

15/83

24 July 2015

Adjunct Professor Debora Picone, AM  
CEO  
Consultation on the Proposed General Practice Accreditation Scheme  
Australian Commission on Safety and Quality in Health Care  
GPO Box 5480  
SYDNEY NSW 2001

Sent by email to: [NSQHStandards@safetyandquality.gov.au](mailto:NSQHStandards@safetyandquality.gov.au)

Dear Professor Picone

### **General Practice Accreditation Scheme**

Thank you for the opportunity to comment on the Australian Commission on Safety and Quality in Health Care Consultation Paper: General Practice Accreditation Scheme (GPAS).

AMA has previously advised the Commission that we would not support a move away from the existing profession led model for general practice accreditation. Having reiterated that position, we appreciate that the Commission is seeking to develop a framework for ensuring the consistency of accrediting agencies in assessing general practices against the standards. However, we have a number of concerns with the consultation paper and the model it proposes.

The breadth of what is being proposed, ie a “general practice accreditation scheme” goes beyond the Australian National Audit Office’s (ANAO) recommendation for the Department of Health (DoH) to develop the means to inform itself of the quality of general practice accreditation. This recommendation was borne of the ANAO’s concern that the DoH have assurance over the quality of accreditation processes, especially the consistency of assessments and compliance with the Standards (meaning the RACGP’s Standards for General Practices).

Indeed, with the implementation of a proposed new governance framework, the Commission appears to go well beyond the bounds of the ANAO report and is seeking to not only allow DoH to inform itself as to the quality of accreditation processes, it wants to provide for DoH and the Government to have greater control. This undermines the profession led approach that up until now has enjoyed broad support and appears at odds with the Government’s stated commitment to reducing red tape and bureaucracy.

The ANAO identified that the accrediting bodies each used their own accreditation framework and that there were no checks on the assertions of general practices as to their adherence to the Standards across the accreditation cycle. The purpose then of any governance and reporting framework proposed by the Commission should only be related to the assessment processes of the accrediting bodies. Particularly, as the Government has already committed to a quality

framework for general practice in contributing to the establishment of the Standards for General Practices administered by the Royal Australian College of General Practitioners.

The RACGP regularly reviews and amends the Standards as required to ensure they remain contemporaneous with current general practice, while facilitating quality improvement and innovation. In addition, key elements of ACSQHC National Standards have been incorporated into the RACGP's Standards to ensure they remain contemporary and consistent with national standards and expectations for safety and quality.

The Commission with this proposal seems to be trying to deliver 'one size fits all' solution for assessing both the accreditation of practices and the outcomes of accreditation. The diversity of general practice precludes such an approach. Accreditation assessors have to apply the Standards in common sense manner, which takes account of the individual practice, matters such as the services it provides, its location, its patient demographic and any cultural considerations.

The AMA notes that while the proposal outlines the approval processes for accrediting agencies, these fail to include a requirement for an accrediting agencies assessors to have the necessary understanding of and experience in general practice to effectively assess a practice against the Standards. This fuels concerns that the Commission is laying the ground work for a "cookie cutter" approach to accreditation, where agencies will be able to employ non-professionals with a standardised list of boxes to tick or not.

In the AMA's view accrediting agencies must be required to ensure assessors are formally trained in the speciality of general practice, are registered with the Australian Health Practitioner Regulation Agency, and have the necessary experience in general practice, as well as any additional training to ensure their competency as an assessor.

With regard to accreditation outcomes data, the paper raises more questions than it clarifies around the purpose for data collection and its use. For example, in our consultations with the Commission the AMA was advised that the data collected would be related to the processes of accreditation, yet the table on accreditation data in the consultation paper consistently refers to the possible collection of safety and quality data. In addition, the consultation papers states at point 4 on page 6 that the Commission will be reporting on the safety and quality of general practice. It is unclear to us what kind of safety and quality data the Commission is anticipating collecting and how it intends to collect this data without increasing the administrative burden for practices, or for that matter accrediting agencies.

Given the ANAO's recommendation was related to the quality of general practice accreditation, it is unclear to the AMA how collecting the "information generated by accrediting agencies from the assessment process" and reporting on that provides any greater clarity as to the performance of the accrediting agencies themselves.

While some data is better than no data, caution will need to be utilised when utilising the data collected to report on the safety and quality of general practice. Given the data will be de-identified and aggregated, it will be unable to account for variances in location or patient demographics.

Given that accreditation is voluntary the best the Commission can hope to report on is the rate or level of compliance of accredited practices against each criterion and indicator within the Standards.

The AMA is also concerned that increasing the requirements of accrediting bodies will increase their administrative costs, which in turn will increase the fees they charge for providing accreditation assessments. The cost of accreditation, has already been identified as a barrier to accreditation and under these new arrangements there is the potential that these costs will be increased.

The devil is always in the detail and the AMA currently is not comfortable that this paper has provided enough detail to reassure our members that the proposed framework will ensure general practice accreditation remains:

- independent of Government,
- controlled by actively practicing GPs,
- voluntary and non punitive,
- reflects and supports the diversity of general practice, and
- is based on entry level standards, with ongoing accreditation dependent on the implementation by the practice of a process of quality assurance and continuous quality improvement.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Morton', with a long horizontal flourish extending to the right.

Dr Brian Morton  
Chair, AMA Council of General Practice