RACP framework for improving patient centred care and consumer engagement

October 2016
Improving patient centred care and consumer engagement

This document outlines the College’s commitment and its approach to enabling patient centred care and consumer engagement

What is patient centred care?
Patient centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, families and communities. It redefines the relationships in health care.
- Adapted from the Institute for Patient- and Family-Centred Care (IPFCC)

What is consumer engagement?
Consumer engagement (CE) is the process of working with people who act to represent the broad views of specific health groups or community-wide issues. These people may be involved in the College’s key domains as consumer representatives or involved through the College's outreach strategies to hear and incorporate their perspectives. At the College, CE refers to the systemic involvement of consumers in the planning, implementation, delivery and evaluation of College strategic priorities (Educate, Innovate and Advocate).

Why are patient centred care and consumer engagement important?
- There is strong evidence in the literature supporting the benefits of patient centred care
- There is increased physician commitment to patient centred care and associated competencies
- There are changing expectations from community and regulatory bodies around consumer engagement and patient centred care
- There is an opportunity for the College to improve its community connection and credibility.

How will the College improve patient centred care and consumer engagement?
- Support effective practice of patient centred care by trainees and physicians to enable excellent health care experiences and healthier communities
- Ensure meaningful and systematic consumer engagement across College activities.

The framework covers the three key domains of College activity:
- Educate
- Innovate
- Advocate.

Who are the College’s key partners?
The implementation of the framework will involve collaborative partnerships with:
- Physicians and trainees
- Patients, families and carers
- Consumers and communities
- Health related organisations and government bodies
- Healthcare teams.

“*The good physician treats the disease; the great physician treats the patient.*” – Sir William Osler
Patient centred care is embedded in the College’s professional standards, training programs and the lifelong learning of its physicians and trainees.

Key partners are engaged in the College’s governance, strategic planning, and implementation of the framework, enabled by a culture which values their voices and perspectives.

Key partners influence and inform the College’s policy and advocacy work, including best practice patient centred care.

Excellent health care experience and healthier communities

Educate

Innovate

Advocate

Shared information

Participation

Excellent clinical care

Collaboration

Indigenous health as a priority

Respect & dignity

Physicians & trainees

Patients, families & carers

Healthcare teams

Consumers & communities

Health related organisations & government
Who are our partners?

The College will work with the following partners:

**Physicians and trainees**
Physicians and trainees are fundamental players in improving the patient centredness of patient-physician encounters. The framework highlights the role that the College can also play in supporting physicians and trainees not only through education and training, and innovative practices, but through advocating for systemic improvements that will enable them to better practice patient centred care. Additionally, consumer engagement will help the College to be relevant and influential in health system improvements.

**Patients, families and carers**
The health system, like the College, exists to serve the needs of the people who use it. In this framework, patients, families and carers are individual users of the health system rather than consumer representatives or those advocating on systemic issues. While the College does not directly work with patients and carers, as an organisation it is integral to the development of a more patient centred system. Thus, the framework identifies them as key partners whose active participation in health is essential for achieving the goal of excellent healthcare experience and healthier communities.

**Consumers and communities**
This framework relies on engaging with people who can represent the broad views of the community in the work of the College. They are defined as consumers and communities. While they may have personal experience of the health system, they are not advocating on individual needs or with a narrow agenda. The College will engage with condition-specific organisations, advocacy groups, local community groups, ethno-specific organisations and Indigenous cooperatives and organisations. It will seek to include the voices and perspectives of marginalised groups.

**Health related organisations and government bodies**
The College works with a variety of health related organisations and government bodies. This framework identifies the need for even greater collaboration with these organisations if the aim of a more patient centred system is to be achieved. These groups include government bodies, service providers (hospitals, community health, GPs), other professional colleges, regulators such as the Australian Health Practitioner Regulatory Agency and improvement organisations like the Australian Commission on Safety and Quality in Health Care and the New Zealand Health Quality and Safety Commission.

**Healthcare teams**
The College supports involving patients, families and carers and relevant healthcare professionals in a multi-disciplinary team-based approach to enable effective integrated and patient centred care resulting in better patient outcomes.
What are the principles of patient centred care?

Key principles of patient centred care include:

**Respect and dignity**
Patient, family and carer knowledge, values, beliefs and cultural backgrounds are respected and incorporated into the planning and delivery of care.

**Indigenous health as a priority**
Australia’s First Peoples and the Māori of New Zealand experience care which recognises their unique cultural identities and addresses the significant health inequities and lower life expectancy of their peoples.

**Shared information**
Patients, families and carers receive consumer-friendly, timely, and accurate information in order to effectively participate in decision-making and care.

**Collaboration**
Consumers and communities are involved at the health system level in policy and program development, delivery and evaluation of services.

**Excellent clinical care**
Patients, families and carers experience safe, effective, timely and co-ordinated care. At a system and population level, this care is informed by innovative evidence-based health policy development and quality improvement activities.

**Participation**
Patients, families and carers are encouraged and supported to participate in decision-making and care at the level they choose across the whole continuum of care.

*Note. These key principles have been adapted from the Institute of Patient and Family Centered Care (IPFCC) (US).*
What are the RACP strategic priorities?

With its partners, the College will:

**Educate**
- **Standards and medical education approaches**: integrate patient centred care into professional standards and education approaches for trainees and physicians.
- **Teaching and lifelong learning**: ensure that the teaching and lifelong learning of trainees and physicians has a patient centred focus.
- **Assessment**: incorporate a focus on patient centred care into the assessment approaches of all training programs and ongoing professional development.
- **Evaluation**: evaluate the outcomes of patient centred changes to education approaches at the level of trainee and physician performance, training settings and impacts on patient experiences and health outcomes.

**Advocate**
- **Consumer voice and priorities**: integrate the consumer voice and priorities into policy and advocacy activities at the College.
- **Health delivery**: empower physicians and trainees to become effective advocates for patient centred care at the health delivery level.
- **Health system changes**: advocate for health system changes to promote and support patient centred care.
- **Health literacy**: promote and improve health literacy.

**Innovate**
- **Governance, strategy and resourcing**: develop collaborative governance arrangements, engage in strategic planning and ensure adequate resourcing and infrastructure to successfully implement the framework.
- **Culture**: build an inclusive culture which values patient voices and perspectives and models the enactment of patient centred care and consumer engagement in daily practices.
- **People**: value patients, their families and carers first and foremost as people whose perspectives are diverse, and expectations of care are respected as embodied in the College’s patient centred care principles.
- **Partnerships**: build powerful relationships committed to enabling the implementation of the framework at the College and in local health settings.
What are we hoping to achieve by improving patient centred care and consumer engagement?

The RACP’s ultimate goal in improving patient centred care and consumer engagement is, at the individual level, for patients and their carers to have excellent health care experiences, and more broadly, for healthier communities across Australia and New Zealand.

During a range of consultation activities across Australia and New Zealand, College members and consumers were asked what changes they would like to see in the future. Extracts of their responses are below.

“I would want [the] physician to HAVE current skills, up to date information, etc. But I would like them to BE capable of understanding what it is like to be a patient, capable of listening with respect, able to think outside of the box, capable of being an advocate, capable of seeing patients and their families and friends as part of the team and capable of acknowledging mistakes and uncertainties.” – Consumer

“I would like to think that in 10 years’ time we’ve got a College that is outward-looking enough to be engaging with an effective and an ongoing dialogue with the Australasian community... it’s about shifting from being of necessity, somewhat inward-looking and somewhat backward-looking, to be much more outward-focused.” – Member

“I think that the educational curricula would all have input from consumer and community representatives and that the methods of assessment would incorporate elements that specifically assessed the trainees worked in a patient-centred focus.” – Member

“I guess the utopian vision is that we are plugged into the community in much more effective ways for our training and our policy. Now whether that requires community members on committees, or whether we’re plugged in, in other ways, to the community as well I think is something that’s a practical question [...] but you’d want to have that interconnectivity.” – Member

“I’d love every trainee who graduates from our College in 10 years’ time to have a very strong understanding of patient-centred care and an absolute commitment to it. And I’d like us to express that as a College through our assessment processes and our ongoing monitoring processes around professional performance. We will, in 10 years’ time, have some sort of feedback tool as a way of assessing the ongoing performance of our physicians.” – Member

“I guess my vision is that the College is a much more influential and effective organisation because of its community engagement.” – Member