

Public Submissions  
Review of Workplace Safety – ACC Policy  
Dept of Labour  
PO Box 3708  
Wellington

Attention Mrs Salter

28<sup>th</sup> February 2007

Ref : Submission Document

#### Introduction

My Name is Bruce Monkton.

I have thirty years experience in Health Services management in New Zealand, Australia and the United Kingdom.

More recently I have specialised in Accreditation and Certification Services to the Health Services in New Zealand as a developer and operator of Healthcare Auditing Services and the operating businesses providing support services to Health Services Providers wishing to become accredited or achieve Certification to any Standards

I have worked with some 1000+ Healthcare organisations to improve the quality of their services over the past 10 years.

I am a Justice of the Peace.

#### My Background relative to Physiotherapy

My involvement with the Physiotherapy profession goes back to the late 1980's when I was responsible for the management of Extra-mural Hospital service, the Community Services section of the Auckland Hospital Board.

In my development role, I established and put forward funding cases for an increase in the number of Physiotherapists employed by Extra Mural.

Later as the Manager of Auckland Hospital I developed funding cases for additional rehabilitation resources including Physiotherapy for Auckland Hospital.

As the Clinical Support Services Manager for North Health, I was responsible for the development of these services that included Physiotherapy and the purchasing of these services as part of North Health's purchasing contracts.

In the past 10 years, I have:

- Developed, supported by ACC and alternative Physiotherapy Accreditation model for ACC's consideration, as a Principal of HMA.
- I have been responsible for the development and implemented 35 Desk Top based Community Physiotherapists Policy and Procedure manuals.
- My current Company ebirdocx Ltd has developed and implemented 60 web based Standard Operating Procedures for Physiotherapists on line 24/7 from Karl Karl – Invercargill.
- I was a member of the technical Committee for the development of the new Allied Health Standards.

## **Chronology and Statements about the Accreditation and Certification Systems for Community based Physiotherapy.**

### **'A' Approximate Chronological events**

1. In late 2003 I became aware that there was a group of Physiotherapists, mainly in Auckland who were very dis-satisfied with the then accreditation system operated by a group associated with the New Zealand Society of Physiotherapists (NZSP) called New Zealand Physiotherapy Accreditation Scheme (NZPAS)
2. The Auckland Group – Auckland Physiotherapists Private Practitioners Association (APPPA) sought my assistance to develop an alternative Accreditation system to the NZPAS system.
3. APPPA sighted the excessive cost and cumbersome nature of the NZPAS approach as a barrier to improving quality and furthermore that the peer group nature of the NZPAS system was incestuous and the results did not appear to reflect ACC assertions that there was evidence of improved clinical outcomes.
4. Having been briefed by APPPA representatives, I met with David Rankin at ACC and requested the opportunity to prepare an alternative Accreditation scheme. At that time David's response was that ACC could not refuse to restrict its service providers to NZPAS and that a proposal from HMA would be considered. Ref XXXXXXXX
5. One of the concerns that I expressed to David was that unlike the Ministry of Health's (MOH) Certification process for the Health and Disability Sector SNZ8134) the NZPAS was not subject to independent audit by Nationally or internationally registered auditing bodies and that the current peer review type process was suspect and prone to collegial advantage.
6. I then held discussions with Joint Accreditation Service for Australia and New Zealand (JASANZ) with a view to forming a Company that would comply with JAZANZ and requirements and meet ACC's requirements. It was emphatically the JAZANZ view that the requirements would be for a Service Audit to a defined Standard – not a Clinical Audit to a defined Standard requirement.
7. After that time, there were discussions that I am aware of between ACC and JAZANZ about the relativity between the validity of the NZPAS peer review system and the 'modern' preference for an independent audit system. Later discussions with Julene Hope ACC's Portfolio Manager for Physiotherapy confirmed this view.
8. My business, HMA, as agreed with ACC, proceeded to develop an alternative Accreditation system and I presented it to an ACC representative, Katherine Hall, leaving a draft copy for consideration.
9. ACC's response was to ask for a peer review by Physiotherapists of the proposed system and for an expert review before considering the HMA proposed Accreditation system further. HMA conducted a peer review session with a group of interested Physiotherapists and obtained an expert review of the proposed system by an Auckland University associate professor of Management and Quality Systems Studies. Both supported the HMA approach because it was : -
  - Innovative in design and application.
  - Met similar requirement to the SNZ:8134 Standard.
  - Was distinctly a service audit as per JASANZ view.
  - Would have been externally validated by JASANZ
  - Much more economic to implement than the then current NZPAS system

10. ACC at its meeting on 24 May 2004 met quote:  
*"to discuss the process for accreditation and the requirements that organisations will need to comply with in order for their scheme to be endorsed by ACC. ACC Healthwise is now in a position to discuss this with you".*
11. At this stage HMA had every expectation that it would be able to put forward an alternative to the NZPAS scheme within a delivery framework/process defined by ACC and committed funds and resources to that end.
12. By July 2004 ACC had moved the goal posts to the effect that it had decided to commission Standards New Zealand to develop a new Standard for all Allied Health Sector. Further that all auditing agencies including NZPAS would need to be JASANZ accredited to be able to perform audits to the new Standard.
13. At this time (around 5th July 2004) NZPAS and NZSP was objecting to the ACC proposal to commission the development of new Standards and was recommending that their respective memberships reject the ACC proposal.
14. By 19<sup>th</sup> July ACC was offering to purchase the 'old' NZPAS standards and both the NZSP and NZPAS were recommending to their respective memberships that the purchase be approved!
15. A new standard was developed over the remainder of 2004 and early 2005 and this was SNZ:8171. By the time that the purchase of the NZPAS standards was completed, most of the work of the new Standard committee was completed and the new standard was ready for publication.
16. The release of Standard 8171 was delayed and the NZPAS system allowed to continue as a scheme modified to meet ACC's requirements.
17. The New Standard is now in place and practices are getting Certification to SNZ: 8171 subject to Audit by independent auditing agencies approved by ACC.

### **Submission Statements**

#### **Submission Statement No1.**

*The above Chronology indicates the extent of the processes that occurred in order to move ACC from an exclusive relationship position with a professional body holding a monopoly position over its members ways of operating their businesses, and having no scientifically proven base for the accreditation process outcomes.*

*Rationale – The only statistical evidence of clinical benefits is proven to be flawed. NB1 It is not in question that there are service delivery benefits from the development and implementation of either the NZPAS or the SNZ: 8171 Standards.*

*NB2 – The NZPAS accreditation system has been stated by many including the NZSP to cost \$20K - \$25K to be implemented with the new NZS 8171 implementation costs estimated to be as low as \$4.5K*

#### **Submission Statement No2**

*There was no evidence of any direct clinical standards criteria or exemplars in the NZPAS Standards, the application of which may have achieved improved clinical outcomes.*

*Rationale – Nothing in the NZPAS audit process examined evidence of improved clinical interventions – only that there had been a correctly recorded intervention.*

#### **Submission Statement No3**

*ACC's recognition that the 'old' NZPAS system was not an appropriate accreditation system to base a premium Endorsed Provider Network (EPN) payment upon is confirmed by ACC decision to commission new Standards development.*

*Rationale – It was only when ACC was put under pressure to allow other qualified agencies to conduct audits of Physiotherapy practices for EPN that ACC replaced the NZSP backed NZPAS accreditation process.*

*Further – ACC's recognition that peer review accreditation systems fall short of the benefits of independent registered auditing agencies.*

**Submission Statement No4**

*ACC's reluctance to examine the efficacy of the NZPAS accreditation system for a prolonged period of time, and their linking of accreditation to the EPN contract, until pressured to do so created an inequitable environment for both patients and Physiotherapists providing treatment services.*

*Rationale – ACC was lobbied for six years to properly validate the outcome measures of the accreditation process, clinical and otherwise and refused to do so. Additional pressure from other sources (JASANZA/MOH indirectly/HMA) created the potential for ACC embarrassment resulting from the vagaries of reliance on peer review accreditation processes*

Documentation is available in support of the above submission.

Yours Sincerely

Bruce Monkton

