



NATIONAL ASSOCIATION OF TESTING AUTHORITIES, AUSTRALIA

**Submission to the
Australian Commission on Safety and Quality in Healthcare
Discussion Paper**

National Safety and Quality Accreditation Standards

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SUBMITTER DETAILS

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National Safety and Quality Accreditation Standards

Foreword

The National Association of Testing Authorities, Australia (NATA) welcomes the opportunity to provide comments on the Discussion Paper regarding an alternative model of accreditation for health services in Australia.

This submission contains NATA's responses to the questions raised in the Discussion Paper. In addition, alternative views and/or considerations are also included where further discussion may be warranted. NATA acknowledges the broad scope of health services and facilities that are included in the review and looks forward to the ensuing discussion and developments. We should also be cognisant of the risk of making the process too broad and general, non-specific and perhaps failing to achieve a high quality healthcare accreditation process.

Introduction

Established in 1947, NATA is Australia's national body for assessing competence and quality of organisations including laboratories, inspection bodies, proficiency testing scheme providers and reference material producers. By way of a Memorandum of Understanding, the Australian Government recognises NATA's national role in assessing the technical competence of testing and related facilities. NATA also represents Australia in the International Laboratory Accreditation Cooperation (ILAC), the Asia Pacific Laboratory Accreditation Cooperation (APLAC) and the Organisation for Economic Cooperation and Development (OECD) Panel on Good Laboratory Practice.

NATA aims:

- to provide, in the national interest, accreditation services which meet the needs of stakeholders, and also facilitate the recognition and acceptance of their products and services;
- to promote the science and practice of accreditation to enhance the acceptance of Australian products both in Australia and overseas.

NATA together with Standards Australia, the National Measurement Institute, and the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), are the key components of Australia's standards and conformance infrastructure. The Australian Government acknowledges that the work undertaken by these organisations is vital to both Australia's economic efficiency and to various public interest issues including public health, safety, environmental, defence and trade support.

1. Accreditation Issues

What core processes or systems need to be in place to ensure poor performance is detected? Is this necessarily part of an accreditation process?

Fundamentally the core elements (rather than processes alone) needed to detect poor performance are:

1. Community agreed minimum standards of technical or professional competence and practices;
2. Experts able to impartially evaluate competence, compliance and practice;
3. Proper and consistent administration of the evaluation by such experts (the fundamental process of accreditation);
4. Encouragement of a culture to correct poor performance in a timely manner when identified.
5. Sanctions (such as suspension of accreditation or removal of benefits etc) when significant poor performance is not rectified.

All of the above elements are fundamentals of the accreditation arrangements NATA applies, which explicitly, for us, answers the question whether accreditation is needed to detect poor performance.

Where there is a systems failure, how should the accreditation body respond?

A response from an accreditation body needs to be commensurate with the risk of the impact on public health. Depending on the degree of risk, NATA, for example, can take immediate action, or work with the facility to establish an agreed series of corrective actions to be completed within a set timeframe. It should be a fundamental principle that, before accreditation can be granted, (or continued), the accreditation body needs to be satisfied that the failures identified during an assessment have been effectively corrected.

There should also be measures in place for facilities to appeal a decision.

What is essential to ensuring all accreditation process are open and transparent?

- Openness of accreditation is achieved if:
 - all bodies meeting criteria are not impeded from seeking accreditation based on issues such as size, ownership, location etc (such requirements for accreditation bodies are embodied, for example, in ISO/IEC 17011)
- Transparency of accreditation is substantially achieved if:
 - All formal criteria for accreditation, along with full descriptions of accreditation steps, regulation, decision making processes, sanctions, fees, appeals mechanisms etc are fully publicly available.

Auditing of, and confidence in, such transparency can be achieved through a number of mechanisms, eg, peer-review of the accreditation system, periodic review by government or professional bodies etc.

Accreditation bodies can themselves be subject to judgement of their competence as accreditors (through an international process of peer review and audit). ISO/IEC 17011: 2004 *“Conformity assessment – general requirements for accreditation bodies accrediting conformity assessment bodies”* is an international standard to which NATA complies and is regularly reviewed against by its international peers through APLAC (Asia Pacific Laboratory Accreditation Cooperation). The standard provides the basis for impartial verification of a conformity assessment body’s ability to conduct their tasks. This not only facilitates international recognition via mutual recognition arrangements but also outlines in detail the responsibilities of the accrediting body and the bodies they accredit.

Section 7.1.2 of this standard defines the accrediting body's publicly available information and this includes detailed information about its assessment and accreditation processes and arrangements for granting, maintaining, extending, reducing, suspending and withdrawing accreditation.

Section 4.3 of ISO/IEC 17011 also details requirements relating to impartiality.

What minimum information should be publicly available on the accreditation status of health services?

The accreditation body should make publicly available information about the current status of the accreditations it has granted. It should be regularly updated and should include the following:

- name and address of each accredited facility,
- dates of granting accreditation (and expiry dates if applicable),
- scopes of accreditation, condensed or in full (if condensed then information should be provided on how to obtain full scopes).

The relationship between an accreditation body and its evaluated facilities can either be viewed as adversarial or mutually directed at quality improvement and constructive identification of issues requiring rectification. This latter approach would be significantly lost if full public disclosure of assessment outcomes was required.

What governance issues must be addressed by organisations setting standards, training surveyors or accrediting health services?

For standards setting governance issues include:

- Availability of inputs to standards development by balanced stakeholder interests along with balanced oversight of administration (ie not a single interest predominating. Except perhaps, when a 'standard' may in fact be a 'technical regulation' set by a competent authority in the public interest).
- Ability to amend standards in light of practical implementation experienced, technology change etc).

For training of surveyors (assessors, technical experts, peer reviewers), governance includes:

- Agreed profiles (competence, experience etc)
- Agreed training course content
- Consistency of training
- Use of experienced (qualified?) evaluators as lead assessors (trainers, mentors etc)

For accrediting health services, governance issues include:

- Agreed criteria for competent operation as an accreditor;
- Processes for evaluating (reviewing) such competent operation;
- Appropriate balance of technical, professional etc stakeholders in governance, staffing, administration and technical advisory resources (committees, surveyors etc)
- Transparent processes for review of draft reports, issues raised at assessments, accreditation decisions,
- The right of facilities to respond to assessment findings,
- An appeals process,
- Procedures to avoid conflict of interest,

What needs to be done to integrate and streamline overlapping accreditation processes?

Accreditation schemes across different healthcare sectors do not have the same emphasis or focus on outcomes, thus it may not be possible to simply integrate assessment processes.

For example, both of NATA's medical programs (Pathology and Radiology) focus on the validity of results generated i.e. diagnostic laboratory results and diagnostic imaging findings. The assessment of these two disciplines includes the review processes maintained to detect system failures and investigating, addressing and monitoring these to allow correct performance of the laboratory or imaging procedures whilst ensuring patient care and safety are not compromised.

Other healthcare schemes appear to focus on management systems or continuous improvement processes only, without review or consideration of technical or professional inputs to the work being performed. Such schemes may be considered to be "certification" rather than "accreditation" in accordance with ISO definitions. Further, they may not guarantee that patients are receiving the best of care and that their safety is not being compromised.

In order to integrate overlapping processes the language used needs to be consistent where relevant. For example, definitions to ensure accreditation versus certification are used correctly, consistently and without misconception need to be established from the outset. It is suggested that international definitions (such as ISO) be adopted to facilitate the international recognition of our healthcare service accreditations.

In order to streamline the processes it may be necessary to modularise the components used by health services, also allowing flexibility for the various activities and ranges of services provided by health services and their measured outcomes. This may take the form of compartmentalising the various roles into functional areas. For example:

- emergency care/acute care
- diagnostic services
- allied health
- outpatient services, community clinics
- corporate services/support services

These areas would then need to have mutual recognition arrangements in regards to accepting each component into a whole service or facility. This could be achieved via a standard being applied to the accrediting bodies themselves such as ISO/IEC 17011 2004. Alternatively, a national/federal Memorandum of Understanding to acknowledge all accreditation results as acceptable across sectors would facilitate this.

NATA believes that its programs for pathology and radiology would not necessarily need to consider other healthcare sector accreditations, as the programs offered by NATA are restricted to specific sectors i.e. diagnostics and largely standalone. It may, however, be necessary for the current NATA programs to be recognised under other healthcare accreditation arrangements (eg NATA/RCPA accreditation of pathology services is already accepted in the accreditation program of ACHS).

How can accreditation be made more cost efficient and effective?

This question has different degrees of complexity, depending on the number of different or overlapping accreditation programs which might affect facilities in specific healthcare sectors, eg standalone laboratories can be serviced by a single accreditor, whereas the multiple roles of entities such as hospitals with their subset specialties, may have additional needs for a

special evaluation of key subsectors. While there may be apparent efficiency in a sole provider of accreditation evaluating multipurpose organisations, a question of 'effectiveness' in terms of the rigor and patient benefit at the subsector level may be diluted by a holistic accreditation process.

To answer such a broad question, there is a need for some detailed 'measurement' or assessment of the elements affecting, cost efficiency and effectiveness under current accreditation regimes affecting different types of healthcare providers. From that, there may be some potential to further examine areas of either overlap between, accreditation bodies, or opportunities to explore best practice solutions or collaborations between different accreditation bodies.

Establishment of some form of collaboration forum of accreditation bodies could be considered to pursue such opportunities.

What must be done to ensure inter-surveyor reliability?

Competency and consistency of surveyors (assessors) needs to be managed through the use of:

1. training surveyors against prescribed requirements;
2. examining them to see whether they have the expertise and experience necessary;
3. witnessing their performance and interpersonal skills by peers; and
4. committing them to certain continuing professional development to maintain their knowledge. This can be done either by the accreditation provider or through the use of some external agency.

What strategies need to be in place to ensure there is available a sustainable supply of credible and competent surveyors?

The strategies will vary on the sources and motivations of the surveyors (assessors) in different sectors. One such factor is the benefits derived by the surveyors (assessors) themselves (or for the employers). In some programs the benefits of voluntary inputs, (rather than payment), include cross-learning achieved by the surveyors themselves, mutual transfer of best practice, professional prestige etc.

In programs where the surveyors themselves may also be employed in organisations, also subject to accreditation, there may be sector-wide reduction in assessment costs, for use of voluntary surveyors.

Separate arguments can be made on the pros and cons of paid surveyors (assessors).

NATA has to date maintained a sufficient pool of voluntary assessors who undergo mandatory assessor training and refresher courses, as defined by ISO/IEC 17011. It is recognised that this may change as more and more private organisations tend to dissuade their employees from attending assessments. The culture of peer support and sharing of knowledge within fields is still being maintained, however, and we feel that this is the most appropriate way to conduct assessments as it engenders a sense of professionalism rather than a "policing" policy. Indeed, it is NATA's experience that facilities want the assessors to be direct peers who practice in the same disciplines that they actually review during assessments.

Should assessor availability become an issue it has been suggested that accredited facilities could identify staff who satisfy the assessor criteria and allow them to participate in assessments. For this approach to be successful, NATA emphasises the need that regardless of the nominations, only appropriate individuals should be selected.

What needs to be in place to allow accreditation data to be collected at a national level?

Consideration needs to be made on how the data is to be used and what information is to be extrapolated from it. NATA would not support the disclosure of data where an individual site would be able to be identified. This removes the objective of continuous improvement and makes accreditation threatening or worse, punitive.

Data should only be collected where it is used to identify trends and weaknesses to help all facilities and perhaps to target or concentrate on particular areas. Such areas that NATA and the RCPA have found useful include Quality Assurance Programs (Proficiency Testing) programs with the requirement that sites are completely de-identified.

In order to collect data, the accredited facilities would need to agree to this and one significant assurance would be the de-identification of sites.

What needs to be in place to allow accreditation data to be made available?

The question regarding what data is to be made available needs to be answered. It should be appreciated that data on individual facilities, such as an assessment report, could be misinterpreted when the issues raised are not put into context. We ask also what purpose would knowledge of this data be without appreciation of its context and understanding of the nature and significance of such information.

2. Standards Issues

What initiatives are required to coordinate and harmonise standards development?

Assuming that coordination and harmonised standards are required across the spectrum of healthcare sectors, then, obviously a standards development committee or steering group would need to be established. It would need representatives with sufficient knowledge and expertise across the health service fields as well as standards but not so large and diverse that it would become unwieldy.

However, some healthcare sectors may need quite unique standards, whereas in other cases, there may be common elements at a generic level that apply across multiple sectors.

Therefore, early consideration would need to be made as to which elements of standards are generic in nature that would lend themselves to coordination and harmonisation.

For any coordinating or steering group, careful consideration would need to be made to ensure no conflicts of interest could be construed from the make-up of such a group. The terms of reference should include a mechanism to address this. The terms of reference may also include a definition of the degree of harmonisation being sought and which specific areas within the healthcare sectors would be either a minimum, or conversely, be limited to.

NATA stresses that any standards that are developed must be sufficiently flexible to allow them to be adaptable to technological/professional developments i.e. standards should not be prescriptive unless warranted.

What minimum information should be publicly available on accreditation standards?

The need for low cost access to standards identified by the Productivity Commission would be ideal. NATA does not write nor provide standards. We assess a facility's compliance against a standard as prepared by ISO or Standards Australia for example. It is worthwhile reiterating here the need to answer the question of "is the public in a position to appreciate a standard?" If it is still felt public access is warranted, it is suggested that there be public access via direct request to a facility. This may involve the provision of the standard(s) with some form of guidance. Such a measure addresses public availability with the added advantage of the standard(s) being better understood and interpreted.

In some healthcare sectors, such as pathology, there are also technical regulations prepared within a regulatory framework, rather than through a public consensus mechanism.

What aspects of Australian health care standard development should be standardised for more streamlined, effective and efficient standards development?

If the Commission's goal is truly harmonisation then all aspects need to be standardised. However, if a more practical approach is taken then an important single area requiring standardisation would be the continuous improvement process. Management system requirements, with this area in mind in particular, could be applicable across the board regardless of the healthcare sector and would be a suitable element to address as a really valuable entity for effective and efficient standards development.

How do you ensure the standards being assessed are appropriate?

This may be a particularly difficult issue as the Commission is attempting to standardise an area in which there is great diversity and many stakeholders involved. Apart from this initial submission process in which a major cross-section of stakeholders have been approached, it is suggested that after the development phase a series of trials or pilot assessments be conducted and feedback sought from all the parties involved.

An ongoing review process of the standard(s) themselves should be mandated on a regular basis (e.g. every 5 or 7 years).

NATA recommends the development of area-specific documents that supplement the standard(s) and offer a framework for the management systems which are sector specific, for example, ISO 15189, RANZCR standards Version 8.0. This would be facilitated by modularising the health care service into areas (as suggested previously).

3. Future Systems and Processes

What needs to be in place to make this approach feasible?

The proposed register of accreditation bodies is appropriate if it took the form of a simple list, rather than an attempt at a restrictive register. It is suggested that this be done in conjunction with the development of any national approaches to accreditation of facilities.

Consideration would need to be given to any intellectual property that a body may bring to the accreditation process such as technical policies, sector specific supplements, etc.

Which organisation is best placed to manage the registration of accreditation bodies?

For national coverage it may be best done by the Department of Health and Aging or its agencies. This would provide the legislative weight and financial support that such a body needs in order to operate effectively across health services.

If accreditation is linked to ISQua, ILAC or JAS-ANZ as described in the discussion paper, then it is essential that the difference between these organisations be fully understood, eg ILAC is a forum which undertakes peer reviews of accreditation bodies to ensure international achievement of best practice amongst laboratory accreditors. JAS-ANZ itself is an accreditation body of certification bodies, not an accreditor of other accreditation bodies. JAZ-ANZ itself is also subject to peer review. This highlights the need for this current review to be absolutely clear in the terminology it uses for concepts such as *accreditation* and *standardisation*.

Who needs to be involved in the standardisation of language and definitions?

As stated previously, it should also be a goal to use internationally recognised terminology as this will facilitate international mutual recognition.

Stakeholders from all healthcare sectors should be involved. This will ensure the intent of the standards are understood by those implementing them. In addition, representatives from the accrediting bodies should also be considered. This would facilitate the consistent application of the standard(s) at assessments.

What are the essential skills, competencies and attributes that surveyors need?

This needs to be addressed comprehensively from the outset. It also needs to be clearly defined. When skills, competencies and attributes are being devised the meaning of these elements needs to be clear. Duties are merely job tasks and not necessarily related to how well a job is performed. Skills go somewhat further to list ways in which someone carries out their job and can be attributed to performance. For example, skills for surveyors might include the following:

- good verbal and written communication with a focus on constructive style,
- good time management,
- organisational skills,
- problem solving attitude,
- collaborative style,
- positive and objective attitude,
- relevant subject knowledge and experience.

A surveyors knowledge may be defined by their technical expertise, their knowledge of the standard(s) and how it is applied and their experience in both the area of technical expertise and surveying.

Attributes may be a surveyors attitude and extra qualities that would benefit the assessment process. Some are listed in the above skills list but quantification can be difficult, eg an ability to readily establish a good rapport with people they are interacting with.

What needs to be in place to train and assess surveyors effectively?

NATA training for assessors includes the following:

- a mandatory 1 day training course,
- documented technical criteria,
- continuous review of assessor performance during assessments,
- the provision of guidance and support in the form of a NATA Lead Assessor.

Training surveyors can be done in a step-wise fashion. This would include an introduction to the standard being applied and the actual assessment procedure as well as attending assessments under the supervision of an experienced assessor. Formal training may then involve audit courses or more advanced surveyor courses, although this may be too time-consuming particularly if the surveyors are doing these courses in their own time or that of their primary employer.

How can the available data sets be best used to inform accreditation processes?

The data used needs to be of an ongoing monitoring nature. For example, the RCPA Quality Assurance Program and RANZCR Image Review Programs data is one forum of information used by NATA to determine a facility's ongoing competence as these programs are carried out on a regular, cyclical basis. They are mandatory and provide a comparison of the facilities' performance against known diagnostic material and allow comparison against all other participants. The data can be manipulated statistically and can also be used to establish Key Performance Indicators (KPI's) have been met. KPI's may be used as early warning systems where a facility may be underperforming and this may be detected in between formal assessments. This also uses existing data and no new exercises or services need to be carried out by the facility, as the operator of the proficiency testing program performs the statistical administration and monitoring.

With regard to pathology, the RCPA is better placed to discuss this and it should also be noted that they are currently developing other methods of monitoring laboratories both in the diagnostic quality of the work being carried out and also the administrative and financial efficiency of facilities via KIMMS and benchmarking. They have commented that their work should be easily translated across other fields.

Regardless of the data manipulations it is imperative that the raw data and the outcomes are treated confidentially to ensure strict privacy. We suggest that the information be accessible only to the proficiency testing operator and the accreditation body and only then using coded identifiers rather than site names. This ensures confidentiality is maintained and any negative information is not used in an anti-competitive manner. This does not, however, negate the appropriate accreditation status which may change as a result of a facility's performance. If a facility was investigated further as a result of such an early warning system then this may be an argument for either a special assessment such as a desk-top review of all QAP/PT activity or an intermediate assessment which would be conducted out of their regular cycle.

Please, also refer to issues raised under ***What needs to be in place to allow accreditation data to be collected at a national level?*** Additionally, the question of how data from one accreditation sector is used to inform other health sectors needs to be addressed.

Which health services should be accredited as a priority, and how can this be best achieved?

The current certification arrangements with such groups as ACHS and AGPAL for instance may have existing information that would guide the priority of need for accreditation.

In terms of prioritising the health sector, it is suggested that a period in which accreditation is trialled at several pilot sites would encompass a variety of facilities from large tertiary

hospitals to rural facilities and community clinics. Such trials may identify areas of need and priority could be assigned from this information.

Accreditation should be seen as an opportunity for improvement in clinical practice and patient outcome and the initial facilities that undergo the process should be provided with as much assistance as possible in order that they meet the requirements as determined by the standard(s). This assistance particularly in the first instance should include such things as appropriate incentives, resources, staffing and training. Other incentives such as funding linked to Medicare should be considered.

What needs to be done and by whom, to introduce unannounced surveys in a timely and effective way?

The arguments presented by the Commission to support unannounced surveys are not consistent with NATA's experience or current philosophy regarding surveys. It is our belief that the surveys themselves are the final input into an organisation's management system. There are a number of elements that are assessed on the day which reflect an organisation's routine practice for the preceding period. It is simply an external review of their processes which are otherwise undergoing other internal and external reviews.

NATA has found that contrary to the belief that announced assessments will only show an organisation's preparedness on the day, the assessment itself is an effective tool to audit an organisation's ongoing routine practices. Whilst we are of the belief that regular, scheduled assessments engender quality improvement rather than "policing performance" NATA is open to, if not in favour of, the option of unannounced surveys and would welcome further discussion regarding this issue. NATA's Rules allow for this option, but it is only applied in extreme circumstances, but we also recognise situations requiring such visits (eg where there is a serious and immediate risk to public health and safety).

There are also a number of factors that make unannounced assessments problematic:

- not all key personnel may be available,
- very disruptive to a service,
- doesn't allow conflict of interest between assessors and the facility to be considered,
- places assessors in a difficult and potentially confrontational situation.

What needs to be done and by whom, to introduce unannounced surveys in a timely and effective way?

NATA has limited experience with unannounced surveys. However, we suggest that it would need considerable cooperation with assessors, assurances of confidentiality and commitment on behalf of both the facility being reviewed and the assessors being available for such a practice to be effective and sustainable.

What needs to be done and by whom, to introduce tracer methodology In a timely and effective way?

Tracer methodology is a vertical audit of a patient's experience of their health care episode. NATA has no experience with this approach other than reviewing complete patient files/records, as it can be somewhat subjective and open to bias or abuse, giving a false representation of actual events. We use measurable variables compared against a standard for compliance. We take into consideration client focus, feedback and opportunities for continued improvement including addressing client needs.

NATA would recommend a full review of the experiences of the USA and their evaluation of tracer methodology before it is considered for the Australian cohort. Other considerations should include the potential for bias and uninformed subjectivity.

What needs to be in place to make this approach feasible?(Registration of sets of health care standards to be mandatory)

Identification of and a thorough review of existing health care standards would be a good place to start. A decision would have to be made on how this information would be published, that is, as a list or with more explanatory /implementation information included.

Which organisation is best placed to manage the longer term register of standards?(Review process)

There are a number of questions that should be answered first:

- Who would determine the standardised format for standards, especially when current standards used include NPAAC, ISO, ISQua approved (ACHS), (AGPAL), etc?
- What part should Standards Australia and other standards writers play?
- How will mandatory safety and quality issues be achieved – would the registering body need regulatory authority?

What are the barriers to standardisation of language and definitions?

The large number and diversity of stakeholders involved in this proposal presents significant hurdles.

Already there is much divergence in the understanding of the language of accreditation, not the least being a clear distinction between certification and accreditation. The Commission should define whether standards are to be used under a certification or accreditation model. There will need to be clear direction and transparency when this is done. It is suggested that an international framework/model be aimed at so that Australia can be easily and equitably viewed from other nations' healthcare services.

NATA has some concern with regard to the comment "*scale of achievement against a standard*". This removes a facility's ability to determine individually how they may demonstrate compliance against a standard. Standards should define minimum requirements and not be overly prescriptive thus allowing facilities' scope to implement a standard's requirement into their existing processes. Standards should be about good practice and not bureaucracy. "Scaling" also has implications for business and appears punitive ie a ranking of a facility's accreditation against all accredited sites.

Who needs to be involved in this standardisation process?

The Commission should direct a group of stakeholders in this process. Accreditation bodies should be represented on any committees to ensure that the standards can be applied at conformity assessments.

Who needs to be involved in this mapping process? (Mapping of existing standards)

The Commission should coordinate a group of interested stakeholders.

What priority areas should be included in core safety and quality standards?

NATA suggests a review be conducted of existing standards to determine whether core elements already exist.

Core safety and quality standards need to be not only broad but also measurable and appropriate across all the health care settings envisaged. With this in mind, it is suggested such things as patient identification, infection control, OHS issues, staff competencies, throughput (length of stay, transfers between facilities) and the availability of clinical information be included. The minimisation of duplication of patient data, repeat testing, repeat assessment and review of results should be a quality concern. Communication between departments and facilities should be a priority as enhanced communication will enhance a patient's experience and save on time (length of stay), testing and cost.

Safety from the patients, staff and general public's points of view needs to be defined, as well as quality (ie competence) for each respective sector. However, the focus on the patient should not detract from the focus on competence and delivery of a quality service. It should, however, be noted that NATA assessments do consider the patient during the review of the service at the time of the assessment, but to ignore the technical validity of results generated could place the patient at risk.

What is required to implement mutual recognition of standards and accreditation processes in the Australian health care system?

At the outset it would be essential to give legislative strength to any of the outcomes which result from the Commission. Further, the ongoing support of the Commission should be very visible to ensure any initial gains are not devalued or lost over time. NATA essentially agrees with the benefits outlined for the proposal for mutual recognition of standards and accreditation processes. It should be noted, however, that mutual recognition may not be necessarily possible because of the differences in focus of the various accreditation schemes or restrictions placed on accrediting bodies e.g. NATA's need for compliance with ISO/IEC 17011.

In terms of implementation it may be necessary to review and adopt existing standards and accreditation processes as long as common terminology and intent is applied. As suggested earlier, one approach may be to modularise the functional areas of the health care system, use a limited number of guiding standards, with the addition of area-specific notations or applications. This has been the approach of NATA across the range of facilities that it currently accredits and we have found this to be a very workable solution to the accreditation diverse practices.