

National General Practice Accreditation (NGPA) Scheme

Eastern Melbourne PHN Practice Management Education Day

Rebecca Peters and Yeoibom Ryu

Overview

- About the Australian Commission on Safety and Quality in Health Care
- About the National General Practice Accreditation Scheme
- New and updated resources
- The Accreditation Cycle Review

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What is your spirit animal?

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**Before today, had you heard of
the Commission?**

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Our purpose



Better health outcomes
and experiences
for all patients
and consumers

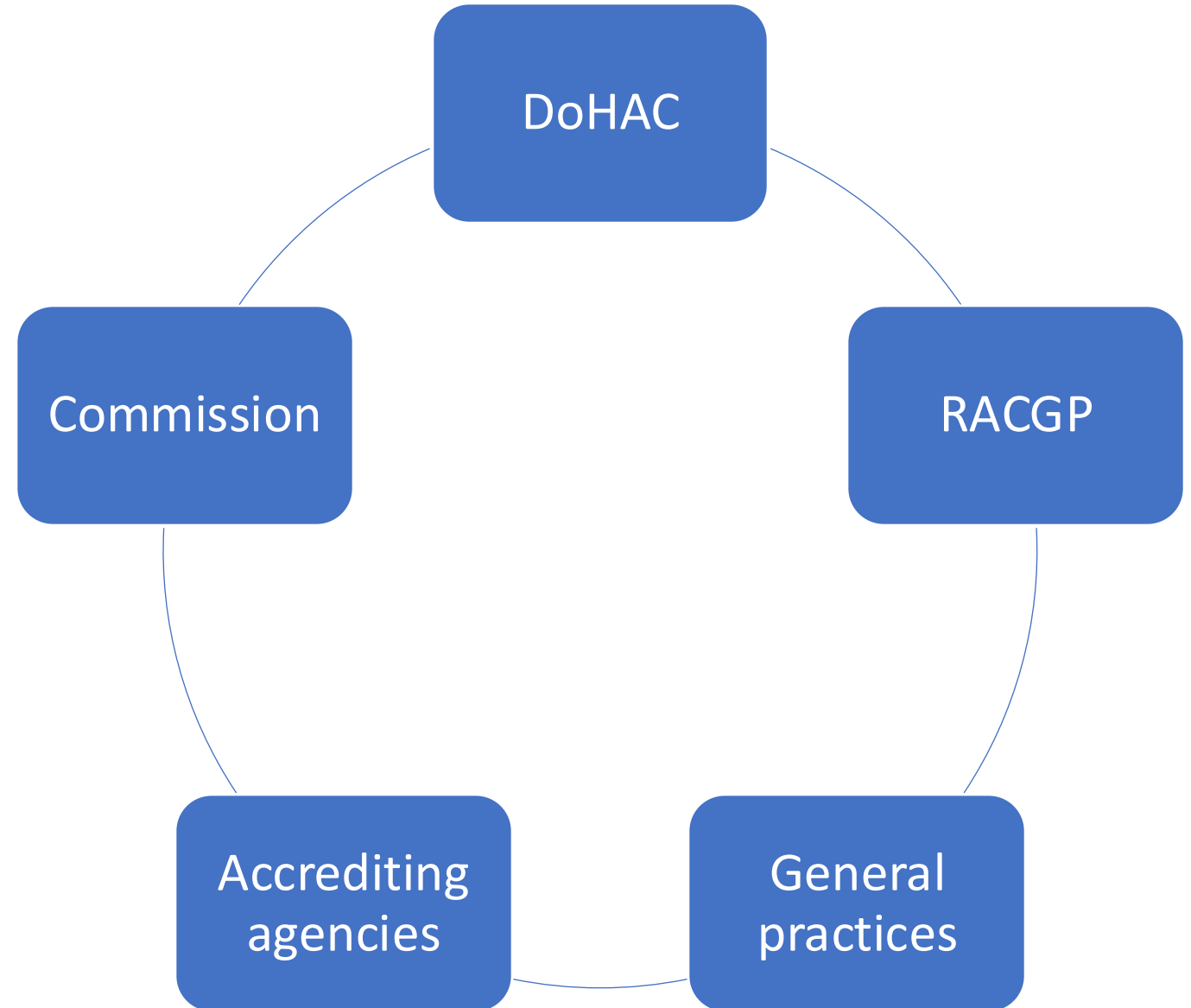


Lead and coordinate
national improvements in
the safety and quality
of health care

NGPA Scheme

- Supports the accreditation of Australian general practices to:
 - RACGP Standards for general practice (5th Edition)
 - RACGP Standards for point-of-care-testing.
- Aims to provide national consistency of assessment and accreditation of general practices to the Standards
- Requirement for access to government incentives.

Roles and Responsibilities



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Have you been involved in the accreditation of a general practice?

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What is Accreditation?

- A formal program in which trained independent reviewers assess a general practice's evidence of implementation of specified standards
- Provides assurances to the community that a general practice meets expected standards for safety and quality.

Approved accrediting agencies



New and updated resources



Notification of significant risk

- If significant risk identified, the general practice qualifies for an on-site final assessment
- If the significant risk results in a cold chain breach, must immediately report the breach as per the National vaccine storage guidelines – Cold chain breach protocol



Standardised repeat assessment

- General practices with **20%** or more 'not met' mandatory indicators must undergo a repeat assessment within **6 months**
- Since the implementation on 1 January 2024, 5 general practices have met the criteria.



Extensions and appeals

- An extension to the assessment period and/or accreditation expiry can only be granted by the Commission
- Applications must provide a strong rationale in compliance with the following eligibility criteria:
 - Natural disasters and other emergencies; or
 - Significant personal hardship or tragedy.
- Evidence must be included



Relocation of a general practice

- Risks of patient harm may increase if there are changes to the practice's physical layout, equipment, personnel, management systems or governance arrangements
- Notify accrediting agency as soon as practical to ensure a relocation assessment is completed.



The Accreditation Cycle Review



The current accreditation cycle

3 years

**Accreditation
awarded**

**Accreditation
expired**

3 years

12 - 18 months

**Start preparation
(Recommended only)**

**Accreditation
expired**

3 years

12 - 18 months



Start preparation
(Recommended only)

4 - 8 months



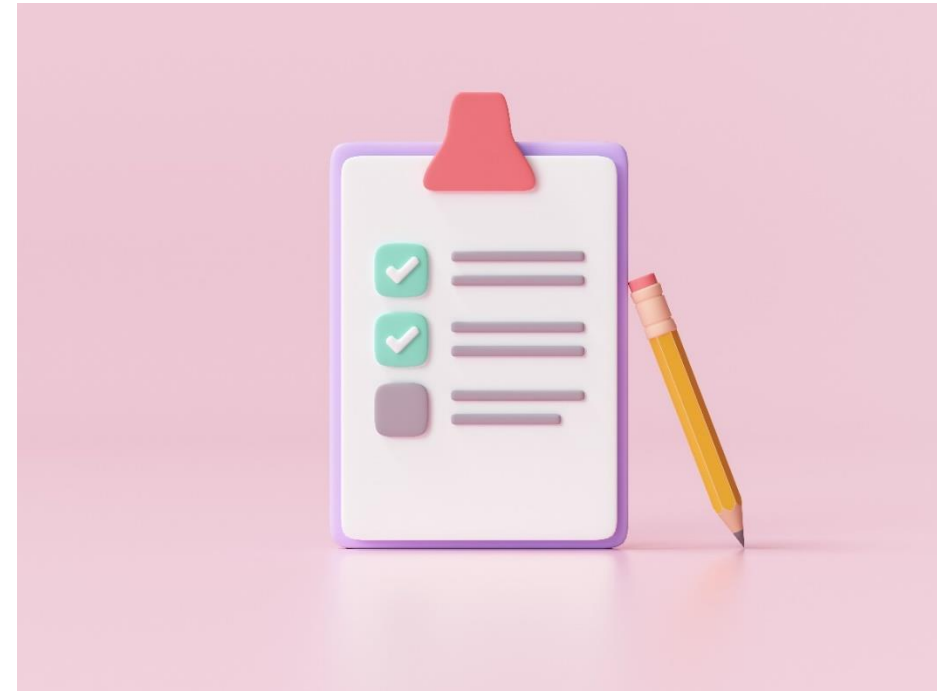
Initial assessment

Accreditation
expired

Feedback from general practices

Post-assessment survey

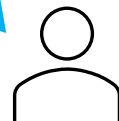
- Seeks feedback from general practices on their accreditation process
- Helps identify issues and improve the NGPA scheme.



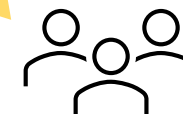
The process is very time consuming - it takes about 6 months of someone's full time dedication. I feel that the period should be **increased to 4 years**.



Accreditation is a very expensive, time-consuming process and should really need to be undertaken **when standards change, not every 3 years**.



5 years would be more financially beneficial. Every 3 years means a high cost to each practice. **Mid-way could assess any significant changes or risks.**



Practices should be accredited **less than 3 years**. Some practices only implement policies and procedures during the process of being accredited.



3 years is too long between assessments. Ongoing processes may be let go. It would be better to have a **4 years cycle with 2 yearly review**



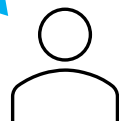
I would love it if the process was broken into **2 parts with a visit every 3 years but with a document review in between** spreading the load a bit more.



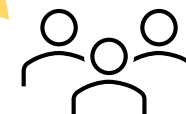
The assessment process is a **great guide to make sure standards are achieved and followed.**



Provides our patients with the assurances they are **accessing a high quality and safe practice for their health needs** and the community overall.



Overall great experience and this process brings the **positive changes in an organisation.**



Ticking boxes does not mean that you comply. I understand every practice should have accreditation but not sure this is completely the only way of accrediting a practice.



Overly onerous for small independent practices with less staff. The standards are just box ticking exercises and have a significant amount of duplication.



Accreditation is **becoming more and more complex**, I just wonder how practice managers are going to be able to keep up with the constant demands put on them.



Challenges



#1

Accreditation-related activities are often crammed into a short period, amplifying the administrative burden



#2

Staff shortages and changes during accreditation cycles result in corporate knowledge loss, including accreditation requirements



#3

Accreditation is viewed as a tick-box activity and therefore, not a reliable safety and quality assurance mechanism

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**Do you agree these challenges
are common in the general
practice sector?**

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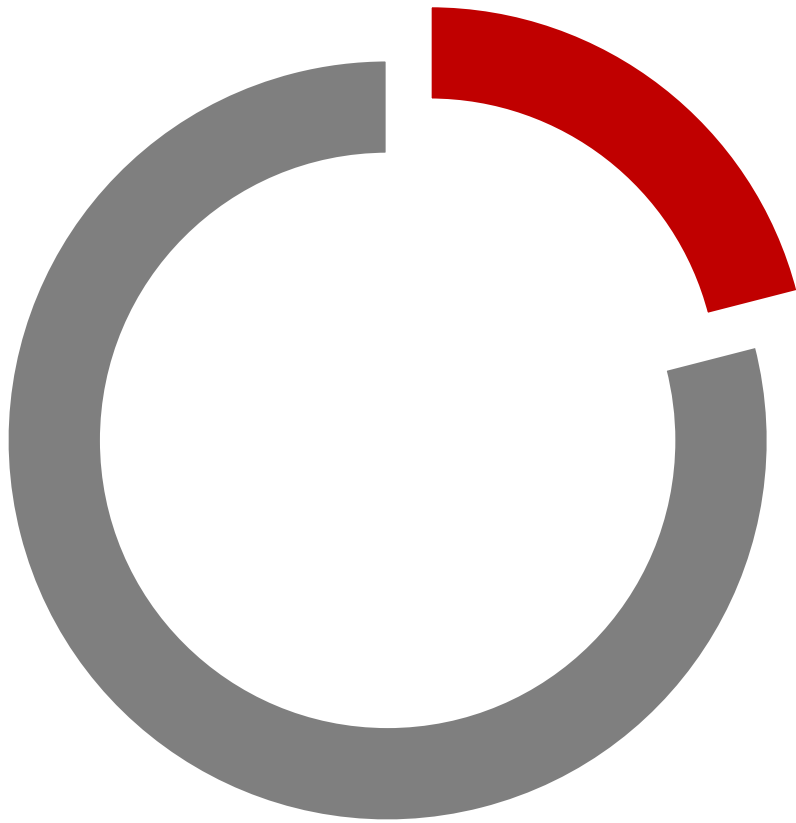
What is the biggest driver for your general practice to become or remain accredited?

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The image shows two vintage suitcases stacked on a wooden floor. The top suitcase is dark, possibly black or dark brown, with a textured surface and brass-colored latches and a handle. The bottom suitcase is a lighter, mottled grey or blue color, also with brass-colored latches and a handle. The background is blurred, showing what appears to be a storage area with cardboard boxes. The text is overlaid on the right side of the image in a white, bold, sans-serif font.

**Once accreditation
is awarded, there is
no monitoring
process in place
until the next
assessment period**

10,033 assessments
conducted between
January 2019 to April 2024



Only **21%**
of **initial assessments** met
all mandatory indicators

Adds up to **65** business days
to the assessment period

Further prolonged if
repeat assessment is required



**Building safety
and quality
into accreditation**

General Practice Accreditation Coordinating Committee (GPACC)



Australian Government
Department of Health and Aged Care



General Practice Accrediting Agency Working Group (GPAAWG)



The event(s)
would aim to:



Reduce administrative burden at any
single point in time



Prompt activities and minimise the
risk of knowledge loss



Build ongoing safety and quality
assurance mechanisms

? years

Accreditation
awarded

Accreditation
expired



What should be assessed?

All mandatory indicators

'Not met' mandatory indicators

Safety and quality factors

General documents



PROS

- ✓ Most rigorous option
- ✓ Less administrative burden as compliance is embedded into day-to-day business operations

All mandatory indicators

CONS



Highest anticipated administrative burden for practices initially

Total of **117**
mandatory indicators

113

Applicable mandatory indicators



PROS

- ✓ Greater incentive to meet all indicators
- ✓ Less anticipated administrative burden if compliance for 'not met' indicators maintained

'Not met' mandatory indicators

CONS



Practices that meet all indicators at initial assessment will only be assessed once in an accreditation cycle

Average is **7** 'not met'
mandatory indicators



PROS

- ✓ Safety and quality factors relevant to the general practice
- ✓ Less anticipated administrative burden if ongoing safety and quality management embedded

Safety and quality factors

CONS



Rigorousness could be lost as the identification of safety and quality factors is reliant on the general practice

Safety and quality factors



Risk register



Incident and near miss register



Complaints and feedback register



PROS

- ✓ Addresses most of the top 'not met' mandatory indicators
- ✓ Addresses most common significant risks reported

General documents

CONS



Review of documents alone would not build ongoing safety and quality assurance mechanisms

Top 'not met' mandatory indicators relating to documents

Top 15 mandatory indicators requiring improvements



Top significant risks reported



GP6.1
Maintaining vaccine
potency

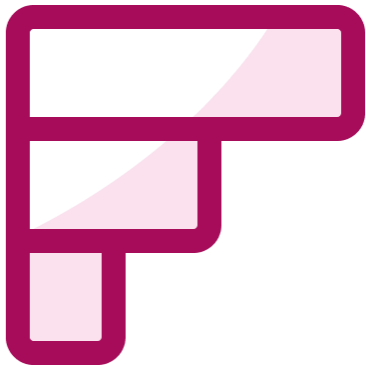


GP4.1
Infection prevention and
control, including
sterilisation



QI2.2
Safe and quality use of
medicines

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**Please rank the options according to
achievability**

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How many assessment events should there be in an accreditation cycle?

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**How do you prefer to provide feedback?
(Tick all that apply)**

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We want to hear from you!

- Email

advicecentre@safetyandquality.gov.au

- Post-assessment survey

www.surveymonkey.com/r/NGPAsurvey





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



[X.com/ACSQHC](https://twitter.com/ACSQHC)



[Youtube.com/user/ACSQHC](https://www.youtube.com/user/ACSQHC)

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Commission projects

What is MedicineInsight?

- Large-scale Australian general practice dataset
- Extracts longitudinal, de-identified and whole of practice data
- Supports an opt-out approach for patients and fully informed consent for GPs.



Practices opt in
(Whole practice)



Patients may opt out



GPs consent
(custom QUM reports tailored to their own patients)

Atlas of Healthcare Variation

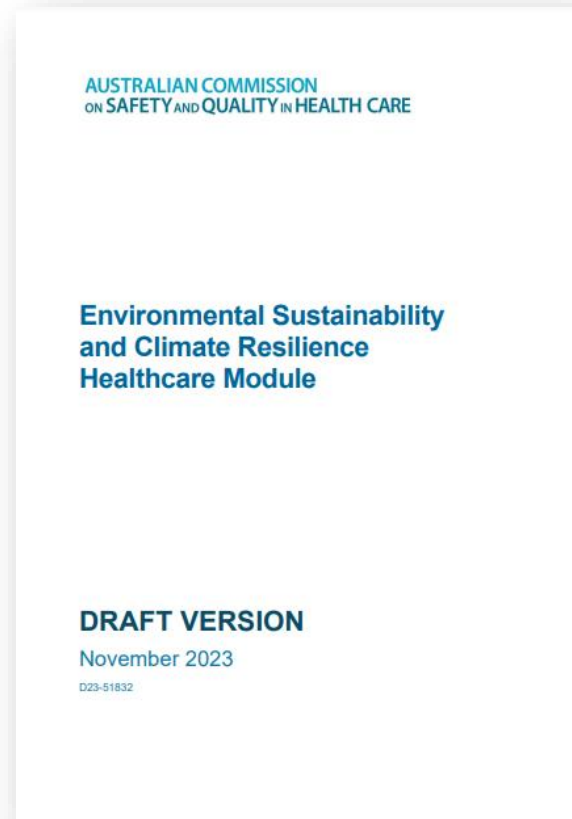
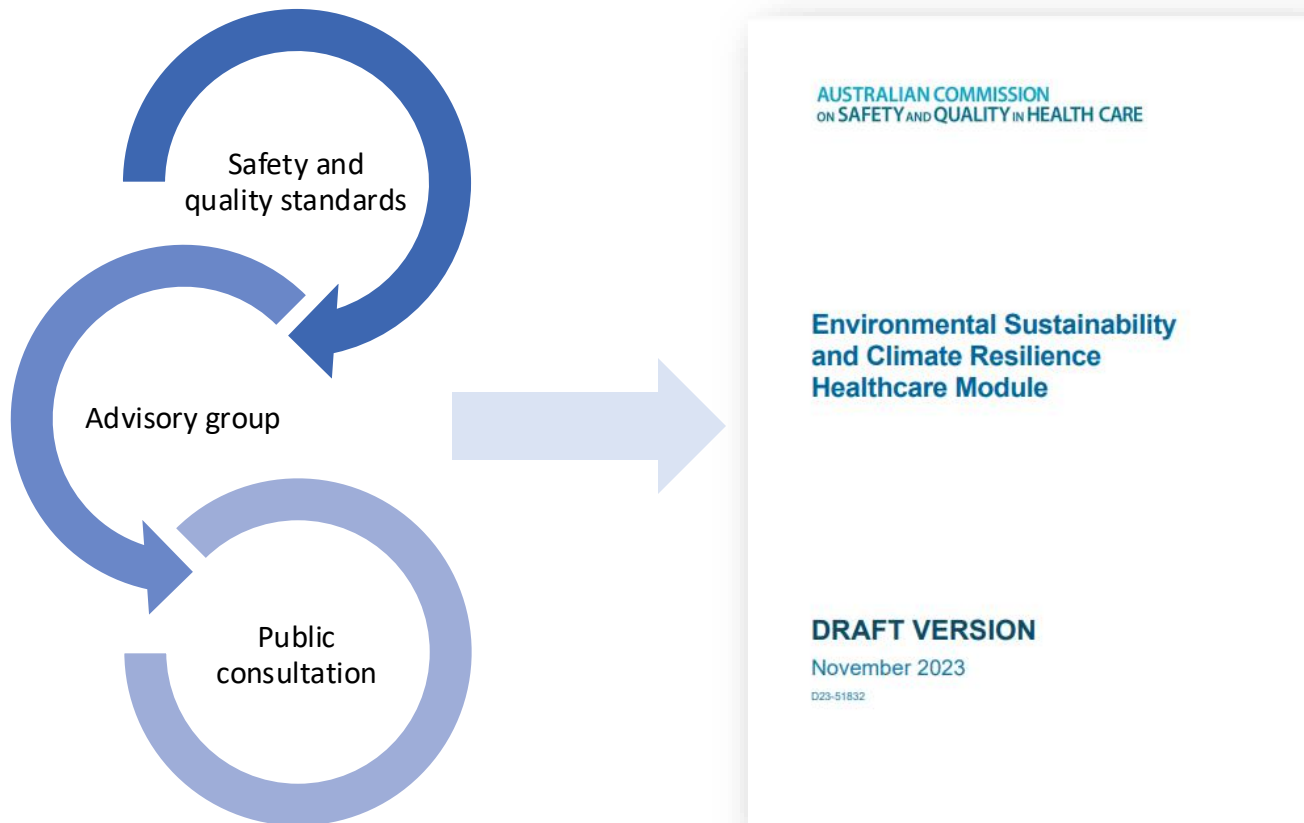


Women's Health Focus Report

- Examining hospitalisations for hysterectomy and endometrial ablation across Australia
- Data reported at national, state and territory, **Primary Health Network (PHN) and local area levels.**
- The report will be published with the revised *Heavy Menstrual Bleeding Clinical Care Standard* on the Commission's website in June 2024.



Environmental Sustainability and Climate Resilience Healthcare Module



Source: [Module, November 2023 draft](#)

Action 1



Recognition of role of **governing body** to set priorities, targets and monitor performance

Action 2



Identify **processes, practices and services** that have high environmental impact

Action 3



Measure, monitor and report on environmental sustainability and climate risk

Action 4



Train the workforce to identify and implement strategies to reduce environmental impacts

Action 5



Support the workforce and consumers to implement change

Measuring for Quality Improvement

What?

A nationally consistent measurement framework that can be used in primary care services for quality improvement

Why?

Supports the meaningful use of data to identify and measure progress towards areas of quality improvement

How?

Consultation, development of resources to support implementation

Meeting RACGP QI Standard 1

Our practice undertakes quality improvement activities to support the quality of care provided to our patients

CRITERION QI1.1 – Quality improvement activities

QI1.1B – Our practice shares information internally about quality improvement and patient safety.



CRITERION QI1.2 – Patient feedback

QI1.2A – Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide.



QI1.2B – Our practice analyses, considers and responds to feedback.



CRITERION QI1.3 – Improving clinical care

QI1.3B – Our practice uses relevant patient and practice data to improve clinical practice.

