



Australasian College of Podiatric Surgeons

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4 October 2007

ACPS001/CORRES/21

Via Email: mail@safetyandquality.gov.au

National Safety and Quality Accreditation Standards Review
GPO Box 5480
SYDNEY NSW 2001

The Australasian College of Podiatric Surgeons (ACPS) provides the following submission in response to the August 2007 consultation paper "An Alternative Model for Safety and Quality Accreditation of Health Care".

The College notes that this document was developed because the Australian Health Minister's Advisory Council had directed the Australian Commission on Safety and Quality in Health Care ("the Commission") to build on the recommendations of the Paterson report (July 2005). While the discussion paper examined current arrangements for accreditation and recommended a revised model for accreditation through stakeholder consultation, the ACPS was not an active participant in the first round of the consultation process.

Podiatric surgery is a registered health profession with service provision in both the public and private sectors providing institutional, ambulatory and primary care to the Australian public. The ACPS is the peak body for podiatric surgery in Australia, with involvement in the accreditation of podiatric surgeons and submits the following comments as part of phase two of the Commission's alternative model:

1. Separation of safety assurance and quality improvement assessment process.

The ACPS is supportive of this approach and can assist in the development of standards for both safety and quality in podiatric surgery based on its previous involvement in accreditation program development. Specifically, this is likely to require further differentiation of current standards into separate safety and quality standards and the suggested time frame for this process would be two to three years. Funding and/or resources for this activity is integral to the development of appropriate and valid standards in both areas and could be sourced from State and Federal governments, as well as involved stakeholders.

2. Separation between safety standards development and assessment of health services

Assessment of health services could be incorporated into quality improvement assessment for both logistical and functional reasons. The implications for funding, include a net saving by providing both activities (quality and health service assessment) from one body. A similar implementation time frame of two to three years appears plausible, but again, sufficient resource allocation by governments and involved stakeholders would be required for program development. The ACPS would like to provide input for the further development of this aspect of the alternative model.

3. Accreditation of all settings of care where services are provided by registered health professionals

The ACPS believes that accreditation should only be applied where registration exists for professions in a majority of states and territories. Transitional arrangements for the implementation of national minimum safety standards in all settings, could include the application of these standards to only those settings where surgical treatment, rather than consultative services, are provided. The inclusion of settings where only consultative services occur could be included in later model development. The development and implementation of national minimum safety standards for surgical treatment should be made a priority from a time and funding perspective. As a surgical entity the ACPS can provide input in this area.

4. National minimum safety standards that apply across all setting of care

The ACPS supports the notion of minimum safety standard development through consultation, via the National Entity or similar body. The specific detail of the application of standards, such as pass/fail rates and inter assessor reliability, could only be developed by creation of appropriate stakeholder working groups involving practitioners, consumers and technical experts. However, priority should be allocated on a risk basis to services such as surgery for minimum standard development.

The concept of using an accredited assessing body as a way of providing independent or third party validation to the process of minimum safety standard assessment and follow up reporting to the National Entity, is also supported by the ACPS.

The issue of mandatory compliance could be addressed by linking both funding and registration to the participation in the minimum standards program by applicable individuals. This would require coordination between the Commission and the registration authorities for each profession, which should become easier with the move to national registration for health care professions.

Appropriate resource and funding allocation from State and Federal governments as well as involved stakeholders is required for this activity.

The ACPS is capable of providing assistance in the development of this area.

5. Assessment of non-clinical and technical compliance

Inclusion of non clinical and technical aspects of health service into the model may have merit, but further consultation and development is required. The ACPS offers its input in this area.

6. Development of a national framework for quality improvement

A national framework for quality improvement has the advantage of assisting the national integration and application of standards and reducing fragmentation of current quality improvement activities. Implementations issues, such as development and integration may be minimised through coordination with proposed changes to national registration for health care profession due to begin in July 2008. Federal funding should be made available to assist organisations in their participation in the development of the framework and preparation for meeting the assigned standards, which will result. A one to two year time frame for development of the framework is reasonable, considering the objectives that need to be met. The ACPS supports this concept and offers input for further development of the framework.

7. Establishment of a National Entity to lead and coordinate changes

The National Entity should have a representative component that reflects the nature of health care providers. The ACPS believes that this is best achieved through specific professional and scope of practice representation. The identification of different professions within Federal legislation for the purpose of hospital treatment provides a mechanism for deciding the need for representation on the Entity. The ACPS suggests that National Entity should take the form of a statutory body so that it will have the powers required to implement the assessment, monitoring and reporting of safety and quality. A two to three year period would be required to establish this body in its full functional capacity and the ACPS is able to offer input into this process. Funding could be sourced from State and Federal governments as well as stakeholders involved in the process.

8. Review of surveyor training

Surveyor training, function and assessment would be required in order to appropriately remodel quality and safety continuing improvement. A review of the current arrangement should be performed and the need for change determined. Once necessary improvements have been identified and implementation programs designed, it will be important to ensure that this component of the reform articulates well with the main objectives of the model. This could be achieved within the first one to two years of model development. Funding could be sourced from State and Federal governments, as well as accreditation organisations who provide surveyor services.

9. Associated reforms

The ACPS supports the development and implementation of the following reforms if all stakeholders affected by the reforms are included in the development and implementation phases.

- using unannounced surveys to assess the national minimum safety standards, (after appropriate piloting);
- piloting of tracer methodology (consumer journey);
- endorsing or developing a best practice guide to standards development and review;
- mapping standards;
- developing appropriate mechanisms, timing and format for public reporting of accreditation outcomes; and
- developing a process for mutual recognition of accreditation processes and outcomes.

These reforms should be developed and integrated into the alternative model from the beginning of its design and implementation. A priority for the timing for inclusion will need to be established through appropriate stakeholder consultation and via working groups. The time frame for implementation should be one to three years and funding or other resources should be sought from State and Federal governments, as well as involved stakeholders. The ACPS see possible application for all of these reforms and offers input to the further development of this issue.

The ACPS accreditation programⁱ

This program incorporates mandatory continuing professional development, including clinical audit requirements and peer review, resulting in accreditation. Currently, in the first phase of implementation, this three phase program incorporates the establishment of an Accreditation Advisory Committee, including third party involvement for the purposes of scrutiny and validation.

A copy of this program is available upon request.

The ACPS believes that it has taken a professionally responsible and mature proactive attitude towards safety and quality in health care, through the design and implementation of this program.

The College is seeking funding assistance for the third party validation component of the program which is expected to commence in early 2008.

The ACPS accreditation program is a process of ongoing design and implementation. Pragmatically it is expected that the accreditation model will undergo ongoing adaptation.

Delays in full implementation may arise due to funding and resource issues. Advice from the Commission on how to seek financial support for this program would be appreciated by the ACPS.

The ACPS thanks the Commission for its invitation to provide comment on the consultation paper, *An Alternative Model for Safety and Quality Accreditation of Health Care August 2007* and looks forward to providing advice, input and stakeholder contributions as the model is developed further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Gilheany', with a long, sweeping underline.

Mark Gilheany
President

ⁱ additional documentation available upon request