

TRIM: D19-21509

Application Form for the Approval of Accrediting Agencies Assessing General Practice

Note: Applicants should read the [D19-16039 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](#) before completing this application form.

Official use only

Date Received: [Click here to enter text.](#)

Applicant Number: [Click here to enter text.](#)

Notes:

Part A: Application instructions

Applicants should read the [D19-16039 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](#) before completing this form.

By ticking a box within this form you are answering in the positive or are agreeing to a statement of question. Please leave the box empty if you choose to answer 'no' or feel the question is not applicable.

Applicants are advised that incomplete documentation may lead to a delay in the assessment of their application.

Submitting Applications:

Applications should be submitted no later than close of business **Friday 11 October 2019**.

Applications must be submitted in hard copy and electronically in Microsoft Word and PDF versions.

One hard copy application with original signatures and copies of supporting documentation plus a USB with electronic copies are to be sent 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:
nationalgpaccreditation@safetyandquality.gov.au

Applicants should ensure that supporting documentation is collated and labelled in a way that makes it clear which section of the application it relates to.

Applicants are advised that incomplete documentation may lead to a delay in the assessment of their application as outlined in Part B of this application form to ensure you have completed all necessary steps of the application prior to submission.

Part B: Application checklist

On completion of the application form please check that you have:

- Read the [D19-16039 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](#)
- Completed each question in all sections of this application form using font Arial size 11.
- Collated and labelled all the necessary supporting documentation.
- Signed the Declaration of Compliance.
- Dispatched one original, signed copy of the application form with supporting documents plus one USB with an electronic copy (Microsoft word and PDF) of the application to:
General Practice Accrediting Agency Approval Assessment Process
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001
- Provided an electronic copy (Microsoft word and PDF) of the completed application form and any supporting documentation via the nationalgpaccreditation@safetyandquality.gov.au.

Intention to seek interview with the Panel

Section 2 of the [D19-16039 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](#) outlines the process of assessment of applications. Applicants may request to meet with the General Practice Accrediting Agency Approval Assessment Panel (the Panel) to present information or address an issue that has arisen as part of the application process.

Please indicate below if you are requesting an interview with the Panel to discuss your application.

- Yes, we would like an interview with the Panel to discuss this application.

If you have indicated Yes, the person nominated as the 'Contact Officer' in this application will be contacted by an officer of the Commission to make arrangements for an interview.

Accrediting agencies can elect to attend the interview in person or via teleconference.

Note: The Panel may request an interview with any applicant to address queries in relation to their application even if the applicant does not request an interview with the Panel.

Part C: Organisational information

Applicant details

Name of organisation applying for approval

Business structure (corporation, partnership, unincorporated association, etc.)

ABN or ACN

Registered business name under which accreditation assignments will be conducted, if different from name of organisation

Street address

Postal address

Web site address

Person authorised to submit this application

Name

Position/Title

Phone number

Mobile number

Email address

Contact person for this application
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Name

Position/Title

Phone number

Mobile number

Email address

Supporting documentation

- Certificate of registration/s (company, business name etc) enclosed, if applicable
- Other supporting documentation evidencing business structure, *please list*:
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Part D: Key officeholders and senior managers

1. Key officeholders and senior management

In this Part:

“key officeholder” means the chairperson (however called) and each member of the governing body of the organisation, company secretary (or equivalent as applicable), treasurer (or equivalent as applicable);

“senior manager” means the chief executive (however called) and each manager, reporting directly to the chief executive, who will be primarily responsible for the oversight or management of surveyors, the conduct of assessments or the award of accreditation.

Specify name, address and date of birth of each key officeholder and each senior manager.

Supporting documentation

Documentation provided, *please list*:

2. Criminal history

Please specify any criminal conviction in the last 10 years, or current criminal charge, against the applicant or any of its key officeholders or senior managers:

- arising from carrying on the business of assessment or accreditation, or
- relating to the conduct of assessment or accreditation, or
- relating to health service provision, or
- relating to bribery, fraud or dishonesty offences, or
- which has resulted, or if proven would result, in disqualification from holding a position as a governing member or other officeholder of the applicant organisation.

3. Disciplinary history

Please specify whether any key officeholder or senior manager of the applicant:

- Has been found guilty of professional misconduct as a health care, legal or other professional by a competent court or tribunal in the last 10 years.
- Has been a key officeholder or senior manager of a health care organisation, which has had its licence as a health care provider revoked or suspended in the last 10 years, and that person was serving as a key officeholder or senior manager with the organisation at the time of the revocation or suspension.
- If so, specify what position the officeholder or manager held in that organisation, and the circumstances surrounding the revocation/suspension, and any role of that person in those circumstances, to the extent known.
- Has previously been a governing member, other officeholder or senior manager of an organisation that has had its status or award with an international accreditation body revoked or suspended during the period the relevant person held such office or management position.
- If so, specify what position the officeholder or senior manager held in that organisation, and the circumstances surrounding the revocation/suspension, and any role of that person in those circumstances, to the extent known.

Please specify whether the applicant has ever had its status or award with an international accreditation body revoked or suspended, and if so specify the circumstances and include relevant documentation e.g. reasons for revocation.

Supporting documentation

Documentation provided, *please list:*

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Part E: Accreditation status

Please provide details of the international accreditation award/s your organisation holds.

- ISQua against the Organisation Standards

Date accreditation awarded	Date accreditation expires	Details of any conditions or restrictions on the awarding of your accreditation
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- JASANZ to the healthcare management systems

Date accreditation awarded	Date accreditation expires	Details of any conditions or restrictions on the awarding of your accreditation
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- Other (*please provide details*): [Click here to enter text.](#)

Date accreditation awarded	Date accreditation expires	Details of any conditions or restrictions on the awarding of your accreditation
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Supporting documentation

- Copy of relevant accreditation awards enclosed
- Other supporting documentation, *please list*.
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Part F: Assessment products offered to general practices

Please provide details for each safety and quality assessment product offered to health service organisations that relate to the standard/s under this Scheme. Also provide copies of any communication or promotional material provided to health service organisations.

Product name: [Click here to enter text.](#)

Length of assessment cycle: [Click here to enter text.](#)

Key processes in assessment cycle	Timing	Format of assessment <i>(online/desktop/ short notice)</i>	Other information
Self-assessment			
Mid cycle assessment, if any			
Organisation wide assessment			
Other information			

Product name: [Click here to enter text.](#)

Length of assessment cycle: [Click here to enter text.](#)

Key processes in assessment cycle	Timing	Format of assessment <i>(online/desktop/ short notice)</i>	Other information
Self-assessment			
Mid cycle assessment, if any			
Organisation wide assessment			
Other information			

Product name: [Click here to enter text.](#)

Length of assessment cycle: [Click here to enter text.](#)

Key processes in assessment cycle	Timing	Format of assessment <i>(online/desktop/ short notice)</i>	Other information
Self-assessment			
Mid cycle assessment, if any			
Organisation wide assessment			
Other information			

Product name: [Click here to enter text.](#)

Length of assessment cycle: [Click here to enter text.](#)

Key processes in assessment cycle	Timing	Format of assessment <i>(online/desktop/ short notice)</i>	Other information
Self-assessment			
Mid cycle assessment, if any			
Organisation wide assessment			
Other information			

(Please attach additional pages should you require more space to list more products)

Part G: Organisational processes

Quality assurance

Describe the quality assurance process undertaken during the accreditation process (500 word count limit).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Assessment of general practices in metropolitan, rural, regional and remote areas

Describe how assessment services will be provided and tailored to general practices in metropolitan, rural, regional and remote areas (500 word count limit).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Disclosure of information relating to accreditations

List the relevant clauses in your contract terms and conditions related to the provision of information to, and engagement of, the Commission and other bodies related to the governance of the National General Practice Accreditation Scheme:

a. For routine reporting on assessment outcomes.
b. When significant patient risk is identified.
c. In relation to the Commission’s observation and monitoring activities.

Managing conflicts of interest

Describe your organisation's policy for avoiding and managing conflicts of interest occurring in relation to the conduct of accreditations (500 word count limit).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Schedule of assessments

For accrediting agencies applying for approval for the first time.

Number and type of general practice assessments scheduled: [Click here to enter text.](#)

Number and type of general practices with assessment to be scheduled: [Click here to enter text.](#)

Please attach a schedule of assessments, including the organisation name, date and type of assessment for each of the relevant assessment products:

Supporting documentation

- Quality assurance policies and/or procedures
- Schedule of planned accreditation (*Note: First time applicants only*)
- Release of information clauses
- Metropolitan, rural, regional and remote assessment policy, procedure and/or protocol
- Conflicts of interest policy
- Other supporting documentation, *please list.*

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Part H: Surveyor workforce

Workforce size

Number of surveyors usually available to assess general practices: [Click here to enter text.](#)

Selection criteria (500 word count limit for each question).

Describe the selection criteria used when recruiting surveyors (including the skills, experience and qualifications sought specifically for general practice assessments)

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Performance management

Describe the process for assessing and maintaining skills and competencies (including the management of performance).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Ethical conduct

Describe how your organisation sets its expectations for the conduct of its surveyors in undertaking accreditations, including the management of any potential or actual conflicts of interest.

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Inter-surveyor variation

Describe the process in place to reduce inter-surveyor variation.

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Training activities

List the type and frequency of surveyor training activities undertaken by your organisation, (e.g. workshops, webinars, access to e-learning packages) and provide your organisation’s schedule of training events.

Description	Frequency/availability	Date of last activity

Supporting documentation

- Surveyor selection criteria and recruitment processes
- Surveyor performance management policy and procedures
- Surveyor code of conduct and managing conflicts of interest policy
- Schedule of training events for the next 12 month period
- Other supporting documentation, *please list*.
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Part I: Complaints and review processes

Appeals process

Outline your organisation’s appeals process available to general practices and other health service organisations in respect of decisions relating to accreditation assessments and provide a copy of policy, procedure and/or protocol documentation (500 word count limit).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Complaints process

Outline your organisation’s complaints process in respect of an accreditation assessments available to general practices, other health service organisations and other persons, and provide a copy of policy, procedure and/or protocol documentation (500 word count limit).

This process is to be described briefly. It is not sufficient for this application to refer to an internal policy or procedure.

Supporting documentation

- Appeals policy, procedure and/or protocol documentation
- Complaints policy, procedure and/or protocol documentation
- Other supporting documentation, *please list*.
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Part J: Declaration of compliance and co-operation

DECLARATION OF COMPLIANCE AND CO-OPERATION

I,.....
 (full name and position with applicant), being authorised to make this Declaration on behalf of

 (the Applicant), certify that the information provided in this application is correct to the best of my knowledge and belief. I acknowledge that it is an offence under Section 137 of the Criminal Code Act 1995 to provide false or misleading information or documents to the Commonwealth.

The Applicant acknowledges and agrees to comply with, and be bound by, the Commission’s Policy titled *Policy - Approval under the National General Practice Accreditation (NGPA) Scheme to conduct accreditations of general practices using the Royal Australian College of General Practitioners (RACGP) Standards for general practices* (the Policy).

The Applicant acknowledges that any approval as an accrediting agency granted to it under the NGPA Scheme (the Scheme) is subject to the standard conditions of approval set out in the Policy, and any other conditions of approval placed on the Applicant by the Commission in granting, or maintaining the grant of, approval under the Scheme. The Applicant agrees to comply with these conditions of approval.

The Applicant declares that if it is approved as an accrediting agency, it will co-operate with the Commission as a participant in the Scheme in ensuring the integrity and standing of the Scheme as a valuable tool of quality assurance and clinical governance for general practices and other health service organisations, including participating in fora, meetings, research, reviews and other Commission activities relevant to the Scheme.

Signature:

Name:

Position/title:

Date:

I am authorised by the Applicant organisation to make this declaration (attach a copy of duly executed authorising instrument).