



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

## **Submission**

Feedback on the consultation paper:

- **An Alternative Model for Safety and Quality Accreditation of Health Care**

## **Presented to:**

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The Australian Commission on Safety and Quality in Health Care

## **Prepared by:**

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Australian Physiotherapy Association  
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## **Authorised by:**

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## Introduction

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 15,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and all its submissions are publicly available via the APA website: [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

## Physiotherapy Practice Accreditation

The APA has been a strong supporter of practice accreditation for nearly two decades. Following an independent review of the Association's practice accreditation program in 2004, the APA decided to enter into a partnership arrangement with Quality in Practice Pty. Ltd. (QIP), a subsidiary of Australian General Practice Accreditation Limited (AGPAL). Under this arrangement, QIP provides practice accreditation services for Australian physiotherapy practices at arms length for and on behalf of the APA. The key advantages of this partnership from the APA perspective are:

- Physiotherapy practice accreditation will be managed and delivered by a market leader with a strong track-record, specialist expertise and well-developed systems and distribution channels.
- APA remains the custodian of the standards against which accreditation will be awarded.
- APA becomes 'arms-length' from the certification of accreditation which will improve the credibility of accreditation with physiotherapists, consumers, third-parties and referrers.
- There will be significant opportunities to raise the profile of physiotherapy practice accreditation, as accreditation will be bestowed by the same organisation that awards accreditation to the vast majority of GP practices in Australia.
- The relationship should strengthen the integration of community physiotherapy within the primary health care sector and in particular benefit the professional links between physiotherapists and medical colleagues.

Another outcome of the 2004 review was a major revision of the APA Standards for Physiotherapy Practices. This work has just been completed and the 8th edition of the Standards was officially launched in August 2007. The Australian Physiotherapy Association Standards for Physiotherapy Practices are Standards developed by physiotherapists, for physiotherapists. The Standards are owned by the Australian Physiotherapy Association and are designed to help physiotherapy practices in the private sector deliver safe, high quality health care and embrace continuous quality improvement as good business practice. There are five categories of Standards which cover:

- rights and needs of clients
- practice services
- practice management
- physical environment
- quality physiotherapy

For the first time, the APA has a set of Standards related to the quality of clinical care. These particular Standards were developed in direct response to feedback from physiotherapists during the APA's 2004 accreditation review. These new Standards focus on the safety and quality of

health outcomes and are a tangible demonstration of physiotherapists' commitment to professional accountability.

## **Broad impact of reform objectives**

The Australian Physiotherapy Association broadly supports the reform objectives of the ACQHCS paper. However the APA cautions that there are costs associated with accreditation frameworks of this nature. Over 65% of physiotherapy treatment in a primary care setting is funded through direct patient payments and private health coverage. For lower socioeconomic groups, access is already difficult due to a lack of funding support with low income households only able to afford around 20% of the healthcare accessed by higher income earners.

The widespread implementation of practice accreditation will inevitably impact on practice costs, service affordability and the related capacity for average Australians, particularly in rural and remote areas, to access the health services they need. The APA urges the ACQHCS to address the impact of accreditation on service access and affordability and to recommend to government that appropriate funding support is provided for the widespread implementation of practice accreditation in the primary health sector.

In relation to the specific areas the commission was seeking input:

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

APA agrees that as a concept it is appropriate to separate safety assurance and quality improvement assessment however there is obvious overlap between the two areas which is likely to make separation impractical. It is critical that the boundaries between the two are able to be clearly delineated / defined and articulated and that the practicalities of separation are carefully managed to ensure separation does not create a complex or unworkable multi-tiered accreditation system.

It is worth noting that a key function of accreditation is to develop a continuous quality improvement culture which may not develop if minimum safety standards are not part of a wider cultural shift toward quality. If minimum safety standards result in a tick and flick style approach toward a compliance model, it will not deliver on the promise of patient safety.

Additionally, where there is an established set of standards that maintain a high level of both safety and quality, those standards should be deemed to satisfy both aspects of accreditation. Where it is unworkable to separate the two, the default should be to set standards that maintain a high degree of safety and quality, similar to those set by the APA.

This issue will be of considerable interest to Quality in Practice as the accrediting body for the physiotherapy profession in Australia. The APA urges the council to consider QIP's views on the matter.

The timelines for these changes will need to be realistic to ensure that accreditation of service providers.

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

APA agrees that separating these two areas is critical to ensure open and transparent processes. The APA has implemented these changes in our own organisation. The APA is now responsible for the setting of standards and AGPAL for the assessment of those standards through the QIP accreditation process.

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

The APA agrees that some form of accreditation is important in all settings where care is provided. The APA agrees that registered health professionals should comply with National minimum safety standards.

It is critical that transition arrangements allow for all settings of care to reach the minimum safety standards. There should be some flexibility with these arrangements to ensure that solo practitioners and rural and remote physiotherapists are not unduly burdened by any regulatory compliance regime.

Incentives such as PIP payments provided to general practitioners need to be considered for other providers such as physiotherapists to boost the uptake of accreditation across the primary health sector. There will be some natural incentives that flow on such as access to private health insurance rebates and certain MBS item numbers.

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

Any national minimum safety standards need to be objective and pass / fail. They should not be graded. There would need to be a system in place to ensure that those services that failed to reach the minimum standards had access to supports to improve. These support services would need to be paid for by the national entity and not the individual service provider.

Sanctions need to be carefully considered. Natural justice would dictate that sanctions should only be implemented in situations where no improvement had been demonstrated over a period of time in spite of a support plan being implemented by the national entity.

The APA would not be supportive of unannounced visits as the nature of physiotherapy practice would make this impractical and highly disruptive.

The APA would be keen to work with the new national entity on developing these standards however we would not be supportive of any moves to dilute the current APA standards for physiotherapy practice.

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

This should be an integrated process and not separate.

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

The APA needs further information about the national framework for quality improvement before we could meaningfully comment. For a national framework to be acceptable, it should seek to raise standards rather than defaulting to the lowest common denominator.

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

The proposed national entity should be broadly representative of the health workforce. It should not be dominated by the medical profession who are, after all, only one of the disciplines that provides core health care in the primary health sector. A model with representatives of all the nationally registered health professions would be appropriate.

The APA doesn't have a view on whether this entity should be new or part of an existing body.

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

The APA supports a commonwealth funded training program, delivered by accrediting bodies that involves the use of peer surveyors. Surveyor training is critical to the success of any accreditation program and thus the training program must allow profession specific surveyors to gain competence in this area.

## **9. Associated Reforms**

The APA argues that unannounced surveys are impractical and are unreasonably intrusive for small private practices. It is also uncertain how tracer methods would work in practicality for the vast majority of primary health services.

Mapping of standards is a high priority with other items listed being relatively equal in priority.