



What is General Practice Accreditation?

Established in the 1990's, the Royal Australian College of General Practitioners (RACGP) Standards for general practices (the Standards) and the associated accreditation processes were developed to encourage general practice quality improvement and the meeting of best practice standards.

Assessment against the Standards

A general practice can self-assess against the RACGP Standards for private use or seek independent accreditation by one of the four national approved agencies. Currently, these are:

- Australian General Practice Accreditation Limited (AGPAL); or
- Quality Practice Accreditation
- Global Mark Propriety Limited
- The Australian Council on Healthcare Standards

What are the benefits?

A general practice which has received independent assessment against the Standards and has been determined to meet those Standards, is considered to be accredited.

An accredited general practice is eligible to participate in the Practice Incentives Program (PIP), which is administered by the Department of Human Services.

For more information on the PIP, see the Practice Assist Fact Sheet – Practice Incentives Program.

Are we eligible for general practice accreditation?

Practices which meet the RACGP definition of a general practice are eligible to be assessed for accreditation.

The RACGP defines a general practice as one which 'provides person centred, continuing, comprehensive and coordinated whole-person health care to individuals and families in their communities.'

Usually, a practice which is open between normal business hours and provides not only acute care but also chronic disease management and preventative health care, would fall into this category. A general practice may also provide an after-hours clinic, such as an evening session or Saturday clinic, or some additional specialty services such as obstetrics or minor surgery.

Not normally included in this definition would be practices that provide exclusively after-hours clinics or specialised areas such as skin cancer or sports medicine.

However, practices that do not meet this definition are still encouraged to self-assess against the Standards, as they are an ideal way for practices to build the fundamentals of quality and safety into their systems.

For more information on what the RACGP defines as general practice, please visit:
<http://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice/>

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Practice Assist is an initiative of



WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government and the WA Country Health Service.

Standards, Criterion and Indicators

Each Standard contains:

- A Criterion explaining the key components of the Standard.
- An Explanation or description of the Standard aspects.

How can our practice demonstrate achievement?

There are a range of methods and techniques that can be used to demonstrate your practice achievements against the Standards, Criteria and Indicators including clinical and non-clinical data.

This may include:

- Patient records
- Policies and procedures
- Practice information sheet

- Key Indicators to measure achievement.
- A Standard will indicate whether the Indicators are either Flagged or Unflagged.
- Flagged Indicators are considered mandatory with Unflagged indicators considered discretionary.

- Staff position descriptions
- Temperature data logs for vaccine refrigerators
- Quality improvement and continuing professional development [QI&CPD] records
- Appointment schedules
- Records of staff meetings
- Patient feedback questionnaires and patient feedback data
- Discussions between relevant members of the practice team and accreditation surveyor

Standards, Criterion and Indicators explained

Standard 1.5
Continuity of care

The Standard
Describes the qualities required for practice activities

Criterion 1.5.1
Continuity of comprehensive care and the therapeutic relationship

Our practice provides continuity of comprehensive care to patients

The Criterion
Describes key components of the standard

Explanation
Key points
There are several types of continuity:

- The sense of affiliation between the patient and their doctor ('my doctor' or 'my patient'), sometimes called 'relational continuity'
- Consistency of care by the various people involved in a patient's care (ie. not working at 'cross purposes'), sometimes called 'management continuity'
- Continuity of information across healthcare events, particularly through documentation handover and review of notes from previous occasions, sometimes called 'informational continuity'

Explanation
Provides a description and explanation of key aspects of the criterion

Indicators

- ▶ A. Our staff can describe how patients can request their preferred GP when making an appointment or attending our practice
- ▶ B. Our practice team can describe how we encourage continuity of comprehensive care

Indicators
Measures degree of achievement of criterion

- ▶ This symbol shows a flagged or mandatory indicator; indicators not flagged are discretionary