

Review of general practice accreditation arrangements Overview of survey questions 11 August 2021

Introductory questions

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1.	What	IS 1	vour	name	?!

- 2. What is your email address?
- 3. Do you consent for your submission to be published in whole or in part? Required.

Yes No

4. Do you consent for your name or your organisation's name to be published in recognition of your participation in this Review? *Required*.

Yes – my name may be published Yes – organisation's name only No

5. Are you providing comments on behalf of an organisation? Required.

Yes No

6. Do you agree to mpconsulting contacting you with any questions regarding your submission? *Required.*

Yes No

Questions for organisations

- 7. Please provide the organisation's name. Required.
- 8. Which of the below best describes your organisation? Required.
- General practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation
- Health service (other than a general practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation)
- Accrediting agency
- Training body that accredits and places medical students, interns and GP trainees
- Peak body
- PHN
- Government
- Other



General practice, AMS or ACCHO

9.	Is the practice an Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation?
Yes No	
10.	Is the practice accredited under the RACGP Standards for general practices?
Yes No	
11.	Is the practice accredited as a specialist medical training post under the RACGP or ACRRM training standards (e.g. for the AGPT Program)?
Yes No	
12.	Where is the practice located? If you operate more than one and are responding as a group, please select all that apply.
•	NSW VIC QLD WA SA TAS ACT NT
13.	What locations does the practice operate in? Please select all that apply. MM1 – metropolitan MM2 – regional MM3 – large rural towns MM4 – medium rural towns MM5 – small rural towns MM6 – remote communities MM7 – very remote communities
14.	How many general practitioners operate in your general practice? Please select only one item.
•	Solo practice 2 – 4 FTE GPs 5 – 9 FTE GPs 10 + FTE GPs

15. How many other (non-GP) staff are contracted or engaged by the practice (including admin, accounting, practice nurses, allied health professionals etc.)? Please select only one item.



- 2-4 FTE
- 5 9 FTE
- 10 + FTE

Questions for individuals

- 7. Which of the following best describes your role? Required.
- General Practitioner
- Practice manager
- Practice owner
- Other health worker or practice staff
- Medical student, interns, registrar, or trainee
- Surveyor working for an accrediting agency
- Other please describe

Consultation Paper questions – General practice accreditation

Impact of general practice accreditation

- 1. What are benefits of accreditation to general practices, GPs and other staff and patients?
- **2.** What are the barriers to accreditation and to the achievement of the overarching outcomes sought from accreditation (e.g. continuously improving quality and safety)?

Governance

- **3.** What are the strengths and limitations of the current governance arrangements for the NGPA Scheme?
- **4.** How could the governance be improved, including to ensure clarity of purpose, roles and responsibilities and to support continuous improvement and drive confidence in the NGPA Scheme?

The Standards

- 5. What are the strengths and limitations of the current Standards for general practices?
- **6.** How could the Standards for general practices be improved, particularly to ensure they are practical and meaningful for all general practices, remain relevant into the future and do not impose unnecessary regulatory burden on general practices?

Assessment against the Standards

Requirements for accrediting agencies

7. What are the strengths and limitations of the requirements for (and oversight of) accrediting agencies?



8. How could the arrangements relating to accrediting agencies (including for surveyors) be improved?

Assessment approach

- 9. What are the strengths and limitations of the assessment approach?
- **10.** How could the assessment process be improved, including to drive quality and safety, enhance confidence in the NGPA Scheme and minimise unnecessary burden?

Non-conformance and remediation

- **11.** What are the strengths and limitations of the current approach to non-conformance and remediation?
- **12.** How could the approach to non-conformance and remediation be improved, including to drive participation in accreditation, sustained conformance and commitment to continuous improvement?

Cost of accreditation

- **13.** For accredited general practices: Please describe the:
 - a) direct costs involved in seeking accreditation (e.g. registration fees, travel and accommodation costs for on site assessment, etc.)
 - b) indirect costs in seeking accreditation (e.g. costs of staff time preparing for accreditation, establishing systems and processes to meet the Standards, preparing evidence to demonstrate conformance with the Standards, etc.)
- **14.** What are the strengths and limitations of the current approach to the setting of accreditation fees by accrediting agencies?
- **15.** What changes could be made to the way that fees are set and levied to promote participation in accreditation and ensure equity of access across different types of general practice?
- **16.** What adjustments could be made to the NGPA Scheme to reduce unnecessary costs associated with accreditation while continuing to ensure a focus on quality safety and continuous improvement?

Data, duplication and continuous improvement

- **17.** What are the strengths and limitations of the current approach to data (reporting, analysis and use) and transparency?
- **18.** How could the approach to data (reporting, analysis and use) and transparency be improved to drive quality, safety and continuous improvement by general practices and also in relation to the operation of the NGPA Scheme?
- **19.** Describe any opportunities to reduce duplication across accreditation systems impacting on general practices? For example, with training accreditation or accreditation to deliver additional health services.



20. Describe any opportunities to improve the support available to general practices to drive engagement with accreditation and achievement of accreditation outcomes?

Consultation Paper questions – Training accreditation

Benefits of, and barriers to, training accreditation

21. What are the benefits of, and barriers to, training accreditation?

Key issues

- **22.** What are the strengths and limitations of the current approach to training accreditation through the AGPT Program?
- **23.** How could the approach to training accreditation through the AGPT Program be improved under the transition to College-led training and accreditation to:
 - ensure clarity of purpose, roles and responsibilities
 - improve consistency of assessment and drive confidence in training accreditation
 - reduce duplication between requirements and accreditation processes
 - reduce conflicts between the placement of registrars based on workforce need and accreditation
 - use learner feedback to inform accreditation decisions and continuous improvement
 - ensure training posts are best able to support learners and provide a quality training environment?
- **24.** Describe any opportunities to combine certain aspects of general practice accreditation and training accreditation to reduce the burden on general practices and improve the experience for supervisors and learners.
- **25.** For general practices that are accredited for training: Please describe the:
 - a) direct costs involved in seeking accreditation (e.g. registration fees, travel and accommodation costs for on site assessment, etc.)
 - **b)** indirect costs in seeking accreditation (e.g. costs of staff time preparing for accreditation, establishing systems and processes to meet the training standards, preparing evidence to demonstrate conformance with the training standards, etc.)