



**Submission to the Australian Commission
on Safety and Quality in Healthcare's
Consultation Paper on
An Alternative Model For Safety And
Quality Accreditation Of Health Care**

3 October 2007

Executive Summary

This submission addresses issues raised in the Australian Commission on Safety and Quality in Healthcare's Consultation Paper on An Alternative Model For Safety And Quality Accreditation Of Health Care. The submission focuses on issues concerning standards and the processes of standards development. This is Standards Australia's core business and is a domain in which our expertise is recognised nationally and internationally.

In general, Standards Australia is supportive of the proposed Model, in particular the clarity of purpose and role delineation that it embraces.

We propose that the Commission distils a set of principles from the reasons for and objectives of reform. This will provide clear benchmarks against which to assess elements of the Alternative Model. We have suggested a set of principles in Section 2 of this submission, based on analysis provided in Attachment 1. These principles are:

- The nature and purposes of safety assurance and quality accreditation should be clear;
- The roles of parties involved in safety assurance and quality accreditation should be clear and unambiguously delineated;
- Systems for ensuring minimum safety levels for health services and encouraging quality improvement should be:
 - cost-effective;
 - coherent and comprehensive across the health system; and
 - oriented towards enhancing health outcomes, national priorities and consumers' experience of the health system; and
- Existing organisations, processes and structures that are effective should be used in preference to establishing new ones.

While not explicitly derived from the reasons for and objectives of reform, we propose an additional principle:

- Standards development processes should conform to the international Code of Good Practice for the Preparation, Adoption and Application of Standards.

We note the proposal that minimum safety standards be regulated and that their development may involve external bodies but that a new National Entity would be responsible for recommending their inclusion in regulations. This outsourcing and/or partnership approach has been demonstrated to work effectively in other domains. For example, some regulators such as the National Accreditation and Testing Association (NATA) simply adopt pre-existing Australian Standards. Others such as the Australian Greenhouse Office and the Australian Competition and Consumer Commission (ACCC) have used a

collaborative approach whereby Standards Australia is asked to develop a standard specifically for inclusion in regulation. These agencies generally then contribute to the development process.

Standards Australia has also partnered with organisations to develop standards "badged" and subsequently managed by them.

Standards Australia has also developed many safety related standards, and has substantial experience in health. Up to around 1700 Australian Standards are currently referenced in Commonwealth, State or Territory legislation, and our independence is widely recognised. Standards Australia has no role or commercial interest in the business of accreditation or conformance assessment of organisations to Australian Standards. Standards Australia has no shares or ownership interest in the company that publishes our standards - SAI Global.

Accordingly, we consider that we have a great deal to offer to an outsourced or partnered standards development model.

We also note that there are COAG guidelines and that Australia has international treaties concerning the development of standards for use in regulations. While these may or may not apply to the proposed minimum safety standards, the principle they embody of conforming to the Code of Good Practice for the Preparation, Adoption and Application of Standards would put the development of such standards on safe ground.

Standards Australia is committed to compliance with the Code of Good Practice.

In its 2006 review of standard setting, the Productivity Commission found that:

"Consistent with the fundamental principle of transparency and accessibility of legal requirements, consideration needs to be given to mechanisms for achieving low cost access to standards referenced in regulations."

We would urge the ACSQHC to seek funding mechanisms that adhere to this finding.

Standards Australia thanks the Commission for the opportunity to comment on its Alternative Model For Safety And Quality Accreditation Of Health Care. If further information is required, please do not hesitate to contact:

Mr Adrian O'Connell,
General Manager,
Strategy and Stakeholder Relations
Phone: 02 9237 6095
Email: adrian.oconnell@standards.org.au

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1 Introduction

Standards Australia welcomes the opportunity to comment on the Consultation Paper on An Alternative Model For Safety And Quality Accreditation Of Health Care, produced by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

This submission addresses issues raised in the Consultation Paper relating to standards and the processes of standards development. This is Standards Australia's core business and is a domain in which our expertise is recognised nationally and internationally.

Section 2 of this submission summarises relevant background and encapsulates a set of principles arising from the ACSQHC's work to date. Section 3 comments on issues relating to standards and the processes of standards development, while Section 4 highlights areas in which Standards Australia's expertise and experience is relevant to implementation of the proposed alternate model, should it be adopted.

Standards Australia has previously submitted to the ACSQHC on the topics of standards, standards development and frameworks for accreditation and conformity assessment. This submission is consistent with and builds upon the previous submissions.



2 Background

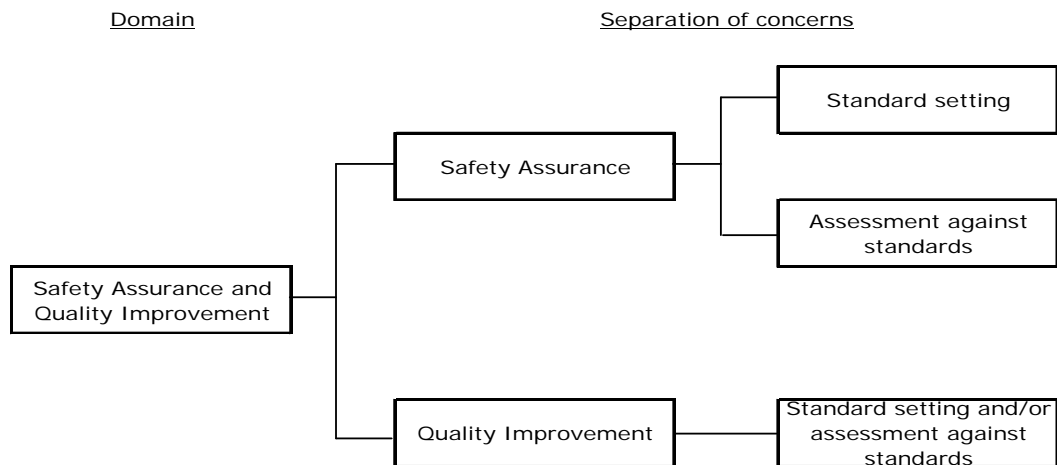
As directed by Australia's Health Ministers, the ACSQHC is trying to enhance the role of accreditation in both quality improvement and in the implementation of agreed national standards. Following extensive consultation processes that have elicited strong interest, the ACSQHC has proposed an Alternative Model that includes:

- Separation of safety assurance and quality improvement assessment processes;
- Separation of safety standards development and accreditation assessment of health services;
- Establishment of a national body to lead and coordinate changes;
- Development of national minimum safety standards that apply across all (similar) settings of care;
- Development of a national framework for quality improvement;
- Accreditation of all settings of care where services are provided by registered health professionals, with the proviso that the Alternative Model does not apply to those services already covered under legislation (such as Aged Care);
- A system of mutual recognition for non-clinical and technical compliance; and
- Review of surveyor training.

In relation to standards and standards development, the Alternative Model includes organisational separation between the roles of standard setting and assessment of conformance with those standards in relation to safety assurance. However, single organizations may set standards and assess against them in the quality improvement sub-domain subject to functional separation.

This is encapsulated in the diagram overleaf.

Diagram 1 – Separation of concerns in the Alternative Model



The following core principles underpinning the Alternative Model can be discerned:

- The nature and purposes of safety assurance and quality accreditation should be clear;
- The roles of parties involved in safety assurance and quality accreditation should be clear and unambiguously delineated;
- Systems for ensuring minimum safety levels for health services and encouraging quality improvement should be:
 - cost-effective;
 - coherent and comprehensive across the health system; and
 - oriented towards enhancing health outcomes, national priorities and consumers' experience of the health system; and
- Existing organisations, processes and structures that are effective should be used in preference to establishing new ones.

Attachment 1 depicts a translation from the problems and objectives identified in the Consultation Paper to these principles.

While not explicitly derived from the reasons for and objectives of reform, we propose an additional principle:

- Standards development processes should conform to the Code of Good Practice for the Preparation, Adoption and Application of Standards.



This is for reasons outlined in Section 3.2.3 below.

2.1 Standards Australia's previous submissions

In previous submissions to the ACSQHC, Standards Australia has:

- Supported the overall thrust of the reforms;
- Encouraged the Commission to focus on building national consensus on the safety standards;
- Encouraged the consistent use of language in relation to standards development, conformance and accreditation; and
- Highlighted our capacities to assist with and recognised track record national standards development and consensus building.

This submission reiterates these points in relation to the Alternative Model.

2.2 Additional references

Other documents referred to in this submission include:

Council of Australian Governments, *Principles and Guidelines for National Standard Setting and Regulatory Action by Ministerial Councils and Standard-Setting Bodies*, Amended by COAG June 2004

Productivity Commission 2006, *Standard Setting and Laboratory Accreditation, Research Report*, Canberra, November.

World Trade Organisation, *Agreement on Technical Barriers to Trade*, 1994.

3 Key issues

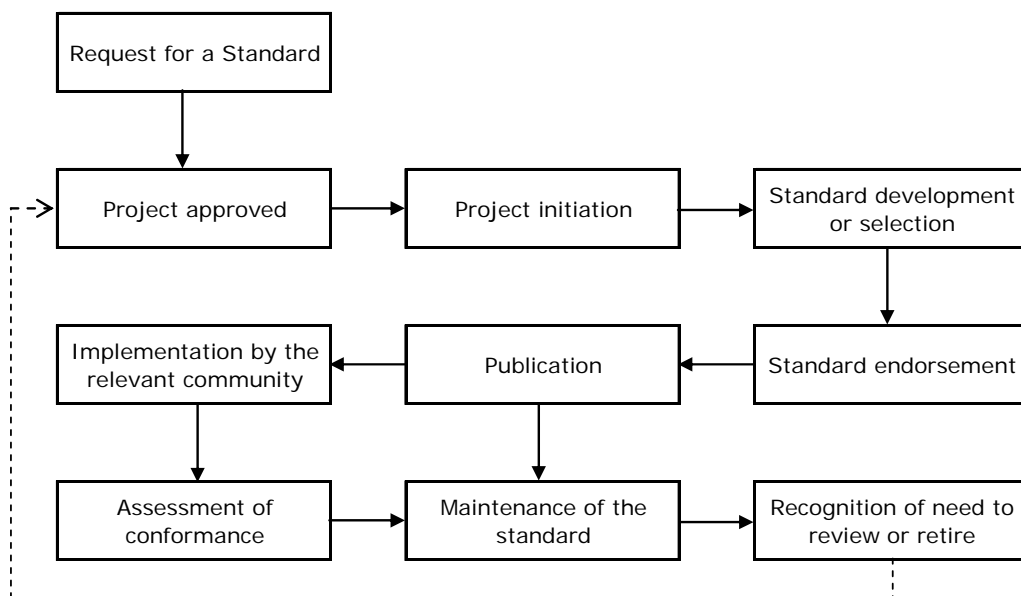
This submission addresses only those issues that concern standards and standards development – Standards Australia’s core business domain. For convenience, these are separated into the domains of safety assurance, quality improvement and associated reforms.

However, before commenting on issues associated with these areas, it is worthwhile describing a generic standards lifecycle model against which the Alternative Model can be depicted.

3.1 Standards lifecycle model

The following diagram depicts a generic standardization lifecycle.

Diagram 2 – Standardisation lifecycle



It is noteworthy that each of the discrete steps may be undertaken by different players, and that each may contain several sub-steps. For example, the



standard development process may contain a series of stages as occurs within Standards Australia – as described at <http://www.standards.org.au/cat.asp?catid=7>.

This lifecycle model is used for reference below.

3.2 Safety assurance

The proposed model calls for the clear (organizational) separation of safety standard setting from assessment of conformance against these standards and also from quality improvement processes; and for the use of a regulatory model for minimum safety standards.

Standards Australia is supportive of this model, having itself divested of any organizational or commercial interests in assessment services in recent years so as to avoid either real or perceived conflicts of interest.

We note that the proposed National Entity “could develop standards directly (using working groups of technical experts, consumers and other stakeholders) or it could outsource to an appropriate body or collaborative” (page 23). This is an example of the discrete nature of the “standard development or selection” and “standard endorsement” steps in the lifecycle model.

We would encourage consistency wherever possible with the espoused objective of using existing organisations, funding models and structures in preference to establishing new ones. We cite Standards Australia’s experience in developing both safety-related standards and standards referenced in regulation as evidence that this is a feasible model.

Standards Australia has developed safety related standards in areas as diverse as:

- Fire
- Food
- Health
- Transport
- Electrical and electronic equipment
- Consumer goods
- OH&S

and many others.



Up to around 1700 Australian Standards are currently referenced in Commonwealth, State or Territory legislation. Sometimes regulators simply adopt pre-existing Australian Standards. In other cases, agencies such as the Australian Building Codes Board; Electrical, Gas and Plumbing regulators; Australian Greenhouse Office and the Australian Competition and Consumer Commission (ACCC) have used a collaborative approach whereby Standards Australia is asked to develop a standard specifically for inclusion in regulation. These agencies generally then contribute to the development process.

Standards Australia has also partnered with organisations to develop standards "badged" and subsequently managed by them.

3.2.1 Linkages

There are potentially linkages with other areas of standard setting that need to be taken into account. For example, the Consultation Paper cites patient identification as one of the minimum safety standards. However, patient identification is also of concern to the National E-Health Transition Authority (NEHTA), whose proposed citizen identification services are based on the relevant ISO standard, the development of which has been led by Standards Australia and is in fact based on an Australian Standard. Further, considerable effort has been taken to align this identification standard that was developed to support clinical care with the relevant commercial identification standards, to avoid the scenario of health services having to maintain (potentially dangerous) duplicate identification regimes for the clinical, administrative, logistical and billing services they need.

Standards Australia has been ideally placed to undertake the development of standards such as patient identification because it manages the relevant standards development for multiple sectors (commercial, health) within an integrated structure and because it can also represent Australia's interests in relevant global standards forums.

3.2.2 Independent standard setting bodies

Continuing the theme of separation of interests, it would seem sensible that the identification and prioritization of safety standards to be developed (the first three boxes in the standards lifecycle) should be exclusively the domain of the National Entity, although existing stakeholder management infrastructures could be leveraged. The development of specified standards, within specified parameters, could then be outsourced or undertaken in partnership.



However, the implication for stakeholders cited on page 11 that:

"Governments that have previously contributed to the development of safety standards through independent standards setting bodies may reconsider this investment"

is of concern. This direction seems inconsistent with the stated objectives of using existing organizations etc. where possible and with other statements in the Paper about standards development potentially being commissioned from (presumably) independent bodies.

The costs of establishing a high quality standards development infrastructure are substantial, and the leveraging of existing infrastructures also supports the principle of cost-effectiveness. Standards Australia has a strong track record in assembling sectorially representative standards development committees and work groups.

3.2.3 Good practice in standards development

The section of the Consultation Paper on Associated Reforms seeks comment on, among other things, developing a best practice guide to standards development.

However, it is worth noting that there are particular disciplines required for standards that will be referenced in regulation, as is proposed for the minimum safety standards. The Council of Australian Governments' Principles and Guidelines for National Standard Setting and Regulatory Action by Ministerial Councils and Standard-Setting Bodies note that:

"National regulations or mandatory standards (for tradable goods and services) should be consistent with ... obligations under the GATT Technical Barriers to Trade Agreement (Standards Code)"

and

"Regulators may refer to the Standards Code relating to the International Standards Organisation's Code of Good Practice for the Preparation, Adoption and Application of Standards."

While regulated minimum safety standards may not at first glance come within the ambit of tradable goods and services, items like imported health software incorporating patient identification functionality may be affected. This is in fact one of the reasons why Standards Australia has led development of the international patient identification standard.



The second quote is less directive, but nonetheless pertinent. An internationally recognized Code of Good Practice that is cited in Australia's international trade agreements (including on Government procurement) and COAG's regulatory guidelines already exists. It is appended to this submission as Attachment 2.

Standards Australia is committed to compliance with the Code of Good Practice.

3.2.4 Access to regulated standards

In its 2006 review of standard setting, the Productivity Commission found that:

"Consistent with the fundamental principle of transparency and accessibility of legal requirements, consideration needs to be given to mechanisms for achieving low cost access to standards referenced in regulations."

We would urge the ACSQHC to seek funding mechanisms that adhere to this finding. Ownership of minimum safety standards by the proposed National Entity and preferably free of charge access would seem desirable. However, it should be noted that this would probably influence the nature of the Entity, as it would need legal status to own and take responsibility for the minimum standards and their intended application.

3.3 Quality improvement

Many of the comments above may also relate to the development of quality improvement standards. However, critical points would seem to include:

- The development of such standards in accordance with a consistent set of developmental principles, such as the Code of Good Practice;
- The use of language appropriate to the non-regulatory basis of these standards;
- Consistency and congruence with the minimum safety standards as appropriate; and
- The need for ongoing maintenance of standards once developed.



3.4 Implementation of the Alternative Model

We do not wish to advise the Commission on implementation strategies for the Alternative Model, other than to suggest that Standards Australia's existing standards development processes and infrastructure could readily be used to develop national consensus on minimum safety-related standards that already have well developed bases and are considered important by State and Territory health departments, such as infection control/hygiene, credentialing/registration of practitioners and patient identification.

Fast-tracking the development of these standards in a regulation-suitable fashion may provide the Commission with some "quick wins".



4 Standards Australia

Standards Australia is an independent not-for-profit organisation. Standards Australia is recognised by the Australian Government, through an MOU, as the peak, non-government standards body in Australia. Standards Australia fulfils the following roles:

- Co-ordinator and facilitator of national and international voluntary standardization initiatives, knowledge and information exchange;
- Accreditor of organisations to develop Australian Standards through the autonomous Accreditation Board of Standards Development Organisations;
- Developer of national and internationally harmonized standards and other solutions;
- Promoter of excellence in design and innovation through the Australian design awards and other initiatives; and
- Partner with Governments, industry and community in the design, development, delivery and implementation of innovative solutions.

Standards Australia has no role or commercial interest in the business of accreditation or conformance assessment of organisations to Australian Standards. Standards Australia has no shares or ownership interest in the company that publishes our standards - SAI Global.

Standards Australia develops and maintains more than 7,000 Australian Standards and related publications that are prepared by 1,700 committees, sub-committees and working groups involving more than 9,000 committee members who span all sectors of the economy. These documents, used in countless daily business transactions, facilitate public safety, economic efficiency, better quality, and communication and trade between individuals, corporations and nations.

Standards Australia ensures the effective development of standards and recognition of other standardization bodies by providing an active forum for discussion, debate and consensus building. It uses facilitation processes based on transparency, consensus and stakeholder representation from interest groups including governments, industry bodies, trade and professional associations, academia and consumer groups.

Standards Australia is Australia's representative on the International Organization for Standardization (ISO), the International Electrotechnical Commission (IEC), and the Pacific Area Standards Congress (PASC).



4.1 Experience in Health

Standards Australia has a long history in creating Standards for the health sector, from standards for products used to create the amalgam used in dental fillings to those for sterilization procedures utilised in office based practices, to those underpinning high tech health informatics.

The Therapeutic Goods Administration (TGA) uses Australian Standards to assist in the regulation of medical devices, to ensure the quality, safety and performance of medical devices.

Other Health Standards are used to regulate additional areas of the medical industry by the relevant professional body: for example the Australian Dental Association, Dental Industry Association and the Royal Australian College of General Practitioners which uses the AS/NZS 4815 Office based practice sterilization in its accreditation program.

We have previously provided a list of health organisations that have nominated contributors to both the national and international standards development areas.

The health committees are responsible for 300 Standards in total. In addition to these more traditional areas of health standardization, Standards Australia established a health informatics committee (IT-014) in the early 1990s to develop information standards for the health sector. With the assistance of acceleration funding from the Australian Government, IT-014 has now published around 70 documents.

A complete listing of Australian healthcare standards and related documents has previously been provided to the Commission.

The health sector is also heavily involved in international standardization. This is mainly due to the significant amount of medical equipment and health software that is made overseas.

We have a particularly close relationship with some of the ISO Technical Committees and have had the pleasure recently of hosting international meetings for delegates of several health-related committees.

In recent times, as the national e-health agenda has accelerated under the guidance of the Australian Health Ministers' Advisory Council (AHMAC), Standards Australia has worked with the National E-Health Transition Authority (NEHTA) to ensure a base of standards for health information interoperability.



4.2 Standards Accreditation Board

The Standards Accreditation Board is an autonomous Board reporting to the Council of Standards Australia, with the role of accrediting Standards Development Organisations that wish to develop a Standard(s) to be published as an Australian Standard.

The Standards Accreditation Board was established following a recommendation of the Kean Report on Australia's Technical Infrastructure¹. The Communications Alliance (formerly Australian Communications Industry Forum) and the Australian Forestry Standards Ltd are examples of currently accredited Standards Development Organisations.

The accreditation process determines the competency of an organisation to develop Australian Standards. While the organisation may use procedures not necessarily identical to Standards Australia's, it must ensure transparency and openness commensurate with good practice. This applies particularly to the manner in which decisions are reached.

Approval for the publication of documents as Australian Standards is the prerogative of Standards Australia and is normally exercised by the Standards Governance Boards. However, where a Standards Development Organisation has an equivalent balanced policy oversight structure, responsibility for process approval, as arranged by the Standards Accreditation Board, may be assigned as a part of the accreditation process.

4.3 Productivity Commission Research Report on Standards Setting and Laboratory Accreditation

On 2 November 2006, the Productivity Commission released a research report on its review of the Australian Government's relationship with Standards Australia and its assessment of the efficiency and effectiveness of both standards setting and laboratory accreditation services in Australia.

The report can be found on the Productivity Commission website at www.pc.gov.au. It recommends that the Australian Government should maintain Standards Australia's status as the Australia's peak non-government standards body.

¹ Kean, B., 1995, Linking Industry Globally, Report of the Committee of Inquiry into the Standards and Conformance Infrastructure of Australia.



5 Conclusion

Standards Australia welcomes the opportunity to comment on the Alternative Model For Safety And Quality Accreditation Of Health Care. We are supportive of the model of clear (organizational) separation of safety standard setting from assessment of conformance against these standards and also from quality improvement processes; and for the use of a regulatory model for minimum safety standards.

We consider that the adoption of minimum safety standards will enhance confidence in the health system by both consumers and providers.

Standards Australia has an extensive and strong track record in the development of safety-related standards, standards for the health sector, and regulation-ready standards, and as an organisation recognized by the by the Australian Government, through an MOU, as the peak, non-government standards body in Australia has the independence and credibility to assist the Commission with the development of minimum safety standards.

We believe there would be mutual benefit in meeting with the Commission to provide general and technical information and explore ways in which we can further assist.

If you wish to discuss this submission, please do not hesitate to contact Adrian O'Connell, General Manager, Strategy and Stakeholder Relations on 02 9237 6095 or at adrian.oconnell@standards.org.au

Attachment 1 – Principles arising from the Consultation Paper

Problem	Objectives	Principles
<ul style="list-style-type: none"> • There is no consensus about the purpose of accreditation, and its role in the health system is not clear • The current accreditation processes merge both safety assurance and quality improvement into processes, standards and recommendations which compromise achieving either aim • The accreditation system is currently characterised by fragmentation, lack of coordination and an absence of integration • A shift in the focus of accreditation from peer review and supported quality improvement to more emphasis on inspection and regulation has devalued accreditation for some stakeholders • There is a growing compliance burden associated with safety and quality and there are multiple accreditation processes with significant overlap and duplication • Existing accreditation programs have limited or no scope to be tailored to an organisation's own risk assessment and individual safety and quality improvement needs • There is a proliferation of standards with safety and quality components, but no process to identify those which are essential to achieving safety and quality outcomes • Existing accreditation requirements are often considered to be entry level / minimal safety and quality standards • There are gaps in accreditation coverage with some settings of health care that are not currently accredited increasing and in some instances providing high risk services • There is an absence of minimum safety standards across all settings of care, despite a high level of consumer expectation • The current accreditation system does not sufficiently focus on consumers. • The level of confidence in the rigour and robustness of survey processes and the reliability of accreditation outcomes is declining • There is a potential or perceived conflict of interest involved in the same bodies developing, owning and assessing compliance against accreditation standards • There is no mechanism for linking accreditation to national safety and quality priorities • Ministers are held accountable by the community for the safety of the health system, but have no formal mechanism to influence the accreditation process and the standards that apply • There is a growing compliance burden associated with safety and quality and there are multiple accreditation processes with significant overlap and duplication 	<ul style="list-style-type: none"> • Simplify confusion and complexity • Clarify the role of government in safety assurance and safety regulation • Create a system that guarantees minimum safety of health services • Create an environment in which quality improvement processes, language, format and definitions of safety and quality standards can move toward harmonisation and standardization • Create flexible and cost efficient assessment programs that meet the local needs of health services • Provide greater clarity about process, results and accountability for consumers, providers and funders • Use existing organisations, funding models and structures in preference to establishing new ones • Ensure accreditation delivers maximum value (appropriate, effective and efficient) for money • Build on the positive components of the current accreditation system outlined in the report on the first phase of consultation 	<ul style="list-style-type: none"> • The nature and purposes of safety assurance and quality accreditation should be clear • The roles of parties involved in safety assurance and quality accreditation should be clear and unambiguously delineated • Systems for ensuring minimum safety levels for health services and encouraging quality improvement should be: <ul style="list-style-type: none"> – cost-effective; – coherent and comprehensive across the health system; and – oriented towards enhancing health outcomes, national priorities and consumers' experience of the health system • Existing organisations, processes and structures that are effective should be used in preference to establishing new ones

Attachment 2 - Code of Good Practice for the Preparation, Adoption and Application of Standards

General Provisions

A. For the purposes of this Code the definitions in Annex 1 of this Agreement shall apply.

B. This Code is open to acceptance by any standardizing body within the territory of a Member of the WTO, whether a central government body, a local government body, or a non-governmental body; to any governmental regional standardizing body one or more members of which are Members of the WTO; and to any non-governmental regional standardizing body one or more members of which are situated within the territory of a Member of the WTO (referred to in this Code collectively as "standardizing bodies" and individually as "the standardizing body").

C. Standardizing bodies that have accepted or withdrawn from this Code shall notify this fact to the ISO/IEC Information Centre in Geneva. The notification shall include the name and address of the body concerned and the scope of its current and expected standardization activities. The notification may be sent either directly to the ISO/IEC Information Centre, or through the national member body of ISO/IEC or, preferably, through the relevant national member or international affiliate of ISONET, as appropriate.

SUBSTANTIVE PROVISIONS

D. In respect of standards, the standardizing body shall accord treatment to products originating in the territory of any other Member of the WTO no less favourable than that accorded to like products of national origin and to like products originating in any other country.

E. The standardizing body shall ensure that standards are not prepared, adopted or applied with a view to, or with the effect of, creating unnecessary obstacles to international trade.

F. Where international standards exist or their completion is imminent, the standardizing body shall use them, or the relevant parts of them, as a basis for the standards it develops, except where such international standards or relevant parts would be ineffective or inappropriate, for instance, because of an insufficient level of protection or fundamental climatic or geographical factors or fundamental technological problems.

G. With a view to harmonizing standards on as wide a basis as possible, the standardizing body shall, in an appropriate way, play a full part, within the limits

of its resources, in the preparation by relevant international standardizing bodies of international standards regarding subject matter for which it either has adopted, or expects to adopt, standards. For standardizing bodies within the territory of a Member, participation in a particular international standardization activity shall, whenever possible, take place through one delegation representing all standardizing bodies in the territory that have adopted, or expect to adopt, standards for the subject matter to which the international standardization activity relates.

H. The standardizing body within the territory of a Member shall make every effort to avoid duplication of, or overlap with, the work of other standardizing bodies in the national territory or with the work of relevant international or regional standardizing bodies. They shall also make every effort to achieve a national consensus on the standards they develop. Likewise the regional standardizing body shall make every effort to avoid duplication of, or overlap with, the work of relevant international standardizing bodies.

I. Wherever appropriate, the standardizing body shall specify standards based on product requirements in terms of performance rather than design or descriptive characteristics.

J. At least once every six months, the standardizing body shall publish a work programme containing its name and address, the standards it is currently preparing and the standards which it has adopted in the preceding period. A standard is under preparation from the moment a decision has been taken to develop a standard until that standard has been adopted. The titles of specific draft standards shall, upon request, be provided in English, French or Spanish. A notice of the existence of the work programme shall be published in a national or, as the case may be, regional publication of standardization activities.

The work programme shall for each standard indicate, in accordance with any ISONET rules, the classification relevant to the subject matter, the stage attained in the standard's development, and the references of any international standards taken as a basis. No later than at the time of publication of its work programme, the standardizing body shall notify the existence thereof to the ISO/IEC Information Centre in Geneva.

The notification shall contain the name and address of the standardizing body, the name and issue of the publication in which the work programme is published, the period to which the work programme applies, its price (if any), and how and where it can be obtained. The notification may be sent directly to the ISO/IEC Information Centre, or, preferably, through the relevant national member or international affiliate of ISONET, as appropriate.

K. The national member of ISO/IEC shall make every effort to become a member of ISONET or to appoint another body to become a member as well as to acquire the most advanced membership type possible for the ISONET member. Other standardizing bodies shall make every effort to associate themselves with the ISONET member.

L. Before adopting a standard, the standardizing body shall allow a period of at least 60 days for the submission of comments on the draft standard by interested parties within the territory of a Member of the WTO. This period may, however, be shortened in cases where urgent problems of safety, health or environment arise or threaten to arise. No later than at the start of the comment period, the standardizing body shall publish a notice announcing the period for commenting in the publication referred to in paragraph J. Such notification shall include, as far as practicable, whether the draft standard deviates from relevant international standards.

M. On the request of any interested party within the territory of a Member of the WTO, the standardizing body shall promptly provide, or arrange to provide, a copy of a draft standard which it has submitted for comments. Any fees charged for this service shall, apart from the real cost of delivery, be the same for foreign and domestic parties.

N. The standardizing body shall take into account, in the further processing of the standard, the comments received during the period for commenting. Comments received through standardizing bodies that have accepted this Code of Good Practice shall, if so requested, be replied to as promptly as possible. The reply shall include an explanation why a deviation from relevant international standards is necessary.

O. Once the standard has been adopted, it shall be promptly published.

P. On the request of any interested party within the territory of a Member of the WTO, the standardizing body shall promptly provide, or arrange to provide, a copy of its most recent work programme or of a standard which it produced. Any fees charged for this service shall, apart from the real cost of delivery, be the same for foreign and domestic parties.

Q. The standardizing body shall afford sympathetic consideration to, and adequate opportunity for, consultation regarding representations with respect to the operation of this Code presented by standardizing bodies that have accepted this Code of Good Practice. It shall make an objective effort to solve any complaints.