Patient Safety and Quality Improvement in Primary Care

Australian Commission on Safety and Quality in Health Care

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Dear Colleagues

Patient safety and quality improvement in primary care - Consultation paper

Thank you for the opportunity to comment on the consultation paper that addresses patient safety and quality improvement in primary care.

Independent Audiologists Australia Inc (IAA) is a not-for profit incorporated association established in 1987 with members across Australia. We promote and support clinical practices owned by university qualified audiologists. We are closely affiliated to Independent Audiologists New Zealand. Our members operate more than 300 clinics where they prevent, assess and rehabilitate hearing and balance disorders for Australians of all ages according to our stringent code of ethics.

Our comments on consultation paper are presented below. We have provided =answers to the first three questions which addresses our concerns about the current lack of standards for primary care in our field, and ways forward to better protect the Australian public.

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1. **The scope of primary care services as the focus for the Commission's program of work.**

   The consultation paper defines primary care services as:

   '*services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services'.*

   Given that the first part of the definition lists types of healthcare practitioners, that mention should be made of both registered and unregistered healthcare practitioners, as this division is part of the Australian health system. Mentioning both these categories of healthcare practitioners would capture all primary healthcare operations in Australia. We would also recommend that the definition serve to capture <u>all</u> settings where those practitioners (registered and unregistered) practice – which would need to include government agencies (such as Australian Hearing) and clinics owned by multinational companies, as well as the places already named in the consultation paper.

2. **Safety and quality issues in Australian primary care services.**

   Audiology and audiometry are currently unregistered, self-regulating healthcare professions in Australia, although a recent extensive parliamentary inquiry into the hearing health and wellbeing of Australians chaired by Trent Zimmerman MP has recommended that audiology and audiometry become registered professions. At present the absence of a mandatory registration system means that any person, regardless of qualifications, can deliver hearing services to the fee-paying public, without regulation. In primary care settings, as in subsequent delivery of audiological services, the lack of mandatory registration is of concern.

   Online businesses posing as hearing services may be the first point of contact for those with hearing loss. Most online hearing businesses sell hearing devices direct to the public and do not require qualifications in audiology or audiometry.

Due to limited government funding for audiology services, many primary (as well as secondary and tertiary care) is delivered on fee for service basis, and falls outside of the regulatory structure that at present is limited to public funding bodies other than regulations under Australian Consumer law.

Many businesses that operate hearing services are not owned by qualified audiologists or audiometrists. Advertising and promotion (typically of hearing devices and free hearing tests) entice fee-paying members of the public into those businesses with no requirement that staff attending to them at the first point of contact are qualified or are directly supervised by healthcare professionals. Many of those same businesses contract to the federal government Office of Hearing Services (OHS) as hearing services providers. The "hearing services providers" need not be qualified allied healthcare practitioners. As mentioned, the government agency Australian Hearing is governed by a board that does not include an audiologist.[1] Businesses, some being multinationals that have close associations to the hearing device industry currently contract with the Office of Hearing Services, along with independently owned practices.

Hearing services providers are required by OHS to employ qualified practitioners (audiologists or audiometrists with an OHS issued qualified practitioner number) to carry out services that are claimable under a voucher. Yet, for many members of the public, the first point of contact occurs before they have established if they are eligible for a publicly funded voucher. The first contact point is in those business models is typically not claimable from any public funder so primary care in the current system is unregulated. Many businesses (including the government owned Australian Hearing) place staff without clinical qualifications in audiology or audiometry (sometimes reception or office staff or community hearing advisors/marketers[2],[3]) as the first point of contact with the public. Primary care delivered by unqualified staff is allowable in the current system (even for those contracted to the government), as those first contacts are not claimable.

Very often first contact in primary settings is a response to marketing and advertising of "free" hearing screenings. Conditions requiring specialist medical attention might not be identified by staff without clinical qualifications. If left untreated, some auditory and

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[1] Australian Hearing Annual Report 2017. Available from https://www.hearing.com.au/australian-hearing-annual-report-201617/. Accessed 17 November 2017.
[2] Australian Hearing Careers – Hearing Centre. Available from http://ahcareers.com.au/career-options/hearing-centre/. Accessed 17 November 2017.
[3] Australian Hearing Annual Report 2015-2016. Available from https://www.hearing.com.au/australian-hearing-annual-reports/ . Accessed 17 November 2017..

vestibular conditions can lead to health deterioration which is not only costly to the health service, but can lead to significant deterioration in health (even death) and reduced quality of life, which impacts on individuals, families and communities. Inappropriate treatment of hearing disorders can include the recommendation to use hearing aids, when in fact a medical or surgical solution may be essential. Those in remote and regional areas are particularly vulnerable as they can be targeted by business models of those with no or limited qualifications masquerading as hearing specialists due to lack any alternative accessible services. Travel expenses of recognised healthcare professionals are not funded unless services are being delivered to areas with populations that are more than 50% indigenous, leaving some communities vulnerable to those who may not honestly disclose their lack of qualifications.

Ethical and responsible practices may employ staff without clinical qualifications, but will set up systems that ensure that any work carried out by them is directly supervised. Members of IAA are required to adhere to our code of ethics, that specifies, amongst other standards, supervisory requirements for unqualified assistants. Most importantly, membership of professional bodies is not a requirement to deliver hearing services in Australia. Membership of professional bodies (Audiology Australia, the Australian College of Audiology or the Hearing Aid Audiometrist Association of Australia) is required for practitioners delivering services under OHS on behalf of the hearing services provider. However, delivery of services to the private sector does not require that membership. Membership of a professional practitioner body is only voluntary and the only sanction that professional associations can impose in the present time is to expel a member from their association. They have no influence on those who are not their members. Professional bodies cannot stop a member practising as an audiologist or as an audiometrist and membership is entirely voluntary. Further, professional bodies state that they cannot interfere with business practices. That position is at odds with your consultation report, which acknowledges that primary healthcare is delivered within a (small) business model in most cases. The current regulatory system has a loophole so that business owners (although called hearing services providers) are not regulated even as self-regulated healthcare practitioners unless they also happen to be professionally qualified and choose to belong to a professional body.

Business and profit driven motives in selling hearing devices are common in audiological practice. Business owners need not be qualified audiologists and so need not belong to any professional body that sets rules of conduct. The recently issued

report on the Hearing Health and Wellbeing of Australians provides abundant evidence that the existing system of hearing services funding and service delivery has failed to protect the Australian public. Government (see for example the recent Hearing Health and Wellbeing Inquiry report, Still Waiting to be Heard….[4]), the ACCC report[5] into the sale of hearing aids and media reports (see for example, ABC television The Checkout[6]) identify unethical and unsafe practices that are commonplace under the current system of business ownership allowed by those without clinical qualifications in audiology or audiometry coupled with the lack of mandatory registration.

Safety and quality in primary care would preferably operate alongside a registration system, as is clearly explained in the consultation paper already occurs for other registered health professions in your paper. Until mandatory registration for audiologists and audiometrists is established in Australia, standards for primary (and subsequent) healthcare are will be necessary to ensure that a high standard of care is delivered to all Australians.

3. **Developing a set of NSQHS Standards for primary care services other than general practices.**

The consultation paper refers to safety and quality in the hearing services sector (page 15), stating that "*since late 2015, hearing service stakeholders – including consumer groups, professional bodies, industry representatives and the Australian Government Office for Hearing Services (OHS) – have been working towards the development and implementation a safety and quality framework for hearing care services.(Office of Hearing Services, 2016)*". The Office of Hearing Services took a lead in paying for initial consultations in this area, but not all of audiology and audiometry is carried out as part of the Office of Hearing Services. Even so, they expressed the "hope" that standards would be applied across all service delivery sites. Yet, as indicated in the consultation paper, implementation of standards is challenging and requires strategic planning and regulation. A number of anomalies currently exist in the audiology field.

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[4] Still Waiting to be Heard….Report from the Parliamentary Inquiry into Hearing Health and Wellbeing. September 2017. Available from https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/HearingHealth/Report_1 . Accessed 17 November 2017.

[5] Issues Around the Sale of Hearing Aids. Report issued by the Australian Competition and Consumer Commission. 3 March 2017. Available from https://www.accc.gov.au/publications/issues-around-the-sale-of-hearing-aids . Accessed 17 November 2017.

[6] ABC The Checkout. Hearing Clinics: Had it up to Hear. 8 June 2017. Available from https://www.youtube.com/watch?v=9tVO-nvrIt4 . Accessed 17 November 2017.

Service delivery (framework, practice standards and quality principles) has been discussed by representatives of the "sector", including input from IAA. Public consultation was sought regarding quality principles and standards of practice, but only a very short time was allowed for public comment.

The consultation paper continues on page 15 to state: "*To date there has been significant progress made by hearing services professional bodies to develop a unified set of documents that address professional practice standards, code of conduct and scope of practice for hearing care practitioners.(Audiology Australia, Australian College of Audiology, & Hearing Aid Audiometrist Society of Australia, 2016a, 2016b).*"

A suite of documents and arrangements were made by *selected* groups who were invited by OHS – even though the intention was to share these standards beyond the OHS voucher scheme. A single code of conduct for three professional practitioner bodies that are recognised by OHS was introduced. This code however only applies to members of those associations – not others working in hearing care who are not qualified or qualified clinicians who choose not to belong to a professional body. Scope of practice was addressed using a consensus model that resulted in a document is acknowledged by its authors to be a self-assessment guideline only and not applicable to individuals[7]. The documents that have been prepared have not been effective in regulating the field, as is evidenced by continued practices that many consider to be unacceptable (as mentioned above as being identified by government bodies and the media).

The consultation paper states further on page 15 that *"Options are currently being considered as to whether the NSQHS Standards developed by the Commission could be applied and, if needed, adapted for use in hearing services as part of the hearing services framework.*" Implementation and regulation of documents is challenging, but some stakeholders – including IAA and University representatives were excluded from discussions about implementation, being advised that participation in those discussions was by invitation of OHS.

Implementation and regulation of standards should not be decided by a few selected representatives in a field where conflicts of interest and profit motive is highly evident. IAA fully supports regulation standards that apply to primary care settings in other allied

[7] Audiology Australia Scope of Practice. Available from https://audiology.asn.au/index.cfm/consumers/learning-about-audiologists/scope-of-practice/ . Accessed 17 November 2017.

healthcare professions. Our opinion is that standards for primary care as described in the consultation paper are sufficiently generic to apply to a range of disciplines and that standards should be imposed, rather than developed from within fields where manipulation of standards to suit certain influential business models can occur. We acknowledge that some disciplines might opt to develop standards for primary care that incorporate and exceed the standards set by this commission, but believe that baseline standards for primary care should be externally set.

We would recommend that standards of primary care be incorporated into the codes of conduct of all registered healthcare professions, as a directive from COAG and with the support of the Federal government.

IAA acknowledges that implementing standards is extremely difficult when membership of self-regulating professional bodies is voluntary. For audiology and audiometry at present, the three professional bodies that the federal government recognises as professional practitioner bodies should be required to incorporate standards of primary care set by the Commission, as a condition of continued recognition by government. Once mandatory registration for audiologists and audiometrists is introduced, then standards of primary care should be incorporated into the code of conduct, as we suggest is introduced for all registered professions.

Businesses that contract to government in any way should be required to demonstrate how they will facilitate the implementation of primary care standards by their professional staff.

In summary, IAA acknowledges the limitations of self-regulation in protecting the Australian public. Self-regulation by professional bodies with voluntary membership cannot ensure safety and high standards of practice for all Australians. Primary healthcare is an area that particularly requires attention because the primary (first) contact is frequently not publicly funded. Fee-paying Australians are provided with services, enticed by marketing and advertising, but without any requirements that qualifications or standards apply to the primary contact that results from that marketing. Australians who may be eligible for voucher services are enticed to providers and their first contact is often not claimable and so is not subject to the regulations imposed by OHS.

IAA supports the establishment of primary care standards that require effective referral, communication, follow up and feedback to ensure that the system and standards ensure that those who engage with any healthcare practitioner (whether registered or unregistered),

whether under public, private or commercial operations, receives a standard of care that is set by the Commission.

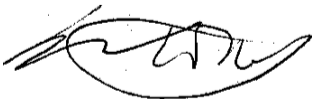
We recognise that implementation will be difficult to achieve for professions that are not registered, but have proposed that recognition of professional bodies by government for any regulatory purpose whatsoever be required to incorporate generic standards of primary care into their standards of practice as a condition of continued recognition.

We thank you again for the opportunity to contribute to this discussion. We would welcome any opportunity to discuss the matter of regulation and standards of primary (and subsequent) standards with the commission and would be pleased to be contacted at any stage to participate in further discussions. We can be contacted via our Executive Officer, Dr Louise Collingridge at exec@independentaudiologists.net.au or tel: 0424 720 915

Yours sincerely

The Executive Committee of IAA (see next page)

Grant Collins
IAA President



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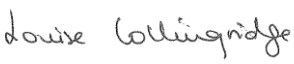

Dr Louise Collingridge (IAA EO)