Submission to the Independent Review of Accreditation Systems

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

We welcome the opportunity to provide a submission to the review of accreditation systems. We provide this submission in addition to the workshop report that we prepared for the review following working together to deliver a targeted focus group in March 2017. The workshop was very well received by the 21 consumers who attended. They felt listened to, were engaged and many planned to continue engaging with the review through writing their own submissions.

This submission reflects CHF’s organisational position and the views of its broad membership. Whilst it reflects some of the same positions as raised in the workshop there are some areas where the CHF position differs.

Issues

Purpose of an accreditation system

CHF supports the key legislative requirement of accreditation systems outlined in the discussion paper, that:

- the purpose of the accreditation system is to ensure that graduates of approved programs and overseas trained practitioners are suitably qualified and competent to practice in Australia

Health consumers want, and need, a health system that is safe and health professionals which are both well trained and accountable to authorities. The current system appears to work well to meet these aims, and we are keen to see it strengthen in ways that support the above aim.

With regard to the key areas for review we believe that the quality and relevance of the education of health professionals is a key area for the review. We are concerned that professional accreditation has not kept pace with the changing nature and face of health care. Australian’s health needs are changing thanks to things such as increased chronic diseases, lifestyle changes and longer life spans. Health professional education has not kept up to speed with this and reform may be required to find ways for it to be.

The government needs to be involved in the accreditation of health professionals as an independent body that oversees the whole picture, not just professional siloes. Consumers need to be assured that their health professionals are working in a safe manner. The government, as the administrator of the judicial system, needs to oversee and make sure punishments for malpractice are maintained and used.
Consumers have broad and substantial expectations of the accreditation system. They expect that an accreditation system will be evidence-informed and efficient, and will prioritise safety and quality over professional identify, ego and political positioning. They would like their health professionals to be:

- Ethical
- Competent
- Evidence-based
- Consumer centred in their practice.

However, they are suspicious of how this would flow into practice. They would like the system strengthened such that accreditation processes require people to be able to show that they are implementing these new principles and practices in reality.

**Improving efficiency**

Greater consistency and commonality in the development and application of accreditation standards may help encourage professions to work more inter-professionally (Issue 1\(^1\)). Further, greater commonality in how they are applied may lead to greater consumer understanding about the accreditation system. Consumers experience high levels of information overload when using the health system – streamlining in this way would help them engage with it while not overwhelming them.

Moving to more open-ended and risk managed accreditation cycles (Issue 3) would enable consumers’ views to be heard more frequently and in a more relevant way because consumer-based triggers could be used instead of just time based ones. For example, regular analysis of APHRA complaints data may result in specific issues being highlighted as triggers or areas for review. Moving to this style of cycle would also mean that consumer’s opinions and ideas raised in advisory groups could be given more weight.

Assessment teams should include a broader range of stakeholders, including consumers (Issue 5). Consumers should be involved in university training, in CPD, and on assessment panels. Training that encompasses the consumer view is essential to ensuring that practitioners practice in a consumer centric way. Through involving consumers directly in university courses, practical placements and in CPD these views can be more fully encompassed.

We recommend that accreditation requirements include the need to demonstrate how consumers are involved in training. Consumer involvement in assessment panels should consist of each assessment panel having at least 2 consumers on it. These consumers should be trained and be prepared to be full members of the audit team, not tokenistic consumers who are interested in just the consumer experience. In addition all surveyors and assessors should have consumer evidence included in their training.

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\(^1\) The Issue numbers reflect the numbers in the Discussion Paper.
Relevance and responsiveness

We support a common approach to the development of professional competency frameworks, but we also recognise the need to retain profession specific skills (Issue 10). One mechanism through which this may be achieved is the Health Professions Accreditation Councils’ Forum. We support the forum being more formally qualified and empowered to help set the agenda on issues including the reform of education and the direction of future workforce arrangements (see below). The forum currently lacks adequate consumer representation, however. This omission would need to be addressed through mechanisms such as those outlined below.

We strongly support the inclusion of consumers in this development process in line with the principles of consumer-centred care which call for consumers to be involved in the design of systems and services. Consumers can be agents of change and play an important role in helping that change to have a real impact. We recommend that there should be consumer specific consultations on any major change.

Consumers need to be supported to participate at all stages of the changes and the accreditation system in the longer-term. It is important to build up a group of well-resourced and informed consumer representations who can participate not only in the design of any new processes but also participate in ongoing committees associated with this change.

There are a range of potential risks and benefits which may arise from developing accreditation standards that have common health profession elements/domains, overlaid with profession specific requirements (Issue 11).

One of the key potential benefits is training of professionals who are better equipped to work with each other and care for consumers in a coordinated way. Common standards in this form may assist training programs in developing a consumer-focused element or stream to their curricular which could be interdisciplinary. For example, all students studying health profession degrees at a university could have a mandatory ‘consumer centred care’ course early on in their degree. This inter-disciplinary course would focus on issues such as coordinated care, activating consumers and provide students with a better understanding of how their future patients would prefer they work together.

We do recognise the need for professional specific skill training. While consumers want and need professionals to act cohesively, they also value the individual skills each type of professional they see brings to their care. Health professionals need to retain their distinctive skills and specialties. This could be addressed by having a core set of standards that are common to all groups and then having professional specific standards.

How online training programs and simulated training programs are accredited and supported is an area of concern to consumers (Issue 12). While they understand the need to use such systems, particularly in light of the limited number of face to face training placements, they were concerned that they made preclude professionals getting near to patients and so do not help to teach or reinforce good communication skills.
An example of how the system is not currently adequately relevant or responsive is the issue of professional placements. Consumers are concerned that current accreditation arrangements do not adequately support training setting other than hospitals, nursing homes and doctors’ surgeries. These arrangements do not reflect the current experience of people who are living longer with chronic illnesses and the growing bodies of literature which support home and placed based care. This is despite the majority of care taking place outside of these settings, and the moves toward care continuing to take place outside of these settings.

**Producing the future health workforce**

Since the demise of Health Workforce Australia there is currently no one organisation or coherent governance arrangement which clearly sets the agenda around health workforce arrangements. There are a plethora of regulatory bodies, but an absence of innovation around workforce development. CHF supports the development of a single body, such as the Health Professions Accreditation Forum, which takes responsibility for the direction of the broader health workforce in Australia. A single forum such as this will enable consumers to play a lead role in policy direction setting.

Currently there is not adequate community representation in key accreditation decisions (Issue 21). Consumer and community perspectives must be integral to every aspect of the accreditation process: setting standards, assessing quality, managing risk and operating with transparency and accountability to the community and the taxpayer. If the accreditation system, and the broader health system, is to put consumer’s desires, needs and requirements first then consumers must be involved at every level of the system.

The key elements of this involvement should be consumer membership of all key committees and groups at the governance and operation level and having more than one consumer present at any time. Having more than one consumer member helps recognise that there are a plurality of consumer voices and opinions and will help consumers to support each other. Where feasible, consumers should be included as co-chairs of committees in recognition of the importance of the consumer viewpoint. Ways in which this may be achieved and challenges to each are outlined in the ‘issues for consumer engagement in accreditation systems’ section of the consumer workshop report prepared for the review.

**Additional key consumer issues**

**Safety**

Consumers view the accreditation system as a key way of ensuring that the system is, and remains, safe. Through ensuring that health professionals are trained in a way that prizes safety and teaches them to work in a safe way the accreditation system can be the first line of defence for consumers in this matter.

Specific ways that accreditation can be used to reinforce and support this include:

- Establishing a competency base for subsequent practices
- Ensuring service providers keep up to date with current quality care and practice
- Ensure systems and resources support the delivery of safe and high quality care across the care continuum, whatever the setting
- Provide exemplars and standards to ensure continued quality and what continuing improvement should aspire to
- To ensure all health services and service providers provide evidence-based care to well-informed consumers

Consumers expect that professionals will be educated using the best quality clinical evidence available and that there will be adequate processes in place to ensure professionals are up to date. They also expect that the following issues will be raised throughout a professional’s training:
- The ability to create and maintain safe, reliable and cohesive cross-professional relationships which are conducted with respect
- To be able to raise issues and concerns and work together on quality improvement
- Improve capacity of system to listen to the views and experiences and be responsive to those

**Ability to trust the accreditation system**

The current accreditation system is inaccessible to most consumers. Whilst many consumers would probably expect the accreditation system to ensure health professional are appropriately trained and provide safe quality care they have no way of knowing if this is the case.

The low levels of public awareness and promotion of the current system could be seen as a major barrier to being able to trust it. The accreditation system needs to be more heavily publicised, particularly within healthcare settings, and that consumer involvement is strengthened.

**Accreditation of overseas trained professionals**

The accreditation system needs to provide more support overseas trained practitioners. This area is another example of where the ‘one size fits all’ current system does not meet the needs of consumers. Overseas trained practitioners arrive in Australia with a different value set and understanding and consequently they need to be supported. Training and evaluation needs to be broader than just skills based. There is a need to look at values and ethics of these people too, to make sure they are a good and accurate fit for the community

**Conclusion**

Overall the accreditation is meeting the narrow goal of ensuring health professional are suitably qualified and competent to practice in Australia. However it is not well placed to help produce the health professionals of the future to deliver consumer centred care. To do that they need to be encouraged to work more collaboratively and to communicate more effectively with each other and the consumers.
The current siloed approach needs to be reformed. This could be done by moving to a single accreditation system and set of standards or by a process of harmonisation with core standards across professional groups and professional specific skill standards to ensure the quality of care is not diminished.

Clearly there is a need for more consumer involvement in the accreditation process that goes beyond the current situation of having one, or at most two, consumers on overseeing committees. The consumers need to help design the system, implement it through participating on assessment panels and evaluate it as and when required.