



**Australian  
General Practice  
Network**

*Delivering local health solutions  
through general practice*

**Australian General Practice Network's Submission to the  
Australian Commission on Safety & Quality in Health Care  
*Alternative Model for Safety & Quality Accreditation of Health  
Care***

Australian Divisions of General Practice  
PO Box 4308  
MANUKA ACT 2603  
Telephone: 02 6228 0800  
Facsimile: 02 6228 0899  
[www.AGPN.com.au](http://www.AGPN.com.au)

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PO Box 4308  
MANUKA ACT 2603  
AUSTRALIA

Telephone: +61 2 6228 0800  
Facsimile: +61 2 6228 0899  
email: [agpnreception@agpn.com.au](mailto:agpnreception@agpn.com.au)  
web: [www.agpn.com.au](http://www.agpn.com.au)

## About AGPN and the Divisions Network

The Australian General Practice Network (AGPN) is the peak national body of the divisions of general practice. It comprises 119 Divisions across Australia, as well as eight state-based bodies (SBOs). Approximately 95 percent of GPs are members of a local division of general practice. Through AGPN, GPs have direct input into health policy and programs.

Divisions are an integral component of the Australian Government's general practice strategy. They play a major part in implementing policy, supporting general practice as well as managing health programs at a local level and have helped to progress many of the current developments in Australian general practice. Divisional programs and activities include a focus on preventive health care, managing chronic disease, promoting good practice and providing training in key population health areas such as mental health, aged health care, drug and alcohol and adolescent health.

One of the Network's key roles is linkage and integration. It engages the local community and enhances communication between the Australian Government and general practice. At the state level, state-based bodies are instrumental in integrating and linking national initiatives with state systems of care. More locally, the Network assists GPs and other health professionals to work together, improves communication and integration between GPs, hospitals and other health and community services, and provides educational opportunities for GPs and other practice members to promote team working.

Divisions are ideally placed to do this as they work closely with other primary health care providers including allied health professionals and practice nurses. Around 57 percent of practices now employ a nurse many of whom are supported locally through AGPN's *Nursing in General Practice* (NiGP) program. Divisions are also increasingly employing or supporting allied health professionals such as physiotherapists, dieticians and psychologists to be part of the primary care team. As a result, AGPN not only has contact with the majority of GPs but also with a substantial proportion of the broader primary health care workforce in Australia.

## Divisions' role in accreditation, safety and quality support

The Divisions Network is focused on supporting high quality, evidence-based primary health care and integrating health services.

At the local level, Divisions provide considerable support to general practices to help them achieve accreditation against the national standards set by the Royal College of General Practitioners (RACGP)<sup>1</sup>. These standards outline and reinforce the aspects of general practice that underpin safe, quality primary health care delivery. Divisions also provide other forms of quality support to practices including educational opportunities and continuing professional development (CPD) as well as

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<sup>1</sup>In 2005-06 all but four divisions reported providing some form of accreditation support to their practices. Annual Survey of Divisions PHCRIS [http://www.phcris.org.au/products/asd/results/05\\_06.php](http://www.phcris.org.au/products/asd/results/05_06.php)

engaging in collaborative research and evaluation activities to help inform the primary care evidence base.

The Network also continues to progress a culture of continuous quality improvement in Australian general practice through its involvement with the National Primary Care Collaboratives (NPCC). Substantial achievements have already been gained in primary care through the NPCC, especially in the areas of coronary heart disease (CHD) and diabetes.

As well as assisting general practice, the Network also has its own quality improvement framework – the National Quality Performance System (NQPS). As part of this system the Network is required to report annually to the Department of Health and Ageing against a set of performance indicators in nine specific domains. It is also a requirement of the NQPS that all components of the Network – Divisions, SBOs and AGPN – become accredited against a recognised set of relevant standards (such as ISO, QIC or ACHSE<sup>2</sup>)

### **AGPN's general response to Alternative model for safety and quality accreditation of health care**

AGPN supports quality, safe health care provision. It is already engaged in assisting general practice in this process locally, as well as in ensuring a broader culture of continuous quality improvement both within general practice and the divisions network more widely through the NPCC and the NQPS.

Although AGPN notes that the draft discussion paper for the Alternative Model is dealing with “higher level strategic reforms of the accreditation system with only a few associated operational reforms” (page 7) this submission will necessarily emphasise the operational context of the proposed model given the nature of divisions involvement with general practices in the quality and safety accreditation process.

AGPN supports the overall aims of achieving nationally consistent standards and processes within Australia's health care system and recommends that these be developed in consultation with the relevant professional bodies and stakeholder groups to ensure that standards are realistic, relevant and achievable.

Quality and safety standards already exist for general practice through the RACGP standards. These standards have kept pace with the changing general practice environment and have increasingly taken a whole-of-practice approach. They are revised regularly and comprehensively pilot tested, in consultation with the profession and other relevant bodies. AGPN has provided substantial feedback on each new edition of the standards. These standards provide a sound basis on which further work could build and AGPN recommends that they be used in this way.

Whilst AGPN supports the overall concept of nationally consistent quality and safety accreditation processes, AGPN has concerns that aspects of the proposed

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<sup>2</sup>ISO: International Organization for Standardization's ISO9001:2000 standards; QIC: Quality Improvement Council's Core module of Standards; ACHS: The Australian Council of Health Care Standards EQuIP Corporate standards

Alternative Model could lead to unnecessary duplication of effort and resources and have negative impacts on health workforce supply and access to health services. To overcome this, AGPN recommends that existing quality processes with a proven record of success, such as the National Primary Care Collaboratives approach, be considered in the development of a whole-of-health quality system. It additionally recommends that a mutual recognition process is used for organisations which are already part of a recognised accreditation process and quality and safety system.

A particular concern, especially in terms of resources, is in regard to the uncoupling of safety and quality standards and assessment processes. A potential benefit of this process is greater clarity between a mandatory set of essential safety requirements that all health deliverers must meet, in keeping with the services they provide, and a continually evolving aim of improving quality processes which may be ideal – but not essential. Whilst there may be merit in having clearly defined standards for the two areas, it is not clear that they would need to be assessed in two separate processes – they could each be graded individually within the same process. Alternatively a “rating” scale could be used to measure the two parts of the same continuum. The continuum starts with essential safety requirements which must be met in order to “pass”. Increasing ratings could then indicate the growing level of “quality” along the continuum. Financial incentives could be associated with increased quality.

The continuum approach may assist in gradually aligning those general practices that are currently non-accredited with those that are, whilst still providing scope for improvement in all practices.

In general AGPN recommends that:

- Further quality and safety development occurs in continued consultation with general practice, other primary care professions and the Divisions Network,
- Any new standards and processes developed build on successful models currently in existence and are comprehensively piloted before implementation
- Implementation of any new standards and processes in general practice and / or divisions be staged and
- General practices / divisions that do not currently meet the quality and safety requirements are encouraged, supported and assisted to meet these objectives, rather than penalised for not doing so.

AGPN’s responses to the nine specific areas of reform proposed in the Commissions’ alternative model for safety and quality accreditation of health care are provided below and expand on some of the general points raised above

## **AGPN’s response to the nine main areas of reform proposed in the alternative model<sup>3</sup>**

### **1. Separation of safety assurance and quality improvement assessment processes**

- It is not clear what the benefits of uncoupling these two processes are. If it leads to improved safety and quality assurance (for example by clearer definition of the processes and requirements of each area) then it could be advantageous.
- It is important to ensure however, that any separation does not create unnecessary overlap in assessment processes and / or unnecessary duplication of effort.

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<sup>3</sup>Further details of these specific areas are provided in Table 1 on page 9 of this submission

- A continuum approach where essential safety requirements must be met as an entry point onto the continuum with scale ratings then awarded as quality increases along the continuum could provide a means of ensuring safety whilst also progressing a quality agenda.

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

- AGPN supports this objective as a means of avoiding conflicts of interest and providing more objective assessments against standards. This type of separation already occurs within the general practice setting with regard to practice accreditation as the RACGP sets the national standards and surveyors from separate, independent bodies<sup>4</sup> assess the practices.
- AGPN recommends however that in the development of broader national health standards there is good articulation and communication between the standards setting bodies and the assessing bodies.

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

- AGPN supports this general concept where accreditation, as defined in the alternative model, means that health services provided by any registered health professional comply with an agreed set of minimum safety standards.
- As a precursor to this step, it is important to reach national agreement about which health service providers must be registered and against which standards as currently, different states/territories have different requirements. Although this is not true for most core members of a general practice team - GPs and Practice Nurses (PNs) are all required to be registered in every state and territory they work in - it is true for a number of other primary care professionals such as occupational therapists (OTs), Aboriginal Health Workers (AHWs), dieticians, social workers that either work as part of the broader general practice team and / or are employed by divisions of general practice.
- AGPN requests that the Divisions Network be consulted on the development of these minimum standards for accreditation as it is unclear whether such standards would apply to divisions of general practice and / or how they would align with the quality framework that currently exists for divisions and their own accreditation process.
- AGPN also requests further clarification as to how this measure may impact on access to valuable health services, such as immunisation<sup>5</sup>, as well as to Practice Incentive Payments (PIP) currently available only to general practices that are accredited under the RACGP standards.
- AGPN's further views and recommendations regarding the minimum safety standards are supplied in point 4 below.

## **4. National minimum safety standards that apply across all settings of care**

- AGPN supports the ideal of achieving minimum standards of safety that apply across all settings of health care but cautions that the development of these standards must:
  - Distinguish between the provider and the care facility (excellent providers of care should not be penalised because of the facilities they operate in)

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<sup>4</sup>The two general practice accreditation bodies in Australia are: Australian General Practices Accreditation Limited (AGPAL/QIP): [www.qip.com.au/](http://www.qip.com.au/) and General Practice Accreditation Plus: [www.gpa.net.au](http://www.gpa.net.au)

<sup>5</sup>Currently, immunisation incentive payments are available to general practices that do not meet the RACGP's standards for accreditation, although other minimum standards regarding vaccine management and data supply must be met for non-RACGP standards accredited practices to receive immunisation payments. There is a risk that if the standards for such non-accredited practices are raised too high, vaccination rates – and other health service provision – may suffer.

- Recognise and allow for the diversity of settings in which care is provided across Australia (such as remote outreach services, AMSs, residential Aged Care Facilities and the like)
- Ensure safety without negatively impacting on health workforce supply and access to care.
- AGPN recommends that such standards for general practice:
  - Be developed through its professional body (the RACGP) in consultation with the professions and its supporting bodies, as well as consumers, and build on the existing standards for general practices.
  - That the standards developed are realistic and achievable
  - That there is consultation with the profession regarding how currently accredited and non-accredited practices may become more aligned through this process without any adverse impacts, and / or how practices that currently operate over the required minimum standards are encouraged to maintain their quality standards (through for example greater incentives)
  - That a staged approach be taken to assisting currently non-accredited general practices to achieve these minimum safety standards. Financial and other assistance may be required.
- Although stated that Residential Aged Care Facilities (RACFs) are outside the scope of this discussion paper (page 7) AGPN recommends that minimum safety standards and accreditation processes for RACFs be urgently considered. Other priority areas for consideration within primary health include Aboriginal Medical Services (AMSs) and youth health clinics.

#### **5. Assessment of non-clinical and technical compliance**

- AGPN supports the goal of mutual recognition between jurisdictions of safety standards, non-clinical regulation and technical compliances as a means of reducing duplication of effort and as an efficient use of existing resources.

#### **6. Development of a national framework for quality improvement**

- AGPN supports the ideal of quality improvement. The Divisions Network operates within an National Quality Performance System (NQPS) itself and is also involved in the Collaboratives approach to continuous quality improvement in general practice which has led to significant gains in measurable outcomes in the areas of CHD and diabetes.
- AGPN recommends that the development of such a framework:
  - Take into account and builds on successful initiatives that are already in place in general practice and primary health care (such as the Collaboratives methodology)
  - Includes consultation with general practice - GPs, PNs and Practice Managers (PMs) and the divisions network as well as other primary health care professionals and consumers.
- If performance indicators are developed as part of the framework, AGPN also recommends that that these be:
  - Meaningful (supportive of improved health outcomes and of use to the profession)
  - Consistent and measurable (easily quantifiable so that improvements and areas that need further work can be readily identified and compared over time),
  - Realistic and achievable

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

- AGPN is supportive of this but recommends that this Entity:
  - Includes representation from within the general practice profession (GPs, PNs and PMs) and its supporting agencies (such as divisions) as well as other representatives from the primary care sector

- Articulates and communicates closely with existing Professional bodies such as the RACGP and quality performance agencies, such as the NPCC
- Avoids duplication and wasted resources by clearly defining roles and responsibilities and where possible, building on and utilising existing expertise and resources.

### **8. Review of surveyor training**

- AGPN considers that assessors currently employed in the general practice accreditation process are generally trained to a high standard but supports the review of training, particularly with regard to increasing inter-assessor reliability ratings (ie as a means to decreasing variation between assessors.)
- AGPN generally supports the RACGP's previous recommendations in regard to general practice assessors as outlined in its submission to this Commission in March 2007<sup>6</sup> but additionally recommends there be an increased role for PNs and other team members as potential co-assessors in general practice as their roles in that setting increases.

### **9. Associated Reforms**

- AGPN has some reservation about some of the associated reforms suggested in the Alternative Model and cannot support them all in their current format. In particular, the use of unannounced surveys to assess the national minimum safety standards would be very difficult to implement in most busy general practices.
- AGPN supports consumer involvement in health care and access to information about health services to enable consumers to make informed decisions. However, it is unclear exactly what type of public reporting is intended by "developing appropriate mechanisms, timing and format for public reporting" (page 19). This requires further clarification.
- With regard to developing best practice guides to standards development and review, AGPN refers the Commission to the RACGP standards for general practices which already offers a good model for such processes.
- AGPN requests further information from the Commission regarding ideas for piloting tracer methodology (patient journey) and mapping of standards.
- Development of a process for mutual recognition of accreditation processes and outcomes has merit and is supported.

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<sup>6</sup>The RACGP's March 2007 submission to the Commission can be accessed on:  
[http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/6E5CFB00A3F57E09CA25729D001E71B0/\\$File/40%20Royal%20Australian%20College%20of%20General%20Practitioners%20\(Ian%20Watts%2031%20March%202007\).pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/6E5CFB00A3F57E09CA25729D001E71B0/$File/40%20Royal%20Australian%20College%20of%20General%20Practitioners%20(Ian%20Watts%2031%20March%202007).pdf)

**Table 1: More detailed information regarding the nine specific points proposed in the Commission's Alternative Model**

<b><i>Proposed reform</i></b>	<b><i>What this means</i></b>
<b>1. Separation of safety assurance and quality improvement assessment processes</b>	Safety assurance and quality improvement will be subject to different compliance and reporting requirements. Safety assurance will be prescribed through minimum safety standards, while quality improvement will be delivered within a framework which encourages continuous improvement. Each will also be assessed separately
<b>2. Separation between safety standards development and assessment of health services.</b>	A complete separation between bodies that develop safety standards and bodies that assess health settings against those standards
<b>3. Accreditation of all settings of care where services are provided by registered health professionals.</b>	All health services provided by any registered health professional will comply with national minimum safety standards and implement the quality improvement framework. Currently non-accredited health services must initially comply only with the national minimum safety standards and any other regulatory criteria. A staged introduction of compliance with the quality improvement framework will then follow.
<b>4. National minimum safety standards that apply across all settings of care</b>	Development of national minimum safety standards, endorsed by Health Ministers, that sit within a national minimum safety standards framework.
<b>5. Assessment of non-clinical and technical compliance</b>	Health services will need to continue to comply with jurisdictional regulation requirements. Non-clinical and technical compliance standards will need to be identified and mechanisms developed to ensure recognition of these processes as part of a broader mutual recognition of accreditation which reduces duplication.
<b>6. Development of a national framework for quality improvement</b>	Development of a national QI framework endorsed by Health Ministers and implemented by health services.
<b>7. Establishment of a <i>National Entity</i> to lead and coordinate changes nationally</b>	The National Entity will report to Health Ministers, industry, Community & the Australian Commission on Safety and Quality in Health Care. It will manage the processes of standards development, assessment of safety assurance, monitoring and reporting.
<b>8. Review of surveyor training</b>	The review will occur across the range of accreditation programs
<b>9. Associated Reforms</b>	Various reforms are also proposed as part of the implementation of broader reforms including: <ul style="list-style-type: none"> <li>• Using unannounced surveys to assess the national minimum safety standards (after relevant piloting)</li> <li>• piloting tracer methodology (patient journey)</li> <li>• developing a best practice guide to standards development and review</li> <li>• mapping of standards</li> <li>• developing appropriate mechanisms, timing and format for public reporting</li> <li>• developing a process for mutual recognition of accreditation processes and outcomes.</li> </ul>