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Dear Minister

Transfer of pathology accreditation functions

I refer to correspondence from the Commonwealth Department of Health dated 8 January 2020 in relation to the transfer of accreditation functions for pathology to the Australian Commission on Safety and Quality in Health Care (the Commission). Public Pathology Australia raises the following matters for consideration and seeks further information in relation to the proposed transfer.

The greatest risk from any change to the hosting of pathology accreditation functions is that, unintentionally, the accreditation framework is weakened and the risk of harm to patients and the general public increases. As well as directly affecting some Australians, this would also undermine the confidence of health professionals and the public at large in Australia's pathology testing. There needs to be tangible benefits and mitigation of risks from the transfer of accreditation functions.

Best practice accreditation systems are risk based and outcomes focussed. The current pathology accreditation framework is successful and mature. The National Pathology Accreditation Advisory Council (NPAAC) has an excellent reputation internationally. There should be some assurance that the current accreditation framework will largely continue in its current form.

It is noted that the Commission's work is well resourced, and its professionalism is evident in the research it undertakes and the presentation of its Standards and other materials whereas NPAAC's funding and support is constrained. Nevertheless, the pathology accreditation framework is a long established and mature system having been established in 1986, whereas the Commission's framework was introduced in 2011 and is still maturing.

The pathology and the Commission's Australian Health Service Safety and Quality Accreditation Scheme (AHSSQA) are significantly different and it would weaken the pathology framework if the current AHSSQA scheme is applied. Differences in the pathology and AHSSQA frameworks lie in the:

- Applicable standards
- Accreditation processes – frequency of the visits, the team compositions and level of technical expertise, and number of accrediting bodies (National Association of Testing Authorities (NATA) provides a single point of contact between NPAAC and accredited facilities enabling interpretation issues to be addressed efficiently, which could be lost in the Commission's multi-agency approach).
- Role of the accreditation body in coordinating, developing and providing guidance and interpretive documentations.
- Role of the Health Department in providing clear oversight of accreditation processes.
- Legislation and linkage with the Medicare Benefits Scheme for pathology testing, Approved Pathology Provider (APP), Approved Pathology Laboratory (APL) and Approved Collection Centre (ACC) licensing.

NPAAC draws on expertise of pathology professionals and has been very successful in improving the quality of pathology in Australia. This can be attributed in part to the well-established links between NPAAC, pathology providers, recognised expert representatives and Federal and State Health Departments and agencies including the Therapeutic Goods Association (TGA) and Medical Services Advisory Committee (MSAC).

There are benefits to requiring the same accreditation standards apply to all healthcare providers across all settings. In the case of pathology, nationally consistent pathology standards already exist and are proven. The mandatory application of these standards to non-accredited services could be achieved with or without the involvement of the Commission.

A cost impact assessment should be undertaken. The costs include the proposed funding split between the Commonwealth and States/Territories plus the costs to pathology providers. Changes in the approach to the development of Standards (subject/format/language/consultation processes/timeliness) carry risks of increased costs for laboratories from the development of new processes and staff training, uncertainty about accreditation processes and outcomes which could affect access to MBS rebates, and fitness of Standards for implementation. This could impact on the efficiency of service delivery. Subsuming NPAAC Standards into more general healthcare Standards carries similar risks.

Public Pathology Australia is concerned that the unique strength of pathology accreditation could be lost in the transition to the Commission. However, an approach that is both risk based and evidence based and not purely procedural, could be beneficial.

We request that the above matters are considered by Government. We also request further detail on the proposed transfer including:

- Whether NPAAC will be subsumed into the Commission or disbanded (the latter is not recommended).
- How the Commission will gain expertise in pathology so it can better understand the specialised requirements and implications of accreditation to the sector.
- How the Commission will engage with pathology providers, peak pathology bodies, government health departments and other agencies, and what the escalation processes will be.
- What the cost to pathology providers will be.

Public Pathology Australia looks forward to engagement on this matter. We expect to be an active participant in the ongoing discussions as a key stakeholder.

Yours sincerely



Dr Petra Derrington
PPA President
22 January 2020