



Dr Lynton Hudson
Chair
Standards Review Process
The Royal Australian College of General Practitioners
College House
1 Palmerston Crescent
South Melbourne VIC 3205

24 November 2009

Dear Dr Hudson

Re: RACGP Review of Standards for General Practices

Thank you for the invitation to comment on the current review of the RACGP Standards for General Practice. This submission concerns the status of the current un-flagged item in Criterion 5.1.3 relating to adjustable-height examination beds.

As you will see below this submission has been endorsed by a large number of national and local organisations representing millions of Australians including people with a disability, women and men's health advocacy groups, community and professional organisations and our ageing community.

Our collective view is that, while RACGP has made commendable efforts to encourage its members to ensure the highest quality of service to all patients, there remain significant gaps in the quality of service delivered to large parts of our community. The continuing limited availability of adjustable-height examination beds in GP surgeries is contributing to that gap.

In your letter of invitation to participate in this review you state:

The purpose of this review is to create a revised version of the RACGP Standards for General Practices (4th edition) that will reflect current practices, together with new evidence as well as support the attainment of quality and safety in general practice into the future.

It is our view that this review provides an opportunity for RACGP to make a small but significant contribution to supporting 'the attainment of quality and safety in general

practice into the future' by making the provision of adjustable-height examination beds a 'flagged' and therefore mandatory requirement in the GP Standards.

Background

In 2003 a Queensland based community group, Access for All Alliance, undertook a survey of all general practices around Australia to identify which provided access to adjustable-height examination beds.

Access for All Alliance undertook this survey because its members reported concerns about the quality of health care they were receiving from their GP's because of the lack of adjustable-height examination beds, and the consequent limited access to thorough examinations and health screening procedures.

The survey showed that of the 3553 responses there were over 14000 fixed examination beds but only 719 adjustable-height examination beds. As some general practices had more than one adjustable-height examination bed, the 719 identified did not represent 719 surgeries with them.

It would be fair to say that at the time less than 5% of GP surgeries had access to an adjustable-height examination bed.¹

The report from Access for All Alliance provided some personal accounts of situations arising because general practices did not have an adjustable-height examination bed:

- One woman had not had a Pap smear for 10 years because her doctor could not transfer her onto the fixed height examination bed.
- A young man using a wheelchair said he had visited the doctor in order to have a prostate examination. This was undertaken after he had been lowered onto the floor, because he could not be transferred up to the fixed height examination bed from his wheelchair.
- A woman using a wheelchair told of recently going to have a Pap smear at which time she too was transferred onto the floor of the doctor's surgery. She was spread-eagled, with her husband holding her legs apart for this procedure. Her comment to the author of the survey was "Oh so undignified".
- A woman wrote: "My doctor does not have a height adjustable examination table, he lifts me onto the table which is an indignity, even though he is such a respectful man. However, I would not allow the other doctors in the practice to do this".

The research undertaken by Access for All Alliance formed the basis of a campaign led by Women with Disabilities Australia (WWDA) with People with Disability Australia (PWDA) to have the provision of adjustable-height examination beds made mandatory in the RACGP Standards. Support for this campaign was also given by the Australian Human Rights Commission.

As a result of the advocacy the RACGP agreed to take action to improve the availability of adjustable-height examination beds including:

¹ A copy of the results of this survey can be found at http://www.humanrights.gov.au/disability_rights/health/access.doc

- mounting an education campaign to inform its members of the importance of having adjustable-height examination beds;
- working with the community sector to develop minimum technical requirements for adjustable-height examination beds;
- negotiating the availability of suitable adjustable-height examination beds through gpdirect at a price less than \$2000;
- including height adjustable examination beds as a non-mandatory requirement in the GP Standards; and
- clarifying that GP's accredited under the RACGP Standards could use funds available through the Practice Incentives Program (PIP) to assist in the purchase of adjustable-height examination beds.

These were important outcomes and RACGP must be commended for taking this action.

They did not, however, get us to where we need to be.

More recently, work undertaken by the Physical Disability Council of NSW (PDCN)² indicates that while improvements have occurred, people who have difficulty accessing fixed height examination beds still face serious problems in accessing equitable health care services from their GP's.

This PDCN report draws together the literature and research undertaken by others in an extensive bibliography, summarises the advocacy that has previously taken place and adds a powerful voice of the experience of PDCN members.

Copies of this report have been included with this submission for members of the National Expert Committee on Standards for General Practices.

The report clearly shows that PDCN members continue to experience significant difficulties in accessing a thorough and dignified examination because of the unavailability of height adjustable examination beds. Effectively only 2 out of 10 of those completing the survey reported they had access to one when visiting their GP.

The PDCN report concludes:

While there appears to be Government and professional body support of equitable health outcomes for all Australian's the survey undertaken by PDCN shows that there has been little change in the availability of height adjustable examination tables and a continuing danger of inequitable health outcomes for patients with physical disability.

In launching the report Commissioner Graeme Innes from the Australian Human Rights Commission said:

*... it is clear that despite 5 years of improvements since 2004, when Sheila Kings research showed only about 5% of GP's had height adjustable examination beds, people with a disability are still in danger of receiving poorer health care outcomes for the simple reason their Doctors cannot ensure adequate examinations and screening.*³

² A copy of the Physical Disability Council of NSW report can be found at <http://www.pdcnsw.org.au/images/stories/documents/ahet-report.pdf>

³ A copy of the Commissioner's speech is at http://humanrights.gov.au/disability_rights/speeches/2009/pdcn.htm

Reasons for change

There are, of course, a number of reasons to justify why GP's should provide their patients with access to adjustable-height examination beds. They include meeting legal and human rights responsibilities; fulfilling commitments to achieving equitable health care outcomes; achieving high level quality of care to all patients and providing better and safer working environments for GP staff.

The Australian Human Rights Commission in an Open letter issued in August 2007⁴ summarised these reasons as follows:

The lack of availability of adjustable-height examination beds clearly has serious consequences for patients with a disability seeking to access quality general practice care and for people who work in general practices. These include:

Getting a service

In many situations, patients (particularly women with disability) do not get a service at all because of the inaccessibility of fixed height examination beds. A number of studies into breast and cervical cancer screening among women with disability have found that one issue frequently cited as a source of difficulty in accessing medical services was the lack of adjustable-height examination beds:

[Nosek and Howland (1997), Breast and cervical cancer screening in women with physical disabilities, in *Preventative Women's Health Care for Women with Disabilities - Background and Literature Review*, NSW Cervical Screening Program (2004), available online at <http://www.csp.nsw.gov.au/publications/index.html>;

Keran Howe and Sue Salthouse (2004), "*Lack of Data Means Lack of Action*" - A clinical examination of access to health services for women with disabilities, Women with Disabilities Australia (WWDA), available online at <http://www.wwda.org.au/hreocsumm.htm>;

Jenny Bridge-Wright (2004), *Waiting to be Included - Breast and Cervical Cancer Screening, Where are the Women with Disabilities?*, Women with Disabilities Australia (WWDA), available online at <http://www.wwda.org.au/screen1.htm>]

Quality general practice care

The evidence also suggests that when a general practitioner is unable to perform an appropriate examination because a patient cannot transfer onto the examination table, the patient receives poor quality and inequitable health care. The patient can be misdiagnosed, because the general practitioner is not able to obtain thorough enough information, or the patient can miss the benefit of early detection of a developing condition such as cancer.

By providing adjustable-height examination beds, general practitioners improve the quality of care they can give to all their patients as well as improving the quality of their patients' lives.

Occupational Health and Safety

OH&S issues are of growing concern in general practice facilities where injuries have occurred to employees who have been required to assist patients onto fixed height examination beds. Height adjustable examination beds would assist in reducing injury rates, insurance costs and the costs associated with employees being absent due to injury.

⁴ A copy of the Open letter can be found at http://humanrights.gov.au/disability_rights/health/open0807.htm

Legal liability and human rights

Under the Federal Disability Discrimination Act 1992 (DDA) and similar State and Territory laws, health service providers such as general practices, hospitals and specialist services are required to provide their services in a non-discriminatory way.

If someone believed they were not getting a quality service equivalent to other patients, because of their disability, they could make a discrimination complaint. Failure to provide an adjustable-height examination bed could give rise to a complaint if it resulted in an inequitable or lesser quality service. The Commission has dealt with complaints on this issue.

In addition to existing legal responsibilities Australia has recently become a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD) (*Note: Australia has since ratified this Convention*) which in Article 25 – ‘Health’ says:

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

Universal Access

The provision of adjustable-height examination beds is not just an issue for people with disability. It will also significantly improve access and quality of care for all patients including older Australians, pregnant women, people whose illness results in restricted movement or capacity and obese Australians, as well as people with disabilities.

In keeping with the principles of universal access and design, adjustable-height examination beds can be used by the whole community and remain appropriate to its changing needs and circumstances.

As noted earlier an extensive bibliography of research on this issue is available in the PDCN report.

Real people: real experiences: real problems

Any one of the reasons for making adjustable-height examination beds listed above should be sufficient to warrant making the change we are advocating.

However, perhaps most telling are the stories of Australians who show us that despite efforts being made, large parts of our community still risk experiencing lower health care outcomes than others.

David:

I used to be able to transfer to his (doctor's) high table for him to check for bowel cancer, haemorrhoids, pressure areas etc. He is now unable to do these checks due to my inability to do high transfers.⁵

Rebecca:

Half hearted exam of groin rash while seated in my wheelchair. Poor attempt at exam for haemorrhoids while I stood up out of my wheelchair and leaned against an exam bed.

Pauline:

Try having a pap smear test sitting in a wheelchair – quite an acrobatic act.

Eva:

I had a pressure area on my groin that needed professional attention and had to slide forward in my wheelchair, take down my slacks and pants (this was so degrading) to show the doctor. He advised me to contact Community Nursing.

Peter:

(I had) a fracture and deep cut of 2 toes on right foot. Had to raise my leg onto seat to allow examination of underside of foot. Examination light mounted to wall could not light up underside of foot.

Evan:

Well, when I need my chest listened to, I have to lean forward to put my head on knees for dr to listen and it's tricky as I don't have head control.

Roberta:

I would have to be lifted onto the bed by 2 people. Cannot attend drs without a carer.

Millie:

I have to be lifted onto table if my husband is with me.

Paula:

Offers to help get my child onto bed, which when he is sick, he is extra heavy.

Deidre:

(I had to be examined) with me standing against or leaning on the table or a chair.

Phillip:

I leave my shoes on (and orthotics) and use a foot stool to climb on and off the table. My GP stands behind me in case I lose my balance.

Peter:

I lean over and they swung my feet around and I landed on my tummy! Once my grandson picked me up and put me on the table.

These are just a few examples of the real problems people can experience.

Our expectation of RACGP

RACGP has, over the past few years recognised the importance and value of GP's having available adjustable height examination beds. It has tried to educate its members about this; it has developed technical specifications on suitable beds to guide its members; it has

⁵ Quotes taken from PDCN report at <http://www.pdcnsw.org.au/images/stories/documents/ahet-report.pdf>

ensured the availability of the most cost effective suppliers and it has made it clear that GP's can use PIP funds to assist in the purchase of adjustable-height examination beds.

We still have a situation, however, where large numbers of Australians including people with a short term injury, pregnant women, people with a mobility disability and our growing aging population face possible lower health care outcomes because the majority of GP's still do not have adjustable-height examination beds.

Surely an organisation like RACGP, advocating for 'the attainment of quality and safety in general practice', cannot ignore the need to ensure all GP's can offer a level of service currently only available to some.

Surely general practitioners can no longer professionally tolerate the prospect that some of their patients will get a better service than others.

While progress has been made it is now time for RACGP to show strong leadership and make adjustable-height examination beds mandatory in the current review.

Representatives from the signatories below would welcome an opportunity to address the National Expert Committee on Standards for General Practices if further information is required. An initial contact point would be Carolyn Frohmader, Executive Director, Women With Disabilities Australia (WWDA) at wwda@wwda.org.au or ph 03 6244 8288.

This Submission has been endorsed by the organisations and individuals listed in the attached schedule.

Yours sincerely



Carolyn Frohmader
Executive Director
Women With Disabilities Australia (WWDA)
PO Box 605, Rosny Park TAS 7018

For and on behalf of:

Women With Disabilities Australia (WWDA)
People with Disability Australia (PWDA)
Physical Disability Council NSW (PDCN)
Council on the Ageing NSW (COTA)

cc: Hon Nicola Roxon MP, Minister for Health and Ageing
Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs
Hon Justine Elliot MP, Minister for Ageing
Hon Tanya Plibersek MP, Minister for Housing and the Minister for the Status of Women
Hon Bill Shorten MP, Parliamentary Secretary for Disabilities and Children's Services
Dr Chris Mitchell, President, Royal Australian College of General Practitioners
Lou Andreatta, Principal Adviser, Office of Rural Health, Department of Health & Ageing

Endorsements

This Submission has been endorsed by the following organisations and individuals:

Organisations

Access For All Alliance Inc
Advocacy for Inclusion (ACT)
Advocacy Tasmania Inc
Amputee Association of NSW Inc
Australasian Network of Students With Disabilities (ANSWD)
Australia For All Alliance Inc
Australian Association of Gerontology
Australian Disability and Development Consortium (ADDC)
Australian Federation of Disability Organisations (AFDO)
Australian Federation of University Women (AFUW)
Australian Spina Bifida and Hydrocephalus Association
Australian Womens Health Nurse Association (AWHNA)
Bankstown Women's Health Centre (NSW)
Canberra Rape Crisis Centre
Carers Queensland
Catholic Women's League Australia Inc
Centacare Fraser Coast
Central Coast Community Legal Centre (NSW)
Cerebral Palsy League (QLD)
COTA National
Dale Street Women's Health Centre (SA)
Disability & Aged Information Service Inc. (DAISI) (NSW)
Disability Advocacy & Complaints Service SA Inc
Disability Advocacy and Information Service (DAIS) (VIC)
Disability Discrimination Legal Advocacy Service (QLD)
Disability Discrimination Legal Service (VIC)
Ethnic Disability Advocacy Centre (WA)
Family Advocacy (NSW)
Family Planning NSW
Family Planning Queensland
Family Planning Tasmania
Family Planning Victoria
Finding Workable Solutions Inc. (SA)
Forrest Community Services (NSW)
Foundation for Social Inclusion Inc (WA)
FPWA Sexual Health Services
Grampians disAbility Advocacy Association Inc. (VIC)
HC Harrison Consultants P/L (SA)
Hobart Women's Health Centre (TAS)
Human Rights Law Resource Centre
Integrated Disability Action (NT)
Julia Farr Association (SA)
Kira Incorporated (WA)
Lane Cove Access Committee (NSW)

Launceston Community Legal Centre Inc. (TAS)
Lismore Neighbourhood Centre (NSW)
Lismore Social Support Program (NSW)
Melaleuca House Trauma Recovery - Sexual Assault Support Service Inc. (TAS)
Multicultural Disability Advocacy Association of New South Wales
National Council for Single Mothers and Their Children
National Council of Women of Australia (NCWA)
National Council on Intellectual Disability (NCID)
National Disability Services (VIC)
National Ethnic Disability Alliance (NEDA)
National Council of Women of New South Wales
Network of Immigrant and Refugee Women of Australia Inc. (NIRWA)
Nexus Incorporated (TAS)
NICAN
Northern Centre Against Sexual Assault (VIC)
Northern Tasmania Spinal and Continence Support Service
NSW Disability Discrimination Legal Centre Inc
Office of the Health & Community Services Complaints Commissioner South Australia
PapScreen Victoria
ParaQuad NSW
Parkinsons NSW Inc
People With Disabilities Western Australia (PWDWA)
Physical Disability Australia (PDA)
Physical Disability Council of Victoria Inc.
Post-Polio Network (NSW) Inc
Public Interest Advocacy Centre (NSW)
Queensland Advocacy Inc (QAI)
Queensland Women's Health Network Inc
Reichstein Foundation
Sexual Health and Family Planning ACT
Sexual Health Information Networking & Education (SHINE) SA
Sorooptimist International Australia Inc.
Southwest Advocacy Association (WA)
Speak Out Association of Tasmania Inc
Spinal Injuries Association
Sussex Street Community Law Service Inc (WA)
Tasmanian Minister's Disability Advisory Committee
UnitingCare Disability (NSW, ACT)
Unity of Ethiopians in WA Inc
Victorian Medical Women's Society (VMWS)
Victorian Women with Disabilities Network (VWDN)
WA Equal Opportunity Commission
War Widows' Guild of Australia (ACT) Inc
Welfare Rights Centre Inc (QLD)
Western Australian Council of Social Service Inc (WACOSS)
Western Australian Disability Collective
Western Australian Disability Discrimination Unit
Western Australian Individual Disability Advocacy Service
Western NSW Community Legal Centre Inc
Women With Disabilities Australian Capital Territory (WWDACT)
Women With Disabilities Western Australia Inc (WWDWA)

WomenSpeak Network⁶
Women's Activities and Self Help House (NSW)
Women's Health East (VIC)
Women's Health Services (WA)
Women's Health South, Department of Health and Human Services Tasmania
Women's Health West (VIC)
Women's Hospitals Australasia
Women's Legal Service (QLD)
Women's Centre for Health Matters (ACT)
Women's Electoral Lobby Australia (WEL)
Women's Health In the North (VIC)
Women's Health Special Interest Group - Public Health Association of Australia Inc.
Women's Health Victoria
Women's International League for Peace & Freedom (Australian Section)
Working Against Violence Support Service (WAVSS) (QLD)
YWCA Australia

Individuals

Associate Professor Dr Simon Darcy UTS
Belinda Epstein-Frisch
Carol Gardom
Catherine Evans
Cheryl O'Brien
Christina Ryan
Christine Booth
Conjoint Associate Professor Mary Westbrook, AM,
Deborah Gray
Derris Vernon
Dr Jan Browne
Geraldine Robertson
Grace Henman
Ingrid M Hindell
Janet Lawson
Jennie Gorringe

⁶ The Womenspeak Network is one of four non-government National Women's Secretariats funded by the Australian Government. It is made up of 37 national women's organisations including: Aboriginal Legal Rights Movement of South Australia; Amnesty International Australia National Women's Rights Team; Australasian Council of Women and Policing; Australian Baha'i Community – Office of Equality; Australian Council for International Development Gender Equity Working Group; Australian Federation of Medical Women; Australian Federation of University Women; Australian Reproductive Health Alliance; Australian Women's Health Network; Body Image and Eating Disorders Network of South Australia; Catholic Women's League of Australia; Children by Choice; Guides Australia; Immigrant Women's Speakout Association NSW; International Women's Development Agency; Migrant Women's Lobby Group of South Australia; Multicultural Women's Advocacy ACT; National Association of Services Against Sexual Violence; National Council of Churches of Australia Gender Commission; National Council of Single Mothers and Their Children; National Foundation for Australian Women; National Liaison Committee for International Students in Australia – Women's Department; National Union of Students (Women's Department); Project Respect; Public Health Association of Australia (Women's Special Interest Group); Soroptimist International; UNIFEM Australia; Union of Australian Women; United Nations Association of Australia Status of Women Network; Unity of Ethiopians in WA Inc; Victorian Immigrant and Refugee Women's Coalition; Women with Disabilities Australia; Women's Economic Think Tank; Women's Electoral Lobby; Women's International League for Peace and Freedom; Working Against Sexual Harassment; YWCA Australia.

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