AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

The National General Practice Accreditation Scheme

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Policy - Approval under the National General Practice Accreditation (NGPA) Scheme to conduct assessments

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1 Introduction

The National Health Reform Act 2011 established the Australian Commission on Safety and Quality in Health Care (the Commission) and included within its functions is the formulation of model national schemes to accredit health services.

The Commission, in collaboration with the Royal Australian College of General Practitioners (RACGP) developed the National General Practice Accreditation (NGPA) Scheme. The NGPA Scheme is endorsed by the Australian Government Department of Health and Aged Care (the Department). The NGPA Scheme provides a governance framework for national coordination of general practice accreditation and an approval process for accrediting agencies to enable coordination of agencies performing assessments to relevant standards as well as the collection and evaluation of accreditation outcomes data.

General practice accreditation is voluntary in Australia and is designed to improve the quality of care for patients attending accredited general practices. Organisations wishing to participate in the NGPA Scheme as accrediting agencies must be approved to assess and accredit general practices using the following sets of standards, as varied from time to time:

- The RACGP *Standards for general practices*
- The RACGP *Standards for point-of-care testing.*

Roles and responsibilities

The NGPA Scheme sets out the roles and responsibilities for accrediting agencies, general practices, the Commission, the RACGP and other key stakeholders involved in the process of accrediting general practices. The roles of each are broadly as follows:

- **The Department** oversees government policy relevant to general practice, funds the Commission to administer the NGPA Scheme and administers funding programs for general practices via **Services Australia**
- **The Commission** provides national leadership on safety and quality in health care, with legislative responsibilities for administering the NGPA Scheme, including:
    - Approving and managing the performance of accrediting agencies to assess general practices against relevant standards
    - Ongoing liaison and consultation with stakeholders regarding opportunities to improve the NGPA Scheme
    - Performing observations visits of assessments undertaken by accrediting agencies
    - Collecting and analysing assessment outcomes data and feedback from general practices
    - Issuing advice and developing supportive resources to describe requirements for assessment
    - Administering any variations to normal operations (or similar)
    - Reporting to the Department on implementation of the NGPA Scheme.
- The **General Practice Accreditation Coordinating Committee** (Coordinating Committee) is a Commission Committee made up of key industry-based stakeholders and provides governance and oversight of the implementation and assessment of relevant standards
- **The RACGP** develops the RACGP *Standards for general practices* and the RACGP *Standards for point-of-care testing* and provides guidance and support for general practices who implement the standards

- **General practices** implement the relevant standards*;* they select an approved accrediting agency to assess their compliance.
- **Accrediting agencies** assess general practice compliance against the relevant standards in line with the requirements of the NGPA Scheme. Accrediting agencies have direct accountability to the Commission.

This document outlines the Commission's policy and processes for obtaining, maintaining, and removing approval as an accrediting agency under the NGPA Scheme. Approval as an accrediting agency brings with it obligations to comply with this Policy. Insofar as it is applicable to accrediting agencies, to comply with specific conditions of approval under the NGPA Scheme, and to co-operate with the Commission as a participant in the NGPA Scheme, by ensuring the integrity and standing of the NGPA Scheme.

Contact details of all agencies that are approved from time to time as accrediting agencies, together with any conditions of approval applying to them, will be published on the Commission's website.

Management of information under the NGPA Scheme

Nothing in this Policy should be construed as limiting the Commission's ability to exchange information with, or disclose information to, any government authority or instrumentality, where it is lawfully required, permitted, or authorised to exchange or disclose such information.

The Commission is subject to the *Privacy Act 1988*. All information provided to the Commission under the NGPA Scheme will be held and managed in accordance with the Act and the Commission's Privacy Policy. A copy of the Commission's Privacy Policy can be obtained at: http://www.safetyandquality.gov.au/about-us/governance/privacy-policy/.

The Commission will consult with accrediting agencies and other stakeholders on any significant changes to the NGPA Scheme proposed from time to time including, but not limited to, changes to this Policy, the assessment data required to be reported, the Standard Conditions on accrediting agencies, or the relevant standards under the NGPA Scheme.

Additional information

This document is to be read in conjunction with the application form for organisations seeking approval as accrediting agencies under the NGPA Scheme. All documents relating to the application process are available on the Commission's website: https://safetyandquality.gov.au/national-general-practice-accreditation-ngpa-scheme-information-accrediting-agencies

2 Application for approval

2.1 Preliminary

The Commission will conduct an assessment of applications for approval as accrediting agencies under the NGPA Scheme. From time to time, there will be a public call for applications published on the Commission's website with a specified due date for submission of completed applications one to two months after initial publication of the call for applications.

An organisation seeking approval as an accrediting agency under NGPA Scheme must follow the application process set out in this document.

Further information on the application process is available by:

- Emailing nationalgpaccreditation@safetyandquality.gov.au
- Calling 1800 304 056.

It is recommended that an organisation submitting an initial application contact the Commission's Advice Centre via AdviceCentre@safetyandquality.gov.au to discuss its intention to apply and the preparation of its application.

2.2 Obtaining an application form

An organisation may apply for approval to assess general practices against the specified set of standards. Application documents can be obtained from the Commission by:

- Downloading them from the Commission's website
- Emailing a request to nationalgpaccreditation@safetyandquality.gov.au
- Contacting the Commission on 1800 304 056.

2.3 Submitting an application

A candidate organisation must submit a completed application, including supporting documents, to the Commission no later than close of business on the due date specified for that assessment round.

Applications should attach supporting documentation which is properly collated and clearly labelled and referenced. Applications with incomplete or inadequately labelled or referenced documentation will need to be remedied before they are further considered. This may lead to a delay in the assessment of an application and may result in an application being deferred to a subsequent assessment round.

The application form includes a ***Checklist*** of all the necessary documentation and a ***Declaration of compliance and co-operation*** that must be signed by an authorised officer from the organisation submitting the application either electronically or an original and scanned. All files should be in Microsoft readable formats.

Applications must be submitted electronically to:
nationalgpaccreditation@safetyandquality.gov.au

2.4 Application requirements

Each applicant is required to complete the application for organisations seeking approval as accrediting agencies under the NGPA Scheme, as approved from time to time by the Commission, and supply requested supporting documentation in the required format.

The information sought is to enable the Commission to assess the suitability of the applicant to participate in the NGPA Scheme as an accrediting agency, including:

- Whether the applicant is fit and proper to be approved
- The level of knowledge and understanding of the relevant standards applying under the NGPA Scheme
- Whether the applicant has the framework, capabilities and resources to conduct accreditations in accordance with the NGPA Scheme in a sound, objective, transparent and rigorous manner
- The applicant's agreement to be bound by the NGPA Scheme's policy and processes, and the conditions of approval
- The applicant's willingness to co-operate with the Commission as a participant in the NGPA Scheme in ensuring the integrity and standing of the NGPA Scheme as a valuable tool of clinical governance for general practices.

All sections of the application form must be fully and accurately completed and accompanied, where applicable, by supporting documentation. Failure to do so will result in applicants being asked to resubmit a correctly completed application form and/or to submit additional information in respect of an incomplete application (see section 2.3 and 2.5 about remedying incomplete applications and consequent delays in assessing and determining incomplete applications).

The application form is available at: https://safetyandquality.gov.au/national-general-practice-accreditation-ngpa-scheme-information-accrediting-agencies

2.5 Assessment of applications

2.5.1 Initial review

Applications received within the specified timeframe for the assessment round will undergo an initial review to ensure all documentation is in order. Correctly and fully completed application documents will then be referred for detailed review and assessment by the assessment panel specified in section 2.5.2.

Applicants will be notified if documentation is incomplete or missing. This may occur after the due date for that assessment round. The Commission cannot guarantee that an incomplete application involving the need for resubmission in completed form, or submission of additional documentation after the specified due date, will be considered in the associated assessment round.

2.5.2 Assessment panel

To support the review and assessment of applications the Commission will convene a General Practice Accrediting Agencies Assessment Panel (the Panel). Details of the membership of the Panel are at **Appendix 1.**

The Panel will assess each written application including all relevant supporting documentation.

The Panel will invite each candidate organisation for interview to present on or clarify any aspect of their written application or supporting documentation. Interviews may take place by video or teleconference link where face-to-face meetings cannot be arranged.

The Panel will then recommend to the Commission whether the application for approval as an accrediting agency under the NGPA Scheme should be granted, and if so, whether additional conditions should be imposed as part of the approval.

2.6 Granting approval

Having regard to the recommendation of the Panel, the Chief Executive Officer, or a senior officer of the Commission nominated by the Chief Executive Officer, will determine an application for approval.

Any approval granted is subject to the Standard Conditions of approval set out at **Appendix 2.** The approval may also be subject to additional conditions in any particular case.

It is expected that a decision to grant approval or otherwise will be made within 40 working days of the due date for submission of applications for the relevant assessment round.

Any accrediting agency which has been granted approval will be issued a certificate of approval from the Commission listing its status as an accrediting agency, together with its contact details, and any conditions imposed on its approval will be published on the Commission's website.

2.7 Period of approval

2.7.1 Subject to paragraph 2.7.3, an organisation which has:

(i) Never previously been approved as an accrediting; or
(ii) Had approval as an accrediting agency suspended or revoked at any time in the previous five years; or
(iii) Been found by the Commission to have breached a condition of approval at any time in the previous five years that resulted in the imposition of additional conditions of approval may be approved as an accrediting agency for no longer than three years.

2.7.2 Subject to paragraph 2.7.3, the period for any other grant of approval as an accrediting agency may be for up to five years.

2.7.3 The Commission may extend the period of approval as an accrediting agency for up to 24 months in any particular case.

2.7.4 Renewal of accreditation for a further period requires a fresh application for approval as an accrediting agency.

3 Complaints about accrediting agencies

3.1 Complaints

The Commission will accept written complaints from any individual or organisation, about any aspect of an accrediting agency's performance or conduct under the NGPA Scheme. The Commission will only accept complaints that are in writing, and which identify the nature, timeframe, and circumstances of the complaint in sufficient detail to enable an adequate assessment of the complaint. Anonymous complaints may be considered by the Commission if it is determined there is sufficient supporting detail to enable assessment.

3.2 Assessment of complaints

3.2.1 Where the Commission has received a sufficiently detailed written complaint, the Commission will:

(i) Notify the accrediting agency in writing of relevant details of the complaint received by the Commission
(ii) Request a written response from the accrediting agency within 20 working days from date of notification. The accrediting agency will be asked to address the following in its response:

a. the agency's view on the accuracy of the information contained in the complaint
b. whether there is any other information that the agency considers relevant to the Commission's understanding and assessment of the complaint
c. any previous action taken by the agency to address the matter(s) raised in the complaint or any action(s) proposed to be taken by the accrediting agency in response to the complaint.

3.2.2 Following assessment of the complaint and the agency's initial response the Commission may dismiss the complaint or do any or all of the following:

(i) Invite the parties to meet with the Commission to resolve the matter
(ii) Investigate the complaint further
(iii) Take further action (see section 4.3 Performance and compliance under the NGPA Scheme below).

3.2.3 The Commission will advise both the complainant and the accrediting agency of the outcome of the assessment of a complaint.

Note – notification to third parties about further action taken in relation to a complaint is set out at section 4.3.5 below.

4 Performance and compliance under the NGPA Scheme

4.1 Performance and compliance monitoring

Performance and compliance activities as set out in **Appendix 1** will be routinely undertaken by the Commission in relation to accrediting agencies. The Commission may also undertake special compliance activities at its discretion.

4.2 Breach of conditions or poor performance

Subject to section 4.3, where the Commission forms the view on the basis of its performance or compliance monitoring activities, or from an investigation or any other information, that an accrediting agency has breached any of the conditions of approval (including Standard Conditions set out in **Appendix 2** or any other conditions specific to an organisation), or that its performance as an accrediting agency is otherwise inadequate, the Commission will notify the agency of such breach or performance issue in writing and may do one or more of the following:

(i) Require evidence from the accrediting agency, satisfactory to the Commission, that action will be taken to adequately remedy the breach or performance issue. This may include interviewing senior officers from the accrediting agency
(ii) Monitor the effectiveness of any corrective action taken including additional observation during one or more accreditation assignments conducted by the relevant accrediting agency
(iii) Conduct an investigation
(iv) Take further action in relation to the accrediting agency as set out in section

4.3 Further action

4.3.1 Definition

In this Policy “further action” includes varying existing conditions of approval, imposing additional conditions of approval, suspending, or revoking approval of an accrediting agency under the NGPA Scheme.

4.3.2 The Commission reserves the right to take further action at any time where it forms the view that such action is warranted under the NGPA Scheme. In these circumstances and prior to taking any such action, the Commission will:

(i) Notify the accrediting agency in writing of the basis of its intention to take further action, what further action is proposed and the proposed date that the action will take effect
(ii) Give the accrediting agency an opportunity to respond in writing within a reasonable timeframe having regard to the circumstances upon which the Commission is basing its further action
(iii) Meet with the accrediting agency to discuss the matter.

4.3.3 The Commission may decide to investigate a complaint or other matter before or after it takes further action.

4.3.4 Without limiting the Commission’s capacity to seek or obtain information and advice as set out in section 5.2 below, information relating to a complaint, breach of condition of approval or investigation by the Commission may be sought from or

provided to other organisations for the purposes of assessment of the complaint, investigation by the Commission, or where the Commission is of the view that the provision of information is necessary in the public interest or to enable it or the other organisation to effectively manage its functions. Other organisations may include, but are not limited to, state and territory health care complaints commissioners, health departments or other regulators of general practices, or relevant international accrediting agencies.

4.3.5 Where the Commission notifies its intention to take further action or takes further action in relation to an accrediting agency it may also notify general practices, health departments or other regulators of health service organisations, or relevant international accrediting agencies.

5 Investigation of complaints

In this part

"further action" – for definition see section 4.3.1.

5.1 The Commission may decide to investigate a complaint notified or investigate on its own motion a possible breach of a condition of approval or whether an accrediting agency is not fit and proper to be approved as an accrediting agency under the NGPA Scheme.

5.2 It is a condition of approval as an accrediting agency that the accrediting agency co-operate fully in any investigations conducted by or on behalf of the Commission. The Commission will conduct any investigations fairly and give the accrediting agency adequate opportunity to present relevant information and respond in the course of an investigation. The Commission may in its absolute discretion obtain such advice and information from such sources as it sees fit in order to properly and lawfully investigate a matter. The accrediting agency subject to an investigation, where requested by the Commission, will use its best endeavours to obtain any necessary consent to the disclosure of information from any individual or organisation for the purpose of the Commission's investigations, except where such disclosure would:

(i) Be unlawful; or
(ii) Involve a waiver of legal professional privilege and the relevant individual or entity exercises the right not to waive the privilege.

5.3 Following any investigation, the Commission may do one or more of the following:

(i) Find any or all matters investigated not substantiated
(ii) Find any or all matters investigated substantiated and make recommendations to the accrediting agency for corrective action, or in the case of a complaint how the complaint should be resolved
(iii) Find any or all matters investigated substantiated and take further action
(iv) Find any or all matters investigated substantiated but determine further action is not warranted in the circumstances.

5.4 The Commission will notify the relevant accrediting agency in writing of the outcome of any investigation. Where the Commission decides to take further action, it will notify the relevant accrediting agency of the action that will be taken together with the date of effect of that action.

5.5 The Commission will advise a complainant of the outcome of any investigation arising from a complaint.

Note – notification to third parties about further action taken in relation to a complaint is set out at section 4.3.5 above.

6 Revocation of approval

The Commission may revoke an accrediting agency's approval by notice in writing to the accrediting agency specifying the date of effect of the revocation in any of the following circumstances:

(i) the accrediting agency's accreditation with its nominated international accreditation body is suspended or ceases
(ii) the accrediting agency ceases trading
(iii) the accrediting agency becomes insolvent
(iv) the accrediting agency notifies the Commission that it no longer requires approval
(v) the Commission determines that revocation of approval is warranted under the NGPA Scheme having regard to breach of conditions of approval by the accrediting agency, its performance as an accrediting agency under the NGPA Scheme or any substantiated complaint against the accrediting agency
(vi) where the Commission forms the view that the accrediting agency is not fit and proper to be approved under the NGPA Scheme
(vii) the accrediting agency does not fully participate in the coordination processes of the NGPA Scheme conducted by the Commission
(viii) where the accrediting agency fails to undertake any accreditation assessments under NGPA the Scheme in the previous 12 months
(ix) where an accrediting agency fails to notify the Commission of a material change to the ownership or control of the agency, including as a result of merger with, or acquisition by, another person or body, in accordance with section seven of this Policy.

Where an accrediting agency has had its approval revoked, the Commission will:

(i) notify general practices of the revocation of the agency's approval
(ii) maintain accreditation of general practices which were accredited by the accrediting agency in accordance with, and subject to, the relevant conditions of approval and accreditation cycle
(iii) inform relevant regulators and organisations of changes to the agency's approval status
(iv) require any other accrediting agencies to which client organisations of the agency transfer consequent upon the revocation of approval, to notify the Commission of such transfer
(v) publish information on the Commission's website on the changed approval status of the agency.

7 Material changes to ownership or control of approved accrediting agencies

7.1 Where the ownership or control of an approved accrediting agency materially changes such as following a merger with, or acquisition by another person or body, continuation of approval as an accrediting agency is not automatic and can constitute grounds for revocation of the approval under section six of this Policy.

7.2 Where a material change to the ownership or control of an accrediting agency is to occur, the accrediting agency must notify the Commission in writing, at least 12 weeks prior to such change, of the following:

(i) the circumstances giving rise to the change, for example merger with another body or transfer of ownership to another body
(ii) the nature of the change, including details of any changed governance arrangements and details of the membership of the new or revised governing body
(iii) whether the accrediting agency intends to continue carrying on accreditation business or activities as an approved accrediting agency, and if so:

a. an outline of any anticipated impact the change will have on the conduct of the agency's accreditation operations or activities
b. any changes in the key officeholders or senior managers of the accrediting agency including the same kinds of details in respect of any new key officeholder or senior manager as those required in respect of any key officeholder or senior manager in the original application for approval
c. the date when the notified change is to become effective.

7.3 Failing to notify the Commission in accordance with paragraph 7.2 constitutes grounds for revocation of approval as an accrediting agency under section six of this Policy.

7.4 Within 20 business days of receipt of a notice under paragraph 7.2, the Chief Executive Officer, or delegate, may by notice in writing:

(i) confirm the existing approval, subject to any additional specified conditions the Chief Executive Officer/delegate considers appropriate, for the balance of the term of the approval or such lesser period as may be specified in the notice; or
(ii) revoke the existing approval as an accrediting agency with effect on and from a specified date.

7.5 Where the Chief Executive Officer, or delegate, revokes an approval under paragraph 7.4 (ii), this does not prevent the agency from lodging a new application for approval as an accrediting agency in accordance with this Policy.

8 Internal review

8.1 Definitions

“Adverse decision” means a decision by the Commission not to grant approval as an accrediting agency, or to suspend or revoke approval as an accrediting agency.

“The Reviewer” means the Commission’s Chief Executive Officer, or another person, other than the original decision-maker, appointed by the Chief Executive Officer to undertake the internal review.

The “relevant organisation” means the organisation, the subject of an adverse decision.

8.2 Reasons for Decision

Where the Commission makes an adverse decision, the Commission will provide reasons for the decision in writing at the time of notification of the decision to the relevant organisation.

8.3 Review process

8.3.1 Except where an adverse decision has been made by the Reviewer, the relevant organisation may request an internal review of the adverse decision by notice in writing directed to the Commission’s Chief Executive Officer within 10 working days of receipt of the written reasons for the decision.

8.3.2 The request for internal review by the relevant organisation is to be accompanied by a document which specifically addresses and responds to the reasons given for the adverse decision, as well as setting out any other grounds relied upon in support of the organisation’s application for review (the “grounds for review”).

8.3.3 The Commission’s Chief Executive Officer (or another person, other than the original decision-maker, appointed by the Chief Executive Officer) will conduct any internal review.

8.3.4 The Reviewer will consider:

(i) all written documentation relied upon by the original decision-maker
(ii) the original written reasons for decision
(iii) the written “grounds for review” document submitted by the relevant organisation.

8.3.5 The Reviewer may seek additional information relevant to the internal review from the relevant organisation by way of interview or in writing, or both.

8.3.6 The Reviewer may obtain such other information or advice as deemed by the opinion of the Reviewer as necessary in their absolute discretion to properly conduct the review.

8.3.7 The Reviewer will make a new decision about the granting, suspension or revocation of approval as the case may be. The internal review decision will be a fresh decision, as though the original decision had not been made. The reviewer will provide reasons for their decision. That decision will not be subject to further internal review.

8.3.8 The relevant organisation will be notified of the outcome of the review in writing within 20 working days, unless the timeframe is extended in order for the Reviewer to obtain additional information or advice or complete the review.

8.3.9 The original decision will continue in effect unless, and until, a fresh decision comes into effect following an internal review.

Appendix 1 – Performance and compliance activities

1. General Practice Accrediting Agency Approval Assessment Panel (the Panel)

The composition of the Panel will be determined by the General Practice Coordinating Committee (Coordinating Committee) from time to time and may draw on expertise from one or more of the following:

- The Australian Commission on Safety and Quality in Health Care (the Commission)
- The Royal Australian College of General Practitioners (the RACGP)
- The Australian College of Rural and Remote Medicine
- The Australian Primary Health Care Practice Nurses Association
- The Australian Association of Practice Management
- The Coordinating Committee
- Any other relevant person or organisation.

Membership of the Panel will not exceed seven members. The Commission will take all reasonable steps to ensure members of the Panel do not have a conflict of interest.

2. Monitoring performance and compliance of approved accrediting agencies

2.1 The Commission will monitor the performance and compliance of accrediting agencies with the requirements of the NGPA Scheme, including conditions of approval imposed by the Commission, using information from a range of sources, including but not limited to:

(i) accreditation outcomes data
(ii) feedback from the Commission's Advice Centre and mediation processes
(iii) feedback from general practices and other stakeholders
(iv) feedback from the General Practice Accrediting Agencies Working Group and individual accrediting agencies
(v) feedback from regulators and individual jurisdictions
(vi) feedback from the Coordinating Committee
(vii) complaints or compliments received about agencies
(viii) observation of agencies' assessment practices
(ix) responses to survey and data requests of agencies
(x) other relevant information sources including investigations and special compliance activities where the Commission considers these warranted
(xi) information from issues associated with an appeals process.

2.2 A report on its performance will be provided to each accrediting agency annually. As a condition of approval each accrediting agency will be required to meet with the Commission annually to discuss its performance. At the annual meeting the Commission will discuss any issues of concern identified in the report and the strategies to address these issues.

2.3 The Commission will provide regular updates to the Coordinating Committee on complaints, compliance, and performance experience under the NGPA Scheme.

2.4 If an accreditation assessment by document review and physical surveillance is covered by a declared quality assurance activity under section 124X of the *Health Insurance Act 1973*, where necessary for the purpose of exercising the Commission's observation role or undertaking other compliance and monitoring the physical surveillance or document review involved in an accreditation assessment, the Commission and its personnel will comply with section 124Y of the *Health Insurance Act 1973*.

3. Consultation on changes to the NGPA Scheme

3.1 The Commission will consult with accrediting agencies and other stakeholders on any significant changes to the NGPA Scheme proposed from time to time including, but not limited to, changes to this Policy, the assessment data required to be reported, the standard or additional conditions on accrediting agencies, or the relevant standards under the NGPA Scheme.

Appendix 2 - Standard Conditions of Approval as an Accrediting Agency to conduct assessments under the National General Practice Accreditation (NGPA) Scheme

1. Approval subject to Standard Conditions

The approval of any organisation as an Accrediting Agency under the NGPA Scheme is subject to the Standard Conditions set out in this **Appendix 2** of the Policy, as well as any additional conditions of approval placed on the Applicant by the Commission in granting or continuing approval under the NGPA Scheme.

2. Definitions

In these Standard Conditions:

“Agency” means an organisation approved from time to time by the Commission as an accrediting agency under the NGPA Scheme.

“Assessor” means a person who conducts assessments on behalf of an agency as part of an accreditation program conducted by the agency.

“Clinical session” means a time period of at least half a day (generally considered to be four hours) where a general practice is operational and health care is being provided to patients.

“General practice” means a medical practice, health service or other enterprise, involving the provision of medical services by a registered medical practitioner or practitioners who is/are specialist general practitioner(s), recognised as such by the Medical Board of Australia, and includes the person, corporation or other legal entity that controls the operation of the general practice.

It provides patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities.

In this document for the purposes of accreditation, Aboriginal Medical Services are also included under this description and the requirements of the Policy apply in the same way.

“General practice nominee” means the person authorised to act on behalf of the general practice for the purpose of the NGPA Scheme pursuant to the contract for accreditation services with an agency in respect of the general practice.

“Hybrid assessment” means an assessment where part of an assessment team is on site of a general practice, and part of an assessment team is present using videoconferencing technology.

“Key officeholder” means the chairperson (however called) and each member of the governing body, company secretary (or equivalent as applicable) and/or treasurer (or equivalent as applicable) of the agency.

“Policy” means the Policy of approval under the NGPA Scheme to conduct accreditation assessments of general practices using the relevant standards, as varied from time to time.

“Qualified assessor” is a person with the qualifications and training to fulfil this role.

"Qualified Privilege" means accreditation assessment by document review and physical surveillance covered by a declaration as a qualified assurance activity under section 124X of the Health Insurance Act 1973.

"Regulator" means the Australian Government Department of Health and Aged Care (the Department) which has the principal role in policy, funding, and statutory oversight of the general practice.

"Relevant standards" means the RACGP *Standards for general practices* and the RACGP *Standards for point-of-care testing* used under the NGPA Scheme, as determined or varied from time to time.

"Senior manager" means the chief executive (however called) and each manager reporting directly to the chief executive of the agency, who will be primarily responsible for the oversight or management of assessors, the conduct of assessments or the award of accreditation.

3. Utilising the NGPA Scheme

3.1 An agency will co-operate with the Commission as a participant in the NGPA Scheme in ensuring the integrity and standing of the NGPA Scheme as a valuable tool of clinical governance for general practices, including participating in various fora, meetings, research, reviews, and other Commission activities relevant to the NGPA Scheme.

3.2 In conducting accreditation assessments using the NGPA Scheme (including the relevant standards), an agency must properly and effectively implement all provisions and components of the NGPA Scheme applying from time to time to accrediting agencies, including:

(i) the relevant standards applying from time to time
(ii) the best practice approach outlined in the "Improving Inter-Assessor Reliability for Health Service Accreditation: A Literature Review" provided by the Commission or such other guidance or directive from the Commission issued from time to time
(iii) the Commission's Policy under the NGPA Scheme, as varied from time to time
(iv) any orientation or training programs required by the Commission to be undertaken by assessors (set out in Section 4)
(v) conditions of approval as an agency
(vi) the data specifications and processes for the NGPA Scheme as varied from time to time
(vii) the Commission's rating scale for accreditation assessments, issued from time to time
(viii) the Commission's criteria for conducting hybrid and virtual assessments, issued from time to time
(ix) the Commission's requirements for the conduct of standardised repeat assessments under the NGPA Scheme, issued from time to time
(x) the Commission's requirements for the conduct of short notice assessment under the NGPA Scheme, issued from time to time
(xi) the Commission's instructions on the NGPA Scheme, published on the Commission's website, or in resources such as fact sheets in respect of any aspect of the NGPA Scheme, as issued from time to time
(xii) Commission Advisories in respect of any aspect of the NGPA Scheme issued from time to time
(xiii) membership and Terms of Reference of the General Practice Accrediting Agencies Working Group established by the Commission to consult on the

ongoing design and application of the NGPA Scheme and its associated activities

(xiv) any Community Rating Scale in respect of general practice fees and charges endorsed by the regulator for inclusion in the NGPA Scheme, issued from time to time.

3.3 Preventing bias and managing conflicts of interest.

3.3.1 An agency must ensure that:

(i) there is no real bias or apprehension of bias on the part of the agency or its assessors at any time in managing or conducting accreditation assessments, or awarding accreditation, using the NGPA Scheme

(ii) any actual or perceived conflict of interest on the part of the agency or its assessors that arises at any time in managing or conducting accreditation assessments, or awarding of accreditation, using the NGPA Scheme, is notified to the Commission as soon as practicable after the agency becomes aware of it, together with advice to the Commission on how the agency will effectively manage and address the conflict.

3.3.2 Without limiting the circumstances in which an apprehension of bias on the part of an agency may arise:

(i) involvement of a person for and on behalf of an agency in an accreditation assessment of a general practice, within less than three years of concluding employment with that general practice, constitutes an apprehension of bias on the part of the agency and the person

(ii) involvement of a person for and on behalf of an agency in an accreditation assessment of a general practice, within less than three years of having provided advice, recommendations or consultancy or similar services to the general practice of a kind related to supporting or enabling that organisation to achieve or maintain accreditation, constitutes an apprehension of bias on the part of the agency and the person.

3.3.3 For the avoidance of doubt the provision of advice, recommendations, consultancy or similar services by an agency to a general practice to support or enable the organisation:

(i) to achieve or maintain accreditation under the NGPA Scheme; or

(ii) to achieve or maintain relevant standards to be used in an accreditation process under the NGPA Scheme

within a period of three years prior to commencing an accreditation assessment constitutes a conflict of interest on the part of the agency.

3.3.4 An agency must adhere to any policy or directive issued by the Commission in relation to avoiding or managing any conflict of interest on the part of the agency or its assessors that may arise, or arises, in managing or conducting accreditation assessments, or awarding of accreditation, using the NGPA Scheme, issued from time to time.

3.4 An agency must ensure it, and its assessors, conduct themselves ethically and lawfully at all times in respect of the management and conduct of assessments and the award of accreditation using the NGPA Scheme, including adhering to any relevant policy or directive issued by the Commission from time to time.

3.5 Assessment methodology, personnel and processes

An agency must ensure its assessment methodology, personnel and processes in undertaking assessments using the relevant standards include, but are not limited to the following:

(i) adoption of a three-year accreditation cycle
(ii) adoption of a standardised assessment methodology that adheres to any directive issued from the Commission from time to time
(iii) adoption of a staged assessment process for accreditation involving an initial on-site assessment whenever feasible, and review, followed, where applicable, by a remediation period of a duration specified in the Commission's instructions on the NGPA Scheme, to allow a general practice to address any material concerns identified at initial assessment, re-assessment, if needed, and a final assessment, if needed
(iv) conduct of an assessment program that involves:

a. conducting at least one on-site assessment visit and completion of at least one accreditation assessment (including remediation and final assessment where applicable) involving the relevant standards in their entirety, within a three-year accreditation cycle
b. ensuring that the on-site assessment visit, referred to in sub-paragraph (a.), occurs before the current three-year accreditation award expires and no earlier than eight months prior to the accreditation expiry date, irrespective of which agency undertook the previous accreditation
c. giving the general practice nominee at least four weeks' notice of the date for commencement of an announced on-site assessment, or less if directly requested by the general practice.

(v) for a short notice assessment, compliance with the requirements issued by the Commission from time to time
(vi) for a repeat assessment, compliance with the requirements issued by the Commission from time to time
(vii) ensuring that any assessment visit involves the appointment of a qualified assessor as the lead assessor, to manage and coordinate any assessment process, who:

a. has the knowledge, skills and experience required to undertake accreditation assessment processes and engagement with general practices
b. has a sound understanding of the nature of general practice within an Australian context
c. is adequately supported in their role as a lead assessor by the agency
d. complies with the minimum requirements for a lead assessor set by the Commission from time to time.

(viii) establishing assessment teams:

a. comprised of at least two qualified assessors, at least one of whom must be an appropriately qualified general practitioner and at least one of whom must be an appropriately qualified nurse, practice manager, allied health professional or Aboriginal and Torres Strait Islander health worker/health practitioner with relevant experience in general practice, subject to any changes to such requirements directed by the Commission from time to time
b. that meet the requirements for qualification as an assessor set out in the Standard Conditions determined by the Commission from time to time
c. with experience in general practice

d. with the mix of skills to effectively assess each of the relevant standards
e. of the appropriate size and with sufficient time to rigorously assess the general practice
f. all, or a majority, of whom have participated fully and actively as assessors (not as observers or trainees under supervision) in no less than five assessment processes in the preceding twelve months.

(ix) ensuring sufficient time is allocated to properly collate assessment findings at the conclusion of an assessment visit
(x) ensuring any on-site assessment takes no less than one clinical session,
(xi) ensuring the agency has a robust quality assurance process in place for the accreditation process
(xii) ensuring that any virtual or hybrid assessments are conducted in accordance with guidance issued by the Commission from time to time and with prior approval of the Commission
(xiii) ensuring assessors have not participated in more than two consecutive assessment cycles in respect of the relevant general practice. immediately prior to a new assessment cycle.

3.6 An agency must ensure the assessor team is adequately briefed, including being provided with adequate documentation, about the general practice to be assessed, and the scope of the assessment to be undertaken.

3.7 An agency must require assessors participating in accreditation assessments for and on its behalf to assess general practices using the most current version of the relevant standards (unless the Commission otherwise approves use of another version in any particular case or class of cases):

(i) without modification
(ii) ensuring sufficient time is devoted to properly assessing each indicator within the relevant criterion, including each element within an indicator
(iii) rating each indicator using the Commission's Rating Scale as published by the Commission from time to time
(iv) testing high risk scenarios during assessment using the process specified by the Commission from time to time
(v) notifying the Commission within 48 hours where a material concern is identified
(vi) using the Commission's data specifications and processes for the NGPA Scheme, as varied from time to time, during assessments
(vii) incorporating consumer perspectives in the assessment process in a meaningful way, in such manner as determined by the Commission in collaboration with accrediting agency
(viii) complying with the requirements of the NGPA Scheme to be eligible to assess general practices to the relevant standards.

3.8 An agency must not use the relevant standards to assess or accredit general practices outside Australia or its Territories.

3.9 Multi-site assessment

An agency must ensure that for the accreditation assessment of a network of general practices under the NGPA Scheme, each practice is individually assessed.

3.10 No conjunct accreditation

An agency must not conduct an assessment using relevant standards under the NGPA Scheme at the same time as it conducts an assessment using non–Scheme standards, proprietary or otherwise.

For the avoidance of doubt this does not prevent an agency from undertaking an on-site assessment visit for a non-Scheme accreditation immediately following an on-site assessment visit for an assessment conducted under the NGPA Scheme. Additional assessments may not be conducted prior to the relevant standards when they are conducted in sequence.

3.11 Remuneration arrangements for assessors

An agency must ensure any remuneration arrangements or benefits for assessors are structured in such a way as to appropriately support assessors to carry out their duties in a neutral and objective manner and to identify any issues of concern and areas where the relevant standards are not met in the course of their accreditation assessments. An agency should not structure remuneration arrangements for assessors in a way that could reasonably be perceived as disincentivising the necessity for return visits, where warranted, as part of accreditation assessments.

3.12 Prompt notification to general practices

An agency must require its assessors to advise the general practice nominee of:

(i) its preliminary views on the outcome of the assessment, at the conclusion of an assessment visit
(ii) any material concern identified during the course of an assessment process, as soon as practical after the concern is identified.

3.13 Agency complaints and internal review processes

3.13.1 An agency must have a comprehensive complaints process in place which includes a mechanism to escalate issues to the Commission.

3.13.2 An agency must undertake a fair and reasonable review of any of its decisions in relation to an accreditation assessment, where requested by either the Commission or a general practice nominee.

3.14 Role of external consultants engaged by general practices

As part of an accreditation assessment an agency must:

(i) at the commencement of the assessment process, require the general practice nominee to disclose any external consultant contracted or appointed by the general practice to provide services or support in respect of the accreditation of the general practice or any of its relevant facilities or services (whether of a preparatory nature in anticipation of an accreditation assessment or services and support during or following an accreditation assessment)
(ii) ensure its assessors routinely deal with, interrogate and request information from the management (clinical and operational) for the general practice, or any of its relevant facilities or services, in the course of an assessment
(iii) ensure its assessors do not engage or discuss with any such external consultant, or where applicable the consultant's personnel, any aspect of the accreditation assessment either before or during the process.

(iv) rigorously assess processes and systems in respect of which external consultants have provided advice and support, to ensure they have been embedded into the general practice's organisation and routine activities.

4. Skills, training, and experience of assessors

4.1 Qualified assessors

An agency must ensure assessors participating in accreditation assessments for and on its behalf are appropriately qualified and trained (qualified assessors) as follows:

(i) hold health management, clinical or other relevant qualifications and/or have relevant general practice experience
(ii) meet the assessor requirements set out in 3.5(vii) and 3.5(viii)
(iii) meet assessor requirements as stipulated by the Commission from time to time
(iv) have a detailed understanding of the relevant standards
(v) maintain their knowledge, skills, and experience in the general practice sector to understand and assess general practices to the relevant standards
(vi) obtain and maintain skills in assessing to the relevant standards
(vii) are adequately supported in their roles as assessors by the agency.

4.2 Training and quality assurance of assessors

An agency is required to:

(i) ensure assessors are provided with training to ensure a thorough and current knowledge of the relevant standards
(ii) require assessors to submit evidence of satisfactory completion of the Commission's orientation program, where available, prior to undertaking assessments using the relevant standards
(iii) require assessors to submit evidence of satisfactory completion of assessor training developed by the Commission from time to time within the specified time frame
(iv) exclude assessor who do not meet the assessor requirements of the NGPA Scheme
(v) maintain rigorous processes for the selection, training, support, and performance management of assessors
(vi) provide its assessors workforce with the necessary tools and information to effectively perform their roles
(vii) work with the Commission to maximise inter-assessor reliability and decrease avoidable variation, including using at least two assessors at each assessment
(viii) ensure assessors know and understand their legislative obligations in relation to privacy and patient confidentiality
(ix) ensure assessors have experience that is relevant to the general practices they assess and consider the context in which the general practice operates when determining compliance with indicators in the relevant standards
(x) provide general practices with information on the skills and experience of assessors within the team prior to on-site assessments and allow general practices to provide feedback on the suitability of assessors
(xi) ensure assessors declare any conflicts of interest in a timely manner prior to undertaking assessments and put in place reasonable measures to ensure impartiality of assessors during assessment of general practices.

4.3 Continuing professional development

An agency must ensure the assessors participating in accreditation assessments for and on its behalf are actively maintaining their skills and familiarity with the NGPA Scheme as follows:

(i) assessors are participating in continuing professional development activities, directly relevant to the NGPA Scheme, conducted, sponsored, or supported by the agency

(ii) at least annually, assessors have undergone an assessor training program on the most current version of the relevant standards which satisfies the following criteria:

a. requires active participation by all attendees
b. provides familiarisation with, and training in how to practically apply the relevant standards and the relevant tools, guides, and resources on accreditation.

(iii) the agency ensures mechanisms are in place to access alternative training and training materials if an assessor does not participate in the scheduled annual training program.

(iv) the agency invites the Commission to present at training events for assessors on the relevant standards conducted or arranged by the agency

(v) the agency monitors, and regularly reports to the Commission on training conducted by the agency and completed by assessors.

5. Permitted use of NGPA Scheme resources

5.1 RACGP Resources

5.1.1 The RACGP retains intellectual property in all material developed by the RACGP for the purposes of, or for use under, the NGPA Scheme. An agency is not permitted to, and must not, use any such NGPA Scheme material for purposes other than for conducting assessments, awarding accreditations, or otherwise meeting the conditions of the NGPA Scheme, as an approved agency under the NGPA Scheme.

5.1.2 An agency must acknowledge the RACGP's intellectual property when using any of the RACGP's logos, information, material, resources, and tools in the course of participating in the NGPA Scheme, and that it is permitted to use such materials in its capacity as an approved agency under the NGPA Scheme.

5.2 Commission Resources

5.2.1 The Commission retains intellectual property in all material developed by the Commission for the purposes of the NGPA Scheme. An agency is not permitted to, and must not, use any such NGPA Scheme material for purposes other than for conducting assessments and awarding accreditations, or otherwise meeting the conditions of the NGPA Scheme, as an approved agency under the NGPA Scheme.

5.2.2 An agency must acknowledge the Commission's intellectual property when using any of the Commission's logos, information, material, resources, and tools in the course of participating in the Scheme, and that it is permitted to use such materials in its capacity as an approved agency under the NGPA Scheme.

6. Reporting under the NGPA Scheme

6.1 Consent to disclosure of information relating to general practices

An agency must ensure any contract, agreement or understanding it enters into to provide assessments and/or programs using the NGPA Scheme with all organisations assessed to the relevant standards, includes an express written provision for consent in the part of the relevant general practice:

(i) to the provision to the Commission, by the agency, of demographic information, accreditation assessment outcome data or other information in respect of the general practice, or any of its facilities or services, of the kind required to be reported or notified in accordance with the Policy and the agency's conditions of approval (reportable information); and
(ii) to the disclosure of any such reportable information to the regulator and Services Australia by the agency or the Commission at any time; and
(iii) to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the general practice, as determined by the Commission from time to time, in public reporting on individual general practices
(iv) to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the general practice, as determined by the Commission from time to time, in routine aggregated public reporting by the Commission of accreditation assessment outcomes of general practices.

Note: the nature, content, and format of any such public reporting will be determined by the Commission in consultation with accrediting agencies, the Coordinating Committee, general practices and regulators.

(i) to the provision of documentation or other information concerning an accreditation assessment process as part of investigating a complaint or breach under the Policy or monitoring compliance with the Policy or conditions of approval as an agency.

6.1.2 For a cancellation notice period requiring that party to provide written notice to the agency in the event of cancellation of the agency's services if such inclusion is requested by the agency.

6.1.3 Nominating a specified person who is authorised to receive any notifications or otherwise act on behalf of the contracting party and the general practice for the purpose of the conduct of accreditation assessments under the NGPA Scheme, and any actions required as a consequence of accreditation.

6.2 Observer role of Commission

6.2.1 An agency must ensure any contract, agreement or understanding it enters into to provide accreditation assessments and/or programs using the NGPA Scheme, includes express written provision for consent on the part of the other contracting party:

(i) to the attendance of Commission representatives in any component of an accreditation assessment as observers, at the discretion of the Commission, and
(ii) where the Commission representatives attend as observers under paragraph (i), to access to any documentation prepared by the agency as part of any such accreditation assessment and to information concerning the management and

conduct of the accreditation assessment process by the agency which may be requested by the Commission.

6.2.2 If Qualified Privilege applies to any accreditation assessment activities referred to in sub-clause 6.2.1, the agency will make the requirement for consent in clause 6.2.1 conditional on the Commission complying with the relevant non-disclosure requirements applying to those accreditation assessment activities.

6.3.1 Schedule of planned assessments

An agency must submit to the Commission an updated schedule of assessments for the following 12 months on a quarterly basis. The schedule of assessments is due on the 10th day of the following months:

(i) January
(ii) April
(iii) July
(iv) October

The schedule is to include the name and location, or alternatively the unique identifier, of the general practice to be assessed, the planned date of such accreditation assessment and the accreditation expiry date. The schedule is to be updated and resubmitted quarterly to ensure its currency.

6.4 Workforce list

An agency must submit to the Commission a list of qualified assessors engaged by the agency to conduct assessments to the relevant standards on the 10th of July of each year. The list is to include the:

(i) relevant unique identifier for each assessor, as issued by the Commission at the time the Commission's online orientation program is undertaken, where available
(ii) name of assessor
(iii) principal state or territory of practice
(iv) area of experience in the general practice sector, if applicable.

6.5 Assessment data

An agency must submit separate assessment data for each general practice assessed using the NGPA Scheme.

6.6 Unique identifiers

6.6.1 Where Qualified Privilege applies, a unique identifier, instead of the name and location of the relevant general practice, is to be used by the agency in any report under the NGPA Scheme it provides to the Commission.

6.6.2 Such unique identifier is to be allocated by HealthDirect Australia, or such other body as the regulator may advise from time to time.

6.7 Monthly reporting

6.7.1 An agency must submit to the Commission by the 10th day of each month complete, accurate assessment outcomes data, free of charge and in the required format, as determined by the Commission from time to time and set out in the data specifications and processes for the NGPA Scheme.

6.8 Reporting during assessment process

6.8.1 An agency must notify a general practice nominee as soon as practicable of any significant risk of patient harm identified in the course of an assessment of one of its facilities or services and develop a mitigation plan with the general practice to fully address the risk within two working days.

6.8.2 An agency must meet the requirements for notification of significant risks outlined by the Commission as updated from time to time.

6.8.3 The Commission will take action as appropriate from time to time.

6.9 Reporting by agencies to general practices on assessment outcomes

6.9.1 Within five working days of completion of an initial accreditation assessment, an agency must notify the general practice nominee in writing of the outcome of the initial assessment, including specifying all matters that require remediation.

6.9.2 Within 20 working days of completion of a final accreditation assessment, an agency must provide the general practice nominee with a written report of its accreditation assessment as follows:

(i) for each general practice assessed, the agency must provide the general practice with details of the assessment outcome
(ii) where two or more general practices are assessed simultaneously, the agency must provide an individualised report of the assessment outcome in respect of each general practice, whether within one document or separate documents
(iii) an agency may notify the Commission where it identifies exemplar practice in the course of undertaking an assessment using the NGPA Scheme.

6.9.3 An agency must use any template for assessment reports specified by the Commission from time to time, for reporting on assessment outcomes to general practice.

6.10 Annual reporting

An agency must report to the Commission annually in July as follows:

(i) for each of the assessors who undertook accreditation assessments using the NGPA Scheme in the previous financial year for and on behalf of the agency, their name or unique assessor identifier and the number of assessment days completed for and on behalf of the agency, and the training undertaken in that year involving accrediting Agency conducted, supported, or sponsored programs; and
(ii) where the specified minimum number of assessment days were not undertaken by an assessor, an explanation and outline of how the agency has ensured the assessor has maintained sufficient skills to undertake assessments
(iii) the training programs and other professional development activities for assessors conducted, sponsored, or supported by the agency in the previous financial year
(iv) for each assessor, the training modules specified by the Commission from time to time, completed by assessors using their name or unique assessor identifier.

6.11 Ad hoc reviews, research, and surveys

An agency must participate in ad hoc reviews, research and surveys agreed to by all members of the General Practice Accrediting Agencies Working Group established by the Commission.

7. Award of accreditation

7.1 Accreditation certificates

7.1.1 The agency must include the following information on certificates awarded for any accreditation using the NGPA Scheme:

(i) name of the legal entity operating the general practice(s)
(ii) date of commencement and expiration of the relevant accreditation cycle
(iii) general practice(s) unique identifier
(iv) date accreditation is awarded
(v) complete title and edition of the standards used in accrediting the general practice(s)
(vi) description, including trading, business or other operating name and location, of the general practice(s) covered by the award.

7.1.2 The agency is to publish the name and location of general practices that are currently accredited to the relevant standards on the agency's website.

7.1.3 The agency must use any accreditation certificate template specified by the Commission from time to time. Where there is an inconsistency between this paragraph and paragraph 7.1.1, this paragraph prevails.

8. Collaboration and communication with the Commission

8.1 An agency must comply with any Advisories relevant to the role of accrediting agencies in the NGPA Scheme, issued by the Commission from time to time.

8.2 The agency is to nominate an officer of the agency to the Commission's General Practice Accrediting Agencies Working Group and require their active participation including:

(i) regular attendance at meetings of the General Practice Accrediting Agencies Working Group
(ii) working with the Commission to:

a. increase the effectiveness and efficiency of assessment processes under the NGPA Scheme, including inter-assessor and inter-agency reliability
b. provide advice on matters related to the assessment of general practices to the relevant standards
c. exchange information on ways to meaningfully involve consumers in accreditation, with their consent
d. Collaborate on matters related to data collection and reporting to the Commission
e. develop suitable templates for such matters as accreditation certificates and assessment reports
f. facilitate information sharing between general practices, health departments/regulators and the Commission.

8.3 An agency must meet annually with the Commission to discuss the agency's performance and strategies for improvement and to take action to implement agreed strategies within agreed time frames.

8.4 An agency must direct its assessors:

(i) to work collaboratively with observers from the Commission during observation visits
(ii) to actively participate in mediation sessions with the Commission and general practices when invited.

9. Performance and compliance monitoring, complaints management and investigation

In respect of its role, functions, and activities as an agency under the NGPA Scheme, an agency must co-operate fully in:

(i) any performance and compliance monitoring undertaken by the Commission
(ii) undertaking remediation of breaches of conditions of approval or performance improvement actions requested by the Commission
(iii) complaints management processes of the Commission or investigations conducted by or on behalf of the Commission, as set out in the Policy.

10. Change of key officeholders or senior managers

Where there is a change in key officeholders or senior managers from those who were listed in the agency's most recent application for approval as an accrediting agency, the agency must notify the change to the Commission in writing within 10 working days, and submit, in a timely manner, details in respect of any new key officeholder or senior manager, the same as those required in respect of any key officeholder or senior manager in the original application for approval.

11. Changes in control or ownership

Where a material change to the ownership or control of an agency is to occur, the agency must notify the Commission in writing, at least 12 weeks prior to such change, in accordance with section seven of the Policy and provide the information to the Commission set out in section seven.

12. International accreditation

An approved agency must hold and maintain relevant accreditation with one of the following internationally recognised bodies:

(i) Joint Accreditation Scheme of Australia and New Zealand (JASANZ)
(ii) International Society for Quality in Healthcare (ISQua) in relation to the Governance Standards
(iii) Any other international accrediting body which may be recognised by the Commission from time to time.