

Accreditation

2005

The AMA supports a system of general practice accreditation which:

- is independent of Government;
- is under the effective control of actively practising general practitioners;
- is a voluntary, educational and supportive process;
- is not punitive;
- does not interfere with clinical practice or business structures;
- does not result in a diminution of any existing financial entitlements of a non-participating practitioner or their patients;
- is based on current standards developed by RACGP and supported by the AMACGP;
- reflects and supports the diversity of general practice; including solo practice;
- clearly separates the vocational recognition of individual general practitioners from the accreditation of practices;
- 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;
- includes an appeals process independent of the persons conducting, supervising or responsible for the accreditation process;
- incorporates a mechanism for cost containment; and
- provides a lead role for general practice profession in the implementation of any significant changes to the evolving process of accreditation.

Equity of Access

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.

Accrediting Bodies

- The AMA must be a member of the independent general practice accreditation body, Australian General Practice Accreditation Limited.
- Accrediting bodies must be managed by practising GPs.
- The general practice profession must drive interpretation of the standards for the purposes of accreditation.
- Accreditation decisions must be consistent.
- The cost drivers of accrediting must be transparent.
- Accrediting bodies must comply with Australian competition laws.
- Accreditation bodies must be free of influence from other commercial organisations

Funding

While accreditation may at times represent a gateway to specific funding or programs delivered by Government and provide an incentive for accreditation, in this context:

- where accreditation is an eligibility criterion for access, such programs or payments must relate to practice infrastructure, not the GPs' clinical practice; and
- accreditation of a practice should not itself attract specific funding.

Surveyors

- GPs must be free to choose whether GP or non-GP surveyors assess their practice.
- Surveyors must be:
 - acceptable to the practice;
 - appropriately trained and experienced;
 - completely independent of any practice they survey; and
 - granted legal privilege
- The inspection of patient medical records by surveyors must comply with the relevant Privacy legislation.

Appeals

- 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.
- The independent appeals process must be affordable and accessible for all practices, regardless of their size.
- The independent appeals body must be indemnified