



06 Accrediting a Private General Practice

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As HHSs become more involved in the delivery of primary care services as a result of general practice market failure, it is important that these services are delivered in accordance with the same quality and safety assurance framework used for general practice.

Overview

All public health services and programs undertaken by a HHS must be accredited to the standards required by the Department¹.

The Department has specified that a general practice must be accredited in accordance with the current edition of the Royal Australian College of General Practitioner's accreditation standards and in line with the National General Practice Accreditation Scheme².

To be accredited to the RACGP Standards, a general practice must:

1. operate within the model of general practice as described by the RACGP³;
2. deliver services that are predominantly of a general practice nature; and
3. demonstrate the practice or health service can meet all mandatory indicators in the Standards.

Practices seeking accreditation against the Standards will need to apply for formal assessment by an accrediting agency approved under the National General Practice Accreditation Scheme. As at January 2020 there are five agencies approved to assess general practices to the RACGP Standards for general practices⁴.

The accreditation process will usually involve making an application, undertaking a self assessment, submitting documentation, facilitating a site inspection, responding to inspection findings, closing out recommendations and undertaking ongoing continuous improvement action.

¹ www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety

² www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety/accreditation

³ RACGP, What is General Practice? <https://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice>

⁴ www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/accreditation/accreditation-agencies

1. Purpose of accreditation

Accreditation is a tool to measure and improve service performance and patient outcomes, giving confidence to practice patients that the service has been independently assessed as meeting best practice standards and criteria.

The RACGP Standards for General Practice 5th edition set out the criteria and mandatory requirements that are integral to improving patient safety and building a culture of quality and Continuous Quality Improvement (CQI).

Accreditation is also prerequisite for accessing Medicare practice and workforce incentive programs (PIP and WIP incentives).

2. RACGP Standards for General Practices 5th Edition

The Royal Australian College of General Practitioners (RACGP) developed the *Standards for General Practices 5th edition* (the Standards) with the purpose of protecting patients from harm by improving the quality and safety of health services.

The Standards are organised into three modules, with the Core module and Quality Improvement modules being relevant to a range of health care services and the third module being specific to General Practices. The modules cover a number of Standards which each have a number of specific Criterion that need to be met to achieve accreditation. The Standards contain explanatory details and Indicators that may demonstrate conformity with the Criterion.

It is expected that providers will adopt a continuous improvement approach to patient care and look to improve practice and performance through regular self-evaluation and review.

The Standards, a resource guide for implementing the Standards and a range of supporting resources (for matters such as point of care testing, infection control and patient feedback) are available free of charge on the RACGP website at www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition

3. Planning and organising successful practice accreditation

Accreditation requires a clear commitment from practice management and a commitment of time and effort from all members of the practice team to establish the required policies, systems and practices and to undertake continuous review of conformance with the Standards.

The initial application for accreditation will require a significant resource effort. Altogether, there are three modules covering 17 Standards which have 43 Criterion, making this a sizable effort. Whilst resources and template policies can be found and shared, the task of adapting, further developing and implementing these into a new practice (including staff training) should not be under-estimated.

For best results, the initial accreditation process should be initiated as a project with an allocated budget and project team, oversights by a project committee comprising HHS and practice stakeholders who can give direction, monitor progress and endorse practice plans and policies. The project discipline will ensure a planned approach is taken, artifacts are progressively developed, and risks and issues are escalated and resolved in a timely manner.

The project team (led by the Practice Manager and supported by the practice's clinical and administrative staff) should partner with the HHS clinical governance and patient safety unit (however described) that is responsible for hospital accreditation to take into account HHS governance frameworks and policies to avoid duplication or inconsistencies and to draw upon their expertise in quality improvement.

Progress against planning milestones should be reported at regular intervals to the project committee and the HHS clinical governance and patient safety unit.

Accreditation must be achieved within 12 months from date of application. The practice can also apply for Medicare Practice Incentive Payments (PIP) and Workforce Incentive Programs (WIP) up to 12 months prior to accrediting the practice. Some pre-preparation will need to be completed prior to making an application to the accreditation agency to ensure accreditation is completed efficiently and within the time permitted, recognising that practice and hospital staff will concurrently be operating the practice and performing other duties.

The practice will require an onsite inspection by GP and non-GP surveyors allocated by the accreditation agency to review the practice and its documentation and observe the application of these in practice. There is a small cost associated with hosting onsite inspections.

Following initial accreditation, the Practice will need to continually invest in the review and maintenance of its safety systems, implement plans for practice improvements and notify their accrediting agency of any material changes to the practice's operations, changes to its premises and/or its ownership. The practice will be subject to further accreditation assessments every three years.

The practice should inform and consult the HHS clinical governance and patient safety unit when accreditation assessments are being scheduled and report observed and reported outcomes following the assessment.

It is a requirement that HHS operated general practices provide the Executive Director Patient Safety and Quality, Clinical Excellence Queensland:

- immediate notice of a significant patient risk arising from an accreditation assessment together with an action plan to remediate the concern;
- a copy of a 'not-met' report (if issued);
- a copy of the final assessment report within seven days of receipt;
- immediate advice if the assessment results in the accreditation agency not accrediting the service.

A responsive regulatory process is undertaken by the Department involving further information collection, severity assessment, the oversight of remediation and potentially the restriction or suspension of the service.

4. Other matters

In addition to ensuring practices provide high quality, safe and patient centred care, accreditation is also essential for the financial sustainability of the practice. Accreditation is a pre-requisite to access Medicare Practice Incentive Payments and Workforce Incentive Programs. The value of participating in these programs cannot be overstated and can make the difference between viable and failed general practice.

It is important that the Practice continuously maintains its accreditation to maintain eligibility to these incentives. A break in continuous accreditation will result in a re-set of qualifying periods and activity calculations that may impact the viability of the practice.

HHSs should ensure wherever possible that the practice accreditation is transferred when transitioning an existing private general practice. This will permit the PIP registration to transfer and carry-over the previous practice's PIP qualification and activity levels, preserving the value of practice incentives.