

PRESIDENT
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Associate Professor Margaret Banks
Policy Team Manager
Australian Commission on Safety and Quality in Health Care
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Dear Assoc Prof Banks,

Review of National Safety and Quality Accreditation Standards

The Australian Society of Anaesthetists (ASA) thanks the Australian Commission on Safety and Quality in Health Care (ACSQHC) for the opportunity to comment on results to date in the review of, and recommendations for, accreditation arrangements in Australia.

The ASA has been represented at focus groups and commented previously on drafts. Accordingly it is felt that the 'overview of the report perhaps glosses over concerns that were raised in the public fora. There was a consternation raised over the need for (yet another) review process, a lack of adequate cost-benefit analysis, so-called standardisation of terminology, time frames to achieve outcomes and indeed any benefit to the community at large. These were observations raised in the public discussion but not included in the report.

The ASA supports the concept that accreditation should be *national*, *simplified* and *avoid duplication*, but questions the appointment of ACSQHC as the appropriate body to oversee and co-ordinate this process.

Anaesthetists are already well regulated and have exceptional training and accreditation processes in place. The delineation of roles of the Australian and New Zealand College of Anaesthetists (ANZCA) and the ASA is a great benefit to the specialty in this regard. We have minimum standards for admission to fellowship and at every stage have to undergo credentialing to be allowed to work in both public and private institutions.

The ASA supports future development of the accreditation process on the basis that it is undertaken and controlled by the specialty. The ASA is concerned that shifting control to a bureaucracy, especially where decisions are effected by non-medical personnel will detract rather than improve quality and safety in the practice of anaesthesia.

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In summary, the ASA:

1. Strongly supports the maintenance of minimum standards with the goal of best practice procedures being the ultimate objective.
2. Endorses the ongoing practice of training, education and accreditation remaining the responsibility of the specialty – that is with the ANZCA.
3. Recognises that the facilities in which anaesthetists practice must be appropriately accredited, preferably by non-profit organisations.
4. Agrees that individual anaesthetists are credentialed by appropriate Medical Advisory Committees within each hospital or institution.
5. Principles for implementation of revised accreditation should include reference to its being national, simplified and that it avoids duplication.

Kind regards

Dr Richard Clarke
PRESIDENT

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