

21 January 2021

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Dear Adjunct Professor Picone

**Re: National Safety and Quality Primary Healthcare Standards Public Consultation**

Audiology Australia (AudA) welcomes the opportunity to provide input into the Australian Commission on Safety and Quality in Health Care's (the Commission) draft *National Safety and Quality Primary Healthcare Standards* (the NSQPH Standards).

AudA is the peak professional body for audiologists with over 3,000 members practising across Australia. Audiologists are health practitioners who provide high-quality hearing services in both the public and private sector. Primary health care is a fundamental element of audiological clinical practice and may include health promotion, prevention and screening, early intervention, treatment, and management.

AudA strongly supports the NSQPH Standards and its purpose to assist primary healthcare providers minimise the risk of harm to patients and improve the quality of primary healthcare services delivered. AudA notes that a strong primary health care system is essential to keep patients, their families and carers at the centre of health care service delivery. We believe the NSQPH Standards will:

- help reassure community members that they will be receiving the right standard of health care in high quality clinics by appropriately qualified professionals.
- provide benefits for the providers of hearing services because it demonstrates to members of the public and their health colleagues that these services have made the quality and safety of their practices a priority.
- establish a clear and consistent outline for the delivery of hearing services in accordance with best practice as well as encourage continuous quality improvement.

We also welcome the outcomes focus of the NSQPH Standards and the explanatory notes next to each item of the Standards and consider the summary table of not applicable actions at Appendix 1 to be clear and relevant for audiology services.

AudA has provided specific comments on the draft NSQPH Standards as it relates to audiology providers, as well as some general comments at the end for the Commission's consideration.

### **Clinical Governance Standard – Item: Healthcare records, Action 1.12**

AudA notes that whilst audiology providers may be authorised to view a patient’s My Health Record, most providers will have difficulty adding patient health information. This is due to the current lack of conformant clinical software products available for many allied health providers, including audiology providers. Without the conformant clinical software, many audiologists and allied health practitioners can view a patient’s My Health Record but are unable to add or edit patient information in the My Health Record system.

In light of this, we recommend an amendment to the corresponding explanatory note of Action 1.12 to clearly state that primary healthcare providers who are “*authorised to both view and add patient health information*” are expected to meet this requirement. Similarly, in Appendix 1 (p.34) we consider the following amendment to be appropriate:

*“\*Not applicable when evidence is provided that the My Health Record system is not in use and/or the primary healthcare provider is unable to add patient health information to a patient’s My Health Record due to a lack of or issues with conformant clinical software.”*

### **Additional comments – Addressing barriers for implementation of NSQPH Standards**

AudA notes that the implementation of quality improvement activities as set out in the NSQPH Standards may present practical challenges – especially for small to medium sized providers. The following are potential barriers for implementation of the NSQPH Standards:

- Staff require time to implement changes. Many primary care settings in smaller practices or rural areas may be understaffed as well as having patients with more complex and advanced healthcare needs, which necessitate use of that time clinically.
- Awareness raising and training of the NSQPH Standards may be a barrier given that many staff in primary health care services are short-term. Therefore, ensuring that these staff have access to training in the NSQPH Standards and time to build them into their practice if required could be difficult. With large numbers of secondary and tertiary services providing outreach/visiting services through primary care facilities, there would be a need for these services to be made aware of the new NSQPH Standards as well in order to support their primary care requirements.

AudA strongly supports the Commission’s provision of practical guidance and assistance to help providers implement the NSQPH Standards. AudA recommends that a strong focus be placed on developing appropriate governance, systems, and structures to support smaller primary care practices in all parts of Australia to obtain the benefits of accreditation. It is essential that the Commission actively promote the value of the NSQPH Standards, including through primary care workers’ professional associations such as AudA, and gain the support of individual primary health care workers.

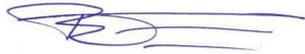
We note that while the benefits of accreditation under the NSQPH Standards are clear, in the context of a heavily credentialed primary health care workforce that is already laden with professional standards, scope-of-practice restrictions, codes of conduct, state-based



guidelines and service expectations, demonstrating the particular value of the NSQPH Standards may be challenging.

We would welcome the opportunity to discuss any aspect of our letter with you further. I can be contacted via Elissa Campbell, Advocacy and Policy Manager on (03) 9940 3900 or [elissa.campbell@audiology.asn.au](mailto:elissa.campbell@audiology.asn.au).

Yours sincerely



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