



Consultation on general practice accreditation

**Australian Primary Health Care Nurses Association (APNA)
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Executive summary

Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA's vision is for a healthy Australia through best practice primary health care nursing.

APNA is pleased to make this response to the request from the Australian Commission on Safety and Quality in Health Care (the Commission) and the Royal Australian College of General Practitioners (RACGP) for feedback on general practice accreditation.

Nurses are a substantial component of the primary health care workforce. There are now at least 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. These nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems. Nurses are key players in the maintenance of safe, high quality primary health care.

APNA strongly supports a robust general practice accreditation system, to respond to continued innovation in models of primary health care delivery, and increasing public demand for markers of safety and quality in general practice.

General practice nurses play a critical role in the maintenance of safety and quality, and the achievement of accreditation in most practices where they work. This role needs to be recognised and supported, through measures including the development and implementation of an education and career framework for nurse in general practice.

APNA additionally calls for:

- Improved funding models for general practice, to support safety and quality.
- An ongoing focus on the development of information systems that allow for easy entry and reporting of data on safety and quality, which support accreditation.
- The development of a consistent and ongoing quality and safety culture across Australian general practice.
- Simplification of general practice accreditation, including through reduced focus on the 'big visit' and greater focus on ongoing systems improvements.
- A move towards a mandatory accreditation system.
- Measures to address key gaps in safety and quality, including:
 - a dedicated research program into the effectiveness of general practice accreditation;
 - a profession-driven approach to 'never events', focusing on the review, remediation, and reporting of a small number of professionally-agreed adverse events;
 - cross-provider validation of surveys; and
 - higher levels of meaningful patient participation in general practice accreditation.

Contemporary models of general practice have profound implications for the accreditation of general practice

Australia is experiencing the development of new models of care such as the 'meeting between experts', which reflect greater patient participation and decision making in their own care (Tuckett, Boulton, Olsen et al, 1985). The drive for efficiency and productivity in general practice, along with competition in the market, can lead to concerns that 'corners are being cut' in safety and quality, in order to maintain financial sustainability (Mechanic, 1998). For example, safety-enhancing activities such as record keeping may be compromised when time becomes a concern.

Patients and prospective staff need clear ways to identify whether a general practice has demonstrated that it provides safe, high quality care. Accreditation has the joint goals of:

- identifying poor, satisfactory or exemplary performance; and
- signalling which organisations deliver products or services which are acceptable to consumers, funders and stakeholders (Braithwaite, Westbrook, Pawsey et al, 2006).

Models of general practice, and primary health care more generally, continue to evolve. General practice accreditation needs to keep pace with these changes, and ensure that new models of service delivery do not 'fall through the cracks'. New models such as nurse-led clinics, multidisciplinary clinics, and emergent non-face-to-face models need to be incorporated into a single accreditation model.

The comparative scarcity of general practice nurses is a substantial impediment to general practice accreditation

General practice nurses often manage and maintain practice-based systems that support safe, high quality care (e.g. sterilisation, vaccine management and immunisation, recall systems), and increasingly lead preparation for accreditation. APNA believes that general practices without nurses have greater challenges in instituting and maintaining such systems, and are less likely to be accredited.

The critical role of general practice nurses in safety and quality is identified by Phillips Pearce Hall et al (2009), and by reports from APNA members that there is a larger amount of time spent by accreditation surveyors interviewing general practice nurses (where they exist) than doctors. Further applied research in Australia is needed, to better understand the relationship between the nurse role and accreditation, enhanced patient outcomes and safe, high quality environments for health professionals. APNA would be pleased to work with the RACGP and Commission on such research.

There are a number of systemic causes for the comparative scarcity of general practice nurses. Key issues include the inconsistency in offering undergraduate training in general practice settings, the lack of structured transition to practice programs, and the absence of a meaningful career framework for nurses in general practice. These issues need to be addressed to ensure a sustainable primary health care nursing workforce, which supports quality and safety.

The quantum and mechanisms for funding of general practice can be an impediment to accreditation

APNA is concerned that the quantum of funding to general practice, principally through government subsidies under the Medicare Benefits Scheme (MBS), and the mechanisms used to fund general practice (very high reliance on a fee-per-consultation model), can result in pressure to deliver throughput rather than a focus on safety and quality.

There appears to be an increasing gap between the subsidy for patients through the MBS and the real costs of providing safe, high quality care. Accreditation is an additional cost, above the cost of meeting professional standards, and the cost of accreditation in general practice is disproportionate to that imposed on the acute sector. There is arguably little real 'incentive' in the Practice Incentive Program, as the funding is required to maintain a practice's viability, rather than being a 'bonus'.

The augmentation of fee-for-service payments by grant- and incentive-based payments such as the Practice Nurse Incentive Program (PNIP) has not kept pace with the real cost of providing safe, evidence-based, high quality care in general practice. In fact, key elements of the successful General Practice Immunisation Incentive Program have been dismantled, which is a step backwards in creating effective funding mechanisms for reliably high quality care in Australia.

General practices delivering services to communities most in need, where there is little capacity for cross-subsidisation and a high burden of illness, struggle to meet both the costs of meeting appropriate professional standards, and of being accredited, whilst continuing to provide appropriate access to patients. Fee-for-service funding is poorly equipped to support safety and quality activities. APNA supports appropriately resourced incentive payments that are additional to patient payments, for the achievement of some targets in general practice. APNA is aware of the problems that can be created by target-based models such as the Quality Outcomes Framework in the United Kingdom; and is suggesting an augmentation of the Australian model, rather than a substantial departure from it.

Inadequate information systems in general practice are a substantial impediment to accreditation

Accessible, relevant and high quality data is necessary, though not sufficient for the achievement of consistent safe, high quality care, the resultant achievement of professional standards, and the resultant achievement of accreditation.

The information systems underpinning patient health records in Australia provide a challenge to case finding, error analysis, and benchmarking (within the practice, or across sites). In particular, low functionality with respect to routine and customised reporting using patient data creates an impediment to safety and quality activities.

With better information systems, there is potential for accreditation to include a substantial component of 'live' interrogation of data as a quality indicator (such as review of data on rates of screening, or prescription of antibiotics extracted from clinical information systems; or recording keeping for dangerous drugs and sterilisation logs), rather than the preparation of reports and examples, as needed in the existing model of accreditation.

The safety culture in Australian general practice varies in strength

The culture of general practice plays a critical role in maintaining safety and quality. This safety culture varies across general practices, with nurses often acting as a leader in creating and maintaining a safety culture. Accreditation could assist in building skills and knowledge, and a safety culture. Traditionally, continuing professional education programs have focused on person-based education and skills development. Continuing professional development in primary health care professions could require participation in practice-based safety and quality activities, such as activities that are used in accreditation.

For example, postgraduate clinical placements in general practice (including, but not limited to general practice specialist training) could include a patient or staff safety audit. This could assist in both site-based improvement, and the development of skills in safeguarding.

Further patient involvement is also an important way of strengthening the safety culture.

Accreditation can be simplified

General practice accreditation agencies are often seen as gatekeepers for accreditation, rather than organisations principally interested in driving quality improvement. To shift the focus to ongoing quality improvement, APNA proposes that:

- The RACGP, in collaboration with national professional organisations such as APNA, review and reduce the scope of the accreditation visit. The focus should be determined by the evidence on omission and harm in Australian general practice. The areas for review should be informed by previous failures to meet standards, as detected by the practice itself from an analysis of its own data. Practices should appraise their own risks as part of their preparation for accreditation visits, allowing for expert review and support. The focus of accreditation should also be informed by analysis of patterns in failures to meet standards amongst general practices as a cohort, ascertained from review of accreditation data. This should be combined with an analysis of risk posed by broader environmental factors (e.g. the growing concern about antimicrobial resistance). This would require accreditation agencies to provide the RACGP with data on the meeting of standards at indicator level – a commitment supported by APNA.
- The tests used by accreditation surveyors need to be reviewed by the RACGP in conjunction with other professional bodies such as APNA. APNA members see many of the existing tests (e.g. review of written policies) as having little reliability, and report that accreditation visits can be



unpredictably and unnecessarily focused on detail to the exclusion of other materially important matters. Such reservations about formalised processes are reported by Greenfield, Nugus, Fairbrother et al (2011) in their study of applied clinical governance. Alternative approaches worth considering include: following the 'patient journey', as outlined by Greenfield D Hinchcliff R Westbrook M et al (2012); greater focus on the use of data collected routinely and quality activities undertaken for other purposes; and 'short-notice' visits, which increase the safeguards for patients, and have been shown to detect lapses in standards (Greenfield D Moldovan M Westbrook M et al, 2012).

- Accreditation should be less dependent on a 'big visit'. One option might be to distinguish accreditation of a new site, from subsequent accreditation processes. Additionally, practices could provide accreditation agencies with copies of documentation such as clinical audit undertaken as a part of continuing professional education, as part of an ongoing quality assurance process.
- Stronger links could be made between the requirements of continuing professional development, professional education at undergraduate and post-graduate levels, and accreditation. For example, the RACGP could devise a single accreditation process through which meeting professional standards also meets the requirements to become a training site. Additionally, system-focused safety and quality activities such as clinical audit and benchmarking should be given weight in accreditation, thus using an existing activity as a part of the process.
- The number or frequency of accreditation visits could be reduced. In the context of a sufficiently rigorous model of accreditation, satisfactory completion of some 'tests' of safety and quality could result in incremental extension of accreditation. In conjunction a longer (perhaps five year) limit could be placed on the period between on-site assessments by accreditation surveyors.

General practice accreditation should ultimately be mandatory

Accreditation systems need to convey to stakeholders that sites are safe and of high quality (Mechanic, 1998); and deal effectively with circumstances in which the performance is poor and fails to meet professional and public expectations of safety and quality.

This requires that general practice accreditation become mandatory. It is currently difficult for both patients and prospective staff to know whether an unaccredited practice meets appropriate professional standards or not – that is, whether it has failed accreditation or has chosen not to participate.

APNA supports moving towards a mandatory accreditation system at a point where the model is more robust, the cost-benefit clearer, and the cost incorporated into the funding of general practice.

The requirement to become accredited could be phased in by, for example, requiring all new general practices to be accredited within twelve months of establishment; and requiring that all general practices that change ownership and are not accredited at the point of transfer, become accredited within twelve months.



Options for sanctions to move practices towards accreditation could include:

- unaccredited practices being precluded from providing general practice care;
- unaccredited practices being ineligible for practice incentive payments;
- providers at the practice cease to be eligible for their patients to claim government subsidies for the care provided;
- practices be obliged to notify all patients that the practice is unaccredited.

In addition, general practice accreditation agencies should be required to disclose the number and percentage of sites that fail to meet accreditation standards each year, and to inform relevant authorities of concerns regarding safety and quality.

Key gaps in safety and quality in Australian general practice

Demonstration of the benefit of accreditation

A number of general practitioners are not convinced of the benefit of accreditation. APNA would recommend that the benefits of accreditation (as distinct from meeting professional standards) be articulated in communications channels widely used by GPs (e.g. Australian Family Physician).

APNA would argue, as Braithwaite Westbrook Pawsey et al (2006) have with regard to the hospital sector, that Australian general practice accreditation requires a dedicated program of research that investigates the relationships between clinical indicator performance, organisational culture, consumer participation and performance on accreditation standards. It is essential that national bodies work together to fund and support such a research program.

A profession-driven approach to 'never events'

There are occasions when clearly identifiable and preventable errors occur in Australian general practice. These incidents, known as 'never events', should never happen. In the hospital sector, similar events trigger a mandatory root cause analysis.

In Australian general practice, there is no nationally and professionally-agreed list of 'never events', and there is no nationally mandated path for reporting such events (with some exceptions such as adverse events from vaccines, medicines and devices). APNA proposes development of a small list of 'never events' for Australian general practice, aimed at areas of high cost or risk (e.g. failure in cold chain management or substantial failure of infection control procedures). General practices would ultimately be required to report to an appropriate authority on 'never events', the outcomes of the causal analysis, and the subsequent rectification.

Cross-provider validation of surveys

APNA members report concerns that there is unexplained and inappropriate variation in surveyor appraisal of standards between and within the accreditation organisations. This concern is reflected in research which indicates that surveying can be variable and that achieving reliability can be complex (Greenfield D Pawsey



M Naylor J et al, 2009). All organisations participating in general practice accreditation should be involved in a cross-provider validation of survey results, or in other rigorous methods that achieve validity and reliability, in order for variations in survey outcomes to be identified and minimised.

Professional norms provide important quality safeguards (Robinson 2001), but these need to be supported by structures outside the individual accreditation agencies. Vested interests in maintaining sites that pay for accreditation services as 'customers' can give rise to incentives to provide accreditation even when a site fails to meet the necessary professional standards.

Should involvement of additional accreditation agencies be proposed, the ability to maintain a critical mass of sites to enable the quality of the survey process to be maintained and economic viability of agencies assured must be considered (Shaw CD Braithwaite J Moldovan M et al, 2013).

Meaningful patient participation

Meaningful patient participation in general practice accreditation is supported by APNA as offering a number of benefits:

- It increases the likelihood that valuable insights of patients into safety and quality are incorporated into the process.
- It increases the likelihood that patients understand the cost and complexity of delivering reliably safe and high quality care.
- It would increase the credibility of the accreditation process to patients.



About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.