

27 August 2014

Ms Debora Picone, AM
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Ms Picone

Consultation on General Practice Accreditation

Thank you for inviting the Australian Medical Association to make a submission to the Australian Commission on Safety and Quality in Health Care and Royal Australian College of General Practitioners (RACGP) consultation on the current general practice accreditation scheme.

The AMA believes that Australia is well served by a profession led system of general practice accreditation that encourages and supports practices to not only meet a minimum set of standards, but to continuously pursue improvement. A copy of our position statement on Accreditation is attached.

The current accreditation requirements are regularly reviewed by the RACGP and while there is always scope for improvement, the AMA would not support a move away from the existing profession led model. The current arrangements where the RACGP sets the standards in consultation with the profession and accreditation providers, who have a strong understanding of general practice, works well.

What are the key barriers and enablers to achieving general practice accreditation?

Despite the support provided through the Practice Incentive Program, costs are seen as a key barrier to general practice accreditation. These costs include not only the assessment process, but also the additional costs involved in preparing for accreditation as well as upgrading infrastructure and developing and implementing new practice systems and procedures.

Preparing for accreditation represents a significant time commitment for medical practitioners, practice managers, and practice staff alike. This a significant opportunity cost to the practice and doctors, which to date has not been well appreciated by policy makers. It is also common for this work to happen outside normal business hours.

Small practices will not have the same economies of scale or resources and, for these practices, accreditation represents an even bigger physical and financial challenge.

Some of the requirements put in place to demonstrate compliance with standards also seem unnecessary. For example, we understand that practices undergoing accreditation are being asked to produce documentation that is readily available on public registers. Members have advised they are being required to provide copies of their certificates of graduation and Fellowship of RACGP or ACRRM or their vocational recognition in the speciality of general practice. This seems unnecessary given that a simple search of the Australian Health Practitioner Agency Website could provide this information.

Is there duplication between accreditation processes applicable to general practice?

There is acknowledged duplication in accreditation processes in general practice, particularly in relation to teaching and training. Teaching practices are subject to multiple accreditation processes covering medical student placements, prevocational placements and GP registrar placements. These are time consuming and often look at the same accreditation criteria.

GPs may also be asked to supervise International Medical Graduates (IMGs) with conditional registration. All such supervisors must meet the registration body's criteria for supervisors.

Multiple accreditation processes are administratively time consuming and costly for all parties. The AMA believes there is scope for streamlining the accreditation process, including a more integrated approach that could minimise the need for multiple processes.

What are the benefits of sharing general practice safety and quality data with broader range of stakeholders?

The AMA understands that the Commission is proposing that it and the RACGP will hold the data collected during the accreditation process in order to provide more information about the operation of the Standards for General Practices and how these and associated accreditation processes can be improved.

In principle, the AMA is not opposed to such an arrangement provided there are appropriate governance measures in place to safeguard access to and utilisation of the data. Data must be de-identified and must only be used for this purpose.

Practices would also benefit from feedback from the accrediting body as to how well they met each assessment criteria, benchmarked against the broader population of accredited practices. Such feedback would be useful in helping to identify those areas where they are doing well and where they should focus in terms of future improvement.

Does accreditation drive improvements in safety and quality for general practice?

The AMA believes that accreditation has played a role in driving improvements in safety and quality in general practice, particularly from a process and facility perspective. If this is to continue to be the case, it is important that accreditation focus on encouraging self-directed improvement, otherwise it simply becomes a measure of conformance at a particular point in time.

Australian general practice is leading the world in standards of care delivered, largely due to a highly trained and committed GP workforce. Practice accreditation has also helped to raise standards and, as stated earlier, the AMA fully supports a profession led model of practice accreditation.

This submission highlights that there are areas where our current system of accreditation could be improved to encourage greater participation and reduce some of the cost burden. The AMA remains committed to working with both the RACGP and the ACSQHC to deliver these outcomes.

Yours sincerely

A/Prof Brian Owler
President