



# AUSTRALIAN INSTITUTE OF RADIOGRAPHY

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*The national professional organisation representing radiographers,  
radiation therapists and sonographers*

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07/30/10/5

5th October 2007

Adj. Professor Margaret Banks  
Policy Team Manager  
Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
Sydney NSW 2001

Dear Professor Banks,

## **Re: Consultation Paper- An Alternative Model for Safety and Quality Accreditation of Health Care**

The Australian Institute of Radiography (AIR) appreciates the opportunity to comment on the ACSQH consultation paper titled 'An Alternative Model for Safety and Quality Accreditation of Health Care'. At the stakeholder's meeting on the 5<sup>th</sup> August 2007 held at the Melbourne CMA Centre, initial AIR feedback was provided by Board Members Mr. Tim Way and Mr. Bruce Harvey and Professional Officers Ms. Marcia Fleet and Ms. Lori McLeod.

In keeping with the proposal to gather further designated contributions in phase two of the consultation process, the following comments are submitted by the AIR for consideration.

### **The separation of safety & quality**

The AIR is concerned that difficulties will arise in accreditation models that seek to separate '*safety in healthcare*' and '*quality in healthcare*'. Whilst the AIR acknowledges that the role of Accreditation Surveyors can be simplified with a separation between defined standards and quality evaluation, we consider that these elements of accreditation are not mutually exclusive.

Separation implies that Surveyor roles will be divided primarily into:-

1. Inspectorial role of testing processes and systems against a set of defined standards.
2. Peer role where the sharing of ideas and information encourages continuous improvement in quality.

The concern voiced at the stakeholder meeting and a view that is held by the AIR is that if there is complete separation of the assessment of 'safety' and 'quality' in an accreditation scheme, some practices/organisations may only ever allocate resources to meet the minimum standards. They may never foster a culture of quality improvement and develop processes and procedures to support such aspirations.

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The difficulties of separation, as perceived by the AIR, emerge from the future introduction and regulation of a set of '*minimal standards*' that may encourage mediocrity. The inclusion of a set of '*aspirational standards*' to complement any set of minimal standards is seen to be more appropriate and ultimately beneficial for healthcare in Australia.

The AIR representatives who attended the consultation meeting are positively in favour of the replacement of the term 'safety' with the inclusive term 'healthcare'. In short, we recommend that the developed standards should be called the **Australian HealthCare Accreditation Standards**.

The scaling of standards by ACHS is an excellent model and should be considered during the development of the new standards.

### **Separation of standards setting & assessment**

The AIR strongly believes that the process of establishment and maintenance of standards should be developed in conjunction with the appropriate professional stakeholders (professional bodies) and that all assessments against the standards **MUST** be conducted by those appropriate professional stakeholders. Currently, difficulties are experienced when assessments are undertaken by surveyors who are well versed in accreditation inspection processes, but have minimal or limited understanding of the nature and workings of the service being assessed.

Additionally, there is the possibility of a conflict of interest where the 'standard setters' acting as assessors are also shareholders of facilities under assessment.

### **Relationships to other reforms & accreditations**

The mutual recognition of pre-existing established accreditation processes such as RANZCR, AGPAL, and ACHS is strongly encouraged. Perhaps the simplest way for this to be completed is for the appropriate elements of the **Australian Healthcare Accreditation Standards** to be included and assessed as part of those pre-existing established accreditation processes.

### **Review & evaluation**

The review and evaluation processes for the implementation of the standards must be planned thoroughly prior to the implementation of accreditation. Timing for their introduction should coincide with accreditation implementation to ensure a comprehensive and robust scheme. It is also important that national implementation of the standards increases positive patient outcomes and not just additional paper work to support accreditation inspections.

The AIR also recommends that incident reporting processes are included in the framework, to build and maintain a mutual culture of trust.

### **Surveyor training**

We currently face significant workforce and funding shortages which will only be exacerbated if these issues are not appropriately addressed prior to the implementation of the accreditation scheme.

Surveyors will need to be versed in accreditation processes and also intimately familiar with the healthcare modality that they are responsible for assessing.

### **Implementation costs**

To ensure adequate resources are provided for all parties charged with the effective implementation of National Accreditation in Health Care, a comprehensive budget should be developed. Additional funding at many different levels **WILL** be required to underwrite this important initiative.

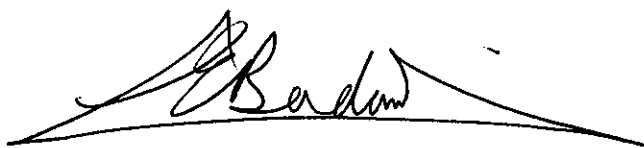
### **Corrections to mistakes in the Consultation Paper**

Attachment 2, page 29. '*Registration status of health professional by state and territory*'.

A corrected list of the registration status of Radiographers, Radiation Therapists and Nuclear Medicine Technologists in Australian was submitted to Helen Townley at the consultation workshop on the 5<sup>th</sup> of August 2007. Attached is a further copy for your reference.

We would once again like to thank you for our inclusion in the consultation process and we look forward to further correspondence from you and further consultation at the stakeholder workshop on Friday 30<sup>th</sup> of November 2007.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'E. M. Badawy', with a long horizontal line extending from the end of the signature.

**E. M. Badawy**  
**Executive Officer**