

23/09/2026

The Australian Commission on Safety and Quality in Health Care (the Commission)

NSQHSSThirdEdition@safetyandquality.gov.au

Dear Australian Commission on Safety and Quality in Health Care,

Re: NSQHS Standards (third edition) consultation

Thank you for the opportunity to comment on the third edition of the National Safety and Quality Health Service (NSQHS) Standards.

The Council of Deans of Nursing and Midwifery (Australia and New Zealand) “CDNM” is the peak organisation representing universities and other higher education institutions that offer undergraduate and postgraduate programs in nursing and midwifery throughout Australia and New Zealand. CDNM has an essential role in ensuring a safe and sustainable nursing and midwifery workforce by leading higher education, research, and knowledge translation in these professions.

Thank you for presenting this consultation to our members at the CDNM's July 2026 Member Forum. This submission consolidates feedback provided by members during the session. Feedback has been categorised under the “key areas” identified in the NSQHS Standards Consultation Overview document.

Feedback – Key Areas

1. Safety and Quality Priorities: *How well do the Standards reflect key safety and quality priorities? What is missing?*

CDNM strongly supports the vision underpinning the NSQHS Standards (Third Edition) of high-quality care for all Australians, enabled through nationally consistent expectations and strong clinical governance across the continuum of care. We are especially pleased to see a strengthened focus on continuous quality improvement (CQI) and on health services as learning organisations. There is good evidence that this approach delivers better patient outcomes and supports workforce retention and development.

The draft Standards reflect many of the key safety and quality priorities facing the Australian health system. In particular, we welcome:

- The national model for clinical governance and its emphasis on culture, systems and structures that support safe, high-quality care.
- The strong focus on person-centred practice and partnership with consumers.
- The recognition of workforce wellbeing, safety culture and learning organisations as foundational elements of quality care.
- The increased emphasis on equity, including cultural safety for Aboriginal and Torres Strait Islander peoples, and recognition of organisational health literacy as a key enabler of safety and quality.
- The shift from a predominantly compliance-focused framework towards one that supports continuous learning, improvement and adaptation.

To further strengthen the Standards' focus on safety and quality, CDNM suggests the following areas for consideration.

Workforce capability and retention

The draft Standards appropriately recognise workforce capability and sustainability as important enablers of high-quality care. However, there is an opportunity to more explicitly acknowledge the

contribution of an experienced nursing and midwifery workforce to patient safety, quality improvement and organisational learning.

Experienced clinicians play a critical role in providing clinical supervision, mentoring early-career practitioners, supporting safe decision-making and maintaining continuity of care. The Standards could further emphasise the importance of workforce strategies that support the retention, development and effective utilisation of experienced clinicians as part of a comprehensive approach to safe, high-quality care.

The clinical learning environment as a safety and quality priority

Pre-registration nursing and midwifery students, as well as early-career practitioners, contribute significantly to care delivery under supervision. As a result, the quality and safety of care are closely linked to the quality of clinical learning environments.

The Standards could recognise clinical learning environments as an important contributor to safety and quality outcomes, supported through existing clinical governance systems and quality improvement processes.

Education–service alignment

While the draft Standards acknowledge workforce capability, there is an opportunity to further recognise the importance of alignment between university curricula, professional accreditation standards and service delivery models.

Given the significant implications of the Standards for future workforce preparation, there is an opportunity to strengthen recognition of education providers as important contributors to workforce capability and quality improvement. This could include stronger alignment with accreditation bodies, formal partnerships between health services and education providers, and consideration of student learning environment and placement data as important contributors to clinical governance, organisational learning and workforce sustainability.

2. Strengthening Outcomes: *What changes would strengthen the Standards to support the delivery of high-quality care and better health outcomes?*

The draft Standards provide a strong foundation for improving patient outcomes, workforce capability and organisational performance.

To further support the delivery of high-quality care and improved health outcomes, CDNM recommends the following refinements, which also have implications for nursing and midwifery education.

Embedding organisational health literacy and equity into outcomes

Strengthen expectations that health literacy is an organisational responsibility and explicitly link it to:

- Safe and high-quality communication.
- Equitable access and outcomes.

This would encourage outcome-focused organisational approaches and support the inclusion of organisational health literacy as a core component of pre-registration education.

Strengthening workforce capability, supervision and sustainability

Consider strengthening expectations relating to:

- The retention and effective utilisation of experienced nursing and midwifery staff.
- The quality of supervision, mentoring and support provided to students and early-career clinicians.

Experienced clinicians play a critical role in maintaining safe, high-quality care, supporting workforce retention and capability and fostering positive learning environments. Greater recognition of these contributions would reinforce the link between workforce sustainability, organisational learning and patient outcomes.

Linking data use to tangible improvements in care and learning

The Standards could explicitly recognise learning environment, placement and early-career workforce data as additional sources of information for quality improvement.

This would reinforce the practical application of data-informed improvement and support curricula that equip students with skills in analysing and using data to improve care.

Collectively, these refinements would strengthen the Standards' focus on outcomes and system-wide improvement while helping ensure graduates are prepared to contribute effectively to high-performing health systems.

3. Impact and Integration: *How well do the Standards support care delivery and coordination across services, settings and providers? How could this be improved?*

The draft Standards provide a foundation for integrated and coordinated care through their emphasis on person-centred practice, shared accountability and system-wide clinical governance.

From CDNM's perspective, there are opportunities to further strengthen integration across services, settings, providers and the education sector.

Recognising the education–service interface as a key integration point

Nursing and midwifery students undertake clinical learning across a range of settings, including public and private hospitals, community services, aged care, and metropolitan, regional and rural environments. The consistency of safety and quality practices they encounter can vary significantly.

The Standards could encourage:

- Collaboration between health services and education providers to ensure key expectations, such as person-centred practice, cultural safety, escalation of care and appropriate use of interpreters, are consistently modelled across placement settings.
- Regional or network-based approaches involving multiple providers and universities to align expectations for students and staff.

Strengthening cross-sector coordination through clinical governance

The Third Edition's emphasis on integration across the continuum of care is timely and welcome. However, responsibilities for coordination between acute, primary, community and aged care services, as well as between services and education providers, could be articulated more clearly.

The Standards could highlight:

- Mechanisms for shared clinical governance across organisational boundaries.
- Expectations that education providers are engaged in cross-sector initiatives to ensure curricula reflect contemporary models of care.

Supporting consistent expectations across jurisdictions and providers

CDNM supports efforts to align definitions and measures and approaches relating to areas such as organisational culture, learning environments and patient experience.

Greater consistency across jurisdictions and provider types would:

- Support more coordinated and integrated care delivery.
- Enable universities to develop curricula and assessments aligned with nationally consistent expectations for safety and quality.

Strengthening integration in these ways will help ensure that students experience coordinated systems of care during their education and are well prepared to contribute to them as graduates.

4. Learning and Improvement: *How well do the Standards help health services learn, reflect and improve over time? What could strengthen this?*

One of the most significant strengths of the draft Standards is their emphasis on learning, reflection and continuous improvement.

From a nursing and midwifery education perspective, the Standards provide a strong foundation but could be further strengthened in several areas.

Making the clinical learning environment a core learning system

The Standards could:

- Recognise that health services are also significant learning environments for large numbers of students and early-career clinicians.
- Encourage organisations to use student feedback, placement evaluations and early-career workforce experiences as important sources of organisational learning and improvement.
- Reference or align with established clinical placement evaluation mechanisms and data sources as part of broader organisational learning systems.

Aligning organisational learning with curriculum learning outcomes

The Standards could explicitly encourage collaboration between health services and universities to ensure:

- Organisational safety and quality priorities, such as medication safety, cultural safety, recognising and responding to deterioration, and data-informed improvement, are reflected in pre-registration learning outcomes and assessments.
- Students are provided opportunities to participate in quality improvement and reflective learning activities during clinical placements, including audits, consumer feedback reviews and quality improvement initiatives.

This alignment would strengthen a shared culture of learning across education and service settings.

Supporting structured learning beyond initial registration

The Standards could acknowledge the importance of structured support and professional development during the transition-to-practice period, particularly for nurses and midwives.

The Standards could clarify expectations for the progressive development of capability in clinical governance, leadership and quality improvement across the education-to-practice continuum. This would strengthen connections between pre-registration preparation and early-career professional development, supporting a smoother transition to practice and ongoing capability development.

The concept of health services as learning organisations aligns strongly with contemporary approaches to quality and safety and provides an important foundation for sustained improvement.

Using culture and experience data for improvement, not only reporting

CDNM supports national efforts to strengthen measurement of patient safety culture and patient experience. The Standards could place greater emphasis on:

- Using these data at the unit and service level to inform ongoing improvement activities.
- Involving staff, students and consumers in interpreting findings and co-designing improvement initiatives.

This would support a culture of data-informed learning and provide meaningful learning opportunities for students during clinical placements.

5. Clarity and Duplication: *Are the Standards easy to understand and free from duplication? Where could they be clearer or simpler?*

Overall, the draft Standards present a clear and coherent vision for high-quality, safe and person-centred care.

The alignment between the Standards and the national clinical governance model provides a strong and accessible framework to support understanding, implementation and continuous improvement.

As the Standards are refined, it will be important to maintain this streamlined, principles-based approach and avoid introducing unnecessary duplication or overly prescriptive requirements. Retaining a clear focus on outcomes and core principles will support implementation by health services while also providing a stable foundation for curriculum development across nursing and midwifery education.

It would also be helpful to include a section in the standards that outlines proposed implementation and how the impact of the new standards will be assessed and monitored.

Conclusion

CDNM strongly support the direction and intent of the NSQHS Standards (Third Edition) and the National Model for Clinical Governance. The proposed standards establish a contemporary framework that recognises the importance of person-centred practice, workforce wellbeing, organisational learning, equity and continuous improvement.

We see opportunities to further strengthen the connection between healthcare delivery and workforce development through greater recognition of education providers, curriculum alignment and lifelong capability development. Nursing and midwifery education has an important role in preparing future practitioners to contribute to clinical governance, quality improvement and person-centred care.

CDNM thanks the Commission for the opportunity to contribute to this important consultation. We welcome the opportunity for ongoing engagement with The Commission to further discuss the Standards' alignment with university-based nursing and midwifery programs.

CDNM is also interested in being involved in the pilot program of the second draft of the NSQHS Standards (third edition) in 2027. Please contact us to discuss how we can participate.

Yours sincerely,
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