



AUSTRALIAN MEDICAL
ASSOCIATION
ABN 37 008 426 793

T | 61 2 6270 5400
F | 61 2 6270 5499
E | ama@ama.com.au
W | www.ama.com.au

39 Brisbane Ave Barton ACT 2600
PO Box 6090 Kingston ACT 2604

Feedback on draft Guide to the National Safety and Quality Primary and Community Healthcare Standards AMA submission to Australian Commission on Safety and Quality in Healthcare

pchs@safetyandquality.gov.au

The AMA welcomes the opportunity to provide feedback on the draft Guide to the National Safety and Quality Primary Health Care (NSQPH) standards.

The AMA also recognises and appreciates the numerous consultations undertaken by the ACSQHC over the past few years in its efforts to accommodate the diverse views of many stakeholders, including the AMA's own view, in the development of the NSQPH Standards ('the Standards').

As requested in the consultation paper, the AMA's comments here address various aspects of the language, clarity, and content of the draft Guide.

Guidance on applicability of the Standards

In its two submissions to ACSQHC consultations on the development of the Standards, the AMA stressed that the Standards must be clear that they are not intended to encompass general practice, given that general practice already has profession-led standards in place.

The AMA is concerned and disappointed to note that neither the final version of the Standards document, the draft Guide to the Standards, nor supporting material on the ACSQHC website adequately address this point. The fact that there is confusion around the applicability of the Standards is amply demonstrated by the fact that the Commission received many questions around this issue in the lead-up to the launch of the Standards.¹

As discussed in the AMA's November 2020 submission on the draft Standards, a key concern is that nothing in the Standards, the draft Guide, or supporting website material makes it clear that the Standards are not an alternative to profession-led standards and are not applicable to

¹ <https://www.safetyandquality.gov.au/standards/primary-and-community-healthcare/background-development-primary-and-community-healthcare-standards>

general practice. This means that non-accredited general practices may be under the impression that they could be accredited under these Standards rather than profession-led standards. Failure to explicitly address this issue risks undermining the latter and creating confusion among patients about the meaning and value of general practice accreditation.

The AMA strongly advises the Commission to make it clear in the Guide, and in supporting website material, that the Standards do not apply to those professions and settings that are subject to profession-led standards and are not intended to be a substitute for the latter.

Given that this central and important issue has not been adequately addressed after being recurrently raised, the AMA seeks written assurance by the ACSQHC that this will be adequately addressed, and how it will be addressed, prior to finalisation of the guide.

Language/clarification

Introduction

Under the sub-heading 'Guide for healthcare services' on p.3, the draft Guide states that it 'includes examples of evidence that can be used to implement the actions' suggested by the Guide/Standards.

This wording is confusing and should be changed, as in most examples given, the evidence would be the tangible *product* of attempts to implement the actions e.g., 'Records of training or professional development undertaken by the workforce...'

However, other examples of evidence given appear to be worded from the perspective of a prospective accreditation assessor: e.g., on p.54, one example is 'Observation of the written health information about accessing the healthcare service in a range of formats tailored to the local community and patient populations.' Several other examples given on p.54 also start with the words 'Observation of...'

The AMA suggests that the ACSQHC goes through each of the examples of evidence provided for each of the Standards to ensure that they are written in consistent language and from a consistent perspective – preferably that of the Practice Manager (or equivalent) of the health service.

Key Tasks

Each of the Standards and has several associated 'Key Tasks' which are provided in dot-point form. Through the document, some of those Key Task sections are written with dot points that have sub-dot-points, but some of the sub-dot-points are not indented appropriately. The document should be carefully proof-read so that these formatting errors are rectified.

Clinical Governance Standard

Explanatory notes, p.7

The second sentence under the heading Explanatory Notes requires clarification. The sentence says: 'it [clinical governance] involves your healthcare service establishing, using, and continuously improving the quality of their services and minimising risks to patient safety.' Either the sentence is missing a word (i.e., establishing and using what?), or it should be rephrased.

The first sentence after the sub-heading *Clinical Governance framework* should be strengthened by substituting the passive phrase 'when they are in place' with the more active phrase 'when they are followed.'

Key tasks, p. 8

The first sentence at the second dot point is inelegantly phrased, and consequently, unclear: 'By understanding the safety and quality risks and performance of your healthcare service, identify the priority areas for safety and quality and time over which it will be changed.' This sentence should be rephrased to improve clarity for stakeholders.

Patient safety and quality systems

Explanatory notes, p.9

At the second dot point, the preposition 'to' following the word 'compliance' should be replaced with the preposition 'with.'

Risk management

Reflective questions, p.15

There is a typographical error in the sentence at the fourth dot point. Instead, it should read '...in the event of an emergency or disaster?'

Incident management and open disclosure

Examples of evidence, p.17

There is a typographical error in the sentence at the fourth dot point. It reads '...actions take to address...' and should instead read '...actions taken to address...'

Healthcare records

Explanatory notes, p.28

There is a typographical error in a sentence mid-way down the page: 'Healthcare services should have a process for patients to access to their healthcare records.' This sentence should read either 'to access their healthcare records' or 'to have access to their healthcare records.'

Safe environment for the delivery of care

Explanatory notes, p.50

There appear to be several typographical errors in a sentence in the third paragraph: 'Where telehealth forms part of delivery, the information communications technologies (ICT) used is included in equipment and devices should use programs that are accessible to patients.'

This sentence should be rephrased so that its meaning is clearer.

Supporting access to health care, p.53

The fourth dot point on p.53, which starts 'Including artwork and sign that demonstrates...', should read "Including artwork and signs/signage that demonstrate...", given that the document later refers to signage (i.e., icons, symbols on signs) that reflects an inclusive orientation.

At dot point 8, include the word 'which' between the words '(TIS National)' and the word 'access.'

Explanatory notes under Action 1.25, p.56

Halfway down page 56, the sentence starting 'They recognise the importance of cultural beliefs...' should be rephrased to 'Culturally safe healthcare services recognise the importance of...', or something similar, as it is not clear who 'they' refers to in the original sentence.

Aseptic technique

Explanatory notes, p.90

In the Note directly under the Explanatory Notes subheading, remove the typographical error 'is used' that precedes the phrase 'in the provision of health care.'

24 MARCH 2023

Contact

Dr Fiona Taylor
Senior Policy Advisor
General Practice and Workplace Team
Ph: (02) 6270 5496
ftaylor@ama.com.au