The Royal Australian and New Zealand College of Radiologists

Re: ACSQH Draft National Safety and Quality Healthcare Standards:
Response from the Royal Australian and New Zealand College of Radiologists

The RANZCR commends the considerable efforts of the ACSQH in endeavouring to develop a set of universal standards for the Australian health care environment. The RANZCR encourages the Commission to consider the points below with regard to Radiology, and the wider health sector.

General comments

The primary concern for the RANZCR is to ensure that existing regulatory and voluntary accreditation schemes are recognised as equivalent, where appropriate, by the Commission’s proposed National Entity. The RANZCR welcomes dialogue with the Commission to ensure harmonisation of the different sets of standards, so that services are not overburdened by compliance.

The RANZCR has some concerns about the apparent timeframes set down for the development of the NSQH standards. The closing date for submissions is 29 January 2010, and the proposed commencement date for piloting of the revised standards is by 31 March 2010. This timeframe leaves only 8 weeks for the Commission to collate submissions, convene its expert working groups and revise the standards where necessary, while at the same time developing a project plan for the pilot.

The RANZCR is also concerned that the establishment of the National Entity will occur after the anticipated standards pilot process. The National Entity is expected to play a central role in maintaining the NSQH standards and resolving and co-ordinating the associated complex accreditation system; ideally the National Entity would be responsible for the standards pilot.

The Commission is aware that there are major differences between major public hospitals and smaller private practices in radiology, and also between screening and diagnostic services. Other parts of the health sector would be similar in this respect. This will need further consideration in the process of finalising the NSQH standards.

Some more general comments about the Standards include:

- The Standards would benefit from a review to improve clarity.
- The current draft is lengthy with a significant degree of repetition.
- The style seems to be aimed more at large tertiary settings, which may mean that smaller services perceive the Standards as not being relevant, or overly complex to interpret and apply to their settings.
- The key to good standards is simplicity, in both style and structure. In essence, health services want to know what they need to do to comply, in clear and simple terms. The Standards would benefit from a review taking the perspective of the end user in a small practice, who would be tasked with interpreting the standards and instituting policies and processes to align with them.

Specific responses to the feedback question posed in the consultation paper are outlined below.
Is the language and format of the NSQH Standards appropriate?
The format is too complicated in its current form, and the main messages therefore become somewhat lost in the detail that accompanies each standard. The language of a standard should be clear and concise.

Are there unnecessary items or duplications that should be removed from the standards?
There is significant repetition in the iteration of roles assigned to various actors for each standard. Indeed, one might question the inclusion of these defined roles in their current format as they appear more to be outcome measures for the standards. This is demonstrated in particular by the role of the health consumer, which is not subject to accreditation.

Is the level of detail provided adequate to implement the standards?
The standards would benefit from more clarity and less complexity in the way they are written. While the Standards themselves are relatively concise, the background material is very complex, unnecessarily detailed, and too wordy. They imply a very onerous practice management system centred on extensive documentation that is not very practical and potentially unsustainable, particularly for smaller services.

In attempting to create a set of universally applicable standards, the draft standards risk losing clarity in the eyes of those medical specialties that already possess their own standards. These specialty specific standards are consistent with the Australian Healthcare Standards (at least in radiology’s case) and are written in language more readily understood by that specialty.

For standards to be effective, the objective for their implementation is to simply and clearly answer the “Who? What? When? How? Why?” of the issue the standard is addressing.

Are there settings in which some of the elements of individual standards do not apply?
The requirements for governance as written seem overly complex for a small practice, although this may not be the intention.

Are the process measures in individual standards appropriate for the assessment of safety and quality of each of the elements?
Generic process measures by themselves are not likely to indicate whether a practice is conducting a safe, quality health service. They may in some cases merely indicate the presence of documented policies and procedures, rather than determining whether these policies are effectively implemented and used in everyday practice. Process measures alone are not indicative of quality.

Outcome measures are needed to gauge the relative success of the process measures against national benchmarks. The RANZCR acknowledges the deliberate omission of outcome measures from the draft NSQH Standards. However, leaving the task of developing outcome measures to the individual practice means that any attempt at a national aggregation and analysis of data would be questionable, given the variety of data that would then be recorded.

The RANZCR recommends that specialty specific outcome measures that support the process measure outlined in the Standards should be developed by the professional organisations.

Can the draft NSQH standards be applied in your healthcare setting without modification?
Radiology is currently well served by practice standards. The RANZCR Standards of Practice are mature standards set and reviewed by the RANZCR, and assessed by NATA under the RANZCR /NATA Medical Imaging Accreditation Program. These standards are at least equivalent to the proposed Australian Healthcare Standards, and are expressed in terms readily understood in radiology practice settings. A range of medical imaging services has been accredited against these standards, demonstrating that they are successfully applied in both small, single site practice settings, and also large tertiary hospital practice settings.

The RANZCR Standards and the RANZCR /NATA Medical Imaging Accreditation Program now coexist with the Australian Government’s Diagnostic Imaging Accreditation Scheme. The Government’s Scheme is underpinned by Practice Accreditation Standards which are maintained and developed by the Department of Health and Ageing. Draft 2nd Edition Practice Accreditation Standards developed by the Department of Health and Ageing are due for implementation under Stage II of the Diagnostic Imaging Accreditation Scheme in 2010; while narrower in scope than the RANZCR Standards of Practice, they too fortuitously align with the NSQH Standards. There are indications that Stage II of the Diagnostic Imaging Accreditation Scheme will recognise accreditation awarded under the RANZCR /NATA Medical Imaging Program; this is a
useful example of how mutual recognition of the common elements of two sets of standards may be applied in practice.

The RANZCR welcomes dialogue with the Commission regarding the recognition of these accreditation programs and their underlying standards, circumventing the need for radiology practices to undergo multiple costly assessment processes for accreditation.

Yours sincerely,

[Signature]

Dr Matthew Andrews
President