



ANU, Planning and Performance Measurement

Submission for ANUMS Review

Via email: review@anu.edu.au

Re: ANU Medical School Review

Thank you for the opportunity to comment on the review of the ANU Medical School. HCCA is a member-based organisation, and for this submission we consulted with the HCCA Health Policy Advisory Committee and more broadly through our membership.

The Health Care Consumers' Association (HCCA) is both a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on 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.

Thank you again for the opportunity to put forward consumer views on this topic. We look forward to further discussion about how to enhance consumer involvement in the ANU Medical School.

Yours sincerely

Darlene Cox

Executive Director

General Comments

The Health Care Consumers' Association (HCCA) provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision-making. HCCA appreciates the opportunity to comment on the review of the ANU Medical School.

HCCA feels that the involvement of consumers and carers is critical to medical education and research, to ensure ANU graduates are prepared to work in partnership with consumers. We base this assertion both on the benefits that accrue from consumer-centred care, and Standard 2 of the National Safety and Quality Health Service Standards – Partnering with consumers.

Consumer-centred care is the foundation for achieving safe, high-quality health care. This year HCCA drafted a Consumer-Centred Care Position Statement, which can be found on our website <http://www.hcca.org.au/about-hcca/position-statements.html>

Consumer-centred care results in better outcomes for consumers but also brings benefits to the rest of the health system such as

- better patient and community experience,
- better workforce experience and improved well-being,
- better clinical outcomes, safety and quality, and
- better value care through lower costs of care

Consumer involvement in medical training is critical in supporting a future workforce that pursues excellence in person-centred care.

To facilitate an organisational culture in consumer-centred care, Standard 2 of the National Safety and Quality Health Service Standards requires health services to create an environment in which there are mutually valuable outcomes by having

- consumers as partners in planning, design, delivery, measurement and evaluation of systems and services, and
- patients as partners in their own care, to the extent that they choose.

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

One way for consumers to be partners in their own care, and to optimize the health system is to have consumers as partners throughout medical training. The graduates of such training will not only understand the importance of partnering with consumers, but will have real experience in doing so.

This review is a timely opportunity for the ANUMS to develop a specific policy of involving consumers in research, and in teaching and learning. The ANUMS should incorporate the involvement of consumers and carers into clinical training. Through embedding consumer-centred care into the school's educational programs, medical students can learn skills to partner with patients in designing and shaping the whole health care system, as well as other systems that affect people's health and well-being.

While HCCA acknowledges the use of patient simulation programs at the ANUMS, we feel that more is required to train medical students in learning a patient-led approach, such as consumer tutors. Clinical skills training should include encounters with patients' own stories to stimulate empathy and gain a biopsychosocial perspective. Given that simulated patient volunteers are required to be generally healthy and mobile, medical students are not exposed to a lived-experience of illness. The involvement of real patients, portraying their own experience of health care, is needed for students to be patient-centred practitioners. This sentiment is also reflected in Standard 2 of the NSQHS.

Specific Comments

Argument for incorporating the consumer perspective in research (ToR 1, a)

Consumers have told us that they would like to be more meaningfully involved in research activities – not simply as research participants. An example of more meaningful consumer involvement is practiced by the ACT Consumer and Carer Mental Health Research Unit (ACACIA), within the Centre of Mental Health Research at the ANU. ACACIA undertakes research that benefits the lives of mental health consumers and carers in the ACT. All of their research is conducted in partnership with consumers and carers and staff members and students are mental health consumers or carers with academic expertise and qualifications. ACACIA also has an Advisory Group comprising local consumers and carers as well as the heads of the key ACT consumer and carer organisations.

Similarly, The University of Western Australia's *Involving People in Research* program enables consumer and community participation to become standard practice in research and teaching programs. www.involvingpeopleinresearch.org.au

Reinstate a Community Liaison Committee (ToR 2)

HCCA's members are concerned that the ANUMS' current community involvement could be improved. A quick check of the community involvement page on the ANUMS' website suggests that the most recent published evidence of community involvement occurred in October 2017.

One of our members was the inaugural Chair of the ANUMS Community Liaison Committee, established in 2002. The Committee's specific terms of reference were to:

- Provide community input into medical education; and
- To contribute to the ANU Medical School's strategic policy development.

The members of the Committee represented a range of community and consumer interests and offered valuable experiences and expertise. In addition to providing valuable links to the community, the committee provided much needed support for medical officers beginning positions in rural or regional areas.

In the ANU's application for reaccreditation in 2013, the AMC stated that the ANUMS had only peripheral evidence of consultation with health consumers and local community representatives outside of the medical community. The reinstatement of a community liaison committee could provide a mutually beneficial relationship with ACT Health consumer network.

Concluding remarks

HCCA looks forward to seeing how our feedback and comments shape the review of the ANU Medical School.

Please do not hesitate to contact us if you wish to discuss our submission further. HCCA would be happy to clarify any aspect of our response.