Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College Submission
December 2022

Feedback on the Accreditation Scheme for the National Safety and Quality Mental Health Standards for Community Managed Organisations

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is ***the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care.*** It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM has more than 5000 rural doctor members with1000 doctors in training, who live and work in rural, remote, and indigenous communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

The College welcomes the opportunity to provide feedback on the use of the Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme to verify mental health services implementation of the National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs).

Australians living in rural and remote areas are impacted by mental disorders at the same rate as people living in major cities, however research shows that suicide and self- harm rates are higher, with residents

of very remote areas twice as likely to die from suicide as city residents. Farmers, young men, and Aboriginal and Torres Strait Islander people face the greatest risk of suicide.[1]

ACRRM believes that people in rural and remote communities should have equitable access to high quality, safe and sustainable healthcare services, including mental health services, and therefore both the NSQMH Standards and implemented accreditation assessment model must take cognisance of the differences between delivering mental health services in rural and remote Aboriginal and Torres Strait Islander communities as compared to urban settings.

It will be important for the accreditation process to recognise the unique characteristics of health service delivery in rural and remote locations, to ensure that accreditation requirements so not become a barrier which discourages rural and remote mental health providers from providing services to our most rural and remote Australians.

General Comments

ACRRM trains doctors to become specialist General Practitioners equipped to work in the Rural Generalist model of practice. As such they are purpose-trained through the ACRRM Fellowship (FACRRM) to provide comprehensive primary care, secondary care, population and public health services and emergency care within the clinical context of rural and remote locations.

Rural Generalists are often the only provider of mental health services in rural and remote areas, and in areas where other services do exist, are often the first point of contact for patients. They work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas.

The differing circumstances in rural and remote areas which require practitioners to provide a varying and typically broader and more complex suite of services than their urban counterparts apply not only to rural general practice, but also to the provision of other healthcare services in rural and remote areas. Services are often delivered in ways that differ from typical urban practice models due to the limited resources and clinical teams in the local rural setting, and it is important that the accreditation process allows flexibility to reflect these circumstances.

The College is committed to equity of access to high quality health care for all people, regardless of their location. ACRRM supports mechanisms and initiatives to support all health service providers to maintain a high standard with respect to quality and safety (both in patient care and supervision) and engage in a process of continuous quality improvement (CQI).

It is important that Quality and Safety and CQI is considered within the broader context of rural and remote service provision. Rural health practitioners tend to work longer hours and across a broader scope of practice and facilities than their urban counterparts. Service providers face a different range of challenges and operate under different circumstances. These differences should be considered in this consultation and consideration given to subsequent modifications or changes to any aspects of the process as required.

ACRRM recommends that rural health practitioners and consumers be involved in all stages of the process and that they be included in the associated administration and monitoring of all aspects of the accreditation arrangements.

[1] Bishop et al, 2017

Key Consultation Questions

What issues need to be considered to ensure that accreditation to the AHSSQA Scheme provides safe and effective care?

What issues do you wish the Commission to consider in the implementation of the accreditation process?

ACRRM supports the principle of accreditation as a means of promoting high quality service delivery and promoting awareness and implementation of CQI within practices and practitioners. While it is not the only measure of quality and safety, accreditation does provide a clear point of reference for safe practice for all parties, including patients and the community.

Assessment against the NSQMH Standards for CMOs and the awarding of accreditation will provide assurance to patients and to the community that a mental health service has the systems and processes in place to meet expected consumer safety and quality standards of health care.

Is noted that over time, and in certain circumstances, mental health services may be required to become accredited to the NSQMH Standards for CMOs to satisfy regulatory, contractual, or funding obligations. It will therefore be important that the accreditation scheme is not unduly onerous or costly, so as to discourage service providers from applying for funding to delivers services in rural and remote areas, resulting in diminishing mental health service provision for our most rural and remote Australians.

ACRRM notes that there is generally support within the mental health sector for an accreditation scheme for the NSQMH Standards for CMOs, with the sector recognising accreditation is an appropriate mechanism to demonstrate a safe and high-quality service, minimise risks, and drive improvements in practice and productivity.

The Rural and Remote context – CMOs are diverse in terms of size, scope of practice and range of services provided, facilities and funding models. They do however share several commonalities when operating across rural and remote communities:

- CMOs may have to undertake multiple accreditations for a range of agencies which is costly both in time and staff resources, with associated duplication.
- Fragility of workforce– the nature of the rural workforce means that even the strongest service providers can change rapidly with the retirement or departure of a few key personnel
- Less flexibility and ability to quickly respond to change
- Higher cost structures and challenges in sourcing goods and services, including in providing after-hours services
- High patient populations which have generally poorer general health and lower socio-economic status
- Poorer access to prompt referral, hospital-based and psychiatric services

ACRRM acknowledged that smaller service providers in rural and remote communities may face challenges in implementing the NSQMH Standards for CMOs. Feedback from our members in relation to accreditation processes in general indicates that the key barriers to accreditation and the achievement of its overarching outcomes, are cost and complexity.

Accreditation processes often involve considerable cost (both financial and in terms of time and resources) in preparation for accreditation in addition to that directly incurred through the process itself. While larger CMOs may be more able to absorb these costs and employ skilled staff to

coordinate the process, the burden is likely to be disproportionately large for smaller CMOs, which are more likely to be located in rural or remote areas.

There is a compelling argument for prioritising opportunities to reduce costs and administrative imposts and streamline the process as much as possible, particularly for smaller CMOs in rural and remote areas. These are the very service providers for whom accreditation and the associated CQI can be of most benefit.

Voluntary Status - the College supports the voluntary status of the accreditation process; however, it does create the potential for CMOs to disengage from the process if the requirements become too onerous or they deem that it cannot be justified in terms of a cost-benefit analysis. This factor should be taken into consideration in the accreditation assessment model which should be as inclusive, simple, and practical as possible.

Although the College appreciates the view that voluntary status does not ensure a consistent level of safety and quality across the community managed mental health sector, in the view of the College all CMOs should be encouraged and supported to achieve accreditation, with a strong emphasis on providing advice and support and facilitating CQI as part of the assessment process.

However, as noted previously the costs associated with implementation and accreditation could prove prohibitive for smaller CMOs without additional funding and support. The College agrees that mandating accreditation without addressing these challenges may have unintended consequences, such as limited competition in funding tenders or withdrawal of services altogether from rural and remote locations. The College would caution against mandatory accreditation at this stage.

Assessment process - the College notes that the Accreditation cycle will last for three years, and organisations will be reviewed against their quality processes and given an assessment as to whether they have met the standards. Assessment models will range from desktop assessment through to a short-notice desktop and on-site assessment.

As with many accreditation processes, a significant weakness can be the tendency to view accreditation as a 'one off' cyclic process rather than the overarching outcome of continuous implementation and improvement and embedding these into everyday service delivery. There are several strategies which could be considered to address this, including smaller and more regular audits and reporting cycles with a stronger focus on desktop reviews. ACRRM does however encourage the use of site visits which can be particularly beneficial for smaller and more isolated service providers where the assessment team can provide on-ground advice.

More frequent audits, review reminders and other systems could lighten the administrative burden associated with the accreditation process, and the intended outcomes of the process achieved to a higher degree.

Multiplicity of Standards - as noted previously, CMOs can be subject to multiple sets of standards, such as the National Standards for Mental Health Services, the National Disability Insurance Scheme Practice Standards, and the Aged Care Quality Standards. While most standards are voluntary at this point in time, they do add another layer of complexity and the potential for confusion, necessitating the need for clear and consistent communication to service providers and the wider community.

ACRRM is pleased to note the intention to utlitise the NSQMH Standards for CMOs as the core safety and quality component of each set of standards, thus minimising the compliance burden across multiple sets of standards.

Next steps – implementation, tools, and resources – the College is pleased to note that the Commission will be developing a range of resources to support implementation of the NSQMH Standards for CMOs including factsheets, workbooks, tools, and templates.

The development of fact sheets and consumers is welcomed; however, the College would stress the importance of ensuring that literacy and consumer engagement initiatives are designed in a way that allows for adaptation to the rural and remote context. What consumers and carers can expect will be required of them in participating in activities in the contest of a large, urban based CMO delivering mental health services is likely to be substantially different from small CMOs operating in rural, remote, and Aboriginal and Torres Strait Islander communities.

Community education activities need to be tailored to the specific needs of each community, particularly high-risk communities, and need to be culturally responsive and safe for those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds.

Targeted consultation with consumers, carers, clinicians, service providers, accrediting agencies and technical experts will be key, and the role of rural General Practitioners and Rural Generalists as leaders in rural and remote communities should be leveraged to ensure effective engagement.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.