

Consultative Council on Obstetric and Paediatric Mortality and Morbidity

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Legislation Review
Public Health
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Dear Dr Goodall *Jacqui*

Re: Discussion paper on the Review of the *Health Act 1958*

Thankyou for giving the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) the opportunity to respond to this discussion paper. The relevant issues are those numbered 24, 25 and 26, and the CCOPMM responds as follows:

Issue 24

Should the provisions regarding consultative councils be consolidated in the new Act to provide

- General provisions regarding establishment and functions of all consultative councils

CCOPMM response:

As CCOPMM has its own specific legislation, this applies more to the other consultative councils than to CCOPMM, whose concern would be about any diminution of its status as a result of such consolidation.

The composition of the CCOPMM as detailed in the current legislation is very prescriptive and could be made more generic and multidisciplinary, in accordance with the state-wide remit of CCOPMM. The composition of the CCOPMM needs to reflect the requirement for individuals with specific medical expertise and also those with involvement in public health and health system performance.

- Standard provisions regarding the establishment of subcommittees

CCOPMM response:

CCOPMM would approve of this.

- A power to make recommendations in relation to investigations or inquiries

CCOPMM response:

CCOPMM makes general recommendations about practice implications as a result of its inquiries, but does not make reference in its published reports about individual cases, and does not wish to embrace any such activity which might be seen as disciplinary.

- An obligation to produce an annual report

CCOPMM response:

CCOPMM already produces annual reports.

Issue 25

What sort of information might each of the consultative councils need to ensure that they can carry out their functions effectively?

CCOPMM response:

CCOPMM currently receives mandatory notifications of births and stillbirths, and under the recent amendments to the *Health Act*, the Registrar of Births, Deaths and Marriages is obliged to notify CCOPMM of all infant deaths and deaths of children up to the age of 18 years. CCOPMM recommends that mandatory notifications be extended to include any birth defect and any maternal death. The mandatory requirement needs to include a stipulated time period to respond (ie 28 days). The penalty for non compliance also needs consideration.

Issue26

Should the new Act contain more specific provisions requiring:

- Reporting to consultative councils on specified incidents

CCOPMM response:

CCOPMM is also authorised to undertake study into perinatal morbidity, but under the current legislation [162F(d)] other morbidity studies are restricted to "matters referred to the Council by the Minister" (or Secretary). CCOPMM would benefit from having the legislation amended to clarify that it is authorised to undertake studies into maternal and paediatric morbidity, and in the conduct of such, compliance with such requests should be mandatory.

- Regular provision of specified information relevant to the statutory functions of the consultative councils?

CCOPMM response:

Yes, particularly for maternal deaths – may be more relevant to other consultative councils rather than to CCOPMM.

- Preparation by medical practitioners, of a report for the council in relation to the matter that it is investigating?

CCOPMM response:

Yes, this should be mandatory, as privacy principles are increasingly being invoked as a reason why health services are not complying with CCOPMM requests.

Please be assured of CCOPMM's interest in participating in this legislative review.

Yours sincerely



James F. King MPH, FRANZCOG

Chair

Consultative Council on Obstetric and Paediatric Mortality and Morbidity