

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM: D23-587

Nursing and Midwifery Board of Australia

Via email [REDACTED]

To Nursing and Midwifery Board of Australia,

## **Consultation on the revised Safety and quality guidelines for privately practising midwives**

Thank you for your email of 4 November 2022 seeking feedback on the Draft revised Safety and quality guidelines for privately practising midwives.

The document has been reviewed by Commission staff and feedback is provided on Pages 2 & 3.

For further information please contact:

[REDACTED]  
[REDACTED]  
[REDACTED]

Thank you for the opportunity to contribute to this important work.

Yours sincerely



Dr Carolyn Hullick  
**Clinical Director**

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## 1. General Comments

Given they are safety and quality guidelines I recommend including wording to advocate for alignment of these guidelines to the [Primary and Community Healthcare Standards](#).

The alignment to the Primary and Community Healthcare Standards will support privately practising midwives to establish robust clinical governance frameworks and ensure a nationally consistent approach to safety and quality across the primary and community healthcare sector.

There are three standards including clinical governance, partnering with consumers and clinical safety, which encompass requirements of the safety and quality guidelines for privately practicing midwives. All healthcare services directly involved in patient care are strongly encouraged to implement the Standards; they describe the processes and structures that are needed in healthcare services to help keep people safe and improve the quality of health care they receive.

Comprehensive resources and pathways for independent accreditation to the Standards will be available from 2023.

## 2. Comments on specific criteria

In relation to **1. Informed Consent**

[Informed consent](#) is more than something that is documented. It is a person's decision, given voluntarily, to agree to healthcare provision. It would be helpful to also include that informed consent is integral to the right to information and reference the [Australian Charter of Healthcare Rights](#) and also the Nursing and Midwifery Board of Australia's [Code of Conduct for Midwives](#).

In relation to **5. Clinical Governance and Reporting**

It is helpful to include the requirement to ensure there are *local processes to collect, analyse and reflect on their own data*. What is less clear is what data would be the minimum dataset? Some inclusions are listed but it may be that an appendix could be included with the suggested minimum dataset. Reporting the data and processes for peer review would further enhance the environment for quality improvement. [The Clinical Governance Standard](#) would be helpful to reference as this requires local process to enable some of these actions. This is clearer where there is state or territory guidance for midwives that are accessing public health service organisations and providing private care.

Clinical Governance for privately practicing midwives needs to be more clearly defined.

Some of the questions this raises include:

1. How would privately practicing midwives report incidents, particularly homebirths?  
Reporting of incidents is needed for management of incidents. Benchmarking could then occur and common issues across a broader private practicing midwives could be identified. This would also allow identification and reduction of unwarranted variation in practices.
2. How can external review be prompted?

3. Could there be some provision for state and territory bodies to provide access to a reporting system?
4. Should the data be collated in a national dataset?
5. Should there be a reference to collecting data for incidents that are equivalent to a Hospital Acquired Complication?

#### In relation to **7. Incident Management**

Open disclosure is enabled however, the statement should be strengthened as it is a consumer right and is a core professional requirement and service obligation. The key document that should be referred to is the [Australian Open Disclosure Framework](#). There should be a clear requirement around performing open disclosure as well as how it links to incident management. It is a requirement in all cases of serious harm or near misses and the level of response required is commensurate with the type of incident.

It would be important to define open disclosure in a glossary as an “An open discussion with a patient about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word ‘sorry’), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence”.

It would strengthen the document to note that open disclosure is a normal part of an episode of care should the unexpected occur, and a critical element of clinical communications and an attribute of high-quality health service organisations and important part of healthcare quality improvement

#### In relation to **8. Privately practising midwife portfolio**

Given this is a safety and quality Standard, some consideration to defining a proportion of continuing education that relates specifically to quality and safety needs to be articulated.

Additionally, infection prevention and control should also be part of mandatory training. In terms of providing evidence of compliance against each requirement in the *Safety and quality guidelines for private practice midwives*.

- Is there a place to support participation in the primary and community standards more strongly?
- Credentialling- confirmation who performs the human resources aspects of clinical governance?
- Providing a process for complaints should also be incorporated.

#### In relation to wording on page 19 **the National Safety and Quality Primary and Community Healthcare Standards within Appendix B page 18:**

Suggest amend to: The Australian Commission on Safety and Quality in Health Care’s [National Safety and Quality Primary and Community Healthcare Standards 2021](#) (the Standards) can be used as a safety and quality framework for PPMs in their practice.