

Response from

**Australian General Practice Accreditation Limited and
Quality in Practice Pty Ltd
to**

**The Commission on Safety and Quality in Healthcare
“Discussion Paper – National Safety and Quality
Accreditation Standards” November 2006.**

March 2007

EXECUTIVE SUMMARY

Australian General Practice Accreditation (AGPAL) and its wholly owned subsidiary Quality in Practice Pty Ltd (QIP) are leading providers of primary care accreditation. QIP/AGPAL accreditation is a voluntary process of peer review, which focuses on the structure and processes of practices. AGPAL is governed by the medical profession within a not for profit framework. The implementation of this process to over 4500 practices nationally, comprising over 15,000 GPs, 30,000 practice staff and stakeholders over ten years, has shown that improvement in structure and process can be encouraged, achieved and improved through the implementation of national standards. The process is voluntary (but with significant financial incentive) and the survey process occurs every three years. The standards are not set by AGPAL or QIP, and do not focus on patient outcomes. There are currently no defined performance parameters, however QIP/AGPAL has commenced a process of benchmarking to add value to those who participate in practice accreditation in response to practices having moved towards an accreditation results framework characterised by conformance to performance.

Through QIP, optometry and physiotherapy accreditation programs exist in consultation with the peak professional groups Optometry Association of Australia and Australian Physiotherapy Association. Over 300 practices are engaged in these programs, using peer review and standards set by the profession. The APA standards are including a focus on quality care to include outcomes in the assessment process.

The work currently occurring under the auspices of the Commission on Safety and Quality in Healthcare is supported in principle by QIP/AGPAL in the interests of advancing a role of standards and arbitration against which to improve the safety and quality of health services for Australian consumers. The basic premise of accreditation on continuous quality improvement cannot be undermined; and its relevance for both consumers and participating services needs to be preserved and advanced to guide consumer confidence in the quality of healthcare provision in Australia.

In formulating this response QIP/AGPAL undertook its own consultation process, which included the forwarding of the Commission's paper requesting feedback to:

- Directors of the board, including the consumer nominee
- Staff
- Selected surveyors and practices
- AGPAL's members organisations:
 - Australian Association of General Practitioners
 - Australian Medical Association
 - Australian College of Rural and Remote Medicine
 - Australian General Practice Network
 - Australian Practice Nurse Association
 - Australian Association of Practice Managers
 - National Association of Medical Deputising Services Australia
 - Royal Australian College of General Practitioners
 - Rural Doctors Association of Australia

- AGPAL and QIP's stakeholder organisations
 - Consumers Health forum
 - Australian Physiotherapy Association
 - Optometry Association of Australia
- attendance at five face to face consultations conducted by the Commission

The views of those who responded have been incorporated in the following response. QIP/AGPAL remains committed to working in partnership with the profession to improve the safety and quality of healthcare in the primary care arena.

SECTION 6. ACCREDITATION ISSUES

1. Effectiveness in identifying poor performance

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

Possible core processes/systems required to ensure detection of poor performance may include:

- Acceptance and acknowledgement of accreditation at the patient, practice, practitioner, profession and policy (and funding) levels
- An established connection between practitioner competency and systems based standards
- Standards that relate directly to patient outcomes
- Public reporting of results, as well as internal reporting of significant events
- Mandated participation in accreditation across the healthcare sector so that all services are exposed to a national set of standards and reported benchmarks have validity and a means of impacting on change management at the micro level
- Random audits across the sectors to improve the notion of sustained change and embed quality improvement in the mainstream of practice activity to assure consumers about the presence and implementation of healthcare standards
- Tangible benefits linked to performance differentials and accreditation participation

These are not necessarily all part of the accreditation process. The implementation of such would require a vast shift in the profession thinking around the role and scope of accreditation and those who recognise and reward it. Some (random audits, public reporting of results) could be implemented through accreditation relatively easily and encourage an increased culture and role of continuous improvement (with due regard for cost implications of implementation). However, at the heart of the ability to identify poor performance is the ability of the individual service to do so, to continuously monitor that performance and improve it. That said, also being rewarded for the fact that quality plays an important role in health service provision and function is important thus providing the impetus to engage in quality improvement activity.

The possible initiatives proposed could be embedded as part of the accreditation process as accreditation has an already established role and acceptability across services and may be in a position to assist in implementation as part of a broader approach. QIP/AGPAL is already in a position to determine the level of performance of practices against standards (including poor performance) so this may be efficient as the resources are already geared. There is otherwise the risk of increased complexity and bureaucracy on an already burdened largely small business primary care system.

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

Where there is a systems failure, currently the relationship is between the accreditation provider and health service. In some processes (eg. residential aged care), there are immediate sanctions linked to poor performance, which carry regulatory consequence. If the relationship intimately involved accreditation provider, then the role of providers would change significantly to being one more of police and regulation enforcement. In terms of potentially withdrawing accreditation, this is an important function and currently exists. There are currently no penalties for failing to get accreditation as it is a voluntary process to participate in; should that failure be attributable to poor performance, that poor performance falls back into the practice responsibility to improve at will and not under a framework of monitoring via accreditation. This is currently a weakness of the current voluntary accreditation framework.

QIP/AGPAL does not support public reporting of performance results of individual services, only a role in certifying that a practice has achieved accreditation or not and perhaps additional features such as period of accreditation. We acknowledge however that accreditation does have to contribute to consumer confidence that services meet (or even fail to meet) standards to ensure that accreditation remains a credible and accountable framework for consumer decision-making. This would have to be aligned with expectations of all accreditation bodies across the sector.

The connection with the profession and educational role of accreditation as a partner in improvement are important principles on which primary care accreditation is based. Its role has been borne by the profession with profession improvement firmly at its core. We believe it is preferable for the action of enforcement to be kept at arms length from the service provision of accreditation, although to achieve this we believe that accreditation may have to play a more direct role in its ability to refer to such parties and take remedial action over poor performance as well as a greater role in arbitrating performance levels to more readily identify performance parameters across the sectors. Accreditation needs to maintain its focus on education and moving the entire profession forward (ie. assisting the service response to meeting the standards), rather than being the determining agent of individual non-compliance and consequent sanction action.

2. Transparency

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

For all accreditation processes to be determined to be open and transparent the following have to be addressed:

- Resolution of the tension between involuntary (eg residential aged care) and voluntary participation in accreditation systems
- Increased public confidence that accreditation exists as a framework over health services and that baseline measures of safety exist across the system. Our consumer focus groups proved that consumers had the expectation that safety and quality of practice was an essential part of practice establishment and not a voluntary process.
- Accreditation has relevance for patients, practices, profession, practitioners and policy makers (and funders)
- The implementation of increased uniformity via both standards and processes (eg. issue of draft reports for comments, identify some key performance measures, consistency between periods of accreditation certification)
- Improved consistency between surveyors
- Improved consistency between providers, especially where commercial competition exists
- That there is credibility about the nature of the decision making process and a balance between commercial and professional interest which challenges the transparency of some of these process issues – such process issues should be publicly available as well as the processes through which appeals and reviews are administered
- The ability for practices to undertake due process to address errors of fact prior to statement of findings being issued and the ability to capture that practice change has occurred where non-compliance or improvement areas are identified and then addressed by service providers.

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

At a minimum, we feel that the following information should be publicly available:

- Clarify the expectation that public information be available (this is currently not mandated, although QIP/AGPAL does provide a listing of those practices accredited)
- Name of service
- Current status of accreditation and period of coverage
- Public availability of the standards against which the service is assessed

- There could be consideration about some generalised area of performance levels, although this would only be possible if some of the points raised in the previous question were answered.
- Other areas of accreditation status eg. public access to full report might be facilitated at the discretion of the practice.
- De-identified data illustrating trends about areas of poor performance and strategies to improve this performance

3. Governance

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

We strongly agree with the distinction and arms length relationship between standards setting and accreditation implementation. The reason for this primarily is that QIP/AGPAL believes it is an important role for the profession to take a lead role and governance in the standards set for its profession. There are many advantages to the arms length relationship to provider, providing that the standards setting body is able to have robust relationship regarding interpretation and use of such standards. If the functions were to be conducted by the same organisation, there should be a robust separation of function and purpose, and independent complaints processes, which assures confidence that there is avoidance of conflict of interests.

We comment on the points from the perspective as an agency user of standards:

Governance regarding standards setting:

- Primary role of the profession in leading standards development
- Standards setter being able to determine the manner in which standards should be used and educate on standards interpretation as part of the standards setting responsibility
- Obligation to conduct periodic review of the standards
- The potential alignment with a national framework over standards development
- Standards are themselves externally validated and certified e.g. by ISQua
- Integral links to those who use the standards including advice and educational role about interpretation
- Standards must be relevant, able to be consistently assessed and include performance measures to enable benchmarking
- Common language and themes (eg safety) across standards is supported.

Governance regarding training surveyors:

- Premised on peer review
- Validated training and competency measures
- Utilisation of tools to increase consistency

- Training programs are subject to external and validated certification e.g. as per those available by ISQUa
- Alignment with national safety and quality agenda

Governance regarding accrediting agencies:

- Externally validated and certified themselves by independent third parties e.g. ISQua as is QIP and AGPAL
- Ability to employ performance measures in assessment processes and also between those charged with making the assessments
- Integral links back to standards developers
- Consistent approach between agencies regarding transparency of process, accountability, engagement through consultation
- Use of peers to underpin the assessment methodology
- Consistent availability of upskilling and use of surveyors who are appropriately skilled against key criteria and fulfil a minimum number of surveys on a regular basis.
- The ability to act altruistically and ensure commercial considerations do not outweigh the importance of quality improvement in healthcare
- Process alignment with national safety and quality agenda

4. Effectiveness in Identifying Poor Performance

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

QIP/AGPAL agrees that any attempt to mutually recognise processes or standards in existence should be supported. We have elucidated this position to the point of having conjoint visits with other agencies (eg. QIC), recognition of other commercial GP accreditation agency accreditation status and identifying synergies through our response to the new proposed radiology standards potentially to be additionally imposed on general practices already participating in accreditation.

Any attempt to decrease the burden of participation to already participating practices against already existing standards should be supported.

In order to achieve this, some of the possibilities could include:

- Determination of a core set of safety and quality standards including governance for incorporation in all standards at a minimum and recognition of standards setters who fulfil this (but mindful of the applicability of such standards across the wider health sector)
- “Endorsed” standards setter status as could be achieved via a public register of standards
- Determination of core principles eg. self-assessment, parameters of public reporting especially against the core standards by all accreditation bodies and recognition of accreditation bodies who fulfil this

- “Endorsed” accreditation bodies status as could be achieved via a public register of such bodies
- Achievement of the above may only be possible by the increased scope of bodies already involved in standards development and accreditation to broaden their scope into other areas by using the pre-determined core principles effectively and efficiently for the benefit of the broader profession.
- The mutual recognition could extend to surveyors across multiple standards and disciplines so that the development of some core surveyor capability ratings may also be considered.
- Survey/report sharing information at the discretion of the service in the interests of integration and avoiding accreditation overlap and/or coordinated surveys fulfilling multiple purposes in a single assessment framework.
- Period of accreditation might be standardised across health services, but variability to this may be encouraged by bodies in recognition of better (or poorer) performance as a means of encouraging continuous improvement.

5. Resource Requirements

How can accreditation be made more cost efficient and effective?

As a not for profit company, AGPAL has sought and maintained the cost of accreditation over the 10 years since its inception. However, this has only been possible through the early commercial model and now as efficiency and electronic measures have been introduced. Should some of the initiatives proposed in the consultation be implemented, it may impose increased cost pressures that would, inevitably, have to be passed onto accreditation participants.

However, safety and quality are core concerns and yet still seem to be seen as “additional” to the day to day operations of good practices.

Some considerations regarding making accreditation more cost efficient and effective are as follows:

- Increased role of accreditation to link with core functional business activity of practice
- Limiting the numbers and type of providers and the ease with which new systems, standards and providers (and for what purpose) these are created, although also recognising the role of competition in cost gains for participating services.
- Mutual recognition of standards and/or processes
- Random audits which potentially may leave those committed to safety and quality more self- directional and focus accreditation attention on the poorer performers which may require more frequent review
- Self reported data, confirmed by audit as required as a part of accreditation requirements – the focus on continual performance (not point in time) assessment

- Rewards for higher performance e.g. increased self reporting and the establishment of the relevance of the role of accreditation to underpin engagement by services
- Use of electronic and web enabled tools such as those demonstrated through AccreditationPro to link standards, assessment and continuous improvement monitoring to increase efficiency and information flow both within practice and sharing with others such as accreditation bodies.

However, these must be balanced against giving accreditation a greater scope, which might in itself carry further financial or operational demands.

6. Surveyors

What must be done to ensure inter-surveyor reliability?

The use of peers within the accreditation process is important. It is recognised, however, that this process places demands on time and staff; and must offer competitive remuneration comparative to what peers earn from their practice. QIP/AGPAL supports the appropriate remuneration of surveyors and feels relying on a voluntary participation compromises the credibility and integrity of the process.

While standards, training and education can increase inter-surveyor consistency; there will always be an important element of professional judgement, which is brought to the process by the use of peers. A process that relies less on assessment by inspection and more on the professional knowledge of peers in a relationship that is premised on improvement must be safeguarded within the accreditation process.

Inter-surveyor reliability can be safeguarded via:

- Required parameters on surveyor training
- Performance frameworks around surveyor performance – these should be internal although there may be consideration given to observer surveyors randomly auditing across sectors to improve the sector consistency ie. surveyor standards?
- Evaluation frameworks which are implemented by accreditation body and customers and colleagues
- Good standards constructed to guide assessment methodology
- Surveyor assessment tools (such as AccreditationPro) which are geared towards improving consistency for surveyors by providing a framework against which surveyor decision-making occurs
- The potential movement towards use of a small skilled workforce, which may increase the definition of the term “peer” to attract and retain appropriately skilled individuals to carry out the surveyor role.
- The role of surveyor is appropriately acknowledged and encouraged as a valuable skill set by professional groups, colleges and universities.

- Appropriate remuneration exists for those who undertake surveying and the expected education required to retain and grow appropriate skills.
- The existence of an overarching decision making body within accreditation processes eg. accreditation review committee, which acts as a leveller in overseeing surveyor performance and in arbitration of practice performance against the standards.

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

Strategies required ensuring supply of credible and competent surveyors:

- Understanding that appropriate remuneration is a part of this process
- A smaller pool of skilled and competent surveyors that are able to do a greater number of visits and possible cross-fertilisation across processes
- The activity of surveying is valued by profession leaders and representative groups and appropriately rewarded e.g. continuing education status

7. Information to Support Accreditation

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

Currently QIP/AGPAL publishes the name of accredited practices publicly for use by consumers and others. AGPAL also has a consumer nominee on its board. This position helps safeguard the importance of the patient in determined governance around AGPAL and accreditation. The voluntary nature of participation in accreditation has led to a certain degree of caution around the nature of such disclosed information.

- It is imperative that such data reporting is aggregated and deidentified and that the parameters used are clearly articulated (including the reasons for their inclusion) and expected by whole of sector engagement.
- The risk of adverse publicity based on such collection would have to be clearly mitigated for individual services or groups of services.
- The role of the media to potentially misreport the findings would have to also be clearly reviewed and mitigated.
- The role, however, of such data to report trends (especially across the sector) is supported.
- Framework and strategies exist to address trends
- The collection and sharing of data also needs to be recognised by third parties as a resource intensive and valuable activity and it should not be anticipated that such should be freely or readily able to be implemented without appropriate preparatory systems and frameworks.

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

If data were to be collected and made available at a national level, the following would be considered:

- Determined parameters for data collection would have to be clearly defined including the potential use of such governance around these requirements e.g. by Commission would be optimal to be seen to be across the sector and explicitly in the consumer interest
- Increased consensus regarding use would have to be collected
- Mandated accreditation would increase the credibility of the data pool to encompass all providers, not just those choosing to be assessed
- There would have to be rewards for those who demonstrate high levels of performance – these may be implemented by the accreditation bodies themselves (e.g. more self monitoring and thus decreased cost)
- A determined data portal to collect and report on data independent of accreditation bodies
- Methodology which integrates with current systems and is not seen as a separate unrelated activity which increases the complexity or cost of participation even further for both participating services and accreditation providers
- Assurance that privacy of consumers and services is assured

SECTION 7: STANDARDS ISSUES

As QIP/AGPAL implement and do not set standards, we have determined a user perspective for this session and defer to the bodies we work closely with (RACGP, OAA and APA) in terms of their expertise regarding standards development.

8. Proliferation of Standards

What initiatives are required to coordinate and harmonise standards?

- Minimise duplication both between standards (and thus assessment) and standards development.
- QIP/AGPAL supports the concept of the development of a core group of safety and quality standards which themselves might be used as a basis for the determination of healthcare standards by various groups, complemented by profession based “additional” standards e.g. infection control, governance, privacy
- QIP/AGPAL supports the need for the loop to involve not only users of standards through accreditation, but accreditation bodies themselves to add the operative and practical components to underpin their development.
- Standards development should be ongoing and subject to periodic review, be led by the profession within a sustainable framework and standards should be expected to be endorsed by independent third party certification processes.
- Common language and construct between standards would provide better coordination – need to consider that for specific disciplines clinical language would need to remain
- Standards must assure patient care across the sector and across the continuum of care
- A national governance structure which could coordinate and endorse standard activity including standardisation of core standards and language, relevance or development and arbitration of those deemed appropriate relevant to settings maintained in a register which is publicly available
- All standards should be externally certified
- All standards should ensure the engagement of the professional groups for which they are formed

9. Access to Standards

What minimum information should be publicly available on accreditation standards?

- Standards which are set by the profession for the profession need to be made available to the profession at large, and not segmented due to membership of the particular body or bodies if the bodies themselves are responsible for the profession's improvement via standards setting
- It is QIP/AGPAL's view that the standards in full should be publicly available for reference by the public and as a comparison document, which aligns with the public availability of those services, which have attained accreditation against them. These standards establish benchmarks of safe and quality standards. A consumer would find a list of services accredited against them, so it is in the public interest that access to them is assured to underpin the quality bestowed on health service quality through accreditation
- A list of organisations authorised or recognised to accredit against such standards.

10. Process of Developing Standards

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

QIP/AGPAL believes there could be benefits through:

- A more systematic use of language including terminology both within professional groups and in the broader context. We believe the language has to reflect that of the healthcare idioms and not be "industrialised" thus losing the sense of ownership over the professional context.
- Driving the process of standards development through the profession and engaging groups, including accreditation bodies and consumers, who have a vested interest in both the implementation and outcomes measures.
- External validation of the standards against an international standards setting framework
- The inclusion of specific safety and quality dimensions.
- Clearer outcome measures that contribute to the validation of standards
- A national register of "endorsed" standards, as opposed to standards developers, would assist with a more unified approach including performance measures at a national level. The purpose and structure to manage this register would be important considerations.
- Movement towards a core group of standards setters comprising key professional groups working within the framework of standards to ensure that there is some coordination of standards development over time. It is, however, considered of upmost importance that the fundamental relevance of such development remains profession engagement.

11. Appropriateness of Standards

How do you ensure the standards being assessed are appropriate?

QIP/AGPAL believes that

- Healthcare standards must be developed and endorsed by the profession, which is engaging in assessment against them.
- Healthcare is unique and requires skill sets difference from industry counterparts to both form and arbitrate standards assessment
- Peer review and profession led standards must characterise accreditation of the healthcare sector.
- There must be an external international standards framework used for standards development and they must be externally certified including the means to collect regular feedback from participants using them, consumer engagement, core safety dimensions, to ensure they are relevant, achievable and able to be reliably assessed.
- That if a core group of safety standards are adopted, there must be the ability to add on specific standards for specific groups to make them relevant
- They must move to incorporate outcomes, measures and enable reporting on performance both within and across sectors

SECTION 8: FUTURE SYSTEMS AND PROCESSES

ACCREDITATION REFORM STRATEGIES

12. Register of Accrediting Bodies

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

QIP/AGPAL believes that there is merit in a centralised approach to accreditation body registration. However, the scope of powers and the parameters on which such registration occurs would have to be collectively determined.

Some features of such an approach might involve:

- Third party certification of providers against international frameworks of accreditation bodies, including training programs
- The accessibility to the register for both potential services and consumers.
- Rigorous protocols to ensure commercial interests of providers do not dominate decision making and access to the register
- No specific interest can be prioritised in determining either the requirements of the register or the ability of any service to remain on it
- Those on the register's ability to remain there must be periodically reviewed
- Fundamental principles such as accessibility, non discriminatory provision processes, basic data transfer requirements exist to ensure providers have a set of endorsed "ground rules" which govern their operations
- Registers of surveyors
- Clear accountability e.g. to Commission, at least in early period

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

- The management of such a register should be vested into an independent third party.
- We would not support any other accreditation body which itself is involved in the accreditation of health services to be charged with such a responsibility.
- Possible hosting of such a secretariat may be vested in the Australian Commission on Safety and Quality, or appointed third party.
- We do not believe third party certification bodies which themselves accredit e.g. JASANZ or ISQUA would be appropriate due to a potential conflict of interest.
- The organisational construct may be representative of collective interests of the sector so vested in a council or committee.

- The potential to add another level of complexity or cost on providers (and thus participating services) is to be avoided.

13. Standardise Accreditation Language and Definitions

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

QIP/AGPAL believes:

- There needs to be standardisation of accreditation language and definitions
- That the progress towards mutual recognition and understanding of interpretation would be greatly assisted through this.
- The divide between the appropriateness of language between tertiary and primary care must be acknowledged as the complexity of health services, which cross this chasm, is immense.
- There should be a reference group duly appointed which includes the inputs of major standards setter in this process.
- The secretariat for such a group should be provided by a third party to the standards setting groups.
- Accreditation companies should be included in such a consultative group for practical implementation advice.

14. Training and Competency Testing of Surveyors

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

As part of the current eligibility criteria of QIP/AGPAL surveyors, the following are essential characteristics, amongst others:

- Demonstrated experience in active practice and currently works active practice relevant to their area of expertise (e.g. general practice or optometry or physiotherapy practice)
- Commitment and availability to minimum number of visits per year and ability to travel
- Commitment to ongoing training and upskilling
- Demonstrated communication skills – both oral and written
- Ability to survey objectively, deliver feedback, deal with conflict and work as part of a team
- Is continually monitored by co-surveyors, practices and accreditation body

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

Training and upskilling of surveyors is essential for an effective accreditation process. QIP/AGPAL supports:

- The external accreditation of surveyor training systems e.g. that provided by ISQua
- That if accreditation is to expand in scope, then the ability to attract and retain a smaller highly skilled workforce (and rely less on goodwill) would be essential, acknowledging that the cost implications of training would have to be factored into any proposed changes
- Mutual recognition of surveyors across core standards might be feasible but should still be profession based
- A core group of training requirements including skills, competencies and attributes

15. Better Use of Data for Evaluation of Health Service Performance

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

Performance measures are not currently mandated by the standards setters in primary care, although as an accreditation body QIP/AGPAL has moved towards the inclusion of performance measures as a means of value adding to participation in accreditation. Again, the voluntary nature of participation in accreditation makes it difficult to mandate this reporting. Some of the constraints around data collection are outlined in Question 7, although AGPAL is supportive of how it can play a role collaboratively in being able to assist national data collection so that accreditation is a valued tool with relevance for participating services in measuring increased safety and quality in primary care and the broader health sector.

The ways in which this may be better implemented is through:

- Across sector trend data being requested and published (possible a fundamental of registering both standards and accreditation providers).
- Appropriate review of implications such as practice consent for such data to be utilised as part of the broader framework.
- Concentration on a few key core areas rather than “data for data’s sake”

16. System Wide Accreditation Against Safety and Quality Processes?

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

If accreditation is to have a whole system of effect, it should involve the whole system. Currently only 10 per cent of general practices in Australia are not accredited. While there is little evidence to suggest these practices pose a higher safety and quality risk, there is no ongoing third party overview of the systems within those practices. They are predominantly outer urban solo practices and many principals are not engaged in other localised educational activity. If some of the initiatives in this paper are to be implemented, the participation in all health services in forms of quality improvement should be encouraged, particularly in an environment when multi-disciplinary care is pivotal to better health outcomes. The confidence with which referral generation can occur, and funding initiatives which recognise the quality commitment of health services, seems a logical step in an era when increased accountability and transparency characterises the health landscape. And giving consumers the confidence in practice systems and processes in which they are being treated is fundamental to their confidence in the health system as a whole.

In addition, there is the ability then to see the impact on the whole health system on quality improvement participation, and highlight areas of system non-conformance.

Some areas to consider in prioritising which health services should be accredited as a priority:

- Those in which the profession at large is already engaged in accreditation processes
- Those services identified as high risk e.g. by medical indemnity organisation, Medical Boards, Medical Services review, funders
- Those able to be leveraged towards accreditation by funding incentives e.g. medicare billings especially for allied health now available to e.g. chiropractors, podiatrists, dentists and also links forward contractually through MoUs e.g. radiologists, or access to private health funding pools.
- Those where invasive procedures are practiced routinely and sterilisation, which is already evidenced as a significant area of non-compliance, is a characteristic of practice.
- The large and expanding complementary medicines field where consumer choice is largely arbitrary and standards and accreditation frameworks not yet developed

17. Introduction of Unannounced Surveys?

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

QIP/AGPAL is supportive of a process whereby the curve for quality is shifted to be one of maintenance and less a point in time assessment. Where unannounced surveys could well assist this process, there are implications potentially of increased cost in the process of participation. On the other hand, it could well recognise those practices, which strive towards best practice by showing performance at or above expected levels.

If such were to be introduced, QIP/AGPAL would be supportive if:

- They were seen to replace the current three year process visit generally following at least one cycle of participation which is prepared for by the practice and not add another level of administrative burden which did not take the place of current processes
- They were used to complement, not burden, the already existing process
- They could be used in a way which is financially sustainable for both accreditation provider and participating health service
- The process had been sufficiently trialled so that its implementation had a national approach and was required across the whole of the system.
- They were used in a way which incentivised their introduction e.g. high performing practices are eligible for less unannounced survey over time and poor performers became subject to more periodic surveys – i.e there was financial incentive on improved performance
- Their introduction was mandated and the parameters for such were clearly articulated
- Such visits were focused on specific standards, e.g. the potential core safety standards rather than were all encompassing full visits
- The visits were conducted by peers
- Their introduction would have to accompany a non-voluntary accreditation participation process as it could easily be a perverse incentive towards engagement for health services if the leverage and benefits to engagement did not provide significant reasons to participate.

In terms of who should be responsible, we would support a key group of standards and accreditation providers who collectively agree on a model, then implemented by relevant organisations (perhaps as a stipulation of becoming a “registered” standards and accreditation provider).

18. Introduction of Tracer Methodology in External Accreditation Reviews

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

As the outcomes of the methodology are not yet available, QIP/AGPAL is cautious about whether this methodology should be implemented in light of the lack of evidence. Whilst acknowledging the premature nature of this methodology however, QIP/AGPAL supports the importance of the individual experience as a basis for determination of the quality of a health service generally and acknowledges the importance of the consumer as the centre of healthcare. QIP/AGPAL is also supportive of the increased consumer engagement in accreditation generally. Current primary care systems limit such engagement to the requirement of services to collect patient feedback, which can be both flawed and of limited value to the services involved.

As such, an introduction would have significant effects from both a standards and assessment perspective, we would support that a reference group both tracking the international results of such implementation and assessing the impacts on implementation in Australia would have to be formed. Such a reference group would involve representations from the profession, across sector healthcare providers and accreditation agencies to ensure that such would be feasible across the diversity of healthcare providers, settings and size of services providing healthcare.

SECTION 8: FUTURE SYSTEMS AND PROCESSES

STANDARDS REFORM STRATEGIES

19. Registration of Sets of Healthcare Standards

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

QIP/AGPAL is supportive of a national register of both standards and accreditation providers. This process should be cost effective, not bureaucratic and should also recognise other forms of currently available third party certification.

Some features of such an approach might involve:

- Third party certification of standards set against international frameworks of accreditation bodies
- The accessibility to the register for professional groups, customers and consumers
- Rigorous protocols to ensure commercial interests of setters do not dominate decision making and access to the register
- No specific interest can be prioritised in determining either the requirements of the register or the ability of a standards setter to remain on it
- Those on the register must have their ability to remain subject to periodic review
- Fundamental principles such as accessibility, non discriminatory provision processes, basic data transfer requirements exist to ensure standards setters have a set of endorsed “ground rules” which govern their operations and ability to be recognised on the register
- Clear accountability e.g. to Commission, at least in early period
- Standards setting is subject to analysis of need for standard, and aligned with the national safety and quality agenda requirements

The purpose of such registration should be to ensure:

- The competency and legitimacy of groups setting standards
- Avoid duplication
- Should recognise external certification of such standards
- A more uniform approach to language and definitions

Which organisation is best placed to manage the longer term register of standards?

The body responsible should be neither a standards setter itself (whose standards are used for healthcare accreditation) nor a third party certification agency. We would support an independent arbitration group which may be auspiced by the Australian Commission on Quality and Safety or

other independent organisation or group of organisations into whom such a function is vested. The structure and purpose should not exert undue influence or cost on either standards setting bodies or accreditation agencies (and thus health services participating in accreditation).

20. Harmonisation of Health Service Standards

What are the barriers to the standardisation of language and definitions?

QIP/AGPAL is supportive of a more systematic approach to language and definitions by standards setters. We don't perceive any significant barriers to this occurring apart from

- (i) a willingness to engage in the development
- (ii) the presence of an overarching approach to guide such a development
- (iii) assurance that the costs associated with involvement will not have to be borne by the standards setters
- (iv) the standardisation acknowledges the diversity of the structure, scope and complexity of healthcare providers across the continuum of care, and
- (v) the assurance that the result will not be a generic set of industrial termed standards as there still has to be a focus on relevance for the profession and healthcare and reasoning for their inclusion.

Who needs to be involved in this standardisation process?

Those involved in such a process should represent key standards setters in groups (as well as those who turn the standards into assessment protocols) and it should be backed by an independent organisation such as the Commission to ensure no particular interests dominate. Consumer engagement and participation in this standardisation process is essential.

21. Detailed Mapping of Standards

Who needs to be involved in this mapping process?

This would be a valuable (though challenging and complex exercise), and may well be essential in terms of identifying work to be done in formulating a core group of safety and quality standards. However, we feel that work done on identifying, endorsing and working towards mutual recognition of current standards and accreditation processes may well guide such a mapping exercise, rather than being a requirement before these fundamental steps can be accomplished. We believe the

resources which would be required to undertake this when the purpose has not been clearly articulated could be better invested in addressing other key elements of the reform suggestions, to ensure that the safety and quality of health services in Australia is improved, and assured for consumers.

22. Identification of Core Safety and Quality Areas

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

QIP/AGPAL is supportive of a core set of safety and quality areas. As we are not a standards setter we will leave the response to this question to those experts in standards development. However, we feel that such areas would have to be able to be mapped and measured across the broader spectrum of health service providers and not just specific to individual groups, e.g. infection control, and should include governance of those health services within this standards group and include key measures to allow cross sector trends to be captured and reviewed. We also believe representatives from the profession impacted must be involved in the consultancy period around identifying these core principles.

In terms of identifying the priority areas world leadership principles (such as those of the WHO) should be acknowledged and aligned.

MUTUAL RECOGNITION OF STANDARDS AND ACCREDITATION PROCESSES

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

QIP/AGPAL is supportive of the need to guard against increasing burden on health service providers, with particular regard to safety and quality parameters. This process might be otherwise much harder to implement than it initially appears. We feel that work around core standards may in fact have to occur first because in this core set of mutually recognised standards may lay the key to the mutual recognition. This would then provide a platform on which any additional rationalisation could be based, including the training of surveyor to do cross-sector work and potential recognition of other accreditation processes by accreditation providers and other third parties including funders.