

# Review of general practice accreditation arrangements

## Report

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mpconsulting ™

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## Glossary

<b>Accreditation</b>	Process of independently recognising that an organisation meets the requirements of certain standards.
<b>Accreditation arrangements</b>	Used to describe the elements of an accreditation scheme or program.
<b>Accrediting agency/ies</b>	An organisation approved from time to time by the Commission as an Accrediting Agency under the National General Practice Accreditation Scheme.
<b>Accrediting body</b>	The accrediting body that certifies/accredits accrediting agencies as having met the relevant accreditation as a prerequisite to applying to be an accrediting agency.
<b>Advisories</b>	Formal communications from the Commission to accrediting agencies to provide guidance and direction on the interpretation and/or assessment of the Standards for general practices.
<b>Australian College of Rural and Remote Medicine (the ACRRM)</b>	The ACRRM is accredited by the Australian Medical Council to set professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice. ACRRM is dedicated to rural and remote medicine in Australia.
<b>Australian General Practice Training Program (the AGPT Program)</b>	A government funded specialist medical training program for general practitioners to become Fellows.
<b>Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme)</b>	An accreditation scheme that describes the accreditation arrangements for assessing health services against the NSQHS Standards.
<b>Assessment report</b>	The report prepared by the accrediting agencies following an onsite assessment against the Standards that detail conformances and non-conformances.
<b>Assessor</b>	A person who conducts assessments on behalf of an accrediting agency as part of assessing general practices under the NGPA Scheme (also known as a surveyor).
<b>College(s)</b>	The Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine.
<b>Australian Commission on Safety and Quality in Healthcare (the Commission)</b>	The Commission leads and coordinates key improvements in safety and quality in health care across Australia. The Commission is a corporate Commonwealth entity and part of the Health portfolio of the Australian Government.
<b>General Practice Accreditation Coordinating Committee (the Coordinating Committee)</b>	Industry-based stakeholder committee that provides governance and oversight of the NGPA Scheme. Includes representation from the Australian Commission on Safety and Quality in Healthcare, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Australian Primary Care Nurses Association, the Australian Association of Practice Management, Consumers Health Forum Australia and Allied Health Professionals Australia.
<b>Department of Health (the Department)</b>	The Department is an Australian Government agency responsible for developing and delivering policies and programs and advising the Australian Government on health, aged care and sport.
<b>Fellowship</b>	A specialist general practice qualification accredited by the Australian Medical Council.
<b>General practice</b>	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. Note: the RACGP maintains a definition of a general practice that practices must meet to be eligible to be accredited. This is currently under review.
<b>General practice accreditation</b>	Refers to the accreditation against the Standards for general practice under the National General Practice Accreditation Scheme.

<b>National Safety and Quality Health Service Standards (the NSQHS Standards)</b>	Standards developed by the Australian Commission on Safety and Quality in Healthcare to provide a nationally consistently statement on the level of care consumers can expect from health service organisations. Implementation of these Standards is mandated in all hospitals, day procedure services and public dental services across Australia.
<b>National General Practice Accreditation Scheme (the NGPA Scheme)</b>	Includes the accreditation arrangements, the Standards, the rules and policy around the conduct of accreditation and the roles and responsibilities of those engaged in the NGPA Scheme.
<b>Practice team</b>	All people who work or provide care within the practice (e.g. GPs, receptionists, practice managers, nurses, allied health professionals, Aboriginal and Torres Strait Islander health workers/health practitioners, etc.).
<b>Prevocational training</b>	Foundation of medical education from which doctors develop competencies after completion of their basic medical qualification and includes the first two postgraduate years after medical graduation (postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2)).
<b>Primary medical training</b>	Undergraduate medical training provided through accredited universities.
<b>Primary Health Networks (PHNs)</b>	Primary health care organisations established as part of the National Health Reform Agreement to coordinate primary health care delivery and address local health needs and service gaps. The purpose of PHNs is to drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.
<b>Practice Incentive Program (PIP)</b>	An incentive payment program aimed at incentivising general practices and GPs to continue providing quality care, enhance capacity, and improve access and health outcomes for patients. It is administered by Services Australia on behalf of the Department of Health.
<b>Postgraduate medical council (PMC)</b>	Postgraduate Medical Councils (PMCs) in each State and Territory in Australia are generally responsible for supporting and developing the education and training requirements for junior doctors and hospital medical officers in their prevocational years and through this improve the management of patient care.
<b>Royal Australian College of General Practitioners (the RACGP)</b>	The RACGP is accredited by the Australian Medical Council to set professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice.
<b>Standards for general practice (the Standards)</b>	Refers to the RACGP's <a href="#">Standards for general practices</a> 5th ed.
<b>Registrar or GP trainee</b>	A person who has passed their prevocational training and is a doctor in training to become a Fellow.
<b>Regional training organisation (RTO)</b>	There are nine regional training organisations (RTOs) contracted by the Department of Health to deliver the AGPT Program across 11 regions.
<b>Specialist medical training</b>	For the purposes of general practice, this includes Fellowship training delivered by an accredited specialist medical training provider (i.e. the RACGP or the ACRRM).
<b>Supervisor</b>	A supervisor is a doctor who provides supervision for registrars. This includes providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients.
<b>Training accreditation</b>	Accreditation against the Training Standards (as defined below).
<b>Training site or training post</b>	The accredited organisation (a hospital, health service or general practice) which delivers training for specialist medical training for registrars under which the registrar trains, under supervision, to meet the training program requirements to achieve Fellowship.
<b>Training standards</b>	Includes: <ul style="list-style-type: none"> <li>the <a href="#">RACGP Standards for General Practice Training</a></li> <li>the <a href="#">ACRRM Training Organisations Standards</a></li> <li>the <a href="#">ACRRM Supervisors and Training Posts Standards</a></li> </ul>

## Executive summary

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General practices in Australia are managing a range of challenges, including increasing demand for general practice services, changes to the primary health care landscape (including as part of the development of the Government's Primary Health Care 10 Year Plan) and changes in the expectations of patients and governments. General practices have also been impacted by the covid-19 pandemic, including changes to the way services are delivered and to organisational systems and processes (for example, to strengthen their focus on matters such as infection prevention and control and cold-chain supply and adjusting business processes to support the provision of online health care through telehealth).

Despite the pressures on general practice, the challenges of the current environment serve to highlight the key role that general practices play in Australia's health system and the critical importance of general practices having strong systems and controls for ensuring safe and quality care, along with a commitment to continually learning and improving their practice.

Throughout the world (including in New Zealand, the United Kingdom, Canada, Denmark and the Netherlands), accreditation systems are used to independently assess general practices, providing confidence to patients (as well as governments that fund general practices and the staff working in those practices) that minimum standards of quality and safety are being met. Accreditation offers a range of benefits including providing opportunities for practices to learn and benchmark their performance, improving organisational capacity to identify and manage risks to patient safety, decreasing legal risk and improving culture and job satisfaction.

While accreditation has been a feature of the general practice landscape in Australia since 1992, accreditation against the Standards for general practice (the Standards) became a requirement to access Practice Incentive Program (PIP) payments in 1999 and the National General Practice Accreditation Scheme (the NGPA Scheme) was only recently established in 2017. The NGPA Scheme sought to strengthen the accreditation arrangements by appointing the Australian Commission on Safety and Quality in Healthcare (the Commission) to oversee general practice accreditation arrangements, improving oversight of accrediting agencies and establishing data collection and reporting arrangements.

Critical to the effectiveness of any accreditation scheme is that the accredited entities and end service users (general practices and patients in this case) have confidence in the scheme – including that it is fit-for-purpose, fair and equitable and that assessments are robust, independent and consistent. The accredited bodies also need to see benefits in the process, noting that it necessarily involves some cost. Practices need to view accreditation not as a bureaucratic process that is completed once every three years for the purposes of accessing government funding, but as part of good clinical governance that occurs every day and involves the whole practice team.

While Australia's current voluntary accreditation arrangements have a number of strengths (explored in this Report), the NGPA Scheme does not have the overall confidence of general practices and health practitioners and is not broadly viewed as a foundation for safe, quality practice. Throughout the Review, many general practitioners (GPs), practice managers and owners and other stakeholders described the accreditation process as a 'tick a box' exercise and a 'pathway to PIP payments'.

Stakeholders also described a range of limitations with the existing standards, a perceived lack of support for practices seeking to become accredited, concerns about the quality and consistency of assessment, apparent inequities in the way accreditation fees are charged and the administrative burden that accreditation can place on practices. Stakeholders made a number of suggestions for change, in many cases drawing on years' of experience in the general practice environment. mpconsulting worked closely with stakeholders throughout the Review to identify a range of improvements to the NGPA Scheme, which were validated through our analysis of the existing arrangements, review of data and comparison with international models and other health service accreditation schemes in Australia.

Recognising the value of accreditation and the need to continue to drive safety and quality in general practice, the Review makes a number of recommendations aimed at:

- improving the governance of the system to clarify roles and responsibilities and drive confidence in accreditation (seeking to shift the focus from different parties 'owning' discrete parts of the NGPA Scheme to focusing on these parties working as partners to support general practices through a coherent end-to-end accreditation scheme)
- adjusting the Standards to ensure they are meaningful for the diverse spectrum of general practice, fit-for-purpose into the future and focused on the outcome sought through each standard (rather than how the practice achieves this)
- boosting the value and relevance of accreditation to general practices by providing flexibility as to how practices demonstrate conformance with the Standards
- strengthening the quality and consistency of assessment against the Standards to increase the rigour of assessment and better target the focus of technical expertise
- incentivising sustained conformance throughout the period of accreditation
- ensuring that rural and remote practices do not pay more for accreditation based on location
- better utilising data to inform support for, and education of, general practices to help them to continue to improve
- improving the interface between general practice accreditation and training accreditation.

Importantly, the Review has balanced the need for changes to the NGPA Scheme (to set it up for future success and drive meaningful participation) with the need to ensure that such changes do not add to the cost burden for general practices. Recommended changes have been carefully considered to ensure that collectively they do not increase cost, and where possible, decrease cost to general practices.

Despite stakeholders having different interests in, and perspectives on, the general practice accreditation arrangements, the Review was struck by the high degree of consensus amongst stakeholders, particularly regarding the limitations of the existing scheme and the broad areas for reform. While stakeholders proposed a variety of solutions to address these limitations, the overarching objectives of any change were broadly aligned. This gives confidence that key stakeholders will be able to work together as partners to implement the recommendations for the benefit of the NGPA Scheme as a whole.

The impact of recommendations will rely heavily on key players working collaboratively to implement changes. In time, it is envisioned that practices, patients and governments alike will realise the benefits of these changes, including enhanced clinical governance and risk management to uphold the safety and quality of care delivered to patients through general practices in Australia.

## Recommendations

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**Recommendation 1: Clarify the purpose of general practice accreditation by specifying that:**

- accreditation is how a general practice demonstrates that it meets core requirements (as set out in the Standards)
- accreditation verifies that a general practice has systems and processes in place to ensure sustained safety, quality and continuous improvement in practice
- accreditation is a peer-informed, independent assessment of a general practice's performance against the Standards.

**Recommendation 2: Better support general practices to become accredited and increase participation in accreditation, by:**

- peak bodies providing targeted training and resources regarding the implementation of standards and key concepts under the Standards for practice staff
- PHNs providing targeted support and mentoring for unaccredited practices to implement standards and achieve accreditation
- government continuing to require accreditation as a condition of access to government payments and programs
- promoting awareness of the value of accreditation.

**Recommendation 3: Revise the Standards, in close consultation with stakeholders, to:**

- remove prescriptive indicators that drive practices to generate documentation purely for the purposes of compliance with the Standards, rather than as a part of a quality system that is applied in practice
- adopt a stronger focus on patient safety and quality, as distinct from business operations
- reduce the number of indicators
- revise the structure and content of the Standards, including to separate out detailed guidance into accompanying supporting materials and remove matters that relate to administration of the NGPA Scheme and place requirements on accrediting agencies
- better align with the Primary and Community Healthcare Standards.

**Recommendation 4: Improve quality and consistency of assessment by:**

- developing assessment principles and a methodology to be applied by accrediting agencies
- enhancing training and support for assessors, with a focus on ensuring a common understanding of the Standards and thresholds for determining compliance, risk identification and assessment and robust decision-making
- strengthening performance monitoring of accreditation agencies undertaken by the Commission, with a focus on continuous improvement
- enabling the Commission to seek feedback and complaints directly from general practices to inform performance monitoring
- building opportunities to share learnings and experience between accrediting agencies, the

Commission and the RACGP.

**Recommendation 5: More efficiently and effectively utilise assessors and GP advisors in the assessment process by:**

- ensuring assessors have relevant qualifications, an understanding of the general practice context and expertise and proficiency in the independent assessment of performance against quality and safety standards (requiring adjustments to the existing assessor requirements)
- GPs contributing as specialist professional advisors to assessment teams, overseeing assessment teams, reviewing the reports of assessment teams and making accreditation decisions.

**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.

**Recommendation 7: Continue to enable competition amongst accrediting agencies but reduce risks regarding inequitable pricing or quality of assessment by:**

- strengthening the rules regarding accreditation fees to ensure no disadvantage to practices based on their location
- developing assessment principles and a methodology, such that there is improved consistency between accrediting agencies
- increasing accountability for compliance with pricing rules.

**Recommendation 8: Decrease the costs of accreditation to general practice by:**

- adjusting the focus of the Standards and assessment such that practices are not required to create documents purely for the purposes of accreditation
- providing practices with flexibility as to how they demonstrate conformance with the Standards
- better distributing the administrative burden associated with accreditation and utilising technology to enable practices to upload evidence of conformance with the Standards throughout the accreditation cycle
- improving support to enable practices to understand and meet accreditation requirements.

**Recommendation 9: Enhance oversight and continuous improvement of the NGPA Scheme (including to support implementation of improvements to the scheme) by:**

- clarifying the role of each party, including where:
  - the Department provides overarching policy authority for the NGPA Scheme
  - the Commission is responsible for setting requirements for accreditation assessment (in collaboration with the Coordinating Committee) and managing the performance of accrediting agencies
  - the RACGP is responsible for developing the Standards and providing technical guidance and resources to support practices to meet the Standards (in partnership with the Commission and the ACRRM and in consultation with key stakeholders)
  - accrediting agencies are directly accountable to the Commission
- strengthening the Commission’s role in overseeing the NGPA Scheme by:
  - continuing to expand the Commission’s primary care expertise (including to ensure GP expertise is represented in the Commission’s governance)
  - requiring accrediting agencies to provide timely, complete and identified data about accreditation activities to the Commission
  - improving accountability of accrediting agencies for demonstrating compliance with the NGPA Scheme’s requirements
- improving collaboration between key stakeholders, including:
  - requiring Department representation on the Coordinating Committee
  - strengthening governance processes for identifying and developing improvements to the NGPA Scheme
  - establishing data sharing arrangements between the Commission and other key stakeholders.

**Recommendation 10: Use data to better understand common challenges experienced by general practices and to deliver support in these areas by:**

- consolidating reporting from accreditation agencies to the Commission to remove duplicative data reporting requirements
- clarifying the purpose of data collection and the relative roles and responsibilities of key parties in using data to inform improvements, where:
  - the Commission uses data to monitor the performance of accrediting agencies and general practices and identify improvements to the NGPA Scheme
  - the RACGP uses data to inform improvements to the Standards and to the guidance, resources and support provided to general practices, practice staff and GPs
  - the Department uses data to identify broader policy and funding decisions
  - PHNs use data to provide targeted support where general practices need this most.

**Recommendation 11: Enhance patient engagement to inform the continuous improvement of general practice by:**

- strengthening the focus on patient engagement in the Standards to assess how practices use patient feedback to inform improvements to practice
- publishing a register of accredited general practices on the Commission’s website to enable patients to easily identify accredited practices

- publishing patient-focused resources to support patients to understand what accreditation is, the benefits of accreditation for them and how to provide feedback on their practice.

**Recommendation 12: The RACGP and ACRRM jointly develop a transparent process for identifying training posts that:**

- describes the key considerations in identifying practices to become accredited as training posts
- describes the key considerations for placing registrars in training posts
- is informed by local knowledge regarding community need and patient demographics
- balances the training needs of registrars with the logistical needs of general practice training posts (including to maintain capacity to train and support registrars)
- includes mechanisms for the Colleges to lift the capacity of general practices to become training posts (in areas where workforce need is identified).

**Recommendation 13: The RACGP and ACRRM jointly develop a streamlined accreditation process for practices seeking to become accredited against both the RACGP and the ACRRM training standards that:**

- allows practices to submit a single application
- enables practices to submit supporting information through a single process
- includes a single site visit to the practice for the purposes of assessing the practice's performance against both sets of training standards
- does not duplicate assessment of requirements that are assessed as part of general practice accreditation.

**Recommendation 14: The RACGP and ACRRM explore flexible approaches to supervision, including:**

- models for remote supervision
- enabling supervisors to be accredited independently from the training post
- training and development for GPs seeking to become supervisors.

**Recommendation 15: The RACGP and ACRRM develop a process for ensuring a quality experience for learners and continuous improvement of the training accreditation scheme, including:**

- drawing on feedback from practices, supervisors and registrars to inform training accreditation and registrar placement decisions
- enabling registrars to make anonymous complaints regarding the quality of their placement experience
- supporting registrars experiencing challenges with their placement
- providing training and support to training posts and supervisors.

## Chapter 1 – About the Review

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### Purpose and scope of the Review

mpconsulting was engaged to undertake an independent and comprehensive review of general practice accreditation arrangements (the Review). The Review examined the arrangements for accreditation of general practices under the National General Practice Accreditation Scheme (the NGPA Scheme) and the various training accreditation frameworks, to the extent these intersect with the NGPA Scheme. The focus of the Review is:

- examining the extent to which the NGPA Scheme supports quality, safety and continuous improvement in general practice
- the strengths and limitations of the NGPA Scheme, including the barriers and incentives to participation by general practices and challenges for accrediting agencies
- identifying areas for improvement.

The key questions for the Review are:

1. Are the current general practice accreditation arrangements under the NGPA Scheme effective for general practices and accrediting agencies to encourage both new and existing practices to continue to seek accreditation and support a competitive market for accreditation agencies, whilst still maintaining the robustness and effectiveness of assessment processes?
2. What is the feasibility of combining general practice accreditation and training accreditation to streamline, reduce overheads and reduce the administrative burden on practices considered from both the perspective of the practice, its teaching staff, its learners and the educational institutions?

The Review has also been asked to provide recommendations on the following issues:

- the impact of general practice accreditation and training accreditation
- incentives for, and barriers to, accreditation for general practices
- some specific elements of the NGPA Scheme including:
  - contextual differences for accreditation of general practices located in rural and remote locations (and how the accreditation process might allow for these) and for Aboriginal Community Controlled Health Organisations
  - incentives, barriers and market pressures for accrediting agencies
  - the role of the Joint Accreditation Scheme of Australia and New Zealand (JAS-ANZ) and the International Society for Quality in Healthcare (ISQua)
  - overlaps between general practice and training accreditation, including options for combining or streamlining these processes
- opportunities for streamlining and improving the NGPA Scheme to address barriers and promote uptake of accreditation.

## Approach to the Review

To inform the Review, mpconsulting:

- undertook a literature review of peer reviewed journal articles relating to the impact of accreditation of health services (including general practices) within Australia and internationally
- reviewed relevant reports, documents and resources
- analysed data provided by the Department of Health (the Department), the Australian Commission on Safety and Quality in Healthcare (Commission), the Royal Australian College of General Practitioners (RACGP) and accrediting agencies
- conducted interviews with a range of stakeholders to understand the issues, challenges and opportunities in relation to the operation of the co-regulatory arrangement. Interviews were conducted with approximately 50 stakeholder groups and individuals, including:
  - the RACGP
  - each of the five accrediting agencies
  - the Commission
  - practice managers, owners and GPs working in different settings, including practices in rural and remote locations, Aboriginal Medical Services, Aboriginal Community Controlled Health Organisations, practices that are part of a larger health service (offering services outside of general practice), corporate practices, small and solo practices, etc.
  - peak bodies, including the Australian College of Rural and Remote Medicine (ACRRM), the Australian Medical Association (AMA), the Rural Doctors Association of Australia (RDAA), the Australian Medical Council (AMC), the Australian Council on Healthcare Standards (ACHS), the Australian Association of Practice Management (AAPM), GP Registrars, GP Supervisors, the Consumer Health Forum (CHF), the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Royal New Zealand College of General practitioners
  - RTOs, the Confederation of Postgraduate Medical Education Councils (CPMEC), the Regional Training Organisation Network (RTON)
  - Primary Health Networks (PHNs)
  - the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) and the International Society for Quality in Health Care (ISQua)
  - assessors working for accrediting agencies
  - medical indemnity insurers
- developed a Consultation Paper to provide a high-level overview of the operation of the general practice accreditation arrangements, including a summary of the broader general practice environment, the arrangements for accreditation of general practices for the purposes of the NGPA Scheme and for the purposes of specialist medical training and the issues that were raised during preliminary engagement. The Consultation Paper sought stakeholder views on the strengths and limitations of general practice accreditation arrangements, including any ways they could be improved
- published an online survey to accompany the Consultation Paper, seeking stakeholder feedback on key aspects of the general practice accreditation arrangements and training accreditation arrangements

- The online consultation was open from 11 August to 8 September 2021 and 39 responses were received either directly or through the online platform.
- Stakeholders responding to the Consultation Paper included a cross-section of GPs, practice managers, owners and other staff, assessors working for accrediting agencies, representatives from PHNs and peak bodies.
- facilitated four virtual stakeholder forums, focusing on the topics of access, quality and safety, cost and training accreditation.

**We sincerely thank the many GPs, practice owners, managers and staff, accrediting agencies and assessors, peak bodies, general practice colleges, PHNs, RTOs and other stakeholders who have shared their experiences and expertise and provided valuable information to inform the Review. We also extend our gratitude to the Department and the Commission for their contributions to the Review.**

## Principles guiding the Review

In considering the options for addressing any shortcomings in the current arrangements or areas for improvement, the Review acknowledges:

- the critical role that general practices play in the delivery of primary health care
- the general practice context. We are mindful that:
  - general practice is very different from hospitals and acute care, and most practices do not have individuals or teams dedicated to implementing and maintaining organisational quality and safety systems and driving continuous improvement
  - general practices are diverse in terms of size, structure, the business models employed, the communities they serve and how they engage with other health services
- broader health policy and funding issues that necessarily intersect with accreditation, including the proposed [Primary Health Care 10-Year Plan](#) currently being developed
- while all stakeholders share a common interest in ensuring provision of safe, quality care, stakeholders have different views around how best to achieve this, including the role that accreditation should play and any changes that may be desirable.

The focus for the Review has been on identifying options that:

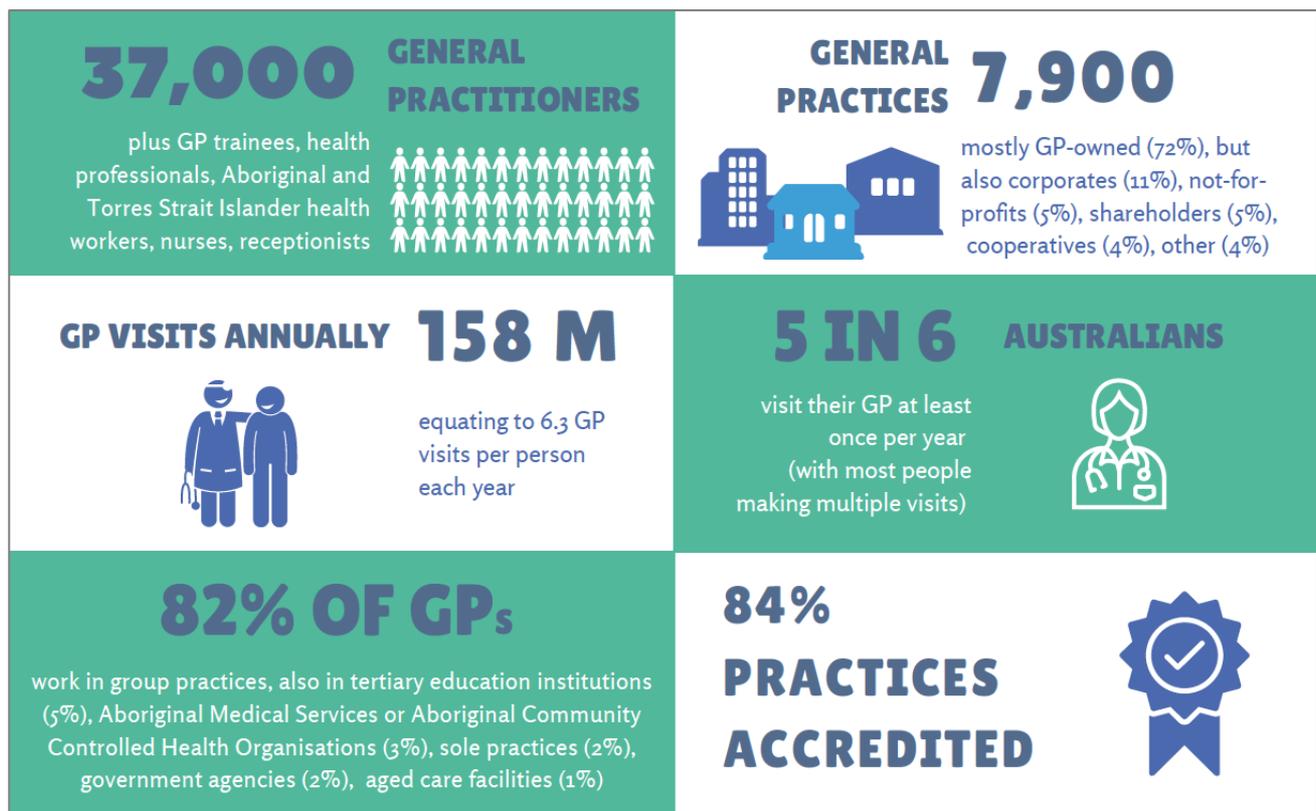
- continue to focus on improving quality and safety
- align with international best practice accreditation systems
- provide clarity in terms of the purpose of accreditation and governance of the NGPA Scheme
- minimise unnecessary regulatory and administrative burden
- ensure equity of access
- build confidence in accreditation
- support general practices to drive continuous improvement.

## Chapter 2 – General practice in Australia

### Key demographics

General practitioners (GPs) treat a broad range of health issues and are a critical component of Australia’s primary healthcare system. Primary health services are often the first point of contact a person has with the health system and account for a significant proportion of health care services in Australia.

**Diagram 1. General practice key statistics<sup>1</sup>**



Australians access general practice more than any other part of the health system, with more than 80% of Australians visiting their GP at least once a year. Use of general practice is increasing, with over 158 million GP attendances nationally (6.3 per person) in 2018-19, up from 113 million GP attendances nationally (5.3 per person) in 2008-09.<sup>2</sup>

<sup>1</sup> Data is drawn from: Australian Institute of Health and Welfare, July 2020, [Australia’s health in 2020 – Primary health care](#); EY Sweeney, May 2020, *RACGP GP Survey* cited in the Royal Australian College of General Practitioners (RACGP), November 2020, *Health of the Nation 2020*; Medicare Benefits Schedule (MBS) data.

Note: Not all of the 7,900 practices are currently eligible to be accredited (based on the RACGP’s core criteria). As such, the proportion of accredited general practices (of those that are eligible to be accredited) may be higher than 84%.

<sup>2</sup> Australian Institute of Health and Welfare, July 2020, [Australia’s health in 2020 – Primary health care](#).

GPs are located across Australia, with most located in major cities. GPs are less accessible in remote locations, with approximately 121 FTE GPs per 100,000 people in major cities, 115 in inner regional areas, 101 in outer-regional areas, 83 in remote areas and 69 in very remote areas.<sup>3</sup>

## Service offerings

GPs provide a broad range of services to patients, including preventive care and the diagnosis and treatment of illness and injury, through direct service provision and/or referral to acute (hospital) or other healthcare services.

The service delivery model and nature of services provided by general practices are diverse. For example:

- some practices offer outreach services to other locations
- practices offer telehealth services to varying extents (noting that the use of telehealth services has significantly increased in recent years<sup>4</sup>)
- some practices provide services into residential aged care facilities, public and private hospitals and community healthcare services
- GP proceduralists, particularly in rural and remote practices, often offer a wide range of services including anaesthetics, obstetric and surgical services
- some practices also provide allied health services, dental services, diagnostic imaging, pathology services (including for example, practices participating in the Department's recently concluded Health Care Homes program trial)
- some practices specialise in provision of care to particular patient cohorts – for example, Aboriginal Medical Services and practices specialising in women's health.

## Funding and regulation

General practices derive their income largely from fee for service payments from patients (who are then partially reimbursed via the MBS) or directly via the MBS and from the Department of Veterans' Affairs (DVA). Some funding is also provided:

- to influence the supply, regional distribution and nature/quality of general practice services, through initiatives such as the Practice Incentives Program (PIP) and through Primary Health Networks (PHNs)
- to incentivise the engagement of medical students, junior doctors and GP trainees (such as supervisor allowances and contributions towards clinical placements)
- by State and Territory governments to support, for example, the employment of GPs in rural and remote areas
- from insurance schemes and patient contributions.<sup>5</sup>

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<sup>3</sup> EY Sweeney, May 2020, *RACGP GP Survey* cited in the Royal Australian College of General Practitioners (RACGP), November 2020, [Health of the Nation 2020](#), p. 52.

<sup>4</sup> GPs claimed 0.05 million MBS telehealth items in 2019. This increased significantly to 36.96 million MBS telehealth items claimed by GPs in 2020. Source: The Department of Health, Health Workforce Data website, [GP Medicare billing data – what does it say about current health workforce policy?](#)

<sup>5</sup> Productivity Commission, January 2021, [Report on government services 2020](#), Part E, Section 10.

Governments also set requirements that must be met by general practices and GPs, either as a condition of funding or by law. For example:

- health practitioners (such as GPs and allied health professionals) must be registered with Australian Health Practitioner Regulation Agency (Ahpra) and meet requirements relating to their criminal history, conduct, English language skills, recency of practice, continuing professional development (CPD), professional indemnity insurance, etc.
- the Department's Professional Services Review (PSR) Scheme regulates practices in connection with claiming Medicare services and investigates inappropriate claiming
- some government funded programs require general practices providing certain services or specialising in certain areas (such as drug and alcohol and mental health) to meet requirements to access funding.

The focus of the Review is general practice accreditation, which is an eligibility requirement for some Commonwealth payments to both practices and GPs.

## Chapter 3 – Overview of general practice accreditation

### Key features of accreditation

Accreditation is the independent recognition that an organisation meets the requirements of certain standards. It is widely used within Australia and internationally to assess the quality of care and services provided in a range of areas such as health care, aged care, disability services and non-health related sectors such as childcare.

Contemporary accreditation schemes have both compliance and quality elements that work in a complementary way to promote quality and safety<sup>6</sup>. Accreditation schemes require organisations to embed the requirements of the standards as part of their day-to-day operations and to continuously monitor and improve their performance<sup>7</sup>.

Accreditation of an organisation usually involves:

- self-assessment against a set of standards
- assessment of performance against those standards by an external and independent body
- awarding of accreditation for a specified period of time
- monitoring of ongoing performance against the standards by the organisation themselves (self-assurance) and also by the accrediting agency.

Accreditation is a cyclical process, requiring organisations to be accredited at regular intervals (most often between three and five years).

### General practice accreditation in Australia

The NGPA Scheme includes the following key features:

- the RACGP maintains a set of Standards, the purpose of which is ‘protecting patients from harm by improving the quality and safety of health services. The Standards also support general practices in identifying and addressing any gaps in their systems and processes’.<sup>8</sup> The Standards include 124 indicators (including 116 mandatory and eight aspirational indicators) across 23 criteria, covering three modules (a core module, a quality improvement module, and a general practice module)
- practices that meet the relevant definition of a general practice in the Standards, may seek accreditation from one of five accrediting agencies approved by the Commission to undertake assessment against the Standards and assess general practices. The general practice must meet the costs of accreditation as set by each accrediting agency
- the accrediting agency assesses the general practice against the Standards, which generally includes review of a self-assessment by the practice, a desktop review of various documents

<sup>6</sup> Aged Care Quality and Safety Commission, [About accreditation](#)

<sup>7</sup> Australian Commission on Safety and Quality in Healthcare, [Consumers and accreditation](#)

<sup>8</sup> Royal Australian College of General Practitioners, [Standards for general practice \(5<sup>th</sup> edn\)](#), p. 1.

provided by the practice and an on-site assessment including observations and interviews with practice managers and other staff members

- following the on-site assessment, the accrediting agency notifies the general practice of the outcome of the initial assessment, including specifying all matters that require remediation.<sup>9</sup> Where a general practice has not met all mandatory indicators, it has up to 65 business days to complete remediation. Following this, the accrediting agency undertakes further assessment (usually conducted through a desktop review) and produces a final report describing the outcomes of the assessment<sup>10</sup>
- general practices that have demonstrated they meet all the requirements of the Standards are awarded accreditation for three years
- the Commission – in collaboration with the General Practice Accreditation Coordinating Committee (the Coordinating Committee)<sup>11</sup> – approves and oversees the performance of accrediting agencies and works with the RACGP to develop advisories regarding accreditation processes.

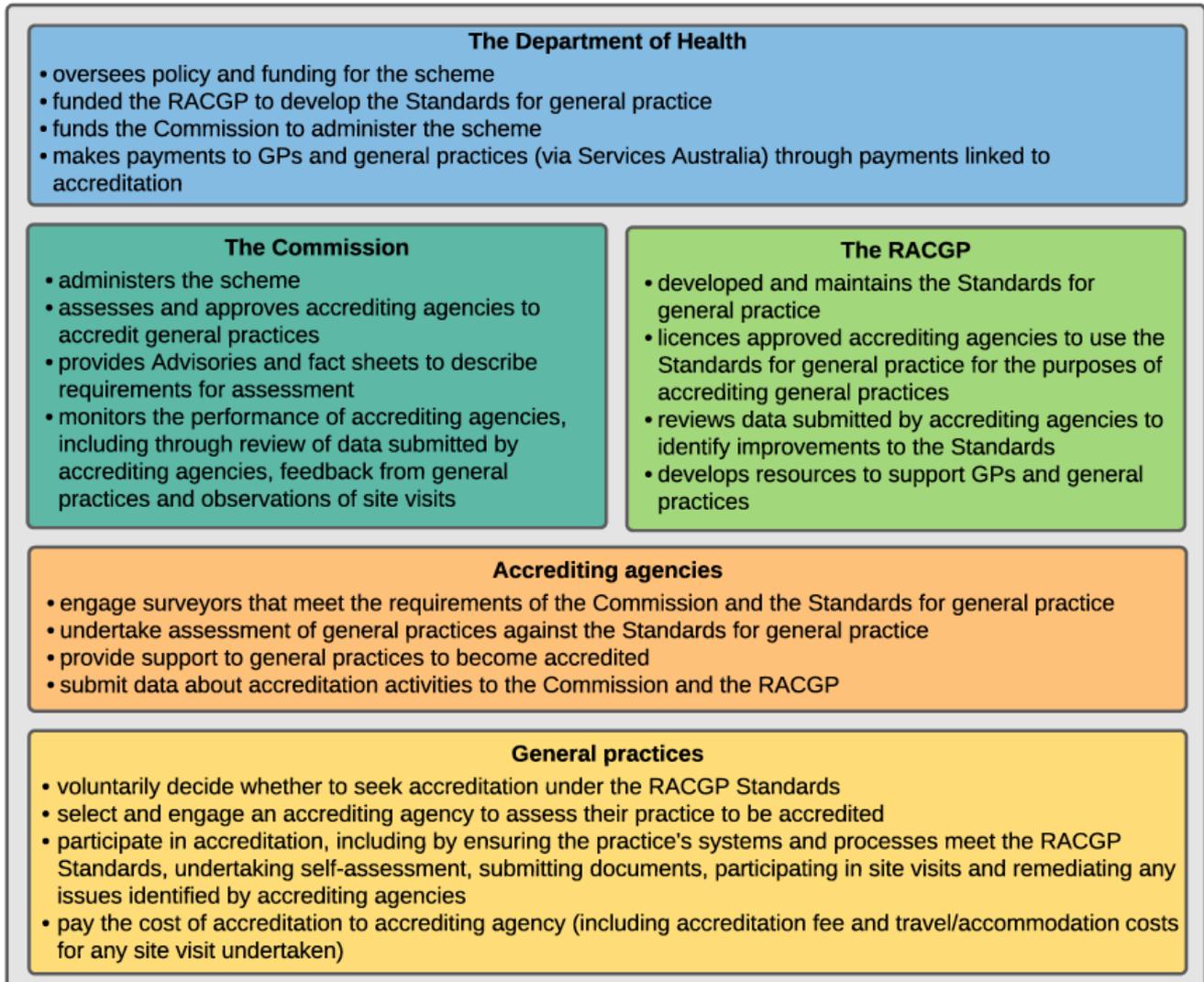
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<sup>9</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#), p. 26, clause 6.8.

<sup>10</sup> Australian Commission on Safety and Quality in Healthcare, [Overview of NGPA Scheme Factsheet](#).

<sup>11</sup> The Coordinating Committee is an industry-based committee that oversees the Commission's management of the NGPA Scheme and includes members from the Commission, the RACGP, the Australian College of Rural and Remote Medicine, the Australian Primary Health Care Nurses Association, the Australian Association of Practice Management, Allied Health Professions Australia, PHNs and consumers.

**Diagram 2. Overview of the NGPA Scheme**



## Requirement to be accredited

While the NGPA Scheme is a voluntary accreditation scheme, accreditation is an eligibility criterion to access a number of Commonwealth programs, including:

- the PIP – The PIP comprises eight incentive payments under three payment streams – quality stream, capacity stream and rural support stream. Some of these payments are made to the general practice, some to the individual GPs and some represent a rural loading for practices where the primary practice location is outside a capital city or other major metropolitan centre. MBS data shows that over the 2020-21 financial year, a total of \$443 million was paid in PIP payments across 6,533 general practices, indicating that on average each practice received \$68,000 in PIP payments (noting there is significant variation in payment amounts depending on the practice size and number of incentives the practice is participating in).<sup>12</sup>
- the Workforce Incentive Program (WIP) Practice Stream – The WIP provides targeted financial incentives to encourage doctors to deliver services in rural and remote areas through the GP

<sup>12</sup> Data provided by the Department of Health.

Stream and to employ practice nurses and allied health professionals through the practice stream. Over \$387 million is paid to general practices and GPs through the WIP annually.<sup>13</sup>

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<sup>13</sup> For the period of 2019-20, see Services Australia, [Annual Report 2019-20](#), p. 30.

## Chapter 4 – Impact, benefits and limitations of general practice accreditation

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### Impact of general practice accreditation

The Review has been asked to consider the impact of general practice accreditation.

Overall, participation in general practice accreditation is increasing and many practices are experiencing positive impacts. For example:

- **there has been a steady increase in the number of practices accredited**
  - Since the inception of accreditation in general practice (and the linking of accreditation to government payments), there has been an increase in the number of accredited general practices, from 4,783 (67%) as at June 2011<sup>14</sup> to 6,600 (84%) as at June 2021<sup>15</sup>.
- **there is considerable literature citing the positive impacts of accreditation on general practice**
  - Many of the studies have been based on self-reporting by practices and some on assessor experiences. For example, general practice accreditation can enhance GP performance in relation to quality and safety<sup>16</sup>, can improve patient engagement and satisfaction<sup>17</sup> and ‘raises the bar’ for general practice (with examples of improvements noted in relation to vaccine storage, clinical documentation and sterilisation techniques)<sup>18</sup>.
- **surveys of general practices suggest that accreditation is driving a focus on quality improvement**
  - For example, a recent survey of accredited general practices found that, of 2,680 respondents:
    - 93% agreed or strongly agreed that the process of accreditation promotes quality improvement
    - 90% agreed or strongly agreed that accreditation assists the practice to formulate strategies for improving its service.<sup>19</sup>

However, it is difficult to accurately quantify and evidence the impact of general practice accreditation. This is due to:

- challenges disentangling the effect of accreditation from other quality improvement initiatives – noting that, while the application of standards is an important aspect of quality care delivery, it is just one of the many initiatives in place to drive quality and safety in general practice

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<sup>14</sup> Productivity Commission, 2019, [Report on Government Services – Primary and community health, Part E, Chapter 10](#), table 10A.50.

<sup>15</sup> Based on data provided by the Department of Health.

<sup>16</sup> Amr Abou Elnour et al (2014) Surveyors' perceptions of the impact of accreditation on patient safety in general practice, *The Medical Journal of Australia*, 21 July.

<sup>17</sup> Hinchcliff R, Greenfield D, Hogden A, Sarrami-Foroushani P, Travaglia J, Braithwaite J (2016) Levers for change: an investigation of how accreditation programmes can promote consumer engagement in healthcare, *International Journal for Quality in Health Care*, 2016, 28(5), 561–565.

<sup>18</sup> Debono D Greenfield D, Testa L, Mumford V, Hogden A, Pawsey M, Westbrook J, Braithwaite J, (2017) Understanding stakeholders' perspectives and experiences of general practice accreditation, *Health Policy*, 121(7), pp. 816-822.

<sup>19</sup> Survey data provided by AGPAL for 2,680 respondents.

- limited available baseline data about safety and quality in general practice
- a lack of clear outcome measures relating to the application of standards and accreditation against these
- data limitations specific to the NGPA Scheme (discussed further under [governance and transparency](#)), including because:
  - the NGPA Scheme has only been in place for a relatively short time (since 1 January 2017) and consistent data reporting has only occurred even more recently
  - qualified privilege has impacted on the data provided by accrediting agencies to the Commission regarding accreditation activities and outcomes
  - changes have been made to the structure and content of the Standards over time making it challenging to assess the longitudinal performance of general practices.

The above limitations are not unique to the Australian experience. Much of the international literature acknowledges that research investigating the impact of accreditation on the outcomes of patient care is sparse. Despite this, there are many studies (dating back over 20 years) describing the benefits of accreditation (discussed [below](#)).

To inform the Review, the RACGP also completed a literature review, which examined (among other things) the overall impact of accreditation on the quality of healthcare in general practice and in other health settings. While this literature review identified a range of benefits and limitations associated with accreditation, it similarly found limited evidence of the impact of accreditation in general practice.

When looking at the impact of accreditation in hospital settings, there was some greater evidence of impact. The application of quality and patient standards (including accreditation against these) was found to have an impact across a range of quality outcomes, including better documentation of adverse drug reactions and medication history, greater prioritisation of antimicrobial stewardship activities in health service organisations, and declining rates of in-hospital cardiac arrest and intensive care unit admissions following cardiac arrests.<sup>20</sup> However, evidence regarding the longitudinal effect of accreditation on hospital performance and patient outcomes was inconclusive. Despite this, the acute sector (and many other sectors) consider accreditation to have value and have continued to invest in accreditation schemes.

## Benefits of general practice accreditation

Despite challenges measuring the impact of applying standards and/or accreditation against standards on patient outcomes, the benefits of health service accreditation are widely and consistently reported in literature, both Australian and international. Key benefits include:

- quality improvement – reflects an organisation’s commitment to continuous quality improvements in systems, processes, policies, culture, risk management and staff management

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<sup>20</sup> Australian Commission on Safety and Quality in Health Care, (June 2018) Review of the Australian Health Service Safety and Quality Accreditation Scheme, p. 2.

- enhanced services – provides opportunities to identify areas for improvement and implement solutions to enhance patient care and service experience
- patient confidence – reassures patients and the community of an organisation’s commitment to deliver quality care and services
- reduce business risk – provides a framework for ongoing review, monitoring and improvement of health services’ systems processes and culture, enabling risk management and mitigation
- team culture – educating and engaging teams in the process of quality improvement can build a culture of quality among staff. Other studies found that health professionals are more likely to remain satisfied when employed in accredited organisations<sup>21</sup>
- industry benchmarking – assists organisations to meet regulatory requirements for funding incentives.<sup>22</sup>

The benefits of general practice accreditation were also consistently described by stakeholders responding to the Review. Stakeholders variously reported that general practice accreditation:

- **provides a framework for practices to improve systems and processes and manage risks**
  - The Standards and accreditation process provide general practices and their teams with a structure against which to review and improve organisational systems and processes. The accreditation process provides practices with the opportunity to focus on continuous improvement to support patient safety and quality of care. The Standards help practices to set up systems and processes to support the effective operation and management of the practice. Practices have also reported that implementation of the Standards provides improved ability to identify and manage risks, including to patient safety.
- **helps to lift the standard of care and provides consistency for patients**
  - Accreditation against a set of common standards ensures a consistent minimum standard of care for patients. It sets out clear criteria regarding what patients can expect from a general practice.
- **communicates the professional standing of the practice to patients and the community**
  - Accreditation can provide assurance to patients that the general practice has systems and processes in place to minimise the risk of harm to patients and deliver safe and quality care. It can provide patients and the community with confidence in the quality of care provided, can be used as a marketing tool and can also attract staff (especially registrars or GPs) to work at the practice as they know it operates to a certain standard.
  - Accreditation is also used as an indicator of quality practice and effective risk management systems by medical indemnity insurance providers – where a practice is accredited, insurance providers may reduce a practice’s cover premiums.
- **provides an opportunity for practices to learn, continuously improve and benchmark performance**
  - Participation in the accreditation process can act as a valuable learning opportunity for all staff involved. Practices report that it provides an impetus for engaging the practice team and can contribute to the professional development of GPs and other practice staff. It helps staff to ensure the practice’s processes are in line with current good practice and enables

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<sup>21</sup> Hinchcliff R, Greenfield D, Moldovan M, Westbrook J, Pawsey M, Mumford V, Braithwaite J, (2012) Narrative synthesis of health service accreditation literature, *BMJ Quality and Safety*, 21(12).

<sup>22</sup> Quality Innovation Performance, [What is accreditation?](#)

the practice to benchmark its performance. Participation in the accreditation process can be good for organisational culture, engagement and job satisfaction.

- **enables practices to access government incentives and other programs**
  - Accreditation is used by government as an indicator that a practice meets minimum quality standards and expectations. It enables practices to access certain incentive programs such as the PIP and WIP. Practice accreditation is also a preliminary requirement for assessment as a training practice under the RACGP Standards for general practice training.

## Limitations of, and barriers to, general practice accreditation

Stakeholder submissions, stakeholder interviews and previous reviews of the NGPA Scheme have all revealed similar barriers to accreditation that collectively impede the full realisation of the intended benefits of accreditation. These include:

- **a perception that the costs of accreditation outweigh the benefits particularly in practices that do not see accreditation as ‘value-add’**
  - A number of practices noted that a key barrier to accreditation is cost – both direct costs of accreditation fees and the resourcing required to prepare for accreditation, document evidence and undergo assessment. Some stakeholders felt that the costs of accreditation can outweigh the perceived benefits, highlighting that general practices are busy trying to meet the demands of their community and accreditation takes time away from service delivery (which can also impact the financial viability of a practice).
  - Others acknowledged that there would always be costs associated with quality improvement (and that such costs were a necessary part of business improvement) but felt that there was opportunity to reduce unnecessary costs associated with generating paperwork and policies purely for the purposes of accreditation.
  - Studies have revealed similar issues with one noting that accreditation can be expensive and time consuming for practices if they do not see it as a value-add activity or if GPs consider accreditation to be unnecessary (noting other regulatory/quality assurance mechanisms) and restrictive.<sup>23</sup>
- **a perception that accreditation is an administrative burden that must be accepted in order to access PIP payments, rather than being seen as valuable in its own right**
  - While many stakeholders described the benefits of accreditation and expressed a commitment to the objectives and outcomes of accreditation, they did not have confidence in the NGPA Scheme driving those outcomes. Many stakeholders expressed a lack of confidence in the current scheme, reporting that general practice accreditation is seen as a ‘tick and flick’ exercise, primarily undertaken for the purposes of accessing PIP payments.
  - Published articles similarly suggest that because PIP can represent up to 40% of a practice’s revenue, many practices only engage with accreditation to access PIP<sup>24</sup>
  - Stakeholder feedback also reflected a lack of clarity and shared understanding about the purpose of accreditation and the outcomes sought. Some stakeholders described accreditation as a peer review process or a ‘conversation between peers’. Others considered

<sup>23</sup> Buetow S A, Wellingham J (2003) Accreditation of general practices: challenges and lessons, *Qual Saf Health Care*, 12, pp. 129-135.

<sup>24</sup> Iannuzzi A, (2018) General practice: where the problems lie, *Insight*, Issue 24.

it an independent assessment of performance against the Standards, informed by assessors with sector experience.

- As noted by one stakeholder, ‘The benefits to practices and GPs are ephemeral. However it unlocks PIP payments, which are substantial. Without that I would not participate at all’.

- **a lack of confidence in key elements of the NGPA Scheme**

- A number of stakeholders expressed support for accreditation (and acknowledged its benefits) but expressed a lack of confidence in the way that the NGPA Scheme has been implemented such that this acted as a barrier to ‘enthusiastic participation’ in the process. Concerns were described in relation to:

- perceived conflicts of interest impacting the governance of the NGPA Scheme
- inconsistent, superficial or poor quality assessment approaches
- the Standards being too prescriptive or otherwise not fit for purpose for all practices
- the absence of surveillance or monitoring of ongoing conformance with the Standards, resulting in variable/unsustained conformance during the accreditation period.

- **a lack of engagement by GPs and a reliance on practice managers who do not always feel skilled or supported to develop systems and drive practice in line with the Standards**

- As GPs often work as contractors, or independently within a practice, some may be less available or motivated to improve practice management, systems and processes or contribute to accreditation outcomes, particularly where this might represent time away from patients (resulting in a loss of income).
- International literature also refers to the ‘professional culture of autonomy’ which can act as a barrier to GPs working together across the practice (and with other staff) to improve systems and collectively review and improve practice.
- The burden of accreditation often falls to practice managers and administrative staff, some of whom reported feeling that they did not have the skills and expertise required to establish effective quality management systems and good governance.
- While education and support is available through a number of organisations (accrediting agencies, PHNs and others), a number of practice staff described not knowing where to seek support when struggling to understand how to implement standards and demonstrate compliance for the purposes of accreditation assessment.
- One stakeholder noted that: ‘Corporate practices can hire highly skilled administrative staff to easily pass accreditation standards whilst the solo practitioner who is busy providing care to his/her patients finds it a distraction from real clinical work’. This quote reflects the sentiment expressed by a number of stakeholders – that accreditation is seen as a once in every three-year process, focussed on ‘passing’ with minimal impact on the practice and GPs.

- **a perception that broader GP funding arrangements can drive practice that may be at odds with accreditation outcomes**

- A matter raised by stakeholders (and reinforced in the literature<sup>25</sup>) is the impact of the broader GP funding arrangements on the capacity and willingness of practices to engage with accreditation. Some stakeholders highlighted the ‘perverse outcomes’ driven by the Medicare Benefits Scheme (MBS) framework, including that it could incentivise practices to focus on volume of patients rather than on critical elements of accreditation such as clinical

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<sup>25</sup> Iannuzzi A, (2018) General practice: where the problems lie, *Insight*, Issue 24.

governance, review of systems and practice, patient feedback and quality improvement activity. It was also suggested that bulk billing can cause patients to place a lower value on the quality of general practice services, which can have the effect of removing a key driver for quality improvement activity in other markets (i.e. consumer feedback).

- A number of GPs, practice managers and practice owners submitting to the Review suggested that if they were expected to undertake this activity, they needed to be reimbursed for it. This further highlighted that many practices do not see the current Standards and processes as integral to the delivery of safe and quality care, but instead as an adjunct to it, for which they are not adequately reimbursed.

## Opportunities to improve the impact of general practice accreditation

Despite the limitations of the existing NGPA Scheme including the issues detailed above, there continues to be value in general practice accreditation. General practice accreditation:

- is a feature of general practice in many developed countries (including New Zealand, the United Kingdom, Canada and many European countries)
- provides assurance that practices meet minimum standards of quality and safety
- can deliver a range of benefits for patients, practices and practice staff when implemented effectively with robust oversight (by governments and within general practices).

However, as discussed above, there are currently some real barriers to the achievement of these objectives and the realisation of these benefits. Some of these relate to the design of the NGPA Scheme and some to the way the scheme is perceived.

This Review proposes an integrated set of recommendations aimed at:

- promoting the value of accreditation for general practices, GPs, other health practitioners and patients
- improving the NGPA Scheme and building confidence in it. Consistent with the terms of reference, the Review has focussed on improvements to the NGPA Scheme rather than on PIP funding or broader Medicare funding arrangements, both of which are beyond the scope of this Review.
- addressing some of the barriers to participation described in this Chapter.

It is intended that this package of recommendations will promote broader participation in the NGPA Scheme by supporting and incentivising general practices across Australia to implement robust quality systems and processes, lift performance and become accredited.

Moving forward:

- **the purpose of accreditation must be clarified** and communicated to key stakeholders to ensure a consistent understanding of the objectives sought through general practice accreditation
- **accreditation must be repositioned as an opportunity** for general practices to review and continuously improve systems and processes to ensure ongoing patient safety and quality of care. Rather than viewing accreditation as another regulatory burden that is imposed upon

practices by government or as a pathway to PIP, general practices should embrace accreditation as one way the practice can self-assure its service delivery. This cultural shift will take time and is dependent on improvements to key aspects of the accreditation arrangements (as described in this report) to build confidence in the value of accreditation in delivering benefits to practices, practitioners and patients

Continued and increased participation can be supported with different stakeholders playing different but complementary roles. While participation in the NGPA Scheme is high (at 84%), increased participation can be achieved, without mandating accreditation, if different partners in the system all play a role.

- **Government** – should continue to require practices to be accredited to access certain incentives and participate in certain programs.
  - Accreditation represents an independent assessment that a practice has complied with standards in relation to patient safety and quality. As such it is appropriate that government require this as a condition of access to certain payments (be it PIP, WIP or payments related to administration of covid-19 vaccines).
  - Moving forward, it is important that the payments to which a condition of accreditation are attached are not presented as payments ‘for accreditation’ but rather payments that are conditional on practices demonstrating delivery of safe and quality care, as evidenced by being accredited.
- **PHNs** – can play an enhanced role in supporting general practices in matters related to accreditation.
  - PHNs are funded to undertake a range of activities to support general practices with accreditation-related matters, including through their General Practice Support and Health Systems Improvement funding streams (but also through some activities undertaken as part of the Core Flexible, After Hours and Integrated Team Care funding streams).
  - PHNs currently support practices to:
    - meet accreditation requirements (e.g. through workshops, training or targeted one-on-one support)
    - utilise clinical software and digital platforms to improve patient care and communication (e.g. through providing policies, training and templates to support the use of data extraction tools, clinical templates, etc)
    - participate in Quality Improvement activities (e.g. by supporting practices to understand the importance of quality improvement and implement activities that encourage innovation)
    - use health information management systems and clinical coding to record patient data, enable data analysis and inform future quality improvement activities
    - engage with other primary health care providers (e.g. by capacity building with primary health care providers and supporting networking and communication between general practices and other primary health care providers)
    - streamline referral pathways (e.g. by supporting general practices and health care providers to utilise digital platforms that support the information sharing between clinical providers, acute sector and clinical handover)
    - improve patient engagement (e.g. by providing tools and mechanisms for seeking patient feedback and supporting practices to use feedback to inform quality improvement activities).

- It is recommended that the Department works with PHNs to:
  - better promote the support available to general practices through PHNs
  - identify unaccredited practices in each region and provide targeted support and engagement to support these practices to become accredited
- **The RACGP (and the ACRRM)** – can encourage participation in accreditation, including by:
  - promoting the benefits of implementing the Standards and holding accreditation for practices, their staff and patients, including those described [above](#)
  - developing training resources and guidance (including targeted CPD modules) for GPs and practice staff on topics related to standards implementation (such as clinical governance, patient engagement, quality systems, policies and procedures and demonstrating continuous quality improvement)
  - collating case studies and examples of good practice, innovative solutions or quality improvement initiatives from general practices to share more broadly with the sector
  - providing tailored resources for ‘non-traditional’ practices, such as practices that are part of a multidisciplinary service, practices with different service models, practices that target specific client cohorts, solo or small practices, etc. It is recommended these resources be developed in close consultation with other key stakeholders (including the Commission) and made available publicly.

#### Peak body support for general practices

The Royal College of General Practitioners in the United Kingdom (the RCGP) has developed an online tool called [QI ready](#) to support GPs and practice teams to self-assess their organisation’s performance and embed quality improvement into all aspects of their practice. It includes a range of guides, case studies, resources and discussion regarding how practices could approach their quality improvement activity to achieve the QI domain of the Quality and Outcomes Framework. While this tool is only available to RCGP members, a similar approach could be adopted by the RACGP to promote collaboration and establish a ‘community of practice’ for general practices in Australia.

#### Recommendation 1: Clarify the purpose of general practice accreditation, by specifying that:

- accreditation is how a general practice demonstrates that it meets core requirements (as set out in the Standards)
- accreditation verifies that a general practice has systems and processes in place to ensure sustained safety, quality and continuous improvement in practice
- accreditation is a peer-informed, independent assessment of a general practice’s performance against the Standards.

#### Recommendation 2: Better support general practices to become accredited and increase participation in accreditation, by:

- peak bodies providing targeted training and resources regarding the implementation of standards and key concepts under the Standards for practice staff

- PHNs providing targeted support and mentoring for unaccredited practices to implement standards and achieve accreditation
- government continuing to require accreditation as a condition of access to government payments and programs
- promoting awareness of the value of accreditation.

## Chapter 5 – The Standards

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### Overview of the Standards

Accreditation schemes have at their core, a set of standards that include criteria or indicators against which entities demonstrate their performance.

Ideally, standards should be:

- outcomes focused (enabling organisations to demonstrate compliance or conformance in different ways and as relevant to their patients, the services they offer and the environment in which they operate)
- fit-for-purpose and meaningful (i.e. well adapted to context)
- measurable
- well directed towards the outcome sought (i.e. the Standards address matters related to patient safety and quality of care).

Where there are intersecting standards (across different accreditation schemes that may be relevant to a single general practice), there should also ideally be a degree of coherence across standards such that the practice is not required to provide different evidence to demonstrate compliance with similar requirements across different schemes.

The [Standards for general practices](#) (the Standards) are developed by the RACGP in consultation with GPs, practice managers, nurses, consumers, technical experts and others. They include 124 indicators (of which 116 are mandatory and 8 are aspirational) across 44 criteria, 17 standards and 3 modules:

- Core – focused on communication and patient participation, the rights and needs of patients, practice governance and management, health promotion and preventative care, clinical management of health issues, information management, content of patient health records, education and training of non-clinical staff.
- Quality improvement – focused on quality improvement, clinical indicators and clinical risk management.
- General practice – focused on access to care, comprehensive care, qualifications of clinical team, reducing risk of infection, medical practice and vaccine potency.

While the Standards themselves are not the focus of the Review, they are central to the NGPA Scheme and the requirements placed on general practices. Throughout the Review, stakeholders highlighted the strengths and limitations of the Standards and noted where these might be acting as a barrier to practices seeking to become accredited, unnecessarily increasing costs of compliance or otherwise impacting achievement of the overall outcomes sought (i.e. ‘protecting patients from harm by improving the quality and safety of health services’<sup>26</sup>).

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<sup>26</sup> Royal Australian College of General Practitioners, [Standards for general practice \(5<sup>th</sup> edn\)](#), p. 1.

## Opportunities for improvements to the Standards

While stakeholders acknowledged the strengths of the Standards (including that they are profession-led and developed specifically for the general practice context), there was significant feedback on the limitations of the Standards, in particular regarding:

- the scope and focus of the Standards, including the number of indicators, the level of prescription and the burden they place on practices to demonstrate conformance with the Standards in a specific way
- how the Standards align with, or are intended to interact with, the Commission's [National Safety and Quality Primary and Community Healthcare Standards](#) (the Primary and Community Healthcare Standards).

The RACGP has also acknowledged the need to review the Standards to 'streamline the effort required by practices to meet the Standards' and continuously improve the Standards to respond to 'changes in the primary care landscape'.

Aligned with stakeholder feedback, some specific areas in which change should be considered include:

- **removing prescriptive indicators that drive practices to generate documentation purely for the purposes of compliance with the Standards, rather than as a part of a quality system that is applied in practice**
  - There are a number of indicators within the Standards that are unnecessarily prescriptive and can drive practices to develop documents for the purposes of assessment alone.
  - For example, clinical indicator C2.1 requires the clinical team to consider ethical dilemmas. General practices are required to demonstrate this by documenting any ethical dilemmas that have been considered and the outcome or solution. GPs described how ethical dilemmas are regularly managed and discussed across practice teams. However, some felt they were required to regularly develop documents such as meeting minutes to prove that ethical dilemmas had been discussed.
  - This is not a desirable outcome and reinforces the perceived administrative burden of accreditation on practices.
- **adopting a stronger focus on patient safety and quality, as distinct from business operations**
  - Governance, leadership and culture are critical to the sustained delivery of safe and quality care. Practices need to have a culture of safety and quality improvement, set priorities for safe and high-quality clinical care, maintain a clinical governance framework and establish clear accountabilities for monitoring and reviewing performance of the practice, as it relates to the provision of safe, quality care.
  - While the Standards include core standards relating to practice governance and management, much of the guidance under these standards relates to the setting of business goals and the monitoring of progress towards those business goals (rather than culture and governance as it relates to patient safety and quality improvement).
  - A number of the practices that contributed to the Review were highly critical of these criteria and saw them as unrelated to patient safety and quality and unnecessarily intrusive, noting:

- 'Instead of accreditation being about maintaining standards for patient safety and quality of care, accreditation has moved too much into business management, which is well beyond its remit'.
  - 'The Standards have gone into areas [relevant only to] the private business owners (business planning and goal setting, financial reporting), and [which] have nothing to do with maintaining standards of patient care.'
  - 'Our practice has found that assessors sometimes use the accreditation visit to get information about business styles, query financial efficiencies, etc.'
  - Other practice owners described generating a business plan and goals purely for the purposes of the accreditation visit.
  - It is suggested that moving forward, the Standards should be more clearly focused on the core objective of 'protecting patients from harm by improving the quality and safety of health services'<sup>27</sup>.
- **reducing the number of indicators**
    - While the number of indicators was reduced by 14 between the fourth and fifth edition, there are currently 124 indicators in the Standards.
    - A higher number of indicators creates an increased compliance burden and can also reinforce a perception of accreditation as a 'tick a box' exercise. A number of stakeholders (including both general practices and accrediting agencies) queried how it was possible for assessors to meaningfully assess so many indicators during a relatively short site visit, even accounting for the desktop review of documents that occurs offsite.
- **revising the structure and content of the Standards, including to separate out detailed guidance into accompanying supporting materials and remove matters that relate to administration of the NGPA Scheme and place requirements on accrediting agencies**
    - The Standards include guidance regarding how to meet each indicator. This guidance includes a number of 'must' statements (mandatory requirements) and 'could' statements (optional guidance as to how the practice might demonstrate compliance with the indicator). This guidance was included in the Standards (at the request of the sector) to assist practices to understand how to meet the requirements.
    - The inclusion of detailed 'could' statements has created some confusion regarding what is and is not required, shifting the focus from the Standards describing outcomes to be achieved and instead providing detailed information about how to achieve those requirements. Throughout the Review, stakeholders described a range of unreasonable requirements of the Standards that they felt were not appropriate or relevant to their practice. However, it was found that these were not mandatory requirements but the 'could' statements that describe examples of how a practice might evidence compliance with that indicator. A number of practices also suggested that assessors use the 'could' statements to inform their assessment, creating rigid expectations regarding how a practice should demonstrate conformance.
    - It is recommended that the guidance material (including the 'could' statements in the current Standards) be removed from the Standards themselves and included in separate, supporting guidance material. In this way, guidance can be more readily updated with changes in circumstances and can be tailored to different practice contexts (for example,

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<sup>27</sup> Royal Australian College of General Practitioners, [Standards for general practice \(5<sup>th</sup> edn\)](#), p. 1.

guidance regarding how to achieve a certain outcome for a remote Aboriginal Medical Service may differ to the guidance relevant to a large metropolitan practice).

- The Standards also include RACGP requirements on accrediting agencies and assessors. As discussed in [Chapter 8](#), it is proposed that the governance arrangements be adjusted to improve clarity regarding roles and responsibilities. This includes differentiating between responsibility for the Standards from the management of the NGPA Scheme and the oversight of accrediting agencies. Consistent with this recommendation, it is proposed that any revised standards be focused purely on the expectations of general practices rather than expectations of accrediting agencies and assessors.
- **improving alignment with the Primary and Community Healthcare Standards**
  - The Commission has recently developed the [Primary and Community Healthcare Standards](#) for services that deliver healthcare in a primary and/or community setting.
  - The Primary and Community Healthcare Standards were developed through extensive consultation with consumers, healthcare providers and services, professional and peak bodies, Primary Health Networks and other representatives of the sector over five years. They include three Standards, covering clinical governance, partnering with consumers and clinical safety.
  - Currently, primary and community services (such as pharmacists, allied health professionals, Aboriginal and Torres Strait Islander health practitioners, dentists, etc.) can be subject to multiple sets of standards. The Commission has highlighted that, 'It is intended the Primary and Community Healthcare Standards are used as the core safety and quality component of each set of standards, thus minimising the compliance burden across multiple sets of standards. Where profession-specific standards exist, the Commission expects that within a reasonable time period, these standards will be aligned to the Primary and Community Healthcare Standards to ensure a nationally consistent approach to safety and quality improvements across the sector'<sup>28</sup>.
  - Better aligning the Standards for general practices and the Primary and Community Healthcare Standards would:
    - reduce the administrative burden for practices that offer other primary and community care services beyond general practice
    - support the move towards standards that are more outcomes-focused and targeted to patient safety and quality (as discussed above)
    - support greater consistency of requirements across health services where the outcome sought is the same. While it is recognised that each sector is different and that context necessarily influences how a practice demonstrates compliance, it is equally true that there are some concepts that are common across health settings. Deviation in how standards or indicators are framed across sectors creates unnecessary confusion and is not in line with a focus on end-to-end and integrated care for patients
    - support assessors undertaking assessments across sectors. Again, it is acknowledged that assessors must understand the general practice context to effectively assess practice performance. However, assessors also need to understand universal concepts relating to, for example, quality systems and quality improvement. Common language and training across standards (where appropriate) improves the performance of assessors and efficiency of accrediting agencies (noting that currently four of the five

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<sup>28</sup> Australian Commission on Safety and Quality in Healthcare, June 2021, [National Safety and Quality Primary and Community Healthcare Standards](#), p.4.

accrediting agencies undertake accreditation assessment of organisations across multiple primary and health care settings)<sup>29</sup>.

Revising the Standards to address the matters detailed above would:

- reduce the administrative burden and unnecessary costs for general practices associated with generating documents purely for the purposes of accreditation
- simplify the accreditation process for general practices
- increase the focus on patient safety and quality improvement, reinforcing messaging for general practices about the primary objective of accreditation
- enable practices to evidence compliance in a way that is most appropriate for their organisation
  - The Standards would describe what must be demonstrated (the outcome) and practices could achieve that outcome in different ways, as appropriate for their patients, their community and their practice setting. This supports innovation and recognises the very different contexts in which different GPs operate. Noting that some practices will continue to value detailed guidance and examples of how they might achieve the outcomes, detailed guidance could continue to be developed by peak bodies such as the RACGP and the ACRRM (in consultation with the Commission, general practices and stakeholders more broadly).
- support an end-to-end health system (and reduce duplication of effort). It would also support better differentiation of core standards focused on patient safety and quality improvement from standards relevant to general practice training (discussed in [Chapter 9](#)).

Stakeholder input to the Review indicates strong support for many of these suggested revisions to the Standards. One area of contention is likely to be the proposed improved alignment between Standards for general practice and the Primary and Community Healthcare Standards.

It is suggested that the Department, the Commission, the RACGP and the ACRRM work closely together (and in close consultation with stakeholders) to:

- determine whether the Primary and Community Healthcare Standards cover all matters critical to safe and quality patient care as relevant to general practice. If not, an additional general practice specific criterion or standard could be considered. This would maintain the intent of a common set of standards across like care settings, while addressing any additional matters critical to general practice
- identify which of the actions in the Primary and Community Healthcare Standards will not be applicable to general practices (or certain types of general practices). As acknowledged in the Primary and Community Healthcare Standards themselves:
  - ‘Not all actions within the Primary and Community Healthcare Standards will be applicable to every primary and community healthcare service. Healthcare services should consider their individual circumstances in determining whether actions are not applicable. It is not intended that actions be implemented where they are not essential in the delivery of safe

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<sup>29</sup> ACHS, IHCA, Global-Mark and QIP (a business within the AGPAL Group) are all accrediting agencies for the purposes of the AHSSQA Scheme which covers accreditation against the National Safety and Quality Health Service (NSQHS) Standards, including the Multi-Purpose Services Aged Care (MPS) Module, the National Safety and Quality Digital Mental Health (NSQDMH) Standards and the National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards.

and high-quality health care for patients or are beyond the scope of clinical practice of healthcare providers<sup>30</sup>.

- develop guidance for general practice to support their transition to new Standards. It is acknowledged that the structure and some of the concepts or language in the Primary and Community Healthcare Standards may be new for some general practices. Detailed guidance regarding what standards mean in the general practice context will be important. Targeted resources could also be considered for general practices in rural and remote locations, small practices with limited administrative support, Aboriginal Medical Services, Aboriginal Community Controlled Health Organisations and multidisciplinary services.

**Recommendation 3: Revise the Standards, in close consultation with stakeholders, to:**

- remove prescriptive indicators that drive practices to generate documentation purely for the purposes of compliance with the Standards, rather than as a part of a quality system that is applied in practice
- adopt a stronger focus on patient safety and quality, as distinct from business operations
- reduce the number of indicators
- revise the structure and content of the Standards, including to separate out detailed guidance into accompanying supporting materials and matters that relate to administration of the NGPA Scheme and place requirements on accrediting agencies
- better align with the Primary and Community Healthcare Standards.

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<sup>30</sup> Australian Commission on Safety and Quality in Healthcare, June 2021, [National Safety and Quality Primary and Community Healthcare Standards](#), p.5.

## Chapter 6 – Accreditation process

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### Overview of the assessment approach

The assessment process broadly includes:

- a self-assessment completed by the general practice
  - This is generally completed through an online portal, where the practice can check off where the practice meets each indicator in the Standards and upload evidence of compliance.
- desktop review of information provided by the practice
  - Some accrediting agencies undertake a desktop review of the practice's responses to the self-assessment and any evidence uploaded.
- an on-site assessment at the practice
  - A site visit to the practice is undertaken once every three years. Within five business days of completing the on-site assessment, an accrediting agency must notify the general practice in writing of the outcome of the assessment, including any matters that require remediation.
- a remediation period for the general practice to rectify any non-conformances identified on site
  - The practice is given 65 business days to rectify any non-conformances and submit evidence of conformity. The assessment of whether the practice has adequately rectified non-conformance is usually undertaken by desktop review (where the practice uploads evidence of conformance) but may include a site visit.<sup>31</sup>
  - If the non-conformance is addressed, accreditation is granted to the general practice.

Where a significant risk<sup>32</sup> of patient harm has been identified during assessment, the accrediting agency is required to notify:

- the general practice, as soon as practicable – the practice must submit an action plan about how the risk will be addressed within two working days
- the relevant State and Territory health care complaints bodies and the Commission – the accrediting agency will also provide the practice's action plan for addressing the risk.<sup>33</sup>

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<sup>31</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#); Australian Commission on Safety and Quality in Healthcare, [Overview of NGPA Scheme Factsheet](#).

<sup>32</sup> Where there is a high probability of a substantial and demonstrable serious adverse impact for patients who access care from the general practice. In each case, a significant risk will be sufficiently serious to warrant an immediate response to reduce the risk to patients. This may include interventions or changes to the practice's policies, procedures or management systems; the clinical care environment; or clinical practice.

<sup>33</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#), p. 26, clause 6.7.

## Opportunities to improve consistency of assessment

As noted previously many stakeholders submitting to the Review described a lack of confidence in the accreditation process. While a variety of reasons for this were provided, the Review has focused on five key areas for improvement in relation to the accreditation process.

A common criticism of accreditation schemes (and regulatory systems more broadly) is a lack of consistency between assessors or decision-makers.

While total uniformity of decisions is not achievable (noting that assessments necessarily depend on the exercise of judgement), there are a range of ways that schemes support the quality and consistency of assessment, ensure inter-assessor reliability and decrease avoidable variation.

This includes:

- requirements for the accrediting agency to be accredited by a recognised accreditation body
- a standardised, high-level assessment process
- training and continued professional development for assessors
- performance monitoring, including through reporting, benchmarking of accreditation outcomes and observation
- review of complaints
- ongoing provision of advice to guide assessors/accrediting agencies on assessment processes, and to address commonly identified areas of challenge or areas of inconsistency
- opportunities to share knowledge and experience between accrediting agencies, the Commission and the RACGP.

Each of these elements exists to an extent in the NGPA Scheme, with requirements detailed in the policy that supports the scheme. However, as the NGPA Scheme is relatively new, some of these areas are not yet well developed or have not been implemented in full. There is opportunity for improvement in each of the areas to support assessors and to engender greater confidence in the proficiency and consistency of approach adopted by assessors.

## Requirements to be certified by a recognised accreditation body

Accrediting agencies are required to be certified by JAS-ANZ, ISQua or another accrediting body recognised by the Commission<sup>34</sup>. This is consistent with the requirements that also exist for accrediting agencies for other health services.

Four of the five accrediting agencies are certified by ISQua through a subsidiary<sup>35</sup>; AGPAL, ACHS, Global-Mark and QPA (which is also certified with JAS-ANZ). IHCA is also certified by JAS-ANZ.

<sup>34</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#).

<sup>35</sup> ISQua External Evaluation Association (IEEA).

While some stakeholders expressed greater confidence in one of the accrediting bodies and some stakeholders noted differences in the accrediting methodology and focus, the Review considers that it continues to be appropriate for both bodies to be recognised by the Commission for the purposes of certifying the accrediting agencies. Both organisations are recognised for the purposes of certifying other health services and have considerable experience in certification/accreditation.

Rather than limiting the accreditation bodies able to accredit the accrediting agencies, the Review has focused on placing more rigour around the assessment processes, inter-assessor reliability, benchmarking and training and support to improve consistency (discussed below).

### **A standardised, high-level assessment methodology**

Many stakeholders described concerns about the consistency of the assessment process adopted by different assessors:

- some felt that assessment was ‘perfunctory’ or ‘superficial’ and that a practice could be found compliant without truly meeting the requirements in the Standards
- some felt that different assessors tended to focus their assessment on different requirements based on their areas of interest or expertise and provided subjective feedback based on their personal preference (or ‘how they thought it should be done’)
- different accrediting agencies described different approaches to site visits including the preferred length of site visits and also the nature and extent of interviews.

One of the ways that accreditation schemes mitigate the risk of inconsistent assessment is to prescribe standardised high-level assessment processes that all assessors across all accrediting agencies are expected to observe.

For example:

- in relation to other health services, the Commission prescribes the PICMoRS approach to assessment against the NSQHS Standards. Assessors are required to explore:
  - staff understanding of the health service’s processes/systems
  - how areas for improvement to the service’s processes/systems are identified by the service
  - how patients are involved in the design and review of the service’s processes/systems
  - how the effectiveness of the service’s process/system is monitored
  - how data regarding the service’s performance is collected, analysed and reported to key stakeholders (such as management, patients and PHNs)<sup>36</sup>
- in New Zealand, the Royal New Zealand College of General Practitioners endorses individual assessors to undertake general practice accreditation, delivers training about the way to approach assessment against the relevant standards and sets expectations around the duration of site visits<sup>37</sup>
- in the National Disability Insurance Scheme (the NDIS), approved auditors are required to apply a consistent audit methodology in accordance with the NDIS Quality Auditor Guidelines. The

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<sup>36</sup> Australian Commission on Safety and Quality in Healthcare, 2020, [NSQHS Standards using PICMoRS for quality improvement and assessment preparation](#).

<sup>37</sup> Royal New Zealand College of General Practitioners, [Foundation Standard assessor criteria](#).

Quality and Safeguards Commission also provides training for assessing provider compliance with NDIS Practice Standards<sup>38</sup>

- in the United Kingdom, inspections by the Care Quality Commission are structured around key lines of enquiry in their assessment framework for healthcare services<sup>39</sup>.

These high-level methodologies are not intended to impede the exercise of professional judgement by expert assessors but to ensure a degree of commonality in approach such that practices can have confidence that, regardless of the agency they engage to review their performance, a similar methodology will be employed.

It is recommended that the Commission build on the skeleton methodology described in the existing [NGPA Scheme policy](#) to develop a more detailed assessment methodology. It is important that the methodology is not overly prescriptive such that it impedes the capacity of accrediting agencies to efficiently and effectively accredit general practices. It should be developed in close consultation with the RACGP, accrediting agencies and other key stakeholders.

### **Mandated training and support**

Accrediting agencies are required to ensure that all assessors are provided with training to ensure a thorough and current knowledge of the Standards. Accrediting agencies must ensure that assessors participate at least annually in an assessor training program on the most current version of the Standards and regularly report to the Commission on assessor training.

Currently, neither the Commission nor the RACGP provide a program of training to assessors. Rather, each accrediting agency determines the training necessary for assessors and provides this training directly or outsources the provision of this training.

While this gives flexibility to accrediting agencies to train assessors in line with their preferred approach (and based on individual assessor need), it also misses an opportunity to ensure that all assessors are trained to a common methodology. It also limits the ability of the RACGP and the Commission to communicate expectations to assessors regarding the intent and interpretation of the Standards.

By contrast:

- all assessors for the NSQHS Standards are required to undergo the NSQHS Standards Assessor Orientation Course (this is free, online and self-paced<sup>40</sup>)
- under the NDIS Approved Quality Auditors Scheme, all auditors are required to undergo mandatory training and continual professional development<sup>41</sup>
- assessors endorsed by the RNZCGP are required to complete ongoing assessor training as required by the RNZCGP to maintain competence and knowledge of the Standard<sup>42</sup>.

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<sup>38</sup> NDIS Quality and Safeguards Commission, [Registered provider requirements](#).

<sup>39</sup> Care Quality Commission, 2021, [Key lines of enquiry for healthcare services](#).

<sup>40</sup> Australian Commission on Safety and Quality in Healthcare, [NSQHS Standards orientation course](#).

<sup>41</sup> NDIS Quality and Safeguards Commission, [Registered provider requirements](#).

<sup>42</sup> Royal New Zealand College of General Practitioners, [Assessor Recruitment, Selection and Endorsement Process](#).

To better support consistency of assessment across assessors, it is recommended that the Commission (in close partnership with the RACGP) develop education packages and training materials for assessors and accrediting agencies. Assessors would be required to complete this training (in addition to any training provided by the accrediting agency) and participate in ongoing professional development.

It is important that this training be developed in close collaboration with the RACGP to ensure consistent expectations and interpretation of the Standards and to ensure the training is appropriately targeted to the general practice context.

### **Performance monitoring, including through reporting, benchmarking of accreditation outcomes and observation**

One of the ways that regulators and scheme managers assess the consistency of accreditation outcomes are being achieved, is to review data submitted by accrediting agencies.

At its simplest level, regulators and scheme managers can examine whether there are any statistical differences between accrediting agencies in terms of:

- the proportion of practices found compliant
- the indicators with which practices are being found non-compliant.

Such data can also enable comparison of outcomes across locations and types of practices and inform the nature of support required for different practices.

The Commission has only had access to sufficiently detailed, de-identified data from accrediting agencies since 2020. While accreditation data is confidential, it indicates there are some differences in outcomes between accrediting agencies.

It is important that data analysis continues and informs the development of the assessment methodology (described above) and feedback to accreditation agencies.

Other ways that consistency is supported by the regulator or scheme manager is by:

- observing the practice of assessors within accrediting agencies and providing feedback to the accrediting agencies
- reviewing reports of internal moderation undertaken by accrediting agencies to ensure inter-assessor reliability
- reviewing samples of accreditation reports to identify any key areas of inconsistency between accrediting agencies.

While the [NGPA Scheme policy](#) provides for a number of these activities to occur, some of these practices have not yet been implemented or have only been implemented in part. For example,

while the Commission has the power to undertake observational audits of assessment site visits, the Commission only undertook one such audit in 2019<sup>43</sup> and none in 2020 (due to covid-19).

It is recommended that the Commission work with accrediting agencies to further develop the detail of such performance monitoring measures, including the recommencement of observational audits. This will also be important as new accrediting agencies enter the market.

### **Review of complaints**

Another way that regulators and scheme managers work to continuously improve accreditation schemes is to review complaints about assessors and accrediting agencies and constructively provide feedback to improve practice.

While the Commission currently receives and analyses feedback and complaints, the feedback form is provided to general practices by accrediting agencies. Due to the qualified privilege arrangements (that have applied to two of the accrediting agencies until recently), the Commission does not have access to information about which practices have been accredited and when. As a result, the Commission has not been able to contact general practices after an accreditation audit to give them the opportunity to provide feedback directly to the Commission.

A number of submitters to the Review stated that they do not provide feedback because they believe the feedback goes back to the accrediting agency and that complaints may jeopardise their accreditation outcomes. One stakeholder noted, 'There is a huge disparity between assessors and no safe way of providing feedback about inappropriate assessors since this feedback goes back to the same organisation that sent the assessors in the first place'.

With recent changes to qualified privilege arrangements and the proposed provision of identified data to the Commission (discussed in [Chapter 8](#)), it is recommended that the Commission directly communicate with general practices to seek feedback regarding the accreditation process. This is likely to encourage greater feedback.

### **Ongoing provision of advice to guide assessors/accrediting agencies on assessment processes, and to address commonly identified areas of challenge or areas of inconsistency**

The Commission currently develops [Advisories](#) to guide assessors/accrediting agencies on assessment processes.

As the Commission further develops the assessment methodology (in partnership with the RACGP and in close collaboration with accrediting agencies and other stakeholders) there will be opportunity to further develop the advisories available to assessors and accrediting agencies. These advisories can also be informed by common areas of challenge and trends identified through analysis of data (discussed further below).

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<sup>43</sup> This was attributed, in part, to challenges obtaining consent from general practices, which is being addressed moving forward through requiring accrediting agencies to specify in their contracts that general practices must consent to observation of site visits.

## Opportunities to share learnings and experience between accrediting agencies and others

The General Practice Accreditation Coordinating Committee (Coordinating Committee) is an industry-based stakeholder committee that provides governance and oversight of the NGPA Scheme. The Committee includes representation from the Commission, the RACGP, ACRRM, APNA, AAPM and CHF.

Separately, the accrediting agencies and the Commission work together on the General Practice Accrediting Agencies Working Group, which consults quarterly on the 'ongoing design and application of the scheme and its associated activities'<sup>44</sup>. This includes:

- identifying key issues of concern for them and/or their clients relating to the implementation of the NGPA Scheme or the assessment of the Standards
- identifying, discussing and recommending actions that accrediting agencies can take to progress the resolution of issues
- suggesting actions for the Commission, the RACGP and/or the Coordinating Committee to progress issues, where relevant
- working collaboratively with the Commission, the RACGP, the Coordinating Committee, other approved accrediting agencies to implement agreed actions, processes and/or solutions.<sup>45</sup>

The [NGPA Scheme policy](#) also describes the objectives of collaboration, which include increasing the effectiveness and efficiency of assessment processes (including inter-assessor and inter-accrediting agency reliability), providing advice on matters related to the assessment of general practices), exchanging information on ways to meaningfully involve patients in accreditation, collaborating on matters related to data collection and reporting and facilitating information sharing between general practices and the Commission.

During the course of the Review, committee members described some of the challenges of working together, including tensions in roles and concerns regarding sharing of information (including between competing accrediting agencies). With greater clarity of roles (discussed in [Chapter 8](#)), there is an opportunity to strengthen the engagement and focus on achieving consistency of assessment outcomes and Standards interpretation and sharing learnings from assessment outcomes and data analysis.

### **Recommendation 4: Improve quality and consistency of assessment by:**

- developing assessment principles and a methodology to be applied by accrediting agencies
- enhancing training and support for assessors, with a focus on ensuring a common understanding of the Standards and thresholds for determining compliance, risk identification and assessment and robust decision-making
- strengthening performance monitoring of accreditation agencies undertaken by the Commission, with a focus on continuous improvement
- enabling the Commission to seek feedback and complaints directly from general practices to

<sup>44</sup> Australian Commission for Safety and Quality in Health Care, General Practice Accrediting Agencies Working Group, Terms of Reference, Functions of the working group (January 2019).

<sup>45</sup> Australian Commission for Safety and Quality in Health Care, General Practice Accrediting Agencies Working Group, Terms of Reference, Functions of the working group (January 2019).

inform performance monitoring

- building opportunities to share learnings and experience between accrediting agencies, the Commission and the RACGP.

## Opportunities to improve assessment teams

The Standards require that the assessment is undertaken by an assessor team comprising two or more assessors, including at least one GP assessor.

- GP assessors must (among other things): have at least five years' FTE experience as a vocationally registered GP; and be working at least two sessions a week in face-to-face patient contact in an accredited general practice (or have done so within the last two years)
- non-GP assessors (among other things): can be an appropriately qualified nurse, practice manager, allied health professional or Aboriginal and Torres Strait Islander health worker or health practitioner; must have at least five years' FTE experience; and must be working at least 16 hours a week in an accredited general practice (or have done so within the last two years).<sup>46</sup>

The intent of requiring at least one assessor to be a GP was to ensure strong understanding of the general practice context and provide for peer review of practice. Over the course of the Review some stakeholders reinforced the need for at least one assessor to be a GP stating that:

- the peer review element of the accreditation process was one of its strengths
- that GPs would be unlikely to take advice from non-GPs such that it was critical that at least one assessor was a GP
- that non-GP assessors could not properly assess certain aspects of the Standards such as those relating to health records and diagnosis and management of health issues, which depended on deep knowledge of clinical matters (known to GPs)
- GPs are better equipped to offer suggestions regarding areas of improvement to other GPs.

However, other stakeholders expressed concern that some assessors:

- did not have deep experience of accreditation and quality systems, such that their approach to the assessment of some of the indicators was driven by their personal experience from the clinics that they have worked in (resulting in unwarranted variation in assessment approach)
- did not undertake assessments regularly enough to maintain their proficiency in relation to assessment of all indicators. Some practices described observing tensions between GP and non-GP assessors and a tendency to defer to the GP assessor
- may be conflicted, particularly where GP assessors are working in similar geographical areas
- did not have experience assessing in many different practice contexts. Stakeholders suggested that assessors from a metropolitan background do not always understand how a small regional practice would apply and demonstrate conformance with the Standards (and vice versa), noting:
  - 'Wherever possible assessors should be familiar with the type of practice they are visiting – how the organisational structure works, what local services and infrastructure are available'.

<sup>46</sup> Royal Australian College of General Practitioners, [Standards for general practice \(5<sup>th</sup> edn\)](#), pp. 5-7.

- ‘Metro assessors [can suggest] solutions that are unachievable in a regional or rural context’.

Some accrediting agencies also reported that:

- the current requirements for assessors are unnecessarily restrictive, noting that under the AHSSQA Scheme, assessors are required to hold ‘health management, clinical or other relevant qualifications’ but accrediting agencies are afforded the flexibility to determine what is appropriate<sup>47</sup>
- for newer accrediting agencies, the requirements can act as a barrier for entry to market because of the challenge securing the services of GPs with both five years’ experience as a vocationally registered GP and working at least two sessions a week in face-to-face patient contact in an accredited general practice
- requiring a GP assessor to attend all site visits can increase accreditation costs to general practices because the hourly rate paid by accrediting agencies to GP assessors is often higher than that paid to non-GP assessors
  - While acknowledging the value of GP expertise and input into assessments, it was suggested that this could still be achieved without the need for GP assessors to attend on site.
  - Some GP assessors contributing to the Review also noted that (with travel time) attending site visits in remote locations could mean three days away from their practice or other employment.

Having such a strong focus on the assessment being undertaken by a GP may also reinforce perceptions that:

- the purpose of accreditation is to assess the clinical expertise and practice of individual health professionals at the practice (which it is not)
- accreditation is about peers providing feedback to each other based on their own experience, as distinct from an independent assessment of standards, informed by assessors with expertise in both general practice and standards assessment.

Overall, the Review considers that:

- assessments should be undertaken by assessors who have both an understanding of the general practice context (including experience in the service type where they will be assessing) and also expertise and proficiency in the independent assessment of performance against quality and safety standards
- there should be greater flexibility in the system such that assessment teams may comprise one or more assessors with: health management, clinical or other relevant qualifications; relevant general practice experience; and a detailed understanding of the NGPA Scheme and the Standards (removing the prescriptive requirements placed on assessors by the Standards for general practice)
- if a GP does not form part of the assessment team, they may contribute as a specialist professional advisor (for example, providing advice on health records and involved in interviews with GPs as required) using virtual technologies

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<sup>47</sup> Australia Commission on Safety and Quality in Health Care, November 2019, [Policy – Approval under the Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme to conduct accreditations of health service organisations using the Scheme’s standards](#).

- to continue to support GP confidence in the assessment outcome, the delegate who oversees assessment teams, reviews the report prepared by the assessment team and awards accreditation must be a GP or a committee including a GP. This ensures that there continues to be GP consideration of the relevant evidence and reasoning and its adequacy to support the award of accreditation.

This approach:

- reduces demand on the GP workforce while continuing to ensure that GP expertise is sought where needed and that decisions on the award of accreditation are made by a GP or by a committee including a GP. Changing the way that GPs are utilised in the process better values their expertise, while also reducing the costs to practices that are associated with requiring GP assessors to attend all site visits
- provides greater flexibility for accrediting agencies to recruit qualified and experienced assessors with relevant skills and experience
- enables assessors to undertake accreditation across different schemes (based on their skills, qualifications and experience) to support improved consistency in standards/expectations across health services
- reinforces that the purpose of accreditation is not to assess the clinical competency of the practice's staff but to assess the ability of the practice's governance, systems and processes to manage risks and deliver safe and quality care.
- aligns assessor requirements more closely with similar accreditation schemes internationally, such as:
  - the United Kingdom Care Quality Commission's registration model where clinicians act as 'specialist professional advisers'<sup>48</sup>
  - the Royal New Zealand College of General Practitioner's Foundation accreditation, where assessors are required to have experience in the primary health care sector, knowledge about general practice and the functions of a general practice team, understanding of cultural relevance in health care and experience in quality improvement<sup>49</sup>.

**Recommendation 5: More efficiently and effectively utilise assessors and GP advisors in the assessment process by:**

- ensuring assessors have relevant qualifications, an understanding of the general practice context and expertise and proficiency in the independent assessment of performance against quality and safety standards (requiring adjustments to the existing assessor requirements)
- GPs contributing as specialist professional advisors to assessment teams, overseeing assessment teams, reviewing the reports of assessment teams and making accreditation decisions.

<sup>48</sup> Care Quality Commission, 29 June 2018, [The inspection team: independent healthcare services](#).

<sup>49</sup> Royal New Zealand College of General Practitioners, [Foundation Standard assessor criteria](#).

## Opportunities to improve the assessment process to drive sustained conformance

Each of the suggestions made above will improve the quality and consistency of assessments. The changes will largely affect the Commission, the RACGP and the accrediting agencies because the focus of the changes is on better implementing a number of the systems and controls that already exist in the [NGPA Scheme policy](#).

There are, however, other changes that can also be made to the assessment process which will more directly impact general practices, reduce costs and better engage general practices in the accreditation process in a meaningful way.

There are a number of key issues to be addressed:

- the assessment approach is heavily focused on documentation
  - General practices felt that significant documentation is produced primarily for the purpose of demonstrating compliance with the Standards for assessment. Stakeholders described examples of policies and procedures, communications products or meeting minutes developed specifically to demonstrate compliance with certain requirements, noting that they considered that these documents provided little real value to the practice but took significant staff time to develop.
  - Given the focus of the Standards, stakeholders considered the assessment approach similarly tended to focus on documentary evidence of conformance with indicators, as opposed to outcomes.
- while documentation (including a self-assessment) is provided to accrediting agencies in advance of site visits, considerable time continues to be spent by assessors on site looking at documentation. There is often limited time available on site to interview GPs, practice managers and others to understand how policies and procedures are applied in practice
- for small practices, particularly in rural and remote locations, the need for two assessors to attend on site can drive up cost and impact the ability of the practice to continue to provide care to patients while assessors are on site. While there remains value in undertaking site visits as part of assessment every three years, there is opportunity for more flexibility regarding how site visits are used in combination with the desk-based review of documents and interviews via video conference
- assessment reports can be relatively high-level and do not always provide sufficient information or feedback to practices to enable them to identify areas for improvement or how identified deficiencies should be addressed. Stakeholders responding to the Review felt that the lack of detail in assessment reports contributes to the low value some practices place on accreditation
- currently during the three-year accreditation cycle, general practices usually only interact with their accrediting agency during the assessment period. While the expectation is that general practices continuously review and improve their systems and processes against the Standards, there is generally no monitoring or surveillance of practices to ensure continued conformance between three-yearly site visits.

- This contributes to the perception that general practice accreditation is a ‘tick and flick’ process or a ‘point in time’ assessment, with many stakeholders questioning the extent to which practices sustain conformance over the three-year period.
- Data provided by accrediting agencies also shows that non-conformance is identified at a significant majority of practice site visits. This indicates that accredited practices are not maintaining conformance throughout the duration of accreditation.
- Further, even where a practice is found not to be conforming with high-risk indicators (or many indicators) during the site visit, there is no mid-point follow up to ensure that any remediation activity undertaken immediately after the site visit has resulted in sustained conformance with the Standards.
- Under most accreditation schemes, a standard accreditation cycle includes an initial audit and one or two surveillance audits (with the cycle recommencing with a re-accreditation audit).<sup>50</sup> This is also a requirement of ISO Standards, to which some accrediting agencies are accredited by JAS-ANZ. See **Diagram 3**.

**Diagram 3. Standard audit cycle<sup>51</sup>**



In order to address these issues, it is recommended that the following adjustments are made to the assessment process:

- practices submit a self-assessment and other evidence relevant to the assessment for desktop review by assessors in advance of the site visit
  - While this is similar to the current practice of most accrediting agencies, the key difference is that assessors would use this to identify areas of potential risk, determine where certain requirements may be considered met and where further assessment will be required on site.

<sup>50</sup> ISO standards outline high level expectations for monitoring and surveillance activities to be conducted during the accreditation period (refer to the ISO/IEC 17021 family, specifically *ISO/IEC 17021-1:2015 Conformity assessment – Requirements for bodies providing audit and certification of management systems*).

<sup>51</sup> Alcumus, 2021, [The ISO 9001 audit cycle](#).

- The assessment methodology would specify the key evidence that should be reviewed at this stage. It is expected this would include critical policy documents, relevant data and a sample of patient records.
- The focus would be on documents that evidence how the requirements of the Standards are implemented in practice rather than on the generation of documents purely for the purposes of accreditation.
- the site visit focus on interviews with practice staff and management and observations
  - The assessment methodology would again specify the key evidence that should be reviewed on site.
  - Flexibility should be introduced such that some interviews could also be conducted virtually (reducing the impact on practices at the time of the site visit).
  - Depending on the size of the practice and the risks identified in the desk-based review of evidence, there would also be flexibility such that site visits may involve only one assessor.
- assessment reports include more detailed feedback regarding any areas of non-conformance identified during the site visit to support practices to address issues and continuously improve
- practices be required to complete a brief mid-point assessment eighteen months following accreditation
  - General practices would complete a statement of compliance confirming that the practice's systems and processes remain compliant with the Standards and respond to a series of questions targeted at identifying risk, regarding matters such as: change of management/key personnel, staff turnover, adverse findings from other regulatory bodies, reportable incidents.
  - Where the practice was found to be non-compliant with certain (high-risk) indicators during the site visit, the practice may be required to complete and submit a mid-point assessment at twelve months. The mid-point assessment would also require the practice to submit evidence of ongoing conformance with those indicators.
  - The accrediting agency would review the practice's mid-point assessment to assess the level of risk associated and determine whether further action is required:
    - where the practice is found to be low risk, no further action is required
    - where the practice is found to be medium risk, the accrediting agency would connect the practice with their local PHN to access additional support to ensure ongoing compliance
    - where the practice is found to be high risk, the accrediting agency may:
      - seek additional evidence from the practice to inform an assessment of the practice's ongoing conformance with certain indicators (the evidence sought would depend on the areas of risk identified)
      - connect the practice with their local PHN to access additional support to ensure ongoing compliance
      - undertake further desktop review or a mid-point site visit to ensure the practice's ongoing conformance with the Standards (noting it is expected a site visit would only be required where there is a risk to patient safety).
  - It is proposed that the mid-point assessment and accompanying guidance for accrediting agencies regarding how to assess a practice's response would be developed by the Commission, in collaboration with accrediting agencies.

- practices are able to upload evidence of conformance with the Standards throughout the accreditation cycle
  - Many accrediting agencies currently enable practices to upload evidence of conformance with certain standards as part of their pre-assessment. It is proposed that practices be provided access to this capability throughout their accreditation cycle such that updated policies, procedures and other key documents can be uploaded into this portal as they are developed. This would support practices to ensure their policies are up to date and better distribute the administrative burden associated with accreditation.

Collectively, these changes would:

- provide increased assurance to patients, accrediting agencies and Government that practices are meeting safety and quality requirements throughout the period of accreditation
- encourage and support general practices to continuously review organisational systems and processes to ensure sustained conformance with the Standards throughout the accreditation period
- better utilise technology to enable practices to upload evidence of conformance with the Standards throughout the accreditation cycle
- reduce the impact (and in some cases, the costs) of site visits for general practices
- support more structured and consistent assessment, providing certainty to practices regarding the activities to be conducted at different points in the assessment.

**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.

## Chapter 7 – Cost of accreditation

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### Direct costs of accreditation

As part of approval to be an accrediting agency, accrediting agencies must advise the Commission if their proposed fee structure is based on a community rating (i.e. whether all practices pay the same fee for the same product, regardless of the practice's location, size, other characteristics, etc.) or whether fees are quoted individually based on actual costs incurred by the accrediting agency.

This is connected to requirements under the Standards to ensure that accrediting agencies do not:

- refuse an application for accreditation from a practice that meets the RACGP's definition of a general practice regardless of location or size
- financially or otherwise discriminate against a practice because of location or size.<sup>52</sup>

A number of stakeholders raised the cost of accreditation as a barrier to accreditation (particularly for rural, regional and remote general practices). Some also raised concerns regarding some accrediting agencies offering lower cost and lower quality accreditation services.

Throughout the Review, we sought to understand the significance of these issues, including whether this was impacting different practices or limiting access to accreditation for certain types of practice, particularly very small practices, those in regional, rural and remote locations and those providing services to the most marginalised communities.

While the Review requested information from stakeholders (including accrediting agencies) about accreditation fees and the way these are calculated and applied, limited information was obtained. This may be due to the confidential nature of accreditation fees and the competitive environment.

However, based on discussions with accrediting agencies, it is clear that:

- each of them is committed to the principle of non-discrimination and ensuring equal access to accreditation services
- three of the five accrediting agencies are not-for-profit organisations and all communicated a strong commitment to accreditation and to general practices being able to access accreditation services
- most of the accrediting agencies set a minimum fee for accreditation (regardless of how small the practice is), with fees increasing based on the number of FTE GPs and complexity of the practice.
  - This approach is reasonable and recognises that there is a minimum cost of accreditation, regardless of practice size. It also recognises that the costs associated with reviewing documents and records, examining systems and interviewing key staff increase for larger practices.

There are, however, other factors that can influence fees and potentially create a disproportionate impact for certain practices or unintended, potentially adverse impacts:

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<sup>52</sup> Royal Australian College of General Practitioners (RACGP), [Standards for General Practices](#), 5<sup>th</sup> ed, p. 6.

- **the way that practices are charged for travel**
  - Based on discussions with accrediting agencies, we understand that some of them build travel costs into the accreditation fee such that there is no additional cost to those practices operating remotely. In effect, this means that metropolitan practices cross-subsidise regional and remote practices because they are all paying the same amount as a contribution towards the total travel costs of the accrediting agency.
  - This approach delivers the outcomes sought – that regional and remote practices do not pay more despite the costs of accreditation being higher for them due to travel and accommodation costs.
  - This approach is more readily able to be adopted by accrediting agencies with a large segment of the market because the travel costs can be spread across a larger number of practices.
  - Other accrediting agencies charge separately for travel and accommodation costs. This can increase the cost of accreditation for rural and remote practices.
  - This approach may be more reasonable for new entrants to the market who have less opportunity to spread the costs of travel across a large number of practices because they are yet to provide services to a large enough proportion of the market to disperse such costs. If these practices were to apply the same amount for travel across all practices, it could result in a significant shortfall for the accrediting agency if a large proportion of practices to whom they provide accreditation services to are based in rural or remote locations.
- **whether discounts are applied**
  - Based on discussions with accrediting agencies and other stakeholders, we understand that accrediting agencies may offer preferential pricing or discounts to certain practices in order to retain them as a client or gain them as a client.
  - While the existence of discounting is not necessarily a problem (and can be expected in a competitive market), the risk is that accrediting agencies charging lower accreditation fees to attract business may be compromising on the assessment, with reduced prices reflecting decreased rigour of assessment, limited training and guidance for assessors or poorer quality assurance processes.

The Review recommends that the risks associated with these issues be mitigated in two ways:

- **strengthening rules regarding universal access to accreditation services and equity in fees,** such that:
  - an accreditation agency must not refuse an application for accreditation from a practice or financially or otherwise discriminate against a practice because of location
  - a practice may be charged more based on the size and complexity of the practice
  - accreditation fees may include a component to enable the accrediting agency to recover the aggregated costs of travel and accommodation across all accredited practices, but this component may not be higher for a practice based on location
  - additional fees may be charged for the provision of optional, additional services beyond those specified in the assessment methodology (such as the provision of training)
  - if the Commission has concerns that an accrediting agency may be differentially pricing based on location (or factors other than size and complexity of a practice), the Commission may request the accrediting agency to submit data evidencing the fees charged for practices

of like size and complexity across different regions (i.e. based on the Modified Monash Model (MMM) measure of remoteness).

- **improving the oversight of accrediting agencies**
  - As noted previously, the Commission has only recently started receiving detailed data from accrediting agencies such that it is able to compare factors such as the length of site audits (sorted by ABS/AIHW peer groups to account for the location and complexity of practices).
  - Such data analysis, along with the other improvements suggested to enhance consistency of assessment, will enable the Commission to better assure all stakeholders that there are not differences in the quality of assessments across accrediting agencies. This is another way to ensure that discounting does not drive down the quality of assessments.

It is recommended that these arrangements be developed by the Commission in collaboration with the RACGP and accrediting agencies and that they form part of the [NGPA Scheme Policy](#).

These strengthened requirements and monitoring arrangements would:

- provide further clarity to accrediting agencies regarding fee setting
- enable accrediting agencies to continue to compete on the basis of their service quality and pricing while ensuring a consistent service offering (based on the assessment methodology)
- enable practices in rural and remote locations to access accreditation services at the same price as equivalent metropolitan based services
- future-proof the NGPA Scheme, such that any accrediting agencies newly entering the market understand the expectations regarding pricing and the Commission has the capacity to request information from accrediting agencies should there be any concerns based on the analysis of the data and performance monitoring.

The Review considered other suggestions made by stakeholders, including:

- **limiting the number of approved accrediting agencies**
  - Some accrediting agencies felt that allowing new entrants to the market compromised the quality of assessment services or may result in a loss of critical mass for existing accrediting agencies.
  - Other stakeholders felt strongly that competition and choice is critical, that accrediting agencies would compete not just on price but on quality of services (such that it could drive up the overall quality of accreditation) and that the introduction to the market of agencies that also accredit in other areas meant that practices working across sectors could use one accrediting agency.
  - There are a number of accreditation schemes that have a single provider of accreditation services, but there are also many that have a competitive market. This includes the hospital sector (where the Commission has approved seven accrediting agencies under the AHSSQA Scheme), the NDIS (that has approved 18 certification bodies/quality auditors including three that are also accrediting agencies for general practices), the RNZCGP general practice accreditation scheme (that has endorsed 100 individual assessors) and the human services sector under Queensland's Human Services Quality Framework (HSQF).
  - The Review considers that the policy decision to expand the market has already been taken and that there is no evidence to suggest that new entrants to the market represent a greater risk in terms of the quality of the services provided. As noted throughout this

Report, changes to the oversight of accrediting agencies will ensure quality and consistency of assessment across all accrediting agencies.

- **establishing an independent pricing authority responsible for setting/monitoring fees**
  - For the reasons detailed above, the Review does not consider that this is warranted at this time. We also note the significant costs that this would incur and that it would add another layer of complexity to the governance of the NGPA Scheme.
- **adopting a formal community rating and risk equalisation scheme**
  - This is the approach adopted in the private health insurance market whereby no private health insurer may refuse to insure a customer. All private health insurers submit data to the Australian Prudential Regulation Authority (APRA), which analyses the data to understand the risk exposure of different private health insurers, based on the profile of customers (age and exceptional high cost). Based on the data, insurers either pay quarterly into the pool because of the lower risk profile of their customers or receive money from the pool based on the higher risk of their customers. This enables insurers to insure everyone and to moderate the cost experienced at an individual fund basis.
  - While this scheme is effective in an environment where there are over 10 million customers, it is not well suited to the general practice accreditation market and the costs associated with its implementation would be significant.
- **adopting a ‘floor’ fee or a set fee for accreditation**
  - It has been suggested that a minimum fee for accreditation could be set by the Commission in order to mitigate the risk of discounting.
  - This is not preferred because it may have the effect of driving up cost for general practices and because a minimum fee does not guarantee a minimum quality of assessment.
  - Likewise, a set fee (or scale of fees based on size and complexity of a practice) can work where there is a single accreditation provider in the market but is less effective in a competitive market. An example of an accreditation scheme where a flat fee is prescribed is the Quality Care Pharmacy Program whereby a flat \$2,420 annual fee is charged per pharmacy regardless of location<sup>53</sup>. However, this scheme involves only a single accrediting agency.
- **Government funding the costs of accrediting agencies that are associated with travel to regional and remote locations**
  - This also risks driving up costs and was not supported by accrediting agencies.

**Recommendation 7: Continue to enable competition amongst accrediting agencies but reduce risks regarding inequitable pricing or quality of assessment by:**

- strengthening the rules regarding accreditation fees to ensure no disadvantage to practices based on their location
- developing assessment principles and a methodology, such that there is improved consistency between accrediting agencies
- increasing accountability for compliance with pricing rules.

<sup>53</sup>Quality Care Pharmacy Program, [Fees schedule](#).

## Indirect costs of accreditation

Separate to the actual cost of accreditation assessment, general practices incur costs associated with preparing for accreditation assessment, achieving and maintaining conformance with the Standards and developing and maintaining sufficient documented evidence to demonstrate conformance.

Stakeholders also described costs related to:

- time taken away from patient care for GPs participating in accreditation activities and a loss of income to the practice during the accreditation site visit
- contracting extra staff to assist with accreditation or backfilling practice managers while they prepare for accreditation
- nurse and practice manager time spent creating policies and procedures specific to evidencing conformance with the Standards
- the stress of preparing for accreditation.

A number of stakeholders have noted that the preparatory work involved is particularly significant for smaller practices with limited administrative support, as they are generally required to do the same amount of work to meet the Standards as a much larger practice. Stakeholders also consistently noted the difference in capacity between hospitals in the acute sector (with teams dedicated to quality systems) and larger enterprise practices (with significant administrative support) and solo or small general practices with two to three GPs.

This report describes a number of changes to the assessment process and Standards that will reduce the indirect costs to practices including:

- changes to both the Standards and the assessment process to remove the need for practices to generate documents purely for the purposes of accreditation where they do not otherwise underpin the delivery of safe, quality care and do not feed into the quality improvement of the practice
- enabling practices of different sizes and complexity to be able to demonstrate conformance with the Standards as appropriate and relevant to their practice
- changes to the way that site visits are conducted to enable more activity to occur offsite and virtually, and to enable assessment teams to comprise one assessor only where this is appropriate based on the small size and complexity of the practice (reducing both direct and indirect costs)
- supporting practices to focus on establishing systems and processes that facilitate the ongoing quality improvement of the practice
- spreading out the administrative burden associated with accreditation over an accreditation cycle
- reducing duplication across other accreditation schemes, where practices can use the same evidence to demonstrate conformance with certain requirements under different accreditation schemes (particularly regarding clinical governance systems and risk management practices)
- improving support to enable practices to understand and meet accreditation requirements (as described under recommendation 2).

There will continue to be some indirect costs associated with preparing for accreditation, as practices review their systems and processes to ensure they comply with the Standards and continuously improve. However, it is important that the work effort undertaken to meet accreditation requirements provides real value to the practice such that any accreditation costs are seen as an investment in continuous improvement, rather than a regulatory burden. Practices will need to continue to set aside time and staff to review their systems and practices to ensure patient safety and ongoing quality improvement (noting that accreditation need not be the only trigger for this, with many practices identifying their own approaches to safeguarding the quality of patient care).

There is, however, opportunity to reduce unnecessary indirect costs specific to evidencing conformance with the Standards and to enable general practices to establish tailored systems and practices that reflect their organisation's context, patient demographics and service delivery setting.

**Recommendation 8: Decrease the costs of accreditation to general practice by:**

- adjusting the focus of the Standards and assessment such that practices are not required to create documents purely for the purposes of accreditation
- providing practices with flexibility as to how they demonstrate conformance with the Standards
- better distributing the administrative burden associated with accreditation and utilising technology to enable practices to upload evidence of conformance with the Standards throughout the accreditation cycle
- improving support to enable practices to understand and meet accreditation requirements.

## Chapter 8 – Governance and transparency

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### Overview of governance arrangements

Effective accreditation schemes depend on strong governance. Good governance is about:

- clarity of purpose and outcomes sought
- clarity of roles and responsibilities between different players in the system – in this case, clarity of roles and responsibilities between the Department, the Commission, the RACGP and accrediting agencies
- transparency, along with the avoidance (or effective management) of conflicts of interest that can undermine confidence in the scheme
- stakeholder engagement to ensure that the standards and the assessment processes are fit-for-purpose and adapted to the context
- continuously improving the scheme.

Good governance ensures stakeholders have confidence that the arrangements will deliver the outcomes sought.

Effective oversight and continuous improvement of any scheme is also reliant on the collection and analysis of data that can provide insight as to how the sector is performing, how the accreditation scheme is performing and where improvements might be made.

Data collection should include:

- ongoing analysis to:
  - understand the effectiveness of individual indicators within the Standards in changing practice and driving safety and quality
  - understand the performance of individual practice and accrediting agencies
  - identify trends over time
  - inform policy and funding decisions
  - enable the development of targeted resources, training and support for general practices
  - understand risk at both the individual practice level and across general practices
  - inform feedback loops to drive improvement, including to the Standards, the NGPA Scheme and general practice more broadly.
- collection for a clear and defined purpose (and avoid collecting data that is not used/needed)
- adequate protections of private and commercial information noting the sensitive personal, health and business information held by general practices and accrediting agencies
- different data available to different players in the governance arrangements to support them to perform their functions.

## Opportunities for improvements to governance and transparency

### Clarity of roles and responsibilities

Many stakeholders commented on the complexity of the governance arrangements, the lack of clarity regarding relative responsibilities of different bodies and duplication of effort between different parties.

This tension is most notable in the lack of clarity between the respective roles of the Commission and the RACGP in administering the NGPA Scheme and the Standards. This has created a degree of tension between these agencies, particularly around ownership of aspects of the NGPA Scheme and decision-making authority around changes to the scheme.

- While the Commission is responsible for assessing, approving, setting expectations for and monitoring the performance of accrediting agencies (in line with the Commission's policy), the RACGP also outlines expectations of accrediting agencies within the Standards<sup>54</sup> themselves, enters into licencing agreements with accrediting agencies (requiring them to pay for use of the Standards in accreditation activities) and requires accrediting agencies to demonstrate certain matters to the RACGP directly.
- The RACGP has responsibility for the development and maintenance of the Standards, and for the development of [guidance and resources](#) to support general practices in understanding the requirements of the Standards. The Commission produces [Advisories](#) targeted to accrediting agencies to support assessment against the Standards. However, the RACGP has expressed concerns that some of these relate to interpretation of the Standards and should be developed with greater input from the RACGP.
- Accrediting agencies are required to undertake regular reporting of detailed information about accreditation activities to both the Commission and the RACGP. The information required, the format of reporting and the mechanism for reporting differs between the Commission and the RACGP, creating unnecessary burden for accrediting agencies.

Given the history of the NGPA Scheme – where the Department initially directly funded the RACGP to develop the Standards and funded the establishment of a single accrediting agency, with the accreditation system gradually expanding and maturing until the Commission and the RACGP were tasked with collaboratively developing the NGPA Scheme in response to recommendations from the ANAO – this tension regarding the respective roles and responsibilities of different parties is understandable.

Moving forward, it is important that key players do not view the NGPA Scheme in discrete parts (where each player has ownership of a certain part) but as a holistic accreditation scheme based on shared objectives.

While the roles and responsibilities of each party can, and should, be clarified (including so that general practices and patients know how they can provide input and feedback into the NGPA Scheme), it is critical that the Department, the Commission, the RACGP, the ACRRM, accrediting agencies and PHNs work as partners to support general practices through a coherent end-to-end accreditation system.

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<sup>54</sup> Royal Australian College of General Practitioners, [Standards for general practice \(5<sup>th</sup> edn\)](#), pp. 4-7.

To support clarification of roles and responsibilities, it is proposed that the RACGP be directly funded to develop and maintain standards for the purpose of the NGPA Scheme, and the RACGP's licencing arrangements with accrediting agencies regarding use of the Standards be removed. This would help to address perceived conflicts of interest and reduce the overarching costs of accreditation (as accrediting agencies currently pay a fee to the RACGP for each assessment undertaken against the Standards, which is ultimately recovered from general practices through accreditation fees.).

Strengthening the governance of the NGPA Scheme will:

- reduce confusion for stakeholders, particularly for general practices
- clarify expectations of key parties, better enabling them to undertake their role
- enable the Commission to effectively oversee the NGPA Scheme, including to identify anomalies, trends and opportunities for improvement
- improve confidence in the performance of accrediting agencies and the NGPA Scheme
- ensure the NGPA Scheme continues to be informed by stakeholder feedback and the technical expertise of GPs and those with experience in general practice
- enable implementation of the recommendations specified throughout this report.

**Recommendation 9: Enhance oversight and continuous improvement of the NGPA Scheme (including to support implementation of improvements to the scheme) by:**

- clarifying the role of each party, including where:
  - the Department provides overarching policy authority for the NGPA Scheme
  - the Commission is responsible for overseeing the NGPA Scheme, setting requirements for accreditation assessment (in collaboration with the Coordinating Committee) and managing the performance of accrediting agencies
  - the RACGP is responsible for developing the Standards and providing technical guidance and resources to support practices to meet the Standards (in partnership with the Commission and the ACRRM and in consultation with key stakeholders)
  - accrediting agencies are directly accountable to the Commission
- strengthening the Commission's role in overseeing the NGPA Scheme by:
  - continuing to expand the Commission's primary care expertise (including to ensure GP expertise is represented in the Commission's governance)
  - requiring accrediting agencies to provide timely, complete and identified data about accreditation activities to the Commission
  - improving accountability of accrediting agencies for demonstrating compliance with the NGPA Scheme's requirements
- improving collaboration between key stakeholders, including:
  - requiring Department representation on the Coordinating Committee
  - strengthening governance processes for identifying and developing improvements to the NGPA Scheme
  - establishing data sharing arrangements between the Commission and other key stakeholders.

## Data and reporting

Prior to the establishment of the NGPA Scheme, there was little data collection on the performance of general practices or accrediting agencies. The Commission, the RACGP and accrediting agencies have been working over the last few years to improve data collection. However, there are some further opportunities for improvement.

### Qualified privilege

Until recently, qualified privilege applied to two of the five accrediting agencies. In the interests of consistency and fairness, the Commission has assumed its application in relation to all accrediting agencies. This meant that the Commission only received de-identified information about accreditation activities and as a result could not communicate directly with general practices. This recently created challenges for the Commission in contacting general practices about extensions to accreditation certificates and the suspension of accreditation assessments (due to COVID-19). It has also meant that the Commission's [post-assessment survey](#) is sent to the general practice by the accrediting agency rather than directly, creating concerns for general practices seeking to provide genuine feedback.

Qualified privilege has also impacted significantly on the accuracy, completeness and currency of data provided to the Commission by accrediting agencies. This limited the Commission's ability to identify accredited and non-accredited practices, effectively monitor the NGPA Scheme and to use data to identify opportunities for improvement.

The recent removal of qualified privilege presents an opportunity for significant improvement to the NGPA Scheme, by better enabling independent assessment by accrediting agencies and accountability to a scheme administrator.

### Duplication of reporting

Accrediting agencies are currently required to report a significant volume of information to both the Commission and the RACGP. This is due to the Commission's role in approving and overseeing accrediting agencies and requirements placed on accrediting agencies by the RACGP's licencing agreement.

Accrediting agencies have highlighted that reporting requirements are administratively onerous and duplicative. While the Commission and the RACGP require similar information from accrediting agencies (see **Table 1**), there are different systems, formats and templates for providing this information.

**Table 1: Accrediting agencies reporting requirements**

Data to be submitted to the Commission	Data to be submitted to the RACGP
<ul style="list-style-type: none"> <li>A general practice assessment schedule which is to be submitted annually and updated quarterly</li> <li>Monthly reports in relation to assessment outcomes data during the previous month</li> </ul>	<ul style="list-style-type: none"> <li>Monthly de-identified reports that detail demographic data (including the number and location of practice sites,</li> </ul>

Data to be submitted to the Commission	Data to be submitted to the RACGP
<ul style="list-style-type: none"> <li>• Data on indicators determined not-applicable by the accrediting agency (when requested)</li> <li>• Information about general practices that do not meet the Standards and do not obtain accreditation</li> <li>• An annual report on each assessor’s name and number of assessments completed in the previous calendar year, and data on the training of assessors carried out in the previous calendar year by the accrediting agency, the name of each assessor that attended the training and name of each assessor that has not participated in training</li> <li>• Notice of general practices commencing or ceasing membership during an assessment or before an accreditation award is determined<sup>55</sup></li> <li>• Practice name, practice network (if relevant), practice service type or model of delivery, number and location of practice sites, practice location / rurality rating, practice workforce (including the FTE and headcount for GPs, practice nurses, other clinical or allied health staff, other staff</li> <li>• Date of assessment, assessment type (for example assessment of all standards or follow up assessment), date accreditation expires</li> <li>• Standards ratings information including the accreditation status, indicators / criteria not met at assessment and brief rationale for rating.</li> </ul>	<p>practice location / rurality rating and practice workforce including the headcount of GPs, practice nurses, other clinical and/or allied health and other staff); and assessment outcome data (those indicators / criteria not met for each survey visit and a brief rationale for each not met rating using a templated compliance report.</p> <ul style="list-style-type: none"> <li>• An annual report of the number of general practices that achieved accreditation for that previous financial year.</li> </ul>

The purpose of requiring data to be provided to two agencies is not clear.

It is recommended that data be reported to the Commission only (as the administrator of the NGPA Scheme and agency responsible for monitoring the performance of accrediting agencies), with the Commission sharing information as relevant to the RACGP.

By requiring accrediting agencies to report information to a single scheme administrator, this reduces unnecessary administrative burden and ensures consistent data cleansing and interpretation. It is anticipated this would also support more timely reporting by accrediting agencies to the Commission.

Data sharing arrangements would specify:

- the information being collected, including who this is being collected from, how regularly it is being collected, how it is being collected
- who certain information would be shared with and how regularly

<sup>55</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#), pp. 25-26; Australian Commission on Safety and Quality in Healthcare, March 2021, *Guide to the approval process for accrediting agencies assessing general practice accreditation of general practices*, pp. 15-16; Australian Commission on Safety and Quality in Healthcare, March 2021, *Guide to submitting accreditation outcomes data for accrediting agencies under the National General Practice Accreditation (NGPA) Scheme* (unpublished), pp. 4-5.

- the purpose of collecting different types of information
- expectations of each agency (i.e. the Commission, the Department, the RACGP and PHNs) in analysing data and using data to inform improvements (to the Standards, the NGPA Scheme and general practice funding, regulation and support initiatives more broadly).

**Recommendation 10: Use data to better understand common challenges experienced by general practices and to deliver support in these areas by:**

- consolidating reporting from accreditation agencies to the Commission to remove duplicative data reporting requirements
- clarifying the purpose of data collection and the relative roles and responsibilities of key parties in using data to inform improvements, where:
  - the Commission uses data to monitor the performance of accrediting agencies and general practices and identify improvements to the NGPA Scheme
  - the RACGP uses data to inform improvements to the Standards and to the guidance, resources and support provided to general practices, practice staff and GPs
  - the Department uses data to identify broader policy and funding decisions
  - PHNs use data to provide targeted support where general practices need this most.

**Transparency and continuous improvement**

Due to the impact of qualified privilege and the recency of the introduction of data reporting requirements, there has been limited ability to use data analysis to identify:

- areas of common non-conformance (including the reasons for this)
- critical areas of safety and quality that require improvement either across certain practices or across the sector
- linkages between accreditation outcomes and quality indicators (reported through the PHNs)
- how to use different policy, program or funding levers to drive quality and safety in general practice (e.g. through changes to the PIP or the focus of PHN training and support).

While public reporting of accreditation outcomes is not recommended at this early stage in the scheme, key parties could work together to identify trends, themes and findings based on de-identified accreditation data that could be communicated back to the sector. This might include:

- guidance and educational resources for general practices in key areas where standards are commonly not being met
- articles highlighting, evidencing and quantifying the positive impact of accreditation
- promoting examples and case studies of good practice, innovation and quality improvement activities undertaken by general practices, describing the impact of such activities for the practice, their staff and their community.

As described under recommendation 9, key parties would also use data analysis to inform broader policy, funding and initiatives.

As identified in the literature<sup>56</sup> and reinforced by stakeholder feedback to the Review, patients currently have little to no awareness of general practice accreditation. There is limited promotion of general practice accreditation, including the benefits it can bring for patients. While practices can display their certificate of accreditation (or promote it on their website), this has little meaning for patients.

It is important that patients understand that accreditation carries an expectation that general practices will empower patients to participate meaningfully in providing feedback and supporting continuous improvement.

The Commission publishes a range of [consumer factsheets](#) and other information designed to provide patients with an understanding of the NSQHS Standards, accreditation and in particular, the ‘partnering with consumers’ standard. These resources help patients to understand what to expect from an accredited service, their rights and how they can provide input to support the continuous improvement of their health care services.

Similar resources could be developed relevant to general practice accreditation. This would not only support patients to provide feedback to practices, but it would also help accredited general practices to realise the value of accreditation.

While accrediting agencies publish the name and location of accredited general practices on their websites<sup>57</sup>, there is no central register of accredited general practices in Australia. This means that patients and practice staff wishing to attend or work in an accredited general practice do not have ready access to information to inform their choice. It is proposed that a central register of accredited general practices be published on the Commission’s website. It is intended that the register would not identify practices that are not yet accredited, but it would recognise those practices that invest in accreditation and support informed patient choice.

By better promoting the value of accreditation and educating patients about the Standards and the NGPA Scheme, patients are able to participate more meaningfully in their care. Improved patient engagement in the NGPA Scheme would:

- help to foster a culture of patient-centred care in general practice
- increase transparency and support informed choice for patients
- encourage increased participation in general practice accreditation.

**Recommendation 11: Enhance patient engagement to inform the continuous improvement of general practice by:**

<sup>56</sup> Hinchcliff R, Greenfield D, Moldovan M, Westbrook J, Pawsey M, Mumford V, Braithwaite J, (2012) Narrative synthesis of health service accreditation literature, *BMJ Quality and Safety*, 21(12); Shaw CD, Braithwaite J, Moldovan M, Nicklin W, Grgic I, Fortune T, Whittaker S, 2013, ‘Profiling health-care accreditation organizations: an international survey’, *International Journal for Quality in Health Care*, 25(3), pp. 222–231.

<sup>57</sup> Australian Commission on Safety and Quality in Healthcare, [Policy – Approval under the National General Practice Accreditation \(NGPA\) Scheme to conduct accreditation of general practices using the Royal Australian College of General Practitioners \(RACGP\) Standards for general practices](#), p. 27, subclause 7.1.2; see [ACHS](#); [AGPAL](#) (through a search of postcode); [QPA](#) (through a search of postcode).

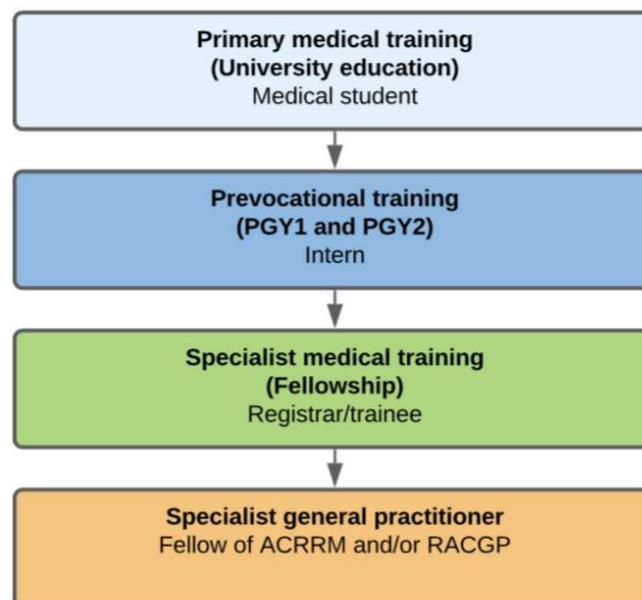
- strengthening the focus on patient engagement in the Standards to assess how practices use patient feedback to inform improvements to practice
- publishing a register of accredited general practices on the Commission's website to enable patients to easily identify accredited practices
- publishing patient-focused resources to support patients to understand what accreditation is, the benefits of accreditation for them and how to provide feedback on their practice.

## Chapter 9 – Considerations for future reforms to training accreditation

### Overview of general practice training

Relevant qualifications for the speciality of general practice involve a pathway from primary medical training (at universities), through to prevocational training and then specialist medical training to become a Fellow (see **Diagram 4**). These phases of medical training each involve distinct standards, curriculum and requirements.

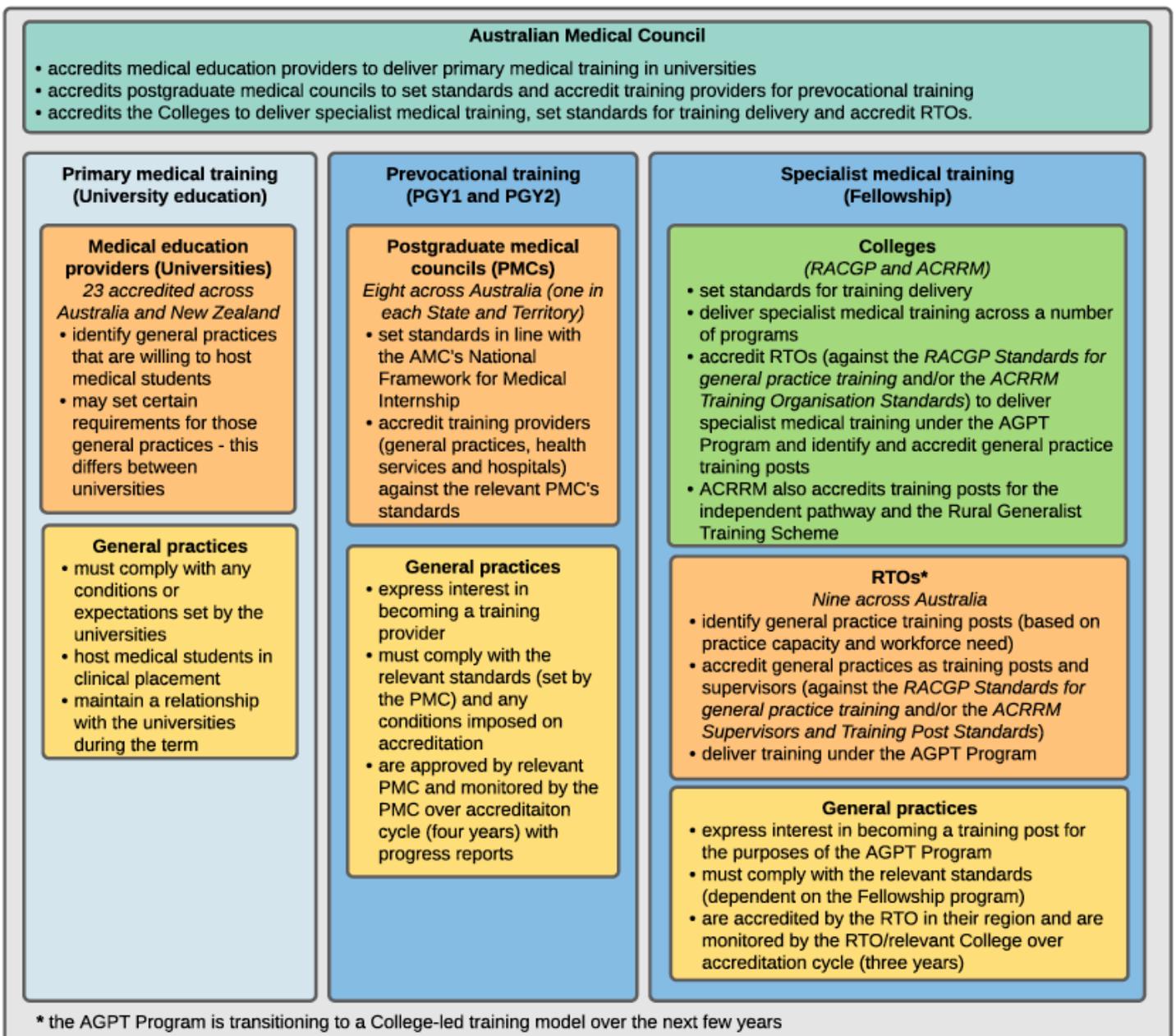
**Diagram 4. Pathway to becoming a GP**



Learners across the spectrum, from primary medical training to specialist medical training, may be hosted by a general practice and supervised by GPs who are approved/accredited to provide a training environment for the learner. For example, general practices may host medical students undergoing primary medical training at a nearby university, interns undertaking prevocational training in their PGY1 or PGY2, and/or registrars undertaking their specialist medical training through one of the fellowship pathways.

In conjunction with the Medical Board of Australia, the Australia Medical Council (the AMC) oversees the standards of education, training and assessment of the medical profession, including GPs. As described below, the AMC plays a role in setting standards and expectations across primary, prevocational and specialist medical training.

**Diagram 5. Overview of general practice training accreditation**



While accreditation of general practices is undertaken for the purposes of prevocational training and universities also place some requirements on general practices that host medical students as part of their primary medical training, the AMC is currently undertaking a significant review in relation to prevocational training and primary medical training<sup>58</sup>.

The focus of this Chapter is, therefore, the training accreditation processes conducted in the specialist medical training pathway for the purposes of the AGPT Program. It is anticipated that the recommendations in this Chapter will enable government to work with the Colleges to ensure the transition to College-led training is effective.

<sup>58</sup> AMC, 2020, [Accreditation Standards and Procedures](#).

## Current arrangements for specialist medical training accreditation

General practice as a speciality is awarded through completion of a three to four-year Fellowship training program with the AGPT Program being the most common specialist medical training pathway for Australian doctors.

While the Colleges set the curriculum and assessments for registrars under their respective fellowship training programs, RTOs are funded by the Department to deliver training under the AGPT Program.

The ACRRM and RACGP are accredited by the AMC to:

- deliver specialist medical training
- develop and maintain standards of training for general practices in Australia
- accredit regional training organisations (RTOs) to deliver specialist medical training under the AGPT Program on behalf of the RACGP and ACRRM.<sup>59</sup>

The RACGP and the ACRRM have each developed training standards that apply to training organisations delivering specialist medical training (including RTOs) and to general practices (and supervisors) seeking to become accredited as a training post under the AGPT Program. These training standards include:

- the [RACGP Standards for General Practice Training](#)
- the [ACRRM Training Organisation Standards](#)
- the [ACRRM Supervisors and Training Post Standards](#).

There are currently nine RTOs (accredited by the RACGP and the ACRRM) that occupy one or more of the 11 training regions throughout Australia for the purposes of the AGPT Program. Under current arrangements, the RTOs:

- identify potential general practice training posts based on a range of factors
- undertake assessment of general practice training posts and supervisors against the training standards and accredit practices as training posts
- deliver specialist medical training
- work closely with GP supervisors and training practice staff to ensure expectations regarding training are understood
- monitor the day-to-day wellbeing and progress in training of registrars
- manage complaints and adverse events.

The purpose of accreditation is to maintain a safe, effective and consistent level of training for GP registrars to 'ensure that the GPs who complete the training program can practise unsupervised anywhere in Australia and meet the highest standards of quality and safety expected by the Australian community'<sup>60</sup>.

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<sup>59</sup> See AMC accreditation reports for RACGP and ACRRM: <https://www.amc.org.au/accreditation-and-recognition/accreditation-reports/>.

<sup>60</sup> Royal Australia College of General Practitioners, April 2021, [RACGP Standards for general practices training](#), 3<sup>rd</sup> edition.

## Reforms to specialist medical training accreditation arrangements

In 2017, then Minister for Health, Greg Hunt MP announced the plan to transition the management of the AGPT Program from the Department to the Colleges (the ACRRM and the RACGP). The transition to College-led training is planned to occur from 1 February 2023<sup>61</sup>.

This transition aims to address a range of issues with the existing approach, including:

- organisational structures – where the current organisational arrangements, with multiple discrete entities, can potentially create inefficiencies and inconsistencies at a national level
- use of technology – limitations relating to nationally consistent data and training platforms can create challenges for data analysis, particularly across regions
- educational programs – some inconsistencies in the design and administration of educational programs can create complexity and result in inconsistent training across regions
- quality of supervision – variations between supervisors can impact on the experience of the learner and the quality of training
- workforce distribution – ensuring the distribution of GPs matches community need, particularly in rural and remote areas (noting that access to high quality general practice is particularly critical for disadvantaged populations that may require specific responses).<sup>62</sup>

The Review explored how these issues might be addressed under the transition to College-led training, while maintaining the key aspects of the existing training accreditation approach that are working well. The Review also examined the intersections between general practice accreditation and training accreditation, with a focus on reducing duplication and minimising the impact of these processes on general practice.

## Identification of training posts

Currently, training organisations have different approaches to identifying general practices that may be eligible to become accredited as a training post for the purposes of the AGPT Program.

RTOs select practices to undergo training accreditation based on a wide range of factors, including (among other things):

- whether the practice has expressed interest in becoming a training post
- whether the practice is accredited
- the size and makeup of the practice, including the availability of suitable supervisors
- the workforce need in the area and the demand for registrars (i.e. the number of other training accredited practices in the area that have capacity to take on registrars)
- the training and support needs of registrars.

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<sup>61</sup> Transition to College-Led Training Advisory Committee, [Communique, 14 September 2021](#).

<sup>62</sup> Royal Australia College of General Practitioners, April 2021, [RACGP profession-led community-based training – Excellence in general practice training to serve all Australian communities](#); Australian College for Rural and Remote Medicine, July 2021, [College Discussion Paper: Transition of ACRRM Training Program from Australian General Practice Training by 2023](#).

Stakeholders identified a range of matters to be addressed under the transition to College-led training accreditation, including:

- **perceived conflicts between the functions of accrediting general practices as training posts and placing registrars in training posts**
  - Balancing the number of accredited training posts with registrar numbers to provide workforce continuity for practices, is an inherent tension within the current arrangements. Due to the finite number of registrars requiring placement each year, RTOs generally only accredit a limited number of practices – to ensure that those practices can maintain a relatively steady ‘flow’ of registrars, and don’t undergo accreditation for no reason. Some RTOs will not accredit general practices where there is no demand in the region for registrars (and as such, registrars are unlikely to be placed there). The result is that some practices who wish to be accredited for training and could meet the training standards, are not given the opportunity to participate. This has, in some cases, created a perception that decision-making around the placement of registrars is not always equitable or based on merit. Some stakeholders also felt that conflicts of interest may influence decision-making.
- **the role of training accreditation and registrar placement in addressing workforce shortages**
  - Noting the role that registrar placement can play in addressing community need for GPs (particularly in rural and remote locations), it is important that decisions regarding accreditation and registrar placement continue to be informed by local knowledge. Stakeholders highlighted that decisions regarding registrar placement should consider not only the workforce need in the area, but also the patient demographics and availability of other health services in the area.
  - General practices also require a level of certainty regarding registrar placement, once they have become accredited. Accreditation can be resource-intensive for the practice and, in areas where registrars comprise a significant proportion of the workforce, consistent staffing levels are needed to meet community demand.
- **the need for individualised/local presence, relationships and support**, including to:
  - proactively build the capacity of general practices in areas of workforce need to become accredited as training posts
  - build relationships with accredited general practices to ensure that placement decisions are informed by an understanding of the registrar’s needs and the training post’s capacity to meet these needs
  - support, educate and train supervisors to ensure a consistent and quality training experience for registrars (in line with the training standards)
  - support registrars and address any concerns regarding their training experience as these arise.

While there are challenges in one organisation managing the dual tasks of accrediting training practices (based on the quality of the training environment and supervision that could be provided by that practice), alongside placing registrars (based on both the community workforce needs in the region and the training and support needs of the registrar), it is critical that these roles continue to be managed and balanced in tandem.

This helps to limit unnecessary impost on general practices (by ensuring that practices that are unlikely to receive registrars don’t go through the accreditation process unnecessarily) and to

encourage placements in areas of community need (in line with broader government aims to improve access to quality health services in regional, rural and remote areas).

Moving forward, a structured and nationally consistent process for identifying training posts (and placing registrars at training sites) should be developed to provide certainty and transparency for general practices and registrars.

**Recommendation 12: The RACGP and ACRRM jointly develop a transparent process for identifying training posts that:**

- describes the key considerations in identifying practices to become accredited as training posts
- describes the key considerations for placing registrars in training posts
- is informed by local knowledge regarding community need and patient demographics
- balances the training needs of registrars with the logistical needs of general practice training posts (including to maintain capacity to train and support registrars)
- includes mechanisms for the Colleges to lift the capacity of general practices to become training posts (in areas where workforce need is identified).

## Assessment approach

There are two sets of training standards that general practices may be assessed against to become a training accredited practice and host registrars:

- the [RACGP Standards for General Practice Training](#)
- the [ACRRM Supervisors and Training Post Standards](#).

While, for the most part, these training standards cover similar matters (placing similar requirements on training practices and supervisors), there are some notable differences between the two sets of standards:

- the structure of the training standards differ to reflect that the RACGP and the ACRRM offer a number of different training pathways within their Fellowship programs and have different curriculum requirements
  - For example, under the ACRRM training standards, there are separate requirements for training posts seeking to deliver Core Generalist Training and Advanced Specialised Training (based on the way the ACRRM Fellowship is structured).
- the RACGP training standards are modelled on ensuring the elements of the training post are suitable, including in relation to the supervision and the practice environment, quality of education and training and assessment. In contrast, the ACRRM training standards are modelled around outcomes related to the promotion of health, welfare and interests of registrars, ensuring registrars receive the appropriate knowledge, skills and supervision to deliver quality patient care and exposure to a wide range of educational and training opportunities

- the ACRRM training standards reflect the domains for medical colleges accrediting training sites for specialist training agreed to by the then Australian Health Ministers' Advisory Council (AHMAC) in 2015<sup>63</sup>, whereas the RACGP training standards are bespoke
- the ACRRM training standards relate to providing registrars with broader skillsets around advanced skills and emergency medicine, in order to be tailored to the skillsets required for practices in rural and remote locations
- the ACRRM training standards have a greater focus on the health, welfare and interests of registrars noting that with rural training posts, registrars are often without their usual support systems.

A number of stakeholders suggested the impact of training accreditation assessment on general practices could be reduced by making changes to the training standards. For example, by developing a single set of training accreditation standards that could be applied to practices wishing to deliver either RACGP training or ACRRM training (or both).

However, noting the different foci and training pathways of each College, creating a 'one-size-fits-all' set of standards may not be appropriate or warranted, and there are other ways that the impact of training accreditation assessment on practices can be reduced.

Currently, the assessment approach differs between RTOs across regions. However, to minimise impact on practices, some RTOs currently undertake a single, combined assessment against both the RACGP training standards and the ACRRM training standards. Inconsistencies in assessment approaches will likely be addressed through the transition to College-led training and the adoption of a national assessment approach. However, stakeholders expressed concerns that the transition may place additional burden on general practices where the RACGP and the ACRRM operate two discrete assessment processes.

There is significant opportunity to minimise duplication and coordinate processes across training accreditation assessments for the purposes of the AGPT Program, to reduce the costs and administrative burden associated with assessment on general practices. The Colleges could work together to develop a single integrated process that enables a single assessment where a practice is seeking accreditation under both the RACGP and the ACRRM training standards.

**Recommendation 13: The RACGP and ACRRM jointly develop a streamlined accreditation process for practices seeking to become accredited against both the RACGP and the ACRRM training standards that:**

- allows practices to submit a single application
- enables practices to submit supporting information through a single process
- includes a single site visit to the practice for the purposes of assessing the practice's performance against both sets of training standards
- does not duplicate assessment of requirements that are assessed as part of general practice accreditation.

<sup>63</sup> AHMAC, 2015, [Agreed Domains, Standards and Criteria](#).

## Supervision requirements

Both the RACGP and ACRRM training standards include a range of requirements relating to:

- the practice environment
  - The practice must have systems and processes in place to ensure a safe and quality learning environment for registrars.
- training systems, resources and opportunities
  - The practice must be able to provide a range of education opportunities (aligned to curriculum requirements) and appropriate breadth and volume of clinical experience to registrars.
- supervision
  - The practice must have appropriate staff to ensure supervision of registrars, including a nominated, accredited supervisor who must be accessible when a registrar is working to provide supervision tailored to the registrar's needs.

Feedback to the Review has suggested that requirements regarding supervisors can be restrictive. The training standards do not technically prevent alternate models of supervision, noting that practices should develop a model of supervision 'appropriate to the context of the training post to ensure quality training for the registrar and safety for patients'.<sup>64</sup> However, stakeholders reported that to become accredited as a training post in practice, a traditional model of supervision (where the primary supervisor physically works alongside the registrar at the practice/training post) is preferred.

These requirements may prevent some practices – that would otherwise provide a quality learning environment – from becoming accredited as a training post, including for example:

- practices with more limited access to appropriately qualified supervisors (for example, in rural and remote locations)
- practices where nominated supervisors may require more support, i.e. where the GP is new to supervising or the GP is unable to commit to a full-time supervision role.

Some stakeholders also noted that, because the accreditation of supervisors is attached to the practice's accreditation, there can be some double handling where supervisors move to a new practice and need to undergo training accreditation assessment again. This creates unnecessary administrative burden for practices and supervisors and may act as a disincentive for some qualified supervisors to continue supervising when they move practices.

There is a clear distinction between the accreditation of a practice (as an appropriate environment for registrars to train and work) and the accreditation of a supervisor (as a person with the necessary training and skills to be able to effectively supervise, train and support a registrar).

While ultimately a practice requires a holistic combination of components (practice environment, training systems and supervision) to provide a suitable training environment, there is opportunity to explore different models of supervision to provide practices with flexibility regarding how

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<sup>64</sup> Royal Australia College of General Practitioners, April 2021, [RACGP Standards for general practices training](#), 3<sup>rd</sup> edition.

supervision requirements are met and ensure adequate supervision for registrars. This could also enable accredited supervisors to provide their expertise and experience to a range of practices and settings.

Both the RACGP and ACRRM have highlighted that options for flexible supervision models are currently being explored.

**Recommendation 14: The RACGP and ACRRM explore flexible approaches to supervision, including:**

- models for remote supervision
- enabling supervisors to be accredited independently from the training post
- training and development for GPs seeking to become supervisors.

## Support for registrars

Some stakeholders expressed concerns regarding the limited support available to registrars, particularly where they have a poor placement/supervisor experience. Stakeholders noted that the variability of the experience and effectiveness of supervisors is a key challenge for training accreditation and emphasised the importance of supervisor education and training throughout the training accreditation process and during registrar placement.

The consequences of a poor registrar placement experience can be significant, including poor outcomes for patients, impacts on the careers of registrars and deterring quality practices and supervisors from participating in training. It is critical that registrars are adequately supported throughout their placement and are able to provide feedback with confidence that this will not negatively impact their training or future career prospects. Support for registrars is particularly important where placements are being undertaken in rural and remote locations and registrars are more physically isolated.

Moving forward, it is important that the Colleges have established systems and processes to:

- manage any issues that arise during registrar placement
- enable registrars to make anonymous complaints regarding their placement
- support registrars experiencing challenges with their placement (for example, through providing case management or access to additional supervision resources)
- provide training and support to training posts and supervisors to ensure they are able to appropriately train and supervise
- share relevant complaints and incident information between Colleges to ensure adequate oversight of practices of concern
- utilise feedback from practices, supervisors and registrars to inform training accreditation and registrar placement decisions
- use feedback and other intelligence to inform continuous improvement to the training standards and training accreditation arrangements.

**Recommendation 15: The RACGP and ACRRM develop a process for ensuring a quality experience for learners and continuous improvement of the training accreditation scheme, including:**

- drawing on feedback from practices, supervisors and registrars to inform training accreditation and registrar placement decisions
- enabling registrars to make anonymous complaints regarding the quality of their placement experience
- supporting registrars experiencing challenges with their placement
- providing training and support to training posts and supervisors.

### Streamlining requirements across accreditation schemes

The Review explored the feasibility of combining general practice accreditation and training accreditation into a single accreditation scheme.

However, given the distinct foci of the schemes, including the purpose of accreditation, the matters examined as part of assessment and the relationships between accrediting agencies/RTOs and general practices, this is not considered appropriate:

- Under the RACGP Standards, general practice accreditation is effectively a ‘baseline’ requirement to enable a practice to be considered for training accreditation. General practice accreditation ensures that the practice operates to a minimum standard (with effective systems, processes and governance in place) while training accreditation looks more specifically at matters relating to ensuring the practice can provide a quality training environment and adequate support, supervision and experience for registrars.
- The expertise required to assess against the Standards for general practices and the training standards is quite different. While general practice accreditation is a review of a practice’s existing quality management systems (and how these are working in practice), training accreditation examines the potential for a practice to provide a quality training environment. Training accreditation also requires assessors to have skill and experience in training, teaching and education and a thorough understanding of the Fellowship pathways and the curriculum.
- Accrediting agencies have quite a different relationship with general practices than RTOs do with training posts. While accrediting agencies act as independent assessors that examine whether a practice meets the Standards at different points during the accreditation cycle, RTOs tend to build long-term, localised relationships with training posts to ensure that registrars are placed in a training post that is able to meet their training and supervision needs. Training organisations also proactively seek out practices and supervisors in areas where GPs and registrars are needed.
- RTOs also currently play a key role in workforce distribution, which requires local presence, knowledge and connections to understand community need and workforce demand in different areas (noting that this may change under the College-led approach to training accreditation).

Stakeholders generally felt that the distinct roles of practice accreditation and training accreditation were clear, citing other opportunities to streamline requirements and reduce the burden on general practices.

Into the future, it is recommended that the Department explore other opportunities to streamline requirements across accreditation schemes to ease the administrative burden on general practices, including:

- streamlining the requirements for practices seeking to become accredited as a training practice for the purposes of specialist medical training (to host and train registrars) and pre-vocational training (to host and train junior doctors and interns)
  - There are challenges making changes in this space, particularly given the existing disparities within the pre-vocational training accreditation scheme alone. There is also currently significant reform being undertaken in relation to pre-vocational training.
  - However, into the future, the Colleges and the Postgraduate Medical Councils (PMCs) could undertake a mapping exercise to identify where the requirements between the two training accreditation schemes differ. Where requirements align, mutual recognition could be adopted such that where a practice holds pre-vocational training accreditation, certain requirements under the specialist medical training standards could be considered met (and vice-versa) such that only ‘gaps’ or areas of difference would need to be assessed.
- establishing an online portal whereby general practices can submit information once for the purposes of multiple accreditation schemes
  - General practices would be able to upload information through a single portal that could be shared with their accrediting agency and also the relevant College/PMC if they are seeking training accreditation.
  - While this would require a significant Government investment and consideration of the implications for information sharing and privacy, it may be worth exploring into the future (once the transition to College led training has occurred and any reforms stemming from the recommendations of this Review have been implemented).

## Chapter 10 – Collective impact of recommendations

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The Review's recommendations are designed to be implemented as a whole to support the improvements stakeholders seek in the operation and administration of general practice accreditation arrangements.

Taken together, the 15 recommendations described in this report present an opportunity to:

- clarify the intent of general practice accreditation and the importance of accreditation as an independent assessment against standards regarding patient safety and quality of care and an opportunity to continuously improve
- foster greater regard for the value of accreditation to a general practice
- strengthen the quality and reliability of the assessment process
- reduce the unnecessary regulatory burden and cost imposed on general practices associated with accreditation
- enable greater flexibility in who conducts assessments, and the way assessments are conducted in recognition of the significant demands on GPs (both within practices and as assessors) and the changed covid-19 environment
- better identify and support those general practices that may not be achieving sustained conformance with the Standards.

Implementation of the recommendations would also:

- see greater alignment with international best practice
- accord with broad stakeholder feedback
- improve alignment across existing accreditation schemes for health services (allied health, hospitals, dentists, surgeries) while ensuring the unique context of general practice underpins the NGPA Scheme
- support key draft recommendations around improving capability and support to the medical primary health workforce made under the Australian Government's Primary Health Care 10 Year Plan, which aims to maintain and strengthen the Australia primary health care system in order to deliver the best possible health outcomes for all Australians<sup>65</sup>.

It is recognised that a number of the recommendations will most directly impact accrediting agencies which will need to adjust processes and practices in relation to assessment processes, assessor requirements and the evidence used to demonstrate conformance with the Standards. It will also mean changes for the RACGP and for the Commission.

When implementing the recommendations, it will be important for all parties to work closely together to:

- agree a reasonable transition period

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<sup>65</sup> For example, draft recommendation 14 which refers to 'support, streamline and bolster the role of GPs (which includes Rural Generalists) in leading and coordinating care for people, while building and ensuring a sustainable and well supported medical primary care workforce'. See Australian Government (2021) [Draft recommendations from the Primary Health Reform Steering Group – Discussion Paper to inform the development of the Primary Health Reform Steering Group recommendations on the Australian Government's Primary Health Care 10 Year Plan](#).

- sequence changes, including those that may be made in the short term and those that will require a longer period to develop in consultation with stakeholders
- coordinate communications to general practices and others to reduce confusion and ensure consistency of messaging.

A genuine partnership between these bodies will increase confidence in the NGPA Scheme and realise the benefits of accrediting general practices for the benefit of patient quality and safety.

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*The Review was also informed by submissions, confidential reports and data and other information provided by stakeholders.*