

KEY ACTIONS
for general practices and
accrediting agencies

Guidance on out-of-cycle assessment of general practices

This fact sheet provides guidance on the requirements for out-of-cycle assessments of general practices.

Risk Management

At any time during the accreditation cycle, general practices may experience changes in circumstance or performance that significantly increase the risk of patient harm. These include but are not limited to the following:

- Change of ownership and governance of a general practice
- Change of key members of the leadership team and/or board, or prolonged gap in hiring key personnel
- Significant increase in complexity of the scope of service provision
- Merging of two or more general practices.

Details of what the out-of-cycle assessment may entail are outlined in **Table 1**.

Guidance

General practices are responsible for identifying these risks and consulting with their accrediting agency.

When unsure, the accrediting agency should seek advice from the [Commission](#) on whether an out-of-cycle assessment is warranted to ensure safety and quality systems are maintained.

Timing

If a routine assessment is due within 8 months of the changes taking place, and the risks can be assessed at the routine assessment, an out-of-cycle assessment is not warranted.

Outcome

Some out-of-cycle assessments may result in a new accreditation certificate being issued, for example if a general practice's name and/or address have changed. This should be discussed with your [accrediting agency](#).

Costs

All costs of the out-of-cycle assessment are the responsibility of the general practice being assessed.

Questions?

For more information, contact the Safety and Quality Advice Centre
AdviceCentre@safetyandquality.gov.au
call 1800 304 056.

[safetyandquality.gov.au](https://www.safetyandquality.gov.au)



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Table 1. Changes that may require out-of-cycle assessments

Change	Requirement for an out-of-cycle assessment	Type of assessment	Impact on current accreditation expiry date and accreditation certificate
Change of ownership of a general practice without a period of shutdown or with a brief period of shutdown	May be required where there is a substantial change in the organisation's governance policies and processes resulting from the change in ownership	Desktop review of relevant mandatory indicators	No change to the accreditation expiry date New accreditation certificate <i>may be</i> required if the name of the general practice has changed
Change of ownership of a general practice with an extended period of shutdown	Required	Desktop review of relevant mandatory indicators Interviews with relevant team member(s), which could be undertaken virtually	No change to the accreditation expiry date New accreditation certificate <i>may be</i> required if the name of the general practice has changed
Change of key members of the leadership team and/or board, or prolonged gap in hiring key personnel	May be required if all, or the majority of leadership positions are changed within a short period of time May be required if all, or the majority of leadership positions have not been filled for a prolonged period of time	Desktop review of relevant mandatory indicators Interviews with relevant team member(s) which could be undertaken virtually	No change to the accreditation expiry date
Expansion of all or part of the general practice to allow for new areas of practice or increased service complexity and scope	May be required with significant increase in risk to patients	On-site or virtual assessment where the physical environment of the practice needs to be reviewed for suitability of the added scope	No change to the accreditation expiry date
Relocation of an accredited general practice to new premises	This is a requirement of the NGPA Scheme		See Advisory GP24/01: Assessment following relocation of physical premises by an accredited general practice
Merger of general practices where all practices are accredited	May be required where there is a substantial change in the organisation's governance policies and processes resulting from the merger	Desktop review of relevant mandatory indicators Interviews with relevant team member(s), which could be undertaken virtually	The expiry date will be the date of the organisation with the earliest accreditation expiry date New accreditation certificate <i>may be</i> required if the name and/or address of the general practice has changed
Merger of general practices where one or more of the merging general practices are not accredited	May be required where there is a substantial change in the organisation's governance policies and processes resulting from the merger with an additional practice	Desktop review of relevant mandatory indicators if merging into a currently accredited general practice Interviews with relevant team member(s), which could be undertaken virtually	The expiry date will be date of the organisation with the earliest accreditation expiry date New accreditation certificate <i>may be</i> required if the name and/or address of the general practice has changed
	New assessment if merging into an unaccredited general practice	Follows routine initial and final assessment with remediation period for any 'not met' indicators	New accreditation certificate