 12-month application deadline, which, if inflexibly applied, could disadvantage midwives in postgraduate study or with life interruptions.

6. Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/ or Torres Strait Islander Peoples?

- Yes
 No
 Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

The proposed updates should expand the endorsed midwife workforce. Aboriginal and Torres Strait Islander women have particular reasons to seek private midwifery, including Birthing on Country and continuity of carer. The NMBA should monitor whether the changes are increasing access for Aboriginal and Torres Strait Islander women and Aboriginal and Torres Strait Islander midwives specifically, and engage CATSINaM on implementation.

7. Would the proposed updates result in any potential negative or unintended effects for endorsed midwives?

- Yes
- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

The proposed changes are workforce-positive and should not have negative effects on currently endorsed midwives. We also support the proposed update to the wording on the public register (expanded from prescribe-only to administer/obtain/possess/prescribe/supply/use), which is functionally important for endorsed midwives in homebirth practice.

8. Please provide any other feedback on the proposed revised endorsement.

Please enter N/A if you do not have other feedback.

These endorsement reforms are positive for access to private midwifery and homebirth. They will, however, be largely undone if the simultaneous Safety and Quality Guidelines (SQG) consultation introduces a second-midwife insurance requirement that makes private practice unaffordable in rural and regional Australia. I urge the NMBA to consider the two consultations together. The workforce-positive endorsement changes should not be cancelled out by workforce-restrictive SQG changes. I also note that endorsement is a prescribing authority, not a homebirth-specific qualification. The midwifery skills required for safe homebirth are developed through caseload practice and mentoring.

Questions for feedback

The following six questions are about the proposed **Guidelines**.

1. Is the content helpful, clear and relevant?

- Yes
- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

We broadly support the proposed Guidelines. Specific points are in the following questions.

2. Is there any content that needs to be changed, removed or added in the proposed Guidelines?

- Yes
- No

Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

We ask the NMBA to:

Reference the role of mentoring in supporting newly endorsed midwives transitioning to independent practice.

Clearly articulate the interaction between the Guidelines and the SQG, particularly for women choosing homebirth.

Address PII coverage parameters: confirm in writing with MIGA that coverage extends to women of all risk profiles where informed consent is documented; confirm whether MIGA requires a collaborative arrangement (and if so, explicitly confirm that a Record of Understanding where the woman declines hospital information-sharing can be used in place of said arrangement to maintain PII cover).

Publish, in the Guidelines, a clear list of categories that automatically attract favourable consideration in the 12-month case-by-case process.

3. Would the proposed Guidelines result in any potential negative or unintended effects for people requiring healthcare, including priority members of the community who may choose to access endorsed midwife services?

- Yes
 No
 Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

Positive effects expected through workforce expansion. See Q5 of the Registration Standard section above.

4. Would the proposed Guidelines result in any potential negative or unintended effects for Aboriginal and/ or Torres Strait Islander Peoples?

- Yes
 No
 Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

See Q6 of the Registration Standard section above.

5. Would the proposed Guidelines result in any potential negative or unintended effects for endorsed midwives?

- Yes

- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

See Q7 of the Registration Standard section above.

6. Please provide any other feedback on the proposed Guidelines.

- Yes
- No
- Prefer not to answer

Would you like to provide information about your response? Please enter N/A if you prefer not to provide details.

As a peak maternity consumer advocacy group, we support the endorsement reforms and urge the NMBA to read this submission alongside my submission on the SQG. The two consultations are deeply interlinked. Workforce-positive endorsement reforms should not be cancelled out by workforce-restrictive SQG reforms.