

POSITION STATEMENT

General Practice Accreditation

2023

This document outlines the principles (and conditions) under which the AMA supports general practice accreditation.

1. Introduction

- 1.1. Accreditation commonly refers to processes of independent assessment and verification that standards have been implemented in settings, such as practices, clinics or services where care is provided. Accreditation seeks to ensure that the primary care service has systems and processes in place to support primary care practitioners deliver safe, high-quality care.^{1,2,3,4}
- 1.2. General practice accreditation has been in place since late 1990s and is a key requirement for access to the Australian Government's Practice Incentive Program (PIP). In 2016, the Government endorsed the implementation of the National General Practice Accreditation Scheme, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in collaboration with the Royal Australian College of General Practitioners (RACGP), to support the consistent assessment of Australian general practices to the RACGP Standards for general practices.⁵ The Scheme commenced on 1 January 2017 and is aligned to the Australian Health Service Safety and Quality Accreditation Scheme.
- 1.3. The AMA strongly support a profession led voluntary general practice accreditation system that encourages and supports practices to not only meet a minimum set of

¹ RACGP <http://www.racgp.org.au/your-practice/standards/resources/accreditation/>

² AGPAL <https://www.agpal.com.au/practice-accreditation/>

³ ACSQHC (2017) Patient safety and quality improvement in primary care consultation paper

⁴ ACSQHC op. cit.

⁵ The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2020.

standards, but also share the findings of any assessments with their clinical teams, and to continuously pursue improvement.

2. AMA position

2.1. Accreditation system and processes

2.1.1 The AMA supports a system of general practice accreditation which:

- (a) is independent of Government
- (b) is under the effective control of actively practising general practitioners
- (c) is a voluntary, educational and supportive process
- (d) is not punitive
- (e) does not interfere with clinical practise or business structures
- (f) does not result in a diminution of any existing financial entitlements of a nonparticipating practitioner or their patients
- (g) is based on current standards developed by an Australian Medical Council accredited professional educative body for medical practitioners working in or training towards a career in general practice and supported by the AMA Council of General Practice (AMACGP)
- (h) reflects and supports the diversity of general practice; including solo practice
- (i) clearly separates the vocational recognition of individual general practitioners from the accreditation of practices
- (j) is based on entry level standards, with ongoing accreditation dependent on the implementation by the practice of a process of quality assurance and continuous quality improvement
- (k) does not require non-consenting practice GPs or staff to provide health or other personal or sensitive information to an accreditation agency
- (l) includes an appeals process independent of the persons conducting, supervising or responsible for the accreditation process
- (m) incorporates a mechanism for cost containment
- (n) provides a lead role for the general practice profession in the implementation of any significant changes to the evolving process of accreditation.

2.2. Equity and access

2.2.1 The AMA supports the concept of equity of access to the accreditation process. There should be no financial or other impediment to the ability of small practices, rural practices, remote practices and/or indigenous practices to access the accreditation system.

2.3. Accrediting bodies

2.3.1 The AMA must be a member of the independent general practice accreditation body, Australian General Practice Accreditation Limited.

2.3.2 Accrediting bodies must not develop their own set of standards, or make assessments against any set of standards that are not developed by a professionally relevant and Australian Medical Council accredited professional educative body for medical practitioners.

2.3.3 Accrediting bodies must engage practising GPs in either a governance or advisory role to inform their policies, processes, and interpretation of the standards for accrediting general practices.

2.3.4 Accrediting bodies must ensure that accreditation assessment teams comprise at least one practising GP (recognised by the Medical Board of Australia in the specialty of general practice), with experience relevant to the type of general practice being assessed, and who is appropriately trained and supported to undertake that role.

2.3.5 Accreditation assessment teams must provide opportunity for individuals within the practice's clinical team to safely provide feedback on the practice's compliance with the standards against which accreditation is assessed.

2.3.6 Accreditation decisions must be transparent, and fairly determined and applied.

2.3.7 Accrediting bodies must hold a Declaration of a Quality Assurance Activity (Qualified Privilege) and ensure that surveyors comply with these arrangements.

2.3.8 Accrediting bodies must not identify practices who undertake but do not achieve accreditation.

2.3.9 The cost drivers of accrediting must be transparent.

2.3.10 Accrediting bodies must maintain accreditation with a relevant international body.

2.3.11 Accrediting bodies must comply with Australian competition laws.

2.3.12 Accreditation bodies must be free of influence from other commercial organisations.

2.4. Funding

- 2.4.1 Accreditation may at times represent a gateway to specific funding or programs delivered by the Government and as such provide an incentive for accreditation. However, accreditation of a practice should not itself attract specific funding. Where accreditation is an eligibility criterion for access to a funding stream, such programs or payments must relate to practice infrastructure and processes, not interfere with an individual GPs' clinical practice.
- 2.4.2 As accreditation is an important facilitator in ensuring and improving the safety and quality of health care services, the funding available to accredited practices must be efficacious to drive accreditation uptake and maintenance.
- 2.5. Surveyors
- 2.5.1 GPs must be free to choose whether the assessing team includes non-GP surveyors.
- 2.5.2 Surveyors must be:
- (a) Acceptable to the practice
 - (b) Appropriately trained and experienced
 - (c) Able to carry out their duties in a fair, unbiased and objective manner
 - (d) Appropriately remunerated
 - (e) Completely independent of any practice they survey.
- 2.5.3 The inspection of patient medical records by surveyors must comply with the relevant Privacy legislation.
- 2.6. Appeals
- 2.6.1 An independent appeals body must exist to provide an independent, formal appeals process agreed by the profession that can be accessed once the accrediting body's appeal process has been exhausted.
- 2.6.2 The independent appeals process must be affordable and accessible for all practices, regardless of their size.
- 2.6.3 The independent appeals body must be indemnified.
- 2.7. Basis for AMA Support
- 2.7.1 While the AMA supports profession-led standards and accreditation it does so on the basis that the standards setting and accreditation bodies exercise their powers responsibly and reasonably.

Acknowledgements

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