

TRIM No.
013185
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AUSTRALIA

Australian Commission

04 MAR 2008

on Safety and Quality
in Health Care

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25 February 2008

Prof Chris Baggoley
Chief Executive
Australian Commission on Safety and Quality in Healthcare
GPO BOX 5480
Sydney NSW 2001

Dear Prof Baggoley,

Thanks you for asking the School of Medicine Sydney for comment on the draft National Patient Charter of Rights.

We believe that the adoption of a national charter, though probably difficult to achieve, would be a significant step in recognizing the rights of people in determining their own health care. Especially for marginalized groups, every effort to enhance and foster patient autonomy, within the ambit of quality care, is to be encouraged.

With this group specifically in mind, we would ask that every effort is made to ensure the charter is easily readable and understandable. It will need to be available in community languages by careful translation to ensure that the nuances are not lost.

It would seem sensible that discussion of the eight Rights enshrined in the Charter be the subject of a curriculum element in every Medical School and in every learned College training program. The Australian Medical Council is well placed to facilitate this process. Our School, both in its Population & Public Health and its Personal & Professional Development domains treats each of these Rights seriously in teaching.

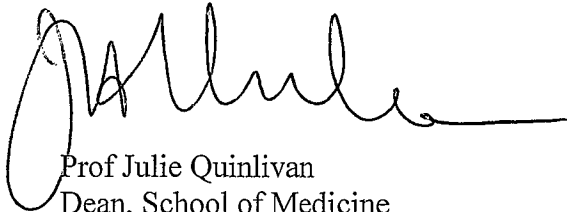
In response to the Commission's specific questions, I would reply as follows:

1. The Charter and its principles are supported and the choice of language and legibility will be critical to its availability to the public.

- 2 The Rights in the documents have been widely tested in prior charters; it would seem unnecessary to canvass a new or modified version, other than as a semantic exercise.
- 3 The explanations are of assistance, but also require careful grammatical analysis (and more so when translated). As a specific example, the third point under INFORMATION (p 7) could be read to imply that it refers to those costs incurred prior to an admission for treatment, rather than the costs being provided in advance of treatment.
- 4 The balance appears fair; bias toward either side will make the Charter seem less applicable to the other party.
- 5 It is not clear how the national Charter will supplant, replace or enhance extant Charters. However, in this area it would be sensible to have a single set of principles and practices adopted nationally.
- 6 The Charter, when complete and agreed, must inform practice; to that end I have suggested its forming part of curriculum in medical education. Nursing schools may well be keen to teach its principles in a formal way.
- 7 The specificity obtained by relating the Charter to each location of care is probably best left to local adoption (with minimal adaptation). The production of numerous variants for large hospitals, small clinics etc is a daunting prospect and probably better done by end users.

Thank you again for asking for our School's comment

Yours sincerely,



Prof Julie Quinlivan
Dean, School of Medicine



Gavin Frost
Assoc Prof, School of Medicine