

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

The National
General Practice
Accreditation
Scheme

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**Guide to the approval process for
accrediting agencies assessing
general practice**

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1 The National General Practice Scheme

General practice accreditation is voluntary in Australia and is designed to support systems to improve the quality of care for patients attending accredited general practices. Accreditation is a key criterion for access to financial incentives via the Department of Health's (the Department) Practice Incentive Program (PIP).

The National General Practice Accreditation Scheme is endorsed by the Australian Government Department of Health (the Department) and includes the following key elements:

1. a governance framework to provide national coordination of general practice accreditation
2. an approval process for accrediting agencies to enable coordination of agencies performing assessments to the RACGP Standards for general practice
3. collection of accreditation data and evaluation of accreditation outcomes information.

The National General Practice Accreditation Scheme sets out the roles and responsibilities for accrediting agencies, general practices, the Commission and RACGP and other stakeholders in the process of accrediting general practices. The National General Practice Accreditation Scheme involves:

- the Australian Government Department of Health that implements government policy and administers funding programs for general practice
- the Royal Australian College of General Practitioners (RACGP) that develops general practice standards and guidance and provides support for general practitioners
- the Australian Commission on Safety and Quality in Health Care (the Commission) that provides national leadership on safety and quality in health care and has legislative responsibilities for establishing and maintaining accreditation schemes for safety and quality
- a Coordinating Committee which will be made up of individuals with skills and experience in accreditation of general practice, as well as key representatives from the sector to coordinate the processes of accreditation
- general practices that implement the RACGP Standards for general practices and participate in accreditation processes
- accrediting agencies that assess general practice compliance against the RACGP Standards for general practices.

The roles and responsibilities of these stakeholders are described in more detail in Section 2.

The National General Practice Accreditation Scheme includes a requirement for accrediting agencies to be approved. The Commission has the delegated authority to approve accrediting agencies seeking to assess and accredit general practices.

Approval brings with it obligations in the form of roles and responsibilities for approved accrediting agencies that are part of the National General Practice Accreditation Scheme.

This document outlines the application process, assessment criteria and requirements for accrediting agencies assessing general practices applying to be an approved accrediting agency, and the circumstances in which approval may be revoked.

Additional information

It is recommended that this document be read in conjunction with the application form for the approval of accrediting agencies assessing general practices. Other relevant guidance documents that have been referred to are available to download on the Commission's [website](#).

2 A governance framework for general practice accreditation

The roles and responsibilities for the individuals and organisations described as part of the governance framework include:

- 2.1 the Commonwealth Department of Health that will participate in the Coordinating Committee and receive data on accreditation outcomes.
 - 2.2 the Royal Australian College of General Practitioners that will be a member of the Coordinating Committee and participate in the review of accreditation outcomes data, approval processes for accrediting agencies and would continue development of implementation resource material for practices undergoing accreditation.
 - 2.3 Australian Commission on Safety and Quality in Health Care that will be a member of the Coordinating Committee, and participate in the collection and review of accreditation outcomes data and administer the approval processes for accrediting agencies. It will also report on safety and quality of primary care including de-identified aggregated accreditation outcomes data to Ministers, in conjunction with the RACGP, and in public reporting on safety and quality as part of its legislated function.
 - 2.4 The Coordinating Committee will:
 - 2.4.1 provide oversight of the coordination of general practice accreditation by:
 - a) identifying issues relating to the implementation of the National General Practice Accreditation Scheme of concern to the RACGP, the Commission, general practices, the Department, accrediting agencies and other relevant bodies;
 - b) discussing and identifying actions individuals and member organisations can take to address identified issues;
 - c) recommending actions to be progressed by the RACGP, the Commission or accrediting agencies; and
 - d) working collaboratively to implement agreed strategies, processes and/or solutions.
 - 2.4.2 review and interpret accreditation outcomes data
 - 2.4.3 provide oversight of the accreditation outcomes data that is collected and reported
 - 2.4.4 provide input into the accrediting agency approval process
 - 2.4.5 report on de-identified general practice accreditation outcome information to the Department, RACGP and the Commission
 - 2.4.6 provide oversight to any appeals processes.
- The RACGP and/or the Commission will provide mediation and support for general practices undergoing accreditation assessment.
- 2.5 Accrediting agencies will be required to complete the approval process to use the RACGP Standards in accreditation of general practices. Approval will be dependent on accrediting agencies:
 - 2.5.1 maintaining accreditation with a relevant international body;

2.5.2 cooperating with the Coordinating Committee, the RACGP and the Commission on improving accreditation processes including working to maximise inter-assessor and inter-agency reliability; an

2.5.3 providing data on general practice accreditation outcomes to the Coordinating Committee, and complying with agreed reporting timeframes and processes.

Accrediting agencies will also ensure their contractual relationship with the general practices allows for the sharing of data generated from the accreditation process with the Coordinating Committee for the purposes of reporting on and monitoring the National General Practice Accreditation Scheme.

Accrediting agencies may also be required to enter into a licensing agreement with the RACGP for the use of the RACGP *Standards for general practice*. The terms and conditions of any licensing agreement, including any fees associated with the use of the standards, are to be negotiated with the RACGP.

2.6 General practices will work to implement standards and maintain accreditation. Practices will select an approved accreditation agency to assess their compliance to the RACGP standards.

3 The Commission's roles and responsibilities for approving accrediting agencies

3.1 Approvals process

3.1.1 Under the National General Practice Accreditation Scheme the Commission is responsible for approving accrediting agencies. This involves:

- calling for and assessing applications for approval
- conferring approval on agencies that meet the specified criteria
- monitoring performance of approved accrediting agencies to ensure compliance with the requirements of the scheme
- facilitating communication between the General Practice Accreditation Coordinating Committee and accrediting agencies
- receiving and reporting on accreditation outcomes using data from approved accrediting agencies.

3.2 Convening an accrediting agencies assessment panel

3.2.1 The Commission will formally establish a *General Practice Accrediting Agency Approval Assessment panel* (the Panel) to assist in the assessment of submissions from applicants for approval. The role of this Panel will be to:

- assess written applications from accrediting agencies against the criteria for approval
- interview the applicant, as necessary, to determine the applicant's ability to meet requirements under the National General Practice Accreditation Scheme
- make recommendations on the granting of approval to applicants
- provide information to a review of the Panel's recommendations by the Chief Executive Officer (CEO) or appeals process initiated by an accrediting agency.

3.2.2 The Panel will be made up of representatives from:

- the RACGP
- the Commission
- members of the General Practice Accreditation Coordinating Committee representing the general practice sector.

3.3 Granting approval

3.3.1 Once the recommendations of the Panel are finalised they are submitted to the delegate for endorsement. For the purposes of approving accrediting agencies, the delegate is the Commission's Chief Executive Officer.

3.4 Coordinating performance of approved accrediting agencies

3.4.1 The Commission and the General Practice Accreditation Coordinating Committee will monitor the compliance of approved accrediting agencies with the requirements of the National General Practice Accreditation Scheme using information from a range of sources, including:

- accreditation outcomes data
- agreed surveys of accrediting agency activity
- feedback from mediation processes and RACGP processes for providing standard interpretation advice
- feedback from the RACGP, general practices and other stakeholders
- feedback from the General Practice Accreditation Coordinating Committee
- feedback via the General Practice Accrediting Agencies Working Group and individual agencies
- complaints or compliments received about an accrediting agency
- other relevant information sources.

3.4.2 A report on compliance will be provided to accrediting agencies annually. The Commission may seek to meet with an accrediting agency to discuss the issues identified in the report and strategies to address these issues.

3.5 Managing Complaints

3.5.1 The Commission will accept written complaints received from general practices, individuals and stakeholder organisations about an approved accrediting agency. The Commission will only accept complaints that are submitted in writing. Complaints must identify the nature, timeframe and circumstances of the complaint and all relevant parties involved in the complaint.

3.5.2 Complaints should, in the first instance, be referred to the accrediting agency's complaint process. Complainants should only refer complaints to the Commission where their complaint cannot be resolved by the accrediting agency.

3.5.3 Once the Commission has received a written complaint, it will take the following actions:

- a) Provide written notice to the accrediting agency providing all relevant details of the complaint received by the Commission.
- b) Request a written response from the accrediting agency within 30 calendar days of the accrediting agency receiving the written notice detailing the complaint. The accrediting agency will be asked to address the following in their response:
 - the accrediting agency's view on the accuracy of the complaint;
 - whether there is any other information that the accrediting agency believes is relevant to the Commission's understanding and assessment of the complaint; and
 - any previous action taken by the accrediting agency to address the matter(s) raised in the complaint or any action(s) proposed to be taken by the accrediting agency in response to the complaint.
- c) Within 30 calendar days of receipt of the written response from the accrediting agency, the Commission will provide feedback to both the complainant and the accrediting agency on the proposed action to be taken, if any is required.

3.5.4 Where a complaint relates directly to the accrediting agency not complying with the criteria for approval as an approved accrediting agency, the Commission may:

- a) invite the parties to meet with the Commission to seek a resolution that is acceptable to the parties and to the Commission
- b) decide to take no further action and dismiss the complaint, or
- c) take further action to investigate the complaint.

3.5.5 In investigating the complaint, the Commission may:

3.6 conduct a separate independent process to consider the matter(s) raised in the complaint

3.7 invite the parties to meet with the Commission to present their views and any relevant information.

3.7.1 Following an investigation, the Commission may:

- a) decide that the complaint is not substantiated and that further action is not required
- b) decide that the complaint is substantiated but further action is not required in these circumstances
- c) decide that the complaint is substantiated and make recommendations for resolution of the complaint. Such a recommendation may include suspension, or in serious cases revocation, of an accrediting agencies approval.

3.7.2 The Commission will advise both the complainant and accrediting agency in writing of the outcome of a complaint and the reasons for a particular finding and any recommendations for the resolution of the complaint.

3.7.3 The rules of natural justice will apply throughout the complaints process.

3.7.4 Information in the complaint may be forwarded to other relevant organisations for advice and/or comment. These organisations may include state and territory health care complaints commissioners, the RACGP or the relevant international accrediting agency.

3.8 Addressing performance issues

3.8.1 The following process will be applied by the Commission where approved accrediting agencies do not comply with the conditions of approval as outlined in Section 4 of these guidelines.

3.8.2 Initially the Commission will:

- a) provide feedback
- b) seek detail about changes that will be introduced to address the issue
- c) seek evidence from the approved accrediting agency that changes have been introduced to address the issue
- d) monitor compliance.

3.8.3 If there are further lapses of approval conditions, the Commission will:

- a) provide feedback
- b) require evidence that immediate action has been taken
- c) undertake additional observation visits to ensure compliance
- d) monitor compliance.

3.8.4 If there are persistent lapses and no or only limited action has been taken to remedy the non-compliance or there are deliberate breaches, the Commission will:

- a) notify the approved accrediting agency of its intention to take action and follow the process as outlined in subheading 3.9 'Revoking approval'

- b) notify the Department of Health and other relevant general practice stakeholders of the breaches and recommend action be taken to check the approved accrediting agency's operations, where appropriate.

3.9 Revoking approval

3.9.1 The Commission may revoke an accrediting agency's approval in the following circumstances:

- a) the accrediting agency's accreditation with its nominated international accreditation body is suspended or ceases
- b) the accrediting agency ceases trading
- c) the accrediting agency becomes insolvent
- d) the accrediting agency notifies the Commission that it no longer requires approval
- e) the accrediting agency, through merger, or changes in its legal entity, trades as a different legal entity
- f) the accrediting agency fails to perform properly or at all its role, responsibilities or obligations as an accrediting agency in accordance with the National General Practice Accreditation Scheme, including by failing to comply with the criteria for approval as an approved accrediting agency
- g) the accrediting agency does not participate in the coordination processes of the National General Practice Accreditation Scheme conducted by the Commission
- h) a complaint relating directly to the accrediting agency not complying with the criteria for approval as an approved accrediting agency is substantiated and the determination of the complaint includes a recommendation that approval be revoked.

For Circumstances a to d

3.9.2 Where circumstances a to d apply, the Commission will provide the accrediting agency with written confirmation of the revocation approval.

For Circumstance e

3.9.3 Where circumstance 5 applies, the accrediting agency must confirm in writing that it continues to meet the obligations and fulfil the roles and responsibilities of an approved accrediting agency. Where this is confirmed, the Commission will continue the approval of the original accrediting agency in lieu of an approval being granted to the new entity. The approval will remain in effect until the next scheduled Accrediting Agency Approval Assessment Panel process. At this time, the new entity must submit a new application for approval. The original approval of the previously titled accrediting agency will be withdrawn.

For Circumstance f and g

3.9.4 Where circumstances f and g apply, the Commission will first write to the accrediting agency to inform the agency of its concerns. The Commission will provide documentation, feedback or performance information that is relevant to the accrediting agency.

3.9.5 The Commission will seek a response to the notice within 30 calendar days. The accrediting agency will be asked to address the following matters in its response:

- 3.9.6 any action(s) that the accrediting agency proposes to take to address the Commission's concerns
- 3.9.7 any other information that the accrediting agency believes is relevant to the Commission's consideration of whether the accrediting agency has breached the approval conditions of the National General Practice Accreditation Scheme.
- 3.9.8 Where the Commission finds in favour of revoking the accrediting agency's approval, the Commission will write to the accrediting agency to advise that the accrediting agency's approval has been revoked and the reasons for this decision.

For circumstance h

- 3.9.9 Please refer to the discussion under sub-heading 3.5 'Managing Complaints'.

4 Criteria for approval as an approved accrediting agency assessing general practice

An accrediting agency submitting an application for approval is required to provide evidence that it meets criteria set out in this section to be eligible for consideration as an approved accrediting agency for the purpose of the National General Practice Accreditation Scheme.

4.1 International accreditation

4.1.1 The applicant is required to demonstrate it holds current accreditation with at least one of the following internationally recognised bodies:

- a) Joint Accreditation Scheme of Australia and New Zealand (JASANZ) to JASANZ HCSMS Scheme

(Part 1) Requirements for bodies providing audit and certification of Health Care Service Management Systems

and

(Part 3) Additional requirements for bodies assessing the conformity of general practices under the Practice Incentives Programme.

- b) International Society for Quality in Healthcare (ISQua) to the Governance Standards, or
- c) Other international accrediting body which may be recognised by the Commission from time to time.

4.2 Assessment products

4.2.1 The applicant is required to demonstrate:

- a) it offers accreditation program/s using the RACGP Standards for general practices that includes:
 - an assessment of the RACGP Standards for general practices in their entirety, at least once per accreditation cycle
 - a cycle of assessment that is not more than three years
- b) it conducts onsite assessment of the RACGP Standards for general practice, unless approval is sought and granted by the delegate
- c) it conducts onsite assessments in a manner that is consistent with the needs of the general practice and which supports quality improvement for the general practice
- d) standard contractual terms and conditions for each assessment product relating to the assessment of the RACGP Standards to general practices
- e) quality assurance processes that are undertaken during the accreditation process.

4.3 Complaints and appeals process

4.3.1 The applicant is required to demonstrate it has:

- a) a comprehensive complaints and appeals process
- b) a mechanism to escalate issues to the relevant state or territory health care complaints body or the Commission where a resolution cannot be achieved between the accrediting agency and the general practice.

4.4 Assessor workforce

4.4.1 The applicant is required to demonstrate it:

- a) maintains rigorous processes for the selection, training, support and performance management of assessors
- b) provides the assessor workforce with the necessary tools and information to effectively perform their role
- c) uses a best practice approach outlined in the “Improving Inter-Assessor Reliability for Health Service Accreditation: A Literature Review” provided by the Commission (Appendix 1)
- d) works with the Commission to maximise inter-assessor reliability and decrease avoidable variation, including using at least two assessors at each assessment
- e) provides assessors with training to ensure a thorough and current knowledge of the RACGP Standards
- f) ensures assessors obtain and maintain skills in assessing to the standards
- g) ensures at least one assessor on each assessment holds qualifications as a registered specialist general practitioner (in accordance with the Medical Board of Australia’s requirements), with a minimum of five years as a vocationally registered GP
- h) ensures assessors know and understand their legislative obligations in relation to privacy and patient confidentiality
- i) ensures assessors have experience that is relevant to the general practices they assess and consider the context in which the general practice operates when determining compliance with indicators in the standards
- j) provides general practices with information on the skills and experience of assessors within the team prior to onsite assessments and allows general practices to provide feedback on the suitability of assessors
- k) ensures assessors declare conflicts of interest when allocated to assessments and that processes are in place to ensure impartiality of assessors during assessment of general practices.

4.5 Recruitment, training and performance management of assessors

4.5.1 An accrediting agency approved to assess to the RACGP Standards for general practices is required to:

- a) ensure all assessors recruited and/or contracted to their organisation:
 - maintain their knowledge, skills and experience in the general practice sector to understand and assess general practices to the RACGP Standards for general practices
 - participate in not less than two assessment processes annually, to maintain their accreditation skills and knowledge
 - participate at least annually in the performance development and management processes of the accrediting agency

- b) exclude assessors who do not meet the recruitment requirements set out above from participating in accreditation processes
- c) report to the Commission, and the General Practice Accreditation Coordinating Committee, on recruitment and performance of assessors as outlined below
- d) implement a training program on the RACGP Standards for general practices for their assessor workforce that:
 - is held at least annually
 - requires all assessors to attend annually
 - ensure mechanisms are in place to access alternative training and training materials if an assessor does not participate in the scheduled annual training program
 - monitors and reports to the Commission on participation of assessors in training
 - ensures the Commission is invited to present during all training on the RACGP Standards for general practices
- e) exclude assessors from participating in accreditation processes if they have not participated in training on the RACGP Standards for general practices for more than 12 months
- f) invites representatives of the Commission and General Practice Accreditation Coordinating Committee to participate in training of the assessor workforce when training is held
- g) makes the RACGP resources available to the assessor workforce and incorporate the resources into training, where relevant.

4.6 Assessment of general practices

4.6.1 An accrediting agency approved to assess to the RACGP Standards for general practices is required to:

- a) assess general practices to the current edition of the RACGP Standards for general practices
- b) assess each indicator in the RACGP Standards for general practices
- c) use the RACGP Standards for general practices without modification
- d) use the rating scale specified by the General Practice Accreditation Coordinating Committee to assess each indicator of the RACGP Standards for general practices
- e) seek agreement from the General Practice Accreditation Coordinating Committee, convened by the Commission, to make any changes to an approved accreditation program that uses the RACGP Standards for general practice, including changes to the timing of events, length of cycle, and type of assessment or assessment requirements
- f) not use the RACGP Standards for general practices to assess general practices in any accreditation program outside of Australia.
- g) comply with the requirements of the National General Practice Accreditation Scheme to be eligible to assess general practices to the RACGP Standards for general practices.

4.7 Reporting to general practices

4.7.1 notify general practices immediately or as soon as practical if a significant risk of patient harm is identified during an assessment and require an action plan be developed by the general practice within two business days

- 4.7.2 notify the general practice of the overall outcome of the initial assessment and detail on not met actions within five business days
- 4.7.3 provide the general practice with a final report on accreditation within 30 business days of the final assessment including any not met actions

4.8 Reporting to the Commission and the General Practice Accreditation Coordinating Committee

- 4.8.1 notify the Commission and the relevant state or territory health care complaints body within two business days of a significant risk identified during assessment, including submission of an action plan developed by the general practice to mitigate the risk
- 4.8.2 notify the Commission and the General Practice Accreditation Coordinating Committee within two working days of changes in membership or clients commencing or ceasing their membership during an assessment or before an accreditation award is determined
- 4.8.3 routinely submit to the Commission, and the General Practice Accreditation Coordinating Committee, accreditation outcome data on or before the tenth of each month relating to assessments completed on general practices during the previous month
- 4.8.4 when requested by the Commission, and the General Practice Accreditation Coordinating Committee, provide data on indicators determined *not-applicable* by the accrediting agency
- 4.8.5 notify the Commission and the General Practice Accreditation Coordinating Committee of practices that do not meet the standards and do not obtain accreditation
- 4.8.6 report annually to the Commission each assessor's name and number of assessments completed in the previous calendar year
- 4.8.7 provide the Commission with data annually 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.

4.9 Data reporting requirements

- 4.9.1 An accrediting agency approved to assess to the RACGP Standards for general practices is required to:
- a) include in all member/client contracts with general practices conditions that outline and enable the submission of demographic and accreditation outcome data to the Commission and the General Practice Accreditation Coordinating Committee
 - b) submit on time, complete, accurate accreditation outcomes data, free of charge and in the agreed format, to the Commission and General Practice Accreditation Coordinating Committee. These requirements include:
 - routine assessment data which is to be submitted by the 10th of each month, where the 10th falls on a weekend, the data should be submitted the working day before
 - routine assessment data will include all assessments that have been awarded accreditation by the submission date and assessments that have been finalised but not awarded accreditation
 - general practice assessment schedule which is to be submitted annually and updated quarterly

- transmission of data electronically
- c) submit the following data items to the Commission and the General Practice Accreditation Coordinating Committee:

Practice demographic data

- c1. practice name
- c2. practice network (if relevant)
- c3. practice service type or model of delivery
- c4. number and location of practice sites
- c5. practice location / rurality rating
- c6. practice workforce –
 - GP full time equivalent and headcount
 - practice nurse full time equivalent and headcount
 - other clinical or allied health staff full time equivalent and/or headcount
 - other staff - full time equivalent and/or head count
- c7. date of assessment
- c8. assessment type (for example assessment of all standards or follow up assessment)
- c9. date accreditation expires

Standards ratings

- c10. accreditation status
- c11. indicators / criteria not met at assessment and brief rationale for rating

4.9.2 Accrediting agencies that hold a Declaration of a Quality Assurance Activity are still required to submit accreditation outcomes data however this information will be de-identified. Items C3 to C11 could be provided with a unique identifier for each practice.

4.9.3 Additional data requirements, such as safety and quality information, may be introduced at a later date by the General Practice Accreditation Coordinating Committee following consultation with accrediting agencies and the general practice sector.

4.10 Award requirements

4.10.1 An accrediting agency approved to assess to the RACGP Standards for general practices is required to:

- a) issue accreditation awards to general practices meeting the requirements of the RACGP Standards for general practice, and include the following:
 - name of the general practice
 - period of accreditation (date awarded and expiry date)
 - description of the practice(s) covered by the award
 - accredited to the RACGP *Standards for general practices*
- b) publish the name and location of members/clients that successfully complete accreditation to the RACGP Standards for general practices on the accrediting agency's web site

4.11 Participation and collaboration with the Commission

4.11.1 An accrediting agency approved to assess to the RACGP Standards for general practices is required to:

- a) comply with the requirements set out in Advisories issued and amended by the Commission or the RACGP, on behalf of the General Practice Accreditation Coordinating Committee, from time to time
- b) nominate and maintain a representative for the Commission's General Practice Accrediting Agencies Working Group
- c) work with the Commission, and the General Practice Accreditation Coordinating Committee, to:
 - implement strategies to increase the effectiveness and efficiency of assessment processes, including inter-assessor and inter-agency reliability
 - identify and resolve issues relating to the consistent interpretation and assessment of the RACGP Standards for general practice
 - enhance training and performance management to increase the reliability and validity of assessment processes, including participation in training convened by the Commission or the General Practice Accreditation Coordinating committee from time to time
 - streamline reporting to the Commission and data collection
 - ensure the accuracy of the information provided to general practices, the Commission and the General Practice Accreditation Coordinating Committee
- d) meet annually with the Commission to discuss the accrediting agency's performance and strategies for improvement and to take action to implement agreed strategies within agreed timeframes
- e) direct their assessor workforce to work collaboratively with observers from the Commission during onsite assessment
- f) direct their assessor workforce to actively participate in mediation sessions with the Commission, the RACGP or the General Practice Accreditation Coordinating committee, where appropriate
- g) agree to allow the Commission and/or members of the General Practice Accreditation Coordinating Committee to participate in an onsite assessment as an observer when requested, where there is prior agreement from the general practice
- h) advise the Commission if the fee structure for members/clients is based on a community rating, where fees are equally distributed across clients regardless of factors that impact their serviceability, or is quoted individually based on actual costs. It would be intended that for general practices in rural and remote locations were not disadvantaged.

4.12 Use of the RACGP resources

4.12.1 An approved accrediting agency is required to:

- a) ensure assessors reference or use resources from the RACGP related to the Standards for general practices whenever appropriate in training and to support accreditation assessments
- b) acknowledge the RACGP's intellectual property when using RACGP's resources and tools.

5 Application process

Accrediting agencies submitting an initial application should contact the Commission's Advice Centre on 1800 304 056 to discuss their intention to apply and preparation of their application.

Officers from the Commission are available to provide advice throughout the application process by:

- emailing accreditation@safetyandquality.gov.au or
- telephoning 1800 304 056.

Step 1: Applications

An applicant may apply for approval to assess general practices to the RACGP Standards for general practices.

Accrediting agencies can access application documents from the Commission by:

- downloading them from the Commission's [website](#) or
- emailing a request to accreditation@safetyandquality.gov.au or
- contacting the Commission on 1800 304 056.

Step 2: Submitting an application

Applicants must submit a completed application, including supporting documents to the Commission no later than close of business on Friday **27 October 2017**. Submitting incomplete or inadequately labelled documentation may lead to a delay in the assessment of an application.

The application form includes a checklist of all the necessary documentation and a declaration of compliance that must be signed by an authorised officer from the accrediting agency submitting the application.

Applications must be submitted in hard copy and electronically. One hard copy of the application, with original signatures and copies of supporting documentation, are to be submitted to:

General Practice Accrediting Agency Approval Assessment Process
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

An electronic copy with supporting documentation should be emailed to:

- accreditation@safetyandquality.gov.au
- or submitted on USB with hard copy application.

All information provided to the Commission will be held in confidence and will only be used for the purpose for which it was provided. The Commission is subject to the *Privacy Act 1988*, Section 14 Australian Privacy Principles. A copy of the Commission's Privacy Policy can be obtained at [Privacy Policy \(http://www.safetyandquality.gov.au/about-us/governance/privacy-policy/\)](http://www.safetyandquality.gov.au/about-us/governance/privacy-policy/).

Step 3: Assessment of applications

Applications received by the due date will undergo an initial compliance check before being reviewed by the Panel. Applicants will be notified if documentation is incomplete or missing.

Additional documentation may be submitted; however whether that additional documentation is considered by the Panel will depend on the extent and type of missing documentation and the time taken to provide it to the Commission.

Applications received after the due date will be held over to the next scheduled assessment panel. The Panel meets biannually and applications are due no later than one month prior to the Panel meeting.

The Panel will assess each application against the criteria and conditions of approval set out in Section 4 of this document. The Panel may call applicants for interview to present additional information or address queries that arise as part of the Panel's review process. Interviews may take place via video or teleconference link, where face-to-face meetings cannot be arranged.

The Panel will make its recommendations to the Commission's CEO, who has the authority to issue approval to an accrediting agency.

Step 4: Awarding approval to an Accrediting agency

The Commission's CEO will take into consideration the recommendation of the Panel when determining if an accrediting agency is to be granted approval. All applicants granted approval will be issued with a certificate from the Commission and their contact details will be published on the Commission's web site.

It is expected that the assessment process should be completed within 60 calendar days of the Panel convening.

Initial application by an accrediting agency

An accrediting agency making an initial application that has met the criteria and is approved by the Commission's CEO may be granted approval for up to two years.

Re-applying approved accrediting agencies

Applicants that have met the criteria, are approved by the Commission's CEO and have fully complied with conditions of approval for an approved accrediting agency will be granted a two year approval.

Applicants that have previously held approval, have met the criteria, are approved by the Commission's CEO but have not fully complied with the conditions of approval for an approved accrediting agency during their approval period may be granted an approval of less than two years.

Review and Appeals Processes

Where the Commission does not grant approval to an applicant it will provide reasons for the decision in writing to the applicant.

An applicant may then seek a review of the decision and, if not satisfied with the outcome of the review, may initiate an appeal.

Review process

An applicant not granted approval may seek an initial review of the decision in writing within seven days of receipt of the outcome notification by the Commission.

The review will be undertaken by the Commission's CEO. The initial review provides an applicant with an opportunity for the CEO to re-examine their decision. If an applicant is

unable to achieve a favourable result a more fulsome appeal process, involving an independent Appeal Panel, is then available to review the decision.

A review by the CEO may involve:

- a) an applicant resubmitting an application, with amendments or additional supporting information as part of their claim for approval;
- b) an approved accrediting agency presenting information, evidence or explanation on their conduct or performance
- c) an applicant meeting with the CEO and/or the Panel to present additional information or documentation to argue their case for approval
- d) the approved accrediting agency meeting with the CEO to present information, evidence or explanation on their conduct or performance.
- e) The applicant or approved accrediting agency will be notified of the outcome of the review process in writing within 14 calendar days.

Appeals process

If the applicant or approved accrediting agency is not granted approval as a result of the review process, they may formally appeal the Commission's decision.

The appeal will be conducted by an Appeals Panel comprising:

- a) an independent member with legal expertise
- b) a senior representative from the Australian Government Department of Health
- c) a member from the relevant organisation.

For an agency seeking approval to assess the RACGP Standards for general practice, the relevant organisation is the RACGP.

The Appeals Panel will be supported by Commission officers.

The Appeals Panel will have access to the initial submission, notification of outcome of the assessment process, the decision of the CEO and information provided and produced as part of the CEO review process.

The applicant or the approved accrediting agency may also provide new information to the Appeals Panel.

The applicant or the approved accrediting agency can request an interview with the Appeals Panel.

The Commission will establish and convene an Appeals Panel within 30 days of an appeal being lodged.

The Appeals Panel will seek to ensure the applicant or the approved accrediting agency is given a fair hearing and that the appeal is conducted as expediently as possible.

6 Application information requirements

Each applicant is required to complete an application form and provide supporting documentation in both hard copy and electronic format.

The application form is divided into nine parts, they are:

Part A: Application instructions

Part B: Application Checklist

Part C: Organisational information

Part D: Accreditation status

Part E: Assessment products offered to general practices

Part F: Organisational processes

Part G: Assessor workforce

Part H: Appeals processes

Part I: Declaration of compliance

All sections of the application form requesting information must be fully and accurately completed; failure to do so may result in applicants being asked to resubmit a correctly completed application form.