# General Practice Succession Checklist

General practice transition to a HHS operated private practice

*<date, when authorized>*

Planning and implementing the succession of a general practice is a complex undertaking and requires good governance and the discipline of project management to achieve a successful outcome. Wherever possible, close engagement with a departing general practice is important to ensure there is time to prepare and plan for a seamless changeover – however, this may not always be possible, and succession may have to be implemented rapidly.

This checklist is designed to aid the HHS team responsible for planning and initial implementation of a HHS operated general practice.

There are also important preparatory and post-handover actions that the former practice owners are responsible to complete. The RACGP has developed a checklist for closing a medical practice, part of the General practice management toolkit[[1]](#footnote-1).

1. ***Primary Care Governance Framework***
* Does the HHS have a primary care strategy that recognizes its role in enabling integrated care between general practices and local hospitals?
* Has an Executive Sponsor been nominated?
	+ Allocate HHS resources.
	+ Sign-off due diligence (probity, conflict of interest, expert valuations, legal review of contracts).
* Has the HHS established and briefed an Integrated Primary Practice Committee (or similar)?
* Has a project team with appropriate membership been established and resourced (small, decision capable)?
	+ Assign project roles (lead, workforce, practice management, Medicare engagement, Clinician, community and stakeholder engagement, Communications, IT).
	+ Prepare (and update as needed) a succession (transition) plan with responsibilities, deliverables, dates and critical path.
	+ Identify critical events and establish monitoring process.
	+ Review key risk exposures and develop required mitigations.
* Have key corporate managers been informed of the proposed General Practice succession (clinical governance, workplace health and safety, finance, human resources, infrastructure, IT)?
* Has community engagement and communications been undertaken?
* Have other general practices (if any) and other health partners been consulted?
1. ***Due diligence***

*Quality, safety and reputation*

* Has the practice had adverse mentions in the local/regional media (google search)?
* Has the practice or its practicing clinicians been subject to any regulatory reviews or sanctions (OHO, AHPRA, ASIC, Medicare/Professional Services Review audits, Worksafe Queensland)?
* Has the practice’s accreditation been subject to any sanctions by the accrediting agency or the Australian Commission on Quality and Safety in Healthcare or have serious outstanding ‘not-conformity’ reports?
* Does the sale agreement include provision for the transfer of the practice’s accreditation?
* Has a suitable Deed been executed with the former practice principle for access to records (to defend patient claims or respond to regulatory investigations)?

*Services*

* Does the HHS clinical team have the scope of training to maintain all current services?
* Have existing partnership agreements and obligations with ACCHOs and other healthcare providers been assessed?
* Have out-of-practice service commitments to aged care facilities and outreach clinics been assessed?

*Infrastructure*

* Has the practice building had a compliance assessment (title, zoning, building codes, etc) and building inspection (condition, safety, pests)?
* Have any mortgages or charges over the practice’s assets being acquired been released?
* Has a list of practice equipment and assets to be acquired been prepare, assessed for condition and valued? Has the seller warranted title over practice equipment?
* Have all medications and clinical supplies been documented, assessed for expiry/condition and valued?

*Financial*

* Has the Minister’s approval been obtained to acquire land and buildings (if applicable)?
	+ Has the building been independently valued?
* Has the sale agreement (or Deed if no consideration is involved) for practice property and assets been reviewed by legal services and approved by the appropriate delegate?
* Have legal services prepared novation and/or replacement contracts for continuing service contracts (waste, cleaning) and licenses (medical software and ITC). Note – a GITC contract may be required.
* Have all remaining practice liabilities (including patient personal injury claims) been identified that will remain the responsibility of the previous principal.
1. ***Start-up***
* Has the registration of the practice trading name been transferred? Note that a HHS cannot acquire a business (and ABN) without the written approval of the Treasurer.
* Have organizational units and cost centres been created for the general practice?
* Has a separate practice bank account been opened (to enable reconciliation of Medicare billing)?
* Have assets valued above the HHS asset threshold been reported to finance for upload to the HHS asset register?
* Have additional equipment items (medical and office) been ordered, received and commissioned (as necessary)?
* Have retained medication and clinical supplies been appropriately labelled, stored and secured? Have additional supplies been ordered?
* Have all old practice stationery and documents been removed and destroyed? Replace practice signage as needed.
* Has a notice of a change to private practice ownership been clearly posted in reception together with signage regarding the practice’s billing policy?
* Has the HHS insurance coordinator been informed of the succession of general practice operations for inclusion in the HHS business description and QGIF insurance renewal process?
* Have current utility accounts been closed and new accounts opened (water, electricity)?
* Has the practice post office box been transferred to the HHS or closed with a mail redirection?
* Have staff security IDs and keys been recovered? Have practice access codes been changed? Has the building been re-keyed? Has the alarm code been re-set?
* Has an emergency and business continuity contingency plan been developed for the practice?
1. ***Quality and Patient safety***
* Has a clinical governance lead been nominated for the practice?
* Has the last accreditation report of the practice been reviewed?
* Has a preliminary self-assessment of compliance with RACGP General Practice Standards been undertaken?
* Has a safety review of patient records been undertaken to identify vulnerable patients and identify outstanding follow-ups?
	+ Follow-up clinically significant test results and reports.
* Has the Clinical Governance Committee been briefed on the succession of the practice, identifying clinical risks and any current patient or care issues?
1. ***Workforce***
* Have HR and Union representatives been consulted on the roles required to operate the HHS general practice?
* Has an establishment and workforce plan been developed (in consultation with HR)?
* Have the practice roles been approved and created in MyHR? Have role descriptions been developed and classifications assessed? Have roles with delegations been identified and requested?
* Are any former practice staff who may be likely to be needed for the practice willing to be employed by the HHS?
* Have the former practice staff been provided with clear, unambiguous information regarding Queensland health recruitment processes? Consider developing a specific information kit.
1. ***IT and patient records***
* Have current practice patients been informed of the practice change of ownership and the option to redirect their patient record to another GP? Note this is the former principal’s responsibility.
* Has the IT department assessed the business requirements for the practice and identified an architecture solution?
* Does the HHS have a list of all software licenses and copies of agreements, documentation and manuals?
* Does the practice have acceptable bandwidth for integration with QH enterprise architecture and to enable delivery of telehealth consultations?
* Have practice computers, services, routers, UPS and other devises being acquired been examined by IT staff?
* Is the practice medical records system fit for purpose? Is the version currently supported?
* Has system administration and access arrangements been assessed? Re-assign to current/continuing staff?
* Does the HHS possess all practice back-up media (on and off site)? Ensure a procedure is implemented to manage routine system and data back-up until the IT architecture has transitioned to HHS/eHealth IT support.
* Has the practice and IT staff completed all required system testing to confirm go-live?
* Does the practice have, or continue to require, a separate (external) Website? Has the website domain been transferred?
* Have EFTPOS terminals been transferred and assigned to the new practice bank account? Are new EFTPOS units required?
1. ***Medicare***
* Has the HHS registered the practice for the Health information (HI) Service and obtained a unique Healthcare Provider Identifier – Organisation (HPI-O) as a network organisation?
	+ All Queensland health service units have a unique HPI-O and are referred to as network organisations. Queensland Health also has a HPI-O and is the seed organisation that controls all network organisations.
	+ Contact Digital Strategic Partnership (DSP) team, eHealth Queensland to make arrangements to obtain and register your HPI-O.
* Has the HHS obtained a NASH PKI certificate to enables encrypted access for the My Health Record, the HI Service and enable secure messaging and electronic prescribing software to link to online services?
	+ Contact Digital Strategic Partnership (DSP) team, eHealth Queensland to make arrangements for a NASH certificate.
* Has the HHS established and set-up a new PRODA account, linked to required online services and added health professionals as members?
	+ A PRODA account is required to access online service providers, including the Health Professionals Online Service (HPOS).
	+ Contact your HHS PRODA Coordinator to arrange the creation of your practice PRODA account.
* Has the HHS practice medical software vendor updated its authentication to reflect the transfer of ownership of the licence and enable Medicare billing through Service Australia’s Web Service?
* Has the HHS submitted a Practice Incentives Change of practice ownership form (IP010) to Services Australia?
	+ This cannot be completed online in HPOS.
	+ The form must be lodged within seven days and enclose evidence of the change of ownership (contract or Deed) and a copy of the practice accreditation certificate signed by both the former practice and the HHS.
	+ a break in the continuity of practice accreditation will cause the practice activity baseline (SWPE) to re-set, resulting in a loss of incentive revenue.
* Have all new and continuing medical practitioners and nurse practitioners obtained new location specific Medicare Provider numbers through HPOS for the practice (and closed their previous provider numbers, as necessary)?
	+ If the HHS practice operates from the same address as the previous practice, the application must be submitted manually to Services Australia and include a supporting letter explaining the transfer of the practice.
* Have all new and continuing medical practitioners and nurse practitioners updated their group pay links and personal bank account details through HPOS?
* Have billing procedures been developed for online submission and reconciliation?
* Have procedures been developed to monitor and maintain incentive program eligibility and compliance requirements?
	+ Incentive programs require submission of quarterly and annual statements through HPOS

*Note: Penalties apply for providing false, misleading or inaccurate information to Services Australia or failing to notify Services Australia within the timeframes specified.*

1. ***Notifications***
* Have all relevant regulatory bodies been advised of the change of practice arrangements and new contact details (accrediting agency, training accreditation agency, (as needed)?
* Have local health partners been advised of the succession of the practice and new contact details (PHN, other GPs/practices, Check-Up, Colleges (if an accredited training provider))?
* Have local police and ambulance services been advised of the succession of the practice and new emergency contact numbers?

1. [www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit/general-practice-tool-kit/module-6/introduction](http://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit/general-practice-tool-kit/module-6/introduction) [↑](#footnote-ref-1)