

Speech Pathology Australia



Giving people a say in life

SUBMISSION

NATIONAL SAFETY AND QUALITY ACCREDITATION STANDARDS

SPEECH PATHOLOGY AUSTRALIA RESPONSE

Prepared by:

SPEECH PATHOLOGY AUSTRALIA

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The following document outlines Speech Pathology Australia's response to the Australian Commission on Safety and Quality in Healthcare's (ACSQH) Discussion Paper on National Safety and Quality Accreditation Standards (November 2006).

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1.0 Background

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing over 3800 members.

Speech pathologists are specialists trained to assess and treat people of all ages who have a communication or swallowing disorder. Speech pathologists work in a variety of settings including early intervention, schools, hospitals, community and rehabilitation centres, aged care facilities, specialist centres and in private practice.

Membership to Speech Pathology Australia is voluntary and only those professionals who have an approved primary qualification in speech pathology can join.

All speech pathologists must meet the Competency Based Occupational Standards Entry requirements (CBOS) 2001) of their National Association, Speech Pathology Australia. All practising speech pathologists are bound by the Association's Code of Ethics (2000).

Current members of Speech Pathology Australia are eligible for participation in the Association's 'Professional Self Regulation Program' that provides the opportunity for participants to earn the status of 'Certified Practising Speech Pathologist'. This non-mandatory program allows speech pathologists to demonstrate to key stakeholders a commitment to updating and extending professional abilities through ongoing professional development. Consideration is being given to extending this program to non-members and to future mandatory participation.

Queensland is the only Australian state that requires speech pathologists to be registered to practice. Clinicians from states outside Queensland must register with the Queensland Speech Pathology Board prior to practising in that state. The Association is currently considering the benefits of national registration or other forms of regulation for speech pathologists. It is essential that regulation for the speech pathology profession has national consistency across all settings and is under the governance of the profession.

Accreditation would have an impact on a number of practising speech pathologists. The following practices statistics (IMIS report, February 2007) highlight the diversity of the speech pathology profession. Nationally, there are currently 1418 practitioners who provide speech pathology services in a private practice capacity only. Additionally, some 1782 members work in a public capacity only and approximately 375 members work in both private and public practice.

2.0 Discussion

The following section is broken into two sections: a) a general discussion addressing the Commission's (ACSQH) forum and discussion paper; and b) specific dialogue answering those questions posed by ACSQH's discussion paper.

2.1 General Discussion of ACSQH's Forum & Discussion Paper

Speech Pathology Australia was delighted that their representatives could participate in various consultations in relation to the discussion paper produced by the Commission. Speech Pathology Australia does, however, have concerns relating to aspects of the industry consultation and future processes.

The Commission's forums were informative and provided opportunity for limited consultation. It was felt that the process failed to answer questions in relation to the overall objectives of the proposed accreditation. It remains unclear as to whether the major purpose of national safety and quality accreditation standards is for i) patient safety and improved outcomes; or ii) regulation of health services and practitioners. Clarification is required to ensure that the proposals can meet the Commission's overall objectives. In addition, there did not appear to be clarity around how established accreditation processes and new proposals under COAG would be accommodated within the proposed scheme.

Like Allied Health Professions Australia, Speech Pathology Australia suggest that the Commission clarify how the proposed national registration and accreditation schemes will include those legislative changes to private health insurance. A thorough consultation process across all health industry sectors and sub sectors is required prior to a decision being agreed upon.

In addition, Speech Pathology Australia is also interested to know how current public hospital accreditation schemes and ACHS activities would be incorporated into the accreditation proposals. Consideration needs be given to the different financial and human resourcing constraints across both the private and public sectors providing speech pathology services given that our membership is represented across both sub sectors.

The intent of this document is to address key questions raised in the Discussion Paper on National Safety and Quality Accreditation Standards (November 2006).

In principle, Speech Pathology Australia welcomes the Commission's ongoing improvements to patient outcomes and supports the following initiatives:

2.1 Accreditation:

- The development of a register of accreditation bodies;
- Standardising accreditation language;
- Training and competency testing of surveyors;
- Registration of standard setting bodies.

2.2 Standards

- Registration of standard setting bodies;
- Standardisation of language and format for health service standards;
- Detailed mapping of standards;
- Introduction of best practice models for the development of health service standards;
- Identification of core safety and quality standards and performance indicators, that are generic and not profession-specific.

In representing our members, Speech Pathology Australia does require clarification from the Commission on how accreditation would impact on a relatively small professional healthcare industry such as speech pathology. As mentioned above, some Speech Pathologists work in public settings where they have access to Human

Resources Departments and Quality and Effectiveness/Organisational Development Departments. Personnel in these departments may be able to assist speech pathologists in the management of the accreditation process. However, it must be pointed out that a large portion of our industry work as sole practitioners (within public and private sectors) and thus would find the experience of accreditation too prohibitive in terms of financial cost, time and human resources.

One specific sector that would be significantly impacted upon by accreditation would be the private practice sector. Workforce data (Speech Pathology Australia's Private Practice Online Survey, 2005) suggests that 78% of this sector operate their business structure as sole traders. In addition, 35% of private speech pathologists practice from their own private residence. The nature of private practice is such that resources are already significantly stretched and that practitioners are overburdened given their high caseloads and additional business/administration requirements. It must also be highlighted that the profession is made up of a large number of part time private practitioners. Should accreditation become too strenuous, then this valuable sub sector may cease to operate, thereby creating a gap in speech pathology service delivery.

Currently, speech pathology resources are stretched and there are not enough speech pathologists on the ground servicing the health and educational needs of our communities. Accreditation may place demands on practitioners who potentially could leave the profession, thereby creating an unnecessary void in service delivery. Health professionals should be encouraged to provide high quality service without extra layers of bureaucracy.

2.2 Discussion of questions posed by ACSQH's Discussion Paper

Each question raised by the Commission has been specifically answered from the perspective of public and/or private speech pathology practices and across all settings where a speech pathology service may be provided. Please note that responses do not always consider inter-disciplinary issues.

2.2.01 What core process or systems need to be in place to ensure poor performance is detected? Is this necessarily part of an accreditation process?

Key Performance Indicators (KPIs) have been developed across many industries to identify breakdown or “at risk” performance. It may be feasible for the regulating body to develop a core set of KPIs that can identify where there is poor performance across agreed KPIs.

2.2.02 Where there is a systems failure, how should the accreditation body respond?

As speech pathology is a profession that does not require registration except for those clinicians practising in Queensland, it would be difficult for the accreditation body to reprimand or discipline practitioners. As stated in the introduction section, membership to Speech Pathology Australia is voluntary and only open to those who have completed an accredited/approved course. Disciplinary procedures in relation to breaches of the Code of Ethics however do exist.

2.2.03 What is essential to ensuring all accreditation processes are open and transparent?

To ensure transparency and accountability of the overriding accreditation body, it is necessary that there is regular feedback and reporting to stakeholders (ie to professional associations such as Speech Pathology Australia; public; individual practitioners etc).

2.2.04 What minimum information should be publicly available on the accreditation status of health services?

It is preferred that information regarding individual health practices/settings supplied to the public is presented in a de-identifiable manner. It is vital that individual health practitioners and information collected by the accrediting body is kept anonymous, with the exception where an individual has been in clear breach of a body’s code of ethics or professional conduct and that person has been removed from membership or registration eligibility.

2.2.05 What governance issues must be addressed by organisations setting standards, training surveyors or accrediting health services?

It is Speech Pathology Australia's preference that the Commission further investigate governance models from other countries (ie United Kingdom, Germany, France or the United States who may have already established such standards). The Commission could also consider those frameworks established by other industries (ie telecommunications; banking and finance etc). In addition, it may be warranted to conduct an analysis of varying regulatory bodies and/or Ombudsman. It must be highlighted that Speech Pathology Australia is not a legally authorised governing body. The association primarily represents the interests of the speech pathology industry but also advocates and maintains standards of quality practice.

2.2.06 What needs to be done to integrate and streamline overlapping accreditation processes?

The establishment of a single, autonomous body whereby all accreditation and standards are managed, would prevent overlapping and aide the integration of the governing bodies' objectives.

2.2.07 How can accreditation be made more cost efficient and effective?

Similar to the Federal Government's initiative with the General Practitioners and their accreditation process, provision of financial resources to health services participating in accreditation may assist in the successful implementation and management of accreditation.

2.2.08 What must be done to ensure inter-surveyor reliability?

A peer-reviewed surveying system may be a welcomed approach by each profession. Given the diverse nature of each profession, recruitment of surveyors from within professions may ensure that there is consistent understanding of the constraints, practices and culture of each health sector. Essentially the surveying is conducted by peers with the monitoring of independent, external surveyors from other health professions.

2.2.09 What strategies need to be put in place to ensure there is available a sustainable supply of credible and competent surveyors?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.10 What needs to be in place to allow accreditation data to be collected at a national level?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.11 What needs to be in place to allow accreditation data to be made available?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.12 What initiatives are required to coordinate and harmonise standards development?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.13 What minimum information should be publicly available on accreditation standards?

Speech Pathology Australia currently makes available a range of core Association documents in regard to ethical and professional standards. These include:

Code of Ethics (2000); Scope of Practice (2003); Principles of Practice (2001); and Parameters of Practice (2007). A range of policies also pertain to membership eligibility criteria.

In addition there are a range of Position Papers that guide clinical practice in specific areas, however are available at a small charge to those who are not members of the Association.

2.2.14 What aspects of Australian health care standard development should be standardised for streamline, effective and efficient standards development?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.15 How do you ensure the standards being assessed are appropriate?

Minimum standards regarding safety and quality that are generic across all industries should be enforceable ie OHS, infection control, privacy standards; patient communication. However, standards that are not relevant to the speech pathology profession ie medication, wound care, as examples that have been mooted to be included, should not apply to speech pathology practices. Speech Pathology Australia recommends that the Commission begins by clarifying the difference between a “standard” and a “guideline” and those that will be generic verses discipline-specific. Minimum safety and quality standards need to be applicable across different healthcare disciplines and settings.

Extensive consultation with each professional body should then take place to identify appropriate standards (not guidelines) for each profession rather than having blanket standards across professions.

2.2.16 What needs to be in place to make this approach (register of accrediting bodies) feasible?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.17 Which organisation is best placed to manage the registration of accreditation of bodies?

Speech Pathology Australia believes that the ACSQH would best serve as the body to manage the registration of accreditation bodies.

2.2.18 Who needs to be involved in the standardisation of language and definitions?

The Commission needs to clarify whether the major purpose of national safety and quality accreditation standards is for i) patient safety and improved patient outcomes; or ii) practitioner/service regulation. Once clarification has been established and communicated, an extensive consultation process needs to occur between professional associations; regulatory bodies; existing accrediting and assessment bodies. A clear framework around the intended purpose of standards and definitions of terms needs to be established in order for language and terminology to be consistent against each set of standards subsequently developed.

2.2.19 What are the essential skills, competencies and attributes that surveyors need?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.20 What needs to be in place to train and assess surveyors effectively?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.21 How can the available data sets be best used to inform accreditation processes?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.22 Which health services should be accredited as a priority, and how can this be best achieved?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.23 What needs to be done and by whom, to introduce unannounced surveys in a timely and effective way?

Speech Pathology Australia does not support the Commission's proposal of unannounced accreditation surveys. It is advisable that the Commission consider 'limited notification' of accreditation surveys: that is, practitioners be given minimum notification as per current industry standards regarding accreditation audits. The proposed unannounced accreditation surveys will be disruptive to clinical care and may provide negative communication to patients who may be present during an unannounced survey.

2.2.24 What needs to be done and by whom, to introduce tracer methodology in a timely and effective way?

Given that speech pathologists deal with individuals with communicative impairments, any documentation forwarded to patients for the purpose of evaluation of health care services may not be appropriate due to cognitive, receptive language (understanding) and/ or literacy difficulties. Patients with communicative impairments simply may not be able to read or even understand such documentation. Should the Commission wish to have valid results, representatives, therefore, should consult Speech Pathology Australia to ascertain how best to approach patients with communicative impairments.

Speech Pathology Australia also recommends that the Commission provides further consultation with stakeholders.

2.2.25 What needs to be in place to make this approach feasible?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.26 Which organisation is best placed to manage the longer term register of standards?

Speech Pathology Australia believes that the ACSQH would best serve as the body to manage the register of standards.

2.2.27 What are the barriers to standardisation of language and definitions?

An initial barrier needs to be deconstructed prior to any standardisation of language and definitions. As indicated previously, the Commission needs to clarify whether the major purpose of national safety and quality accreditation standards is for i) patient safety and improved patient outcomes; or ii) practitioner/service regulation. This will drive the development of standards within a framework of consistent terminology and subsequently the language and definitions used. Consistency of language will only come from clarifying what needs to be achieved ie improvement in patient care, safety and outcomes. Once clarification has been established and communicated, an extensive consultation process needs to occur between professional associations; existing accrediting and assessment bodies.

2.2.28 Who needs to be involved in this standardisation process?

Mapping & analysis of existing standards should be first completed prior to any standardisation of language, but would benefit by being mapped against a framework of intended future purpose and application. Broad consultation within and across professional bodies is recommended.

2.2.29 Who needs to be involved in the mapping process?

The driver of the mapping process should be the ACSQH. The mapping process should also incorporate professional bodies and existing assessment bodies, and existing accreditation bodies who represent suppliers, manufacturers of equipment and service providers.

2.2.30 What priority areas should be included in core safety and quality standards?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

2.2.31 What is required to implement mutual recognition of standards and accreditation processes in the Australian health care system?

Speech Pathology Australia recommends that the Commission provides further consultation with stakeholders.

3.0 Key Recommendations

Speech Pathology Australia submits the following recommendations for the Commission's consideration:

3.1 Recommendations addressing Discussion Paper

- 3.1.1 Clarification of what is a “standard” versus a “guideline”. In addition, the Commission needs to clarify whether standards will be developed for industry “best practice” or whether they will only be set as “minimum” standards. Distinction needs to be made between generic versus discipline-specific standards.
- 3.1.2 Mapping & analysis of existing standards should be first completed prior to any standardisation of language, against a specified framework. It is the overall purpose of accreditation and standard setting that needs to drive the language. Consistency of language will only come from clarifying what needs to be achieved ie improvement in patient care, safety and outcomes.
- 3.1.3 In establishing a register and set of health care standards, how would these standards be i) accessed by speech pathologists; ii) what training and information would be provided to speech pathologists regarding any standards imposed; iii) and how will standards be reviewed and at what intervals will a review take place?
- 3.1.4 That unannounced accreditation surveys be changed to ‘limited notification’ of accreditation surveys: that is, practitioners be given minimum notification as per current industry standards regarding accreditation audits. The proposed unannounced accreditation surveys will be disruptive to clinical care and may provide negative communication to patients who may be present during an unannounced survey.
- 3.1.5 How will the commission guarantee consistency of training and competency of inter-rater reliability among surveyors? A survey needs to be profession specific. It is suggested that the Commission consider peer reviewed surveys and ensure involvement of the professional bodies.

3.2 Recommendations addressing accreditation and speech pathology

- 3.2.1 Given the working nature of speech pathologists, the financial costs, human resources and time allocated to meeting accreditation standards will be prohibitive to practitioners operating as a sole practitioner or within a small practice (whether it is public or private).
- 3.2.2 If accreditation is made available to speech pathologists, an arrangement similar to the Federal Government's initiative with General Practitioners should be considered. That is, speech pathologists should receive funding from the Federal Government to aide the development of standards and for the conduct and management of the accreditation process. Such funding will assist in the cost of conducting audits, preparation time, and implementation of any recommendations.
- 3.2.3 Different levels of accreditation should be considered across disciplines and within disciplines – “one size won't fit all”. Certain standards (ie hospital-based infection control standards) may be vital for some speech pathologists who work with instrumentation (ie swallowing and voice). However, other speech pathology services may not be required to meet the same degree or level of standards. Minimum standards need to be applicable across different healthcare disciplines and settings and be distinguished from profession-specific standards.
- 3.2.4 Speech Pathology Australia would encourage the Commission to disseminate further information explaining the impact that accreditation would have on a profession such as speech pathology. In addition, Speech Pathology Australia would encourage the Commission to ensure that the Association plays a key role in the education and dissemination of information to the broader speech pathology industry.
- 3.2.5 That standards are not set according to technical competency of practitioners, rather standards should focus on safety and quality for improved patient outcomes.

3.2.6 That the Commission take into consideration those speech pathologists who are not working in a traditional “health care” setting. Many speech pathologists work within an educational and early intervention model. Given the general scope of practice of speech pathologists, such practitioners provide “health care” services within the framework of different organisational structures and service delivery models.

Speech Pathology Australia looks forward to the Commission’s response to the above recommendations. Should the Commission wish to further discuss the above submission, then enquiries should be made to Ms Gail Mulcair, Chief Executive Officer, Speech Pathology Australia via email gmulcair@speechpathologyaustralia.org.au or via telephone on 03 9642 4922.

Dated: 23 March 2007