D24-56245

Public consultation

Options for potential changes to the accreditation of general practices

Feedback is being sought from the general practice sector on potential changes to the accreditation cycle and assessment processes of general practices. This resource provides additional information on the two proposed options to inform stakeholders prior to them sharing their feedback. This paper explores the potential risks and benefits of each option, with details on the specific matters covered in the online survey. An overview of the options and considerations for public consultation is available here.

Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission), in collaboration with sector representatives, coordinates the National General Practice Accreditation (NGPA) Scheme. The NGPA Scheme supports the consistent assessment of general practices against the *Royal Australian College of General Practitioners (RACGP) Standards for general practices* (the Standards).

Under the NGPA Scheme, the current accreditation process involves a routine assessment, which is announced and on-site, against all relevant indicators of the Standards, at the beginning of the accreditation cycle. General practices that are fully compliant are awarded accreditation for three years.

Rationale for change

General practices are expected to maintain compliance throughout the three-year cycle, but there is no mechanism to monitor this. The assessment outcomes data shows that just 22% of accredited general practices meet all mandatory indicators at their subsequent assessment, indicating the current process does not effectively support ongoing compliance with the Standards.

Changes to the NGPA Scheme are being considered to support general practices in providing consistently safe and high-quality care and meeting the Standards on a day-to-day basis.

Consultation

The Department of Health and Aged Care (the Department) has tasked the Commission with reviewing potential changes to the accreditation cycle and assessment processes to support general practices to maintain compliance throughout the cycle.

The **Department's desired outcomes** from the potential changes include:

- Improvements in overall safety and quality for consumers
- Assessments at the same or lower cost for general practices
- No significant increase in administrative compliance requirements.

The Commission routinely seeks feedback from general practices about their accreditation experience, through a post-assessment survey. The main issues that general practices have raised with accreditation include:

- **Administrative burden** - accreditation-related activities are often condensed into a short period of time, amplifying the administrative burden
- **Staff shortages and changes** - resulting in loss of corporate knowledge of accreditation processes, timelines, and requirements
- **Pressure to meet deadlines** - meaning accreditation can be viewed as a tick-box activity, rather than a reliable safety and quality assurance mechanism.

The Commission has consulted with the General Practice Accreditation Coordinating Committee (GPACC)* and the General Practice Accrediting Agency Working Group (GPAAWG)† on changes that could address both the Department's objectives and the issues raised by general practices. As a result of this initial consultation, key stakeholders have proposed two potential options to improve the accreditation cycle and assessment process.

Options for consideration by the sector:

1. Extended accreditation cycle with at least one mid-point review
2. Assessment conducted at short notice.

The views of the general practice sector will be critical in shaping any potential changes to the NGPA Scheme. This paper provides an in-depth analysis of the two options that are being considered, to support the sector to give their feedback through the public consultation.

Note – You may have other suggestions or ideas on how the accreditation process and experience could be improved. These are welcomed through the online survey.

* GPACC consists of Australian Association of Practice Management, Australian College of Rural and Remote Medicine, Australian Practice Nurse Association, Consumer Health Forum, Department of Health and Aged Care, Royal Australian College of General Practitioners, and Western NSW Primary Health Network.
† GPAAWG consists of AGPAL Group of Companies, Australian Council on Healthcare Standards, Global-Mark Pty Ltd, and Quality Practice Accreditation Pty Ltd.

Option one

Extended accreditation cycle with at least one mid-point review

This option would involve **extending the length of the accreditation cycle** to potentially **four or more years**. The accreditation process would still involve an announced routine assessment against all relevant indicators of the Standards.

There would be at least one **mid-point review** to provide insight into how the general practice is meeting the Standards in preparation for the subsequent assessment.

A general practice that is fully compliant would be awarded accreditation for **four or more years**.

Rationale for Option one

This option was proposed in the *Review of general practice accreditation arrangements* (the Review), commissioned by the Department in 2021. The Review had a total of 15 recommendations, with **Recommendation 6** relating to driving sustained conformance and continuous improvement throughout the accreditation cycle.

Review of general practice accreditation arrangements

Recommendation 6

Refocus assessments to drive sustained conformance and continuous improvement by:

- Adjusting the assessment process to better target the activities conducted at each stage of an accreditation cycle and reduce unnecessary burden on practices
- Requiring practices to complete a mid-point assessment by submitting targeted information to their accrediting agency mid-way through the accreditation period
- Adopting a risk-based approach to identify where further support and/or monitoring may be required to ensure sustained conformance with the Standards.

Feedback to date from general practices

The Commission has also received feedback from general practices proposing changes to the length of the accreditation cycle, through the post-assessment survey:

Some general practices expressed a preference for shorter intervals to break up the workload and some for longer intervals to provide a prolonged break between assessments.

Option one seeks to address both preferences with:

- An extended accreditation cycle giving more time between routine assessments
- One or more mid-point reviews providing an update on how a general practice is meeting the Standards in preparation for the next routine assessment.

Option one partially meets the desired outcomes set by the Department.

Department's desired outcomes from the potential changes

✓ *Improvements in overall safety and quality for consumers*

Increasing the frequency of check-ins with an accrediting agency can enhance the safety and quality monitoring process of a general practice, improving overall consumer safety and quality.

✗ *Assessments at the same or lower cost for general practices*

Implementing a mid-point review is likely to increase accreditation costs. The extent of the increase would be determined by the content, method, and frequency of the review.

✓ *No significant increase in administrative compliance requirements*

The initial implementation of any changes would likely involve an increase in administrative compliance requirements, but once a general practice integrates safety and quality processes into its daily operations, the routine assessment and the mid-point review would become easier and more manageable.

Legend: ✓ Achieves outcome ✓ Likely to achieve outcome ✗ Unlikely to achieve outcome ✗ Does not achieve outcome

The benefits and risks of **Option one** have been analysed and are outlined in **Table 1.**

Table 1: Option one - Benefit and risk analysis

Benefits	Risks
A **mid-point review** could: – Enable early identification of any potential areas where the Standards are not being met, reducing the pressure and stress associated with preparations for the next routine assessment – Support general practices to transition to new NGPA Scheme requirements and/or Standards between accreditation cycles – Provide an opportunity for new and existing staff to receive feedback and training, developing their skills and knowledge – Promote a culture of continuous quality improvement by encouraging regular review and enhancement of internal processes.	A **mid-point review** could: – Require additional resourcing, in time, effort, and financial investment – Cause confusion and a potential increase in non-compliances at the routine assessment, if there is variation in assessors, NGPA Scheme requirements, and/or Standards following a mid-point review – Be viewed as adding more administrative burden, especially if one person is predominantly responsible for accreditation-related activities – Not be sufficient to promote a culture of continuous quality improvement.

Considerations for public consultation

There are a range of considerations for how **Option one** could be implemented. Your feedback is sought through the public consultation on:

1.1 What should be assessed at a mid-point review
1.2 How the review should be conducted
1.3 The optimal length and makeup of the accreditation cycle.

1.1: What should be addressed at a mid-point review?

If one or more mid-point reviews are included in an accreditation cycle, what is reviewed is a key consideration. The following options are being considered:

- All mandatory indicators
- Mandatory indicators that were 'not met' at the last routine assessment
- Safety and quality issues
- Key data.

The potential pros and cons related to each of these options is presented in **Table 2.**

Table 2: Pros and cons of options for what should be assessed at a mid-point review

Review content	Pros	Cons
All mandatory indicators		
What is reviewed would be the same for all general practices. In the 5th edition of the Standards, there are 117 mandatory indicators. All mandatory indicators that are relevant to a general practice would be reviewed.	– Most rigorous option in driving full compliance to the Standards – Most beneficial for general practices when shifting to a new set of standards.	– Highest potential cost increase; the extent of the increase dependent on the review method chosen – Administrative burden could increase if evidence of compliance is required at the mid-point.
Mandatory indicators that were only 'not met' at the last routine assessment		
What is reviewed would be dependent on the performance of a general practice at the last routine initial assessment, held at the beginning of the accreditation cycle. On average, general practices have seven 'not met' mandatory indicators, but that number has ranged up to 67.	– Rewards general practices that maintain their compliance to the Standards following accreditation – Provides greater incentive for general practices to meet all mandatory indicators at the beginning of the accreditation cycle.	– For general practices with no 'not met' mandatory indicators to be assessed, there could be an increased risk of issues at the subsequent assessment as it would miss the opportunity for a mid-point review.

Safety and quality issues		
What is reviewed would be dependent on a general practice's risk, incident and near miss, complaint and feedback registers.	– Focuses on the specific safety and quality issues experienced by each general practice – The identified issues could help general practices to develop specific training and support for its workforce.	– Keeping the required registers up to date is dependent on a general practice's ability and transparency – Information in registers could be outdated, inaccurate, or biased, reflecting what a general practice chooses to report.
Key data		
What is reviewed would be the same for all general practices, involving a series of data elements that are routinely collected and reviewed as part of quality improvement processes (such as documents, policies, procedures, codable clinical indicators, digital resources).	– Drives the importance of documentation and data analysis in providing safe and high-quality care – Could address the most commonly reported 'not met' mandatory indicators and significant risks.	– Information in documents could be outdated, inaccurate, or biased, reflecting what a general practice chooses to report.

1.2: How should the mid-point review be conducted?

There are a range of ways the mid-point review/s could be conducted including:

- On-site
- Virtual
- Video or telephone interview of key personnel
- Data upload.

The potential pros and cons of each method are outlined in **Table 3.**

Table 3: Pros and cons of the review method options

Review method	Pros	Cons
On-site		
Involves one or more on-site assessors inspecting, interviewing key personnel and reviewing data.	– Most rigorous and comprehensive review – Face-to-face interactions could build better rapport between staff and assessors – Any questions or ambiguities could be addressed reducing the chance of misunderstandings or misinterpretations.	– Travel, accommodation, and other logistical expenses result in higher accreditation costs – Coordinating schedules and travel is more complex – There is less flexibility as all parties need to be present at the same location and time – The presence of assessors can disrupt daily operations.
Virtual		
Involves one or more online assessors inspecting, interviewing key personnel and reviewing data.	– More rigorous and comprehensive review than an interview or data upload – Eliminates travel and accommodation costs – More flexibility than an on-site review – Maybe less intrusive to daily operations than an on-site review.	– Updating and managing documents digitally may be challenging for some general practices – Dependent on technology, which could lead to disruptions due to connectivity problems – Sharing sensitive information online poses risks and ensuring data privacy can be challenging.
Phone or video interview of key personnel		
Involves one or more assessors interviewing key personnel via phone or video call.	– More flexibility for all parties than an on-site or virtual review – Less intrusive to daily operations than an on-site or virtual review.	– Less rigorous and less comprehensive than an on-site or virtual review – Relies heavily on the knowledge and transparency of the interviewee – Verbal information provided cannot be verified against a visual inspection or documented evidence.

Data upload		
Involves routine reporting of agreed documents and data set submitted to a general practice's accrediting agency.	– Most flexibility for all parties – Least intrusive to daily operations – Could allow the routine assessment to focus on priority safety and quality indicators, if documentation has been routinely reviewed.	– Rigour depends on data quality and extent of data collected, but likely to be the least rigorous and comprehensive method – Updating and managing documents digitally may be challenging for some general practices – Review of documents and data alone may not capture all aspects of a general practice's operations, especially those that are dynamic or informal.

1.3: How long should the accreditation cycle be?

An increase in the length of the accreditation cycle would require at least one mid-point review. The length and makeup of the accreditation cycle being considered are:

- Four years with one mid-point review
- Five years with two mid-point reviews
- Four years with annual reviews.

Currently, general practices usually only interact with their accrediting agency immediately before and during the assessment period within the three-year accreditation cycle. The options being considered ensure that check-ins occur more frequently than the current minimum interval of 2.3 years (if a routine assessment is undertaken eight months prior to the accreditation expiry date).

The pros and cons of these options are outlined in **Table 4.**

Table 4 - Pros and cons of changes to the length and makeup of the accreditation cycle

Accreditation cycle length	Pros	Cons
Four years with one mid-point review		
Involves an extended four-year accreditation cycle with a mid-point review to ensure ongoing compliance. The interval between a routine assessment and a review would be **less than two years**.	– Least potential stress and administrative burden associated with frequent check-ins – Less potential cost increase with one additional review; the extent of the increase dependent on the review method chosen – Least disruptions to daily operations associated with frequent check-ins.	– Highest risk of safety and quality issues occurring between check-ins – Least promotion of a culture of continuous quality improvement – Least opportunity for new and existing staff to receive feedback and training in line with Standards.
Five years with two mid-point reviews		
Involves an extended five-year accreditation cycle with two mid-point reviews to ensure ongoing compliance. The interval between a routine assessment and a review would be **less than 1.6 years**.	– Less potential stress and administrative burden than a desktop assessment – Could better promote a culture of continuous quality improvement – Less disruptions to daily operations than annual reviews.	– Higher risk of safety and quality issues occurring between check-ins than annual reviews – More potential cost increase with two additional reviews; the extent of the increase dependent on the review method chosen – Less opportunity for new and existing staff to receive feedback and training in line with Standards than annual reviews.

Four years with annual reviews		
Involves an extended four-year accreditation cycle with annual review to ensure ongoing compliance. The interval between a routine assessment and a review would be **less than one year**.	– Could best promote ongoing compliance to the Standards – Could best promote a culture of continuous quality improvement – Most opportunity for new and existing staff to receive feedback and training in line with Standards.	– May not be feasible to conduct on-site or virtual reviews annually – Most potential stress and administrative burden associated with most frequent check-ins – Most potential cost increase with annual reviews; the extent of the increase dependent on the review method chosen.

Please share your feedback on this potential option in **Section one** of the online survey.

Note - Alternate suggestions or ideas for improving the NGPA Scheme can be shared in **Section three** of the online survey or through written submission.

Option two

Assessment conducted at short notice

Short notice assessments (SNAs) would involve a routine assessment against all relevant indicators of the Standards, conducted with a **short period of notice**.

This option changes routine assessments from being scheduled at least four months before accreditation expiry to being conducted with up to one month's notice during the accreditation cycle. SNAs must occur at least six months after the last routine assessment and four months before accreditation expiry. Fully compliant general practices receive a three-year accreditation.

SNAs would transfer the focus from preparing for an announced assessment, which become a managed event, to embedding and maintaining safety and quality requirements and an assessment of daily operations.

Rationale for Option two

SNAs have been implemented for health service organisations undergoing accreditation to the National Safety and Quality Health Service (NSQHS) Standards since 1 July 2023. These health service organisations include all public and private hospitals, day procedure services, and public dental practices. The Commission understands that the setup and operations of general practices and such health service organisations are very different. Feedback on how those differences could be addressed, if this option were to be implemented, is sought from the sector.

Option two was proposed by the Department and supported by key stakeholder representatives from the general practice sector. It has the potential to meet the desired outcomes set by the Department.

Department's desired outcomes from the potential reform

✓ *Improvements in overall safety and quality for consumers*

General practices must continuously embed and maintain safety and quality monitoring processes, improving overall consumer safety and quality.

✓ *Assessments at the same or lower cost for general practices*

The number of assessments in an accreditation cycle remains unchanged, maintaining the current accreditation cost.

✓ *No significant increase in administrative compliance requirements*

The substantial reduction in the notice period from several months to less than one month could significantly increase administrative compliance requirements during the initial implementation phase. However, it is anticipated that the level of administration would reduce as compliance with the Standards is embedded into daily operations.

Legend: ✓ Achieves outcome ✓ Likely to achieve outcome ✗ Unlikely to achieve outcome ✗ Does not achieve outcome

Feedback from general practices

The Commission received feedback from general practices proposing changes to the assessment process, through the post-assessment survey:

A common theme in the general practices' feedback was that accreditation is usually a very stressful time, and that staff feel that extensive preparation is required for an assessment. Some general practices suggested that the process of submitting documentation could be improved to reduce the burden of accreditation.

Option two seeks to address the preferences raised through the feedback with:

- SNAs transferring the focus of assessments from preparation for the accreditation to embedding safety and quality processes into daily practice
- Considerations of how documentation can be submitted ahead of SNAs.

The benefits and risks of **Option two** have been analysed and are outlined in **Table 5**.

Table 5: Option two - Benefit and risk analysis

Benefits	Risks
SNAs could: – Promote continuous compliance with the Standards, as general practices must always be ready for assessment – Enable an assessment of the actual daily operations, rather than of a prepared state – Minimise the need for extensive preparation, allowing staff to focus more on primary responsibilities.	**SNAs** could: – Create stress and anxiety amongst staff due to the sudden nature – Cause some disruption to daily operations, especially if SNAs occur during busy periods or when key staff personnel are unavailable, resulting in incomplete or less accurate data being collected – Be perceived as punitive rather than supportive, which could affect staff morale and engagement.

Considerations for public consultation

There are a range of considerations for how **Option two** could be implemented. Specific feedback is sought through the public consultation on:

2.1 How much notice general practices should be given

2.2 Whether the notice period length should vary according to priority factors

2.3 What support general practices would need to prepare for SNAs.

2.1: How much notice should general practices be given?

If SNAs were to be introduced into general practice accreditation, the notice period would need to be long enough to minimise disruption to daily operations and allow sufficient time to gather documentation, but short enough to prevent extensive preparation and ensure assessment outcomes reflect day-to-day service provision.

The length of the notice period under consideration include:

- 3 to 5 business days
- 6 to 10 business days
- 11 to 20 business days.

The potential pros and cons related to each of these options is presented in **Table 6**.

Table 6: Pros and cons of options for the length of the notice period

Length of notice period	Pros	Cons
3 to 5 business days		
Involves a notice period of 3 to 5 business days prior to assessment.	– Assessment outcomes best reflect daily operations – Best supports ongoing compliance, reducing the administrative burden of preparation for accreditation.	– Most potential stress for a small and/or unprepared workforce – Limited time to gather necessary documentation.
6 to 10 business days		
Involves a notice period of 6 to 10 business days prior to assessment.	– More time to gather necessary documentation than 3 to 5 business days – Less potential stress for a small and/or unprepared workforce than 3 to 5 business days.	– Assessment outcomes may be less reflective of daily operations.
11 to 20 business days		
Involves a notice period of 11 to 20 business days prior to assessment.	– Most time to gather necessary documentation – Least potential stressful for a small and/or unprepared workforce.	– Assessment outcomes may be least reflective of daily operations.

2.2: Should the length of the notice period vary according to priority factors?

It may be necessary to vary the length of the notice period according to diversity in the sector. Feedback is sought to help determine whether general practices would accept any variation of the notice period.

The following factors are being considered for determining the length of the notice period:

- Rurality
- Size of general practice
- Composition of workforce.

The factors that could impact the length of notice period and rationale for variation are outlined in **Table 7**.

Table 7: Potential factors that could require variation in length of notice period

Potential variation in notice period	Rationale
Rurality	
The higher the Modified Monash Model rating of the general practice location, the longer the notice period.	– Coordinating travel to rural and remote areas is more complex than to major cities due to limited transportation options, longer travel times and fewer accommodation choices – General practices in rural and remote areas may provide a broader range of health services
Size of general practice	
The lower the number of full-time equivalent general practitioners (FTE GPs) working in the general practice, the longer the notice period.	– General practices need to manage increased booking demands due to several factors including GP shortages – Solo general practices with 1 FTE GP are likely to find it more challenging to accommodate a shorter notice period
Composition of workforce	
The lower the number of full-time equivalent support staff (such as a practice manager) the longer the notice period.	– Solo general practices with 1 FTE support staff are likely to struggle to quickly prepare for SNAs and gather necessary documentation, potentially resulting in disruptions to daily operations/patient care delivery

2.3: What support would general practices need to prepare for SNAs?

Two options have been identified to support general practices to embed continuous compliance with the Standards and be ready for SNAs:

- Voluntary self-assessment
- Mandatory desktop assessment.

The intention of SNAs is to remove some of the administrative burden of preparation for accreditation to assessment of day-to-day service provision. The Commission recognises that general practices may need some support to embed continuous compliance with the Standards into daily operations.

A **Self-assessment** is not currently a formal requirement of the NGPA Scheme. However, some accrediting agencies require a self-assessment to assist general practices assess their compliance with the Standards and to allow them to address any potential non-compliance before the routine assessment. Self-assessments could be an important part of the accreditation process by serving as a receptacle for evidence, which assessors can easily access during an SNA. This could be undertaken by general practices voluntarily and periodically throughout the accreditation cycle to ensure quality improvement activities are targeted in the required areas.

Respondents to the general practice post-assessment survey stated that a mechanism for assessors to review key data and documentation ahead of the routine assessment should be considered. The RACGP has been considering ways that the accreditation process for general practices could be modernised. Utilising new technology to upload documents and data for a **desktop assessment** ahead of an SNA has been proposed to ensure certain criteria are continuously met throughout the accreditation cycle.

The pros and cons of these two options are outlined in **Table 8**.

Table 8: Pros and cons of preparation for SNAs

Preparation for SNAs	Pros	Cons
Voluntary self-assessment		
Involves general practices voluntarily undertaking self-assessments of their current safety and quality systems and processes against the Standards in preparation for SNAs.	– Lower costs than a desktop assessment, as it does not involve accrediting agencies – Less potential stress and administrative burden than a desktop assessment, as it is voluntary – Allows general practices to work at their own pace – Promotes ownership and accountability within the general practice in maintaining compliance throughout the accreditation cycle.	– Could be deprioritised amidst competing organisational demands – Completion of a self-assessment could result in a false sense of compliance to the Standards. Compliance can only be determined by accrediting agencies – SNAs could be more demanding for both general practices and assessors as key documents and data are assessed on the day.
Mandatory desktop assessment		
Involves general practices submitting key documents and data to accrediting agencies for desktop assessments prior to their SNAs. SNAs would focus on visual inspections and interviews of key personnel to verify the documented processes.	– SNAs could be less demanding for both general practices and assessors as key documents and data have been assessed beforehand – Provides general practices additional opportunity to address non-compliances determined at the desktop assessments prior to the SNA – General practices could better prepare for SNAs and lessen disruptions to daily operations.	– Higher costs than a self-assessment due to the involvement of accrediting agencies – More potential stress and administrative burden than a self-assessment as it is a mandatory requirement – The scheduling of a desktop assessment may reveal an on-site assessment is to occur in the near future – Requires additional resources and coordination with accrediting agencies.

Please share your feedback on this potential option in **Section two** of the online survey.

Note - Alternate suggestions or ideas for improving the NGPA Scheme can be shared in **Section three** of the online survey or through written submission.

Have your say

Your views are critical in shaping any changes to the general practice accreditation cycle and assessment processes. Consultation ends **4 April 2025.**

You can provide feedback through the public consultation by:

- Completing the online survey

- Emailing a written submission.

More information on the NGPA Scheme is available on the Commission's website. If you have any questions about the NGPA Scheme or this consultation, you can email the team.