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HCCA Submission to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions

Submitted 2 May 2017

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Background

The **Health Care Consumers' Association (HCCA)** was incorporated in 1978 and is both a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

In 2008, State and Territory Health Ministers endorsed the Australian Charter of Healthcare Rights. The Charter was developed by the Australian Commission for Safety and Quality in Health Care and applies to all people receiving, seeking or delivering health care in all settings in Australia. HCCA believes that a shared commitment to the Charter will improve the safety and quality of health care, including aged care, for all consumers.

The Australian Charter of Healthcare Rights[1] states that all consumers have the right to:

- **Access** – to have timely access to health services that address our needs
- **Safety** – to receive safe and high quality care
- **Respect -** to be shown respect, dignity and consideration

[1] Accessed 27/04/2017 at: https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/

- **Communication** – to be informed about services, treatments, options and costs in a clear and open way
- **Participation** – to be included in decisions and choices about our care as well as health service planning
- **Privacy** – to have our privacy maintained and proper handling of our personal health information assured
- **Comment** – to comment on or complain about our care and have our concerns addressed properly and promptly

It is with reference to these rights that the HCCA has developed its response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions

HCCA is a member based organisation. We have Consumer Reference Groups in a number of areas, including Quality and Safety. We sought feedback from our membership about this consultation and their comments and ideas have shaped this submission.

General comments

The approach taken by the Independent Review of Accreditation Systems, from the Discussion Paper, is:

- To propose improvements to the system within the current framework;
- To ensure the relevance and responsiveness of health education; and
- To ask the broader question of how education and training and its accreditation help create the workforce that Australia needs, both now and in the future.

Our submission to this review centres on the consumer perspective around these key issues, with a particular focus on the first legislated objective of the National Law: public safety and professional quality.

The importance of consumer involvement

Consumer engagement in processes of accreditation, including education and training, serves a number of specific functions:

- First, as the purpose of the health care system is to deliver health care to people, who themselves are seeking health, well-being or comfort to enable them to live as fully as possible, consumer engagement provides an opportunity for this lens to be at the table in designing health care education and systems.

- Secondly, hospitals and health professionals are notoriously 'internally focused' at the profession and its skill-base. Sometimes in this construct, health care users, carers and the community are seen as outsiders and their voices are not heard. The engagement of others with a service-user "gaze" provides a better opportunity to have an education and training system which produces a workforce which is fit for purpose.
- Thirdly, consumers often ask questions about issues that are about the culture of healthcare and are less affected by the unspoken norms that often guide health care practice and systems, often in ways which do not best serve patients and families, and often health professionals themselves, but which are seldom questioned inside the organisation or by professionals themselves.

In addition to consumer engagement, a key focus of accrediting authorities should be partnering with consumers to deliver health workforce training. This ensures that future health professionals are well resourced to partner with consumers in the health system to not only improve individual health outcomes, but also to continuously improve safety and quality in health service delivery.

Reflections from participation in accreditation processes

The opportunity for consumers to sit at the table as a member of an accreditation authority reveals to us many examples of the unasked questions which exist in Australian health care about patient safety and the nature of good quality care. Much of the silence surrounding these questions appears fundamentally opposed to patient well-being, patient safety and to care that looks after the human dimension of healthcare. Some questions of particular importance to consumers in accreditation systems and health professional education include:

- Why crucial skills of compassion, kindness and empathy appear to be measurably reduced over the education of many health professionals;
- Why, outside the specific research context, the skills of measuring the outcomes of health care from the patient's perspective are still not taught and so the data are not recorded routinely to provide a crucial foundation for safe and appropriate care;
- Why work practices and systems often appear manifestly unsafe and why no-one acts to stop the harm being done to patients and professionals alike eg. through failure to management fatigue and stressed work practices.

It can be daunting working in this environment, as one becomes aware of how entrenched many of the problematic behaviours and cultural issues are. The voice of consumers at that table provide the only way that some of these questions are ever asked and hopefully prompt reflection and action with the training, education and accreditation sectors.

Limitations

One issue with some accreditation processes is that they often simply demonstrate the organisation or individual's capacity to perform the accreditation process. Accreditation surveys are expensive and often, rather than involving a true transformation, are more seen as an event or grand performance every few years, rather than a demonstration of continuous quality improvement. In the best hospitals and universities, this is not the case. Their commitment to high quality, reflective practices is built into how they do business. For these organisations, documenting these processes is part of their normal business. They keep reflecting on their practices and critically examine them for improvement in their everyday work – as universities, training organisations or accreditation bodies.

For many, however, the perception is that the commitment is to the process of accreditation, not to the desired goals ascribed to accreditation. Over time, standards are changing in some accreditation fields to be more outcome rather than process focussed. However, this is relatively new and its ability to deliver true cultural transformation has still to be tested over time. Where this deeper form of accreditation is attempted, some organisations being accredited still seek to perform by self-selected evidence, rather than to engage in deep reflection about what they are doing, why they are doing it in a particular way or at all, and how it may be improved for patients.

Another issue affecting public safety for health consumers is the limitation on who can be a registered professional with the Australian Health Practitioner Regulation Agency (AHPRA). An impact of this in on who can be listed in the National Health Services Directory[2]. Professions listed are currently limited to AHPRA registered professions and excludes self-regulated professions, for example dieticians or social workers, making it difficult for consumers to navigate the system and find appropriate health services. This unintended consequence is one which needs to be considered to improve access to information and services for consumers.

Concluding remarks

It is relatively early days yet and accreditation so far has provided optimism in the health sector that external scrutiny and standards can start to reduce the variability in patient safety, quality, access and outcomes across Australia. The question is not about abandoning the effort, because the end is incredibly important and long overdue. We have known for more than 20 years now, since the days of the Quality in Australian Health Care Study[3], that there is an unacceptably high level of harm

[2] Accessed 27/04/2017 at: http://www.nhsd.com.au/
[3] Wilson RM1, Runciman WB, Gibberd RW, Harrison BT, Newby L, Hamilton JD. *The Quality in Australian Health Care Study (1995)*. Medical Journal of Australia. Nov 6;163(9):458-71. Accessed 27/04/2017 at: https://www.ncbi.nlm.nih.gov/pubmed/7476634

done to patients by health care. We also have known for as long and longer of many poor practices or processes that could be improved to keep patients safe and to improve the lives of health professionals but we do not do these. Accreditation is one of the tools, as are standards, and we need to look at where they are working and where they are not.

However, until many of the aspects of good performance sought by accreditation are built into normal business, organisations see the process of accreditation as an unnecessary embuggerance –something else they need to ramp up and perform for. Such specialised “performances” are the antithesis of what is really needed and produce expensive shows of accreditation performance rather than health care or education and training performance. The data needed to provide evidence for accreditation should be automatically produced from everyday performance systems with the standards actually forming part of how they do business, rather than how they do accreditation.

More rigorous testing of the outcomes sought from accreditation by triangulation with real-time experiences of consumers, carers and trainees are starting to occur, but new means of doing these, where those being interviewed feel safe enough to be honest, are in their infancy.

Please do not hesitate to contact us if you wish to discuss our submission further. We would be happy to clarify any aspect of our response. We look forward to seeing the recommendations from this independent review of accreditation, as well as the implementation of more integrated consumer engagement processes that will help to ensure that public interest remains paramount within the National Registration and Accreditation Scheme for Health Professionals.