emailed 1/5/15

The Royal New Zealand College of General Practitioners

30 April 2015 Ref: JMK155-15

Angelika Weinheimer
ACC - Category Advisor – Primary Care
P O Box 242
Wellington 6140

Email: Angelika.@Weinheimer@acc.co.nz

Dear Ms Weinheimer

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on your proposals for quality assurance, reporting and monitoring requirements for accident and medical care.

Introduction to general practice and the College

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

Submission

The College wishes to comment on two areas of your proposal: the general quality requirements; and the facility and staffing requirements.

General quality requirements
The proposal provided includes three general quality requirements relating to: promotion of health literacy; evidence based best practice; and discharge to the patient's health care home. While these particular expectations seem reasonable and appropriate, an agreed quality standard for urgent care is currently in development. Once those standards have been implemented, and where they are aligned with ACC's own standards, we suggest that ACC should rely on those standards and College auditing processes rather than duplicating these. As an interim measure, ACC could consider relying

on the first three sections of either the College's *Foundation Standard* – which cover patient experience and equity, practice environment and safety, and clinical effectiveness.

In relation to the specific standards outlined in this section, we note that the *Foundation Standard* already includes auditable requirements relating to: the Code of Health and Disability Services Consumers' Rights (Indicator 1); information and informed choice (Indicators 4 and 6); and continuity of care (Indicators 8, 20, 21, 23 and 27).

We do also particularly support the additional requirement proposed around the timeliness of referrals back to the patient's health care home.

Facility and staffing requirements
The College Board is concerned about the proposed facility and staffing requirements. In particular, they are concerned about the apparent requirement that the Medical Director of a facility must be an Urgent Care Physician.

Under the proposal the Medical Director of a service will be responsible for audit; treatment and referral protocols and guidelines; peer review; orientation and induction; and staff training. In our view, the duties outlined could be performed by a doctor holding one of a range of vocational scopes of practice – including Urgent Care Physicians, Emergency Medicine Specialists, Rural Hospital Medicine Specialists or General Practitioners.

Rather than requiring a practitioner to hold one specific vocational scope of practice, we suggest that a better model would be a skills and experience model. Southern Cross's "Affiliated Provider" model provides an example of how such a model might work in primary care.

In the case of the A&M quality standard, the requirement may be worded as (for example):

- The Medical Director is a medical practitioner registered in a vocational scope of practice of Urgent Care, Emergency Medicine, Rural Hospital Medicine or General Practice.
- The Medical Director must be competent to oversee the service provided in the A&M practice. Examples of appropriate skills, training and experience to meet this requirement include that the Medical Director:
    - Has had at least 2 years full-time experience working in A&M; and/or
    - Has completed appropriate training in A&M care; and/or
    - Has up-to-date PRIME training and the service holds a current contract to provide PRIME services.

Such an approach would allow for recognition of the differences in practice that occur in, for example, rural vs urban practice, and in the different levels of complexity in terms of radiography services available.

We hope these comments are of assistance to you. If you have any questions or comments, please do not hesitate to contact the College's policy team (policy@rnzcgp.org.nz).

Yours sincerely

Jeanette McKeogh
Group Manager – Quality, Research and Policy