Australian Commission on Safety and Quality in Health Care

NGPA
National General Practice Accreditation Scheme

Potential changes to general practice accreditation

Public consultation report

May 2026

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Published by the Australian Commission on Safety and Quality in Health Care

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Executive summary

This report outlines findings from the public consultation on potential changes to the accreditation of general practices under the National General Practice Accreditation (NGPA) Scheme.

The current accreditation process involves an announced on-site routine assessment, at the beginning of the accreditation cycle. General practices that are fully compliant to the Royal Australian College of General Practitioners (RACGP) *Standards for general practices* (the Standards) are awarded accreditation for three years.

The Australian Government Department of Health, Disability and Ageing (the Department) tasked the Australian Commission on Safety and Quality in Health Care (the Commission) with reviewing potential changes to the accreditation cycle and assessment processes to support general practices to maintain compliance to the Standards throughout the accreditation cycle.

The Department's desired outcomes from the potential changes included:

- improvements in overall safety and quality for consumers
- assessments at the same or lower cost for general practices
- no significant increase in administrative compliance requirements.

The Commission conducted a targeted consultation with key stakeholders from the general practice sector (the sector) from October 2023 to February 2025. Several options for changes to the accreditation cycle and assessment processes were discussed. The benefits and risks of each option were analysed and assessed against the Department's desired outcomes and the issues raised by general practices. The discussions resulted in two potential options being put forward for the sector's consideration:

1. An extended accreditation cycle with at least one mid-point review
2. Assessments conducted at short notice.

The Commission conducted a public consultation from 24 February 2025 to 7 April 2025 to collect feedback through online survey responses, focus group discussions and written submissions. The Commission had a considerable response from the sector, with 8,990 consultation webpage views and 1,011 responses. The sector's feedback provides invaluable insight into the views and experiences of the general practice workforce and relevant professional organisations.

This report presents details of the in-depth analysis that was conducted to better understand stakeholder experiences, perceptions, and suggestions relating to the proposed options, alongside considerations for implementation.

Overall, respondents agreed that the general practice accreditation process could be improved to better support ongoing compliance to the Standards. However, there was not unanimous agreement about how to do so.

Most respondents preferred Option one with varied views on:

- what should be reviewed at the mid-point(s) of each cycle
- how the review(s) should be conducted
- how frequently the review(s) should occur.

The respondents recognised the proposed mid-point review as an opportunity to identify potential non-compliances and address issues prior to the next routine assessment. However,

concerns were raised about the likelihood that additional touch points during each cycle would result in increased administrative burden and costs.

Some respondents preferred Option two, because they envisaged that a Short Notice Assessment (SNA) would better reflect actual daily operations rather than a prepared state, thereby improving safety and quality while maintaining assessment costs. However, others were strongly opposed to this approach because of the potential for SNAs to contribute to stress on staff and disruptions to daily operations.

The Commission will consult with the NGPA Scheme's key governance groups, the General Practice Accreditation Coordinating Committee (GPACC)[1] and the General Practice Accrediting Agency Working Group (GPAAWG)[2], as well as the broader sector to determine whether changes to the NGPA Scheme are necessary and, if so, to agree upon the process for implementing them.

Reforms to the NGPA Scheme are likely to involve exploration of options beyond the two examined through the public consultation reported here. This process will be carried out in a transparent and considered manner, ensuring alignment with any systemic changes.

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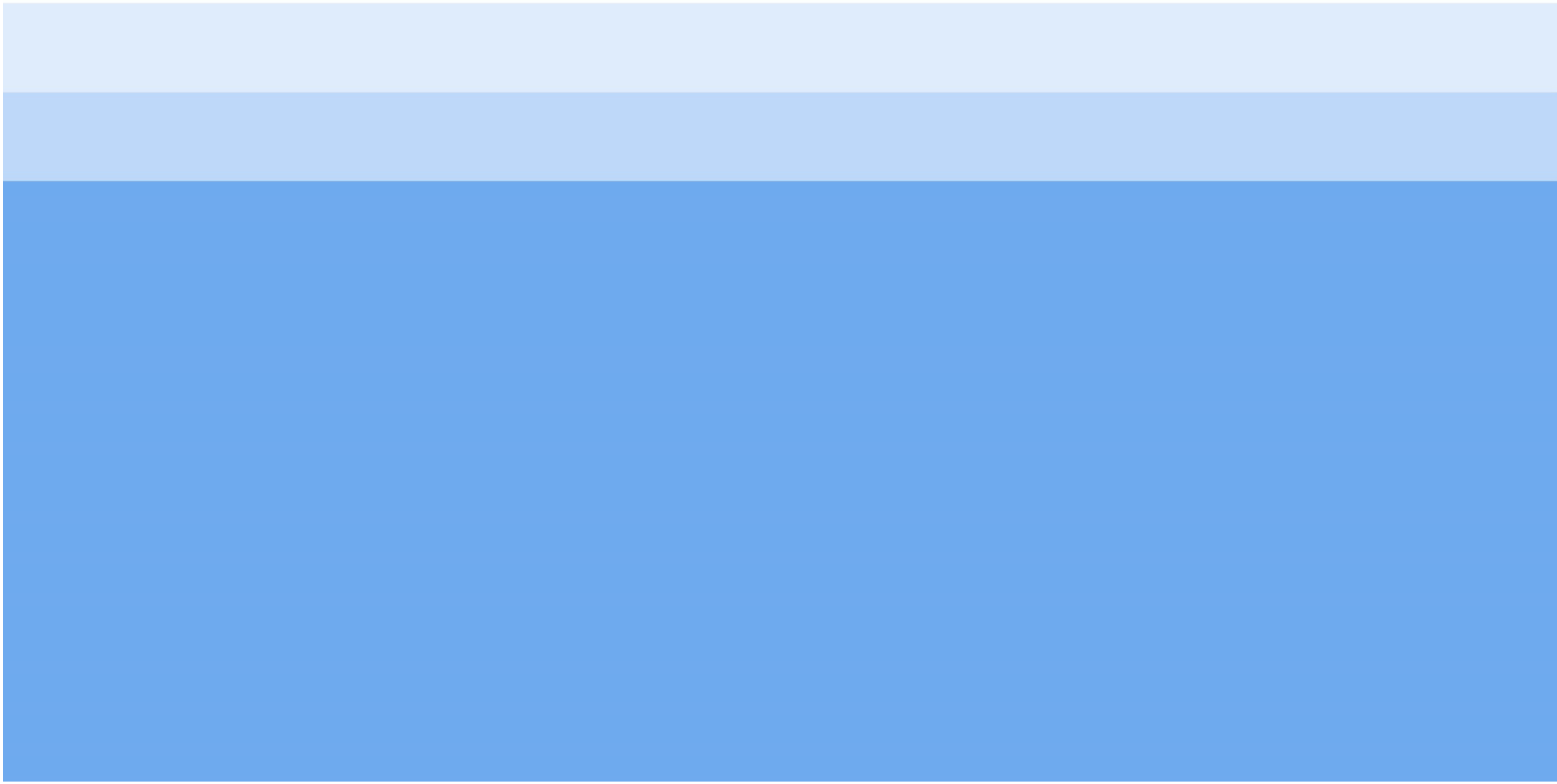
[1] GPACC consists of Australian Association of Practice Management, Australian College of Rural and Remote Medicine (ACRRM), Australian Practice Nurse Association, Consumer Health Forum, Department of Health, Disability and Ageing, RACGP, and Western NSW Primary Health Network (PHN).

[2] GPAAWG consists of approved accrediting agencies under the NGPA Scheme including AGPAL Group of Companies, Australian Council on Healthcare Standards, Global-Mark Pty Ltd, and Quality Practice Accreditation Pty Ltd.

Introduction



Purpose of this document

This document has been developed to report the findings from the public consultation on the potential changes to the accreditation of general practices undertaken from 24 February 2025 to 7 April 2025. This document outlines the public consultation process and summarises the participation and the feedback received.

Findings from the consultation will be utilised to inform the National General Practice Accreditation (NGPA) Scheme's key governance groups, the General Practice Accreditation Coordinating Committee (GPACC)[3] and the General Practice Accrediting Agency Working Group (GPAAWG)[4], to determine if any changes to the NGPA Scheme are necessary and to outline the process for implementing such changes.

Background

The NGPA Scheme

The Commission is responsible for managing the NGPA Scheme and collaborating with key sector representatives, to support the consistent assessment of general practices against the Standards.

Under the NGPA Scheme, the current accreditation process involves a routine assessment, which is:

- announced and on-site
- against all relevant indicators of the Standards
- at the beginning of the accreditation cycle.

General practices that are fully compliant are awarded accreditation for three years.

Accreditation

Accreditation is voluntary for general practices. However, it is an eligibility criterion to access Commonwealth funding through the Department's incentive programs such as:

- Practice Incentives Program (PIP), which provides financial support for general practices to deliver quality care, enhance capacity, and improve access and outcomes
- Workforce Incentives Program – Practice Stream, which assists general practices with the cost of engaging eligible health professionals
- MyMedicare, which supports general practices access more information about regular patients, making it easier to tailor services to fit the patient's needs and additional Medicare Benefits Schedule items (certain exemptions apply).

The Department of Health, Disability and Ageing

In 2021, the Department commissioned an independent review of general practice accreditation arrangements, including the NGPA Scheme.

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[3] GPACC consists of Australian Association of Practice Management, Australian College of Rural and Remote Medicine (ACRRM), Australian Practice Nurse Association, Consumer Health Forum, Department of Health, Disability and Ageing, RACGP, and Western NSW Primary Health Network (PHN).
[4] GPAAWG consists of approved accrediting agencies under the NGPA Scheme including AGPAL Group of Companies, Australian Council on Healthcare Standards, Global-Mark Pty Ltd, and Quality Practice Accreditation Pty Ltd.

The *Review of general practice accreditation arrangements* (the Review)[5] had a total of 15 recommendations. Recommendation 6 in the Review related to driving sustained conformance and continuous improvement throughout the accreditation cycle by adjusting the assessment process and suggesting a mid-point review. The aims were to decrease the burden on general practices at the on-site routine assessment and increase the conformance of the general practice to the Standards throughout the time between assessments.

The Review, Recommendation 6

- Adjust the assessment process to better target the activities conducted at each stage of an accreditation cycle and reduce unnecessary burden on practices
- Require practices to complete a mid-point assessment by submitting targeted information to their accrediting agency mid-way through the accreditation period.
- Adopt a risk-based approach to identify where further support and/or monitoring may be required to ensure sustained conformance with the Standards.

Based on the recommendations of the Review, the Department tasked the Commission with reviewing potential changes to the accreditation cycle and assessment processes to support general practices to maintain compliance throughout the cycle.

The Department's desired outcomes from the potential changes included:

- improvements in overall safety and quality for consumers
- assessments at the same or lower cost for general practices
- no significant increase in administrative compliance requirements.

Accredited general practices

The Commission routinely seeks feedback from recently accredited general practices about their experience, through a post-assessment survey. The main issues that general practices have raised with accreditation include:

- administrative burden – resulting in accreditation-related activities being condensed into a short period of time, amplifying the administrative burden
- staff shortages and changes - resulting in loss of corporate knowledge of accreditation processes, timelines, and requirements
- pressure to meet deadlines – resulting in accreditation being viewed as a tick-box activity, rather than a reliable safety and quality assurance mechanism.

Assessment outcomes data

General practices are expected to maintain compliance throughout the three-year accreditation cycle. The assessment outcomes data show that just 22% of accredited general practices meet all mandatory indicators at their subsequent assessment.

Of the general practices with 'not met' indicators, 99% receive accreditation after a period of remediation. However, the current process does not promote ongoing compliance with the Standards throughout the accreditation cycle.

[5] Department of Health. Review of general practice accreditation arrangements. Canberra: Department of Health, 2021. (accessed 7 April 2025)

Targeted consultation

The Commission undertook targeted consultation with the NGPA Scheme's governance groups and key stakeholders from October 2023 to February 2025. The targeted consultation process involved seeking feedback from:

- the NGPA Scheme's key governance groups (GPACC and GPAAWG)
- the Commission's Primary Care Committee
- general practices, via the post-assessment survey and conferences[6].

Several options for changes to the accreditation cycle and assessment processes were discussed. The benefits and risks of each option were analysed and assessed against the Department's desired outcomes and the issues raised by general practices. The targeted consultation determined the options that were proposed to the sector and the framing of the consultation resources.

Public consultation

The public consultation was conducted to ensure the sector had the opportunity to participate and share unique perspectives on the potential changes to the accreditation of general practices, with a focus on two options:

Option one – Extended accreditation cycle with at least one mid-point review

Option two – Assessment conducted at short notice.

An overview of the consultation and a more detailed options analysis paper were developed to support the sector to make an informed decision by examining the potential risks, benefits and detailed components associated with each option. Alternative suggestions and ideas were also invited.

The public consultation was open from 24 February 2025 to 7 April 2025. It involved an online survey, which sought the respondents' perspectives on the proposed options and the related components. These components included:

- variations in accreditation cycle lengths and makeup
- additional reviews
- content of reviews
- assessment and review methodologies
- notice periods.

Online survey

The invitation to the survey was published on the Commission's webpage and distributed using the networks of the Commission and key stakeholder organisations. As a result of these communication strategies, the consultation achieved a great reach (see **Figure 1** below), with the Commission's consultation webpage getting 8,990 views from 7,835 unique users during the consultation period.

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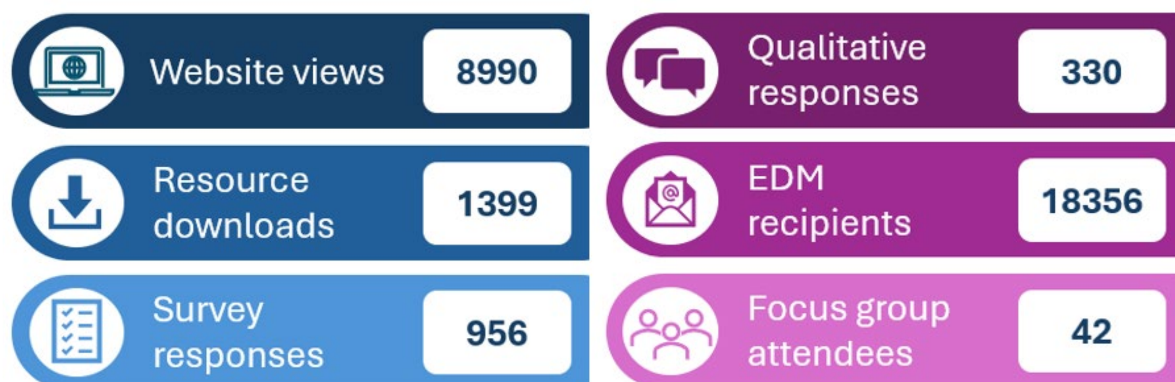
[6] The Commission attended the Eastern Melbourne Primary Health Network's Practice Management Education Day 2024 and the ACRRM's Rural Medicine Australia 2024.

Figure 1 Public consultation metrics



Focus groups

The public consultation also involved a series of six virtual focus group discussions, carried out between 11 March 2025 and 2 April 2025. The invitation to the focus group was distributed by key stakeholder organisations. A total of 62 participants registered and 42 went on to attend the sessions. A vast majority (93%) of the participants were Primary Health Network (PHN) representatives, from all Australian states and territories (except Tasmania).

The focus group discussions involved:

- understanding the limitations of the public consultation in relation to accreditation costs and the Standards
- providing a summary of survey outcomes
- obtaining feedback on the potential options
- considering alternative suggestions.

The PHNs that were represented offer varying degrees of support to the general practices within their catchment areas. Some participants indicated that general practices require 'handholding' while preparing for accreditation, including support such as mock assessment visits, while others stated that general practices do not require their assistance at all. Among those who conducted mock assessment visits, concerns were raised about general practices exhibiting non-compliance with the Standards. These concerns resulted in a stronger favourability for unannounced spot checks amongst these participants, potentially through SNAs. However, there was broad consensus that the sector may not yet be prepared to implement SNAs due to current workforce limitations and workload pressures.

Overall, feedback from the focus groups aligned with the survey results, with a clear preference for Option One. An extended cycle with at least one mid-point review was considered to be better positioned to ensure general practices receive the necessary training and support to maintain compliance throughout the accreditation cycle.

Written submissions

Written submissions were welcomed via email throughout the consultation period. A total of 13 submissions were received, mostly from professional organisations. Feedback received through written submissions were analysed against the survey questions and included in the qualitative analysis throughout this report.

Summary of participation

The Commission consulted widely during the consultation period. A total of 1,011 stakeholders across Australia participated, comprising:

- 956 online survey responses
- 42 focus group attendees
- 13 written submissions.

Table 1 provides a breakdown of participation in the public consultation by response type.

Table 1 Source of responses in the public consultation

Source of responses	Number of respondents (n)	Percentage of respondents (%)
Online survey – Survey Monkey	956	95
Virtual focus groups	42	4
Written submissions	13	1
Total	**1,011**	**100**

Tables 2 to 7 provide a breakdown of online survey participation by:

- professional roles
- location
- rurality
- principal place of work
- general practice type
- general practice size.

The Commission heard from the general practice workforce and other relevant organisations. A list of identified organisations that participated in the public consultation is included at **Appendix 1**.

Table 2 Respondents' professional roles

Source of responses	n	%
Practice manager	502	53
Practice owner	227	24
General Practitioner (GP)	186	19
Business operations manager	82	9
Practice nurse	64	7
Other[7]	58	6
Quality manager	41	4

[7] Other roles included respondents that are in various managerial, nursing, allied health, educational, roles.

Accreditation assessor	40	4
Receptionist	33	3
Nurse manager	23	2
Accreditation support officer	19	2
Policy/project officer for PHN/professional association/organisation	19	2
Chief Executive Officer	12	1
Policy or project officer for government organisation	7	1
Total	**1,313**	**137**[8]

Table 3 Location of respondents' principal place of work

Source of responses	n	%
New South Wales (NSW)	342	36
Victoria (Vic)	215	22
Queensland (Qld)	198	21
South Australia (SA)	84	9
Western Australia (WA)	68	7
Australian Capital Territory (ACT)	18	2
Tasmania (Tas)	13	1
Other[9]	10	1
Northern Territory (NT)	8	1
Total	**956**	**100**

Table 4 Rurality of respondents' principal place of work

Source of responses	n	%
Metropolitan	569	60
Regional	192	20
Rural	158	17

[8] The total exceeds 100% due to some respondents selecting multiple roles
[9] Other locations included respondents that work on Norfolk Island, and in more than one state

Other[10]	26	3
Remote	11	1
Total	**956**	**100**

Table 5 Respondents whose principal place of work is a general practice

Source of responses	n	%
Yes	859	90
No	97	10
Total	**956**	**100**

Table 6 Type of general practice of respondents' principal place of work

Source of responses	n	%
General practice with physical premises[11]	812	96
Aboriginal medical service	19	2
General practice without physical premises	14	2
Other[12]	3	0
Total	**848**	**100**

Table 7 Size of general practice of respondents' principal place of work

Source of responses	n	%
Small (1-4 FTE GPs[13])	346	41
Medium (5-9 FTE GPs)	328	39
Large (more than 10 FTE GPs)	104	12
Solo (less than 1 FTE GP)	70	8
Total	**848**	**100**

[10] Other rurality included respondents that work in more than one Modified Monash Model category.
[11] Physical premises is a building or rigid structure, including a bus or van, managed by the general practice where clinical assessments of patients take place
[12] Other practice type included Aboriginal medical service with other community services and General practice with a tenancy in professional suites that provide support for general practice services
[13] For the survey, a full-time equivalent (FTE) GP was defined as GP working 5 or more full business days per week.

Qualitative analysis

Qualitative data were collected through open-ended questions embedded within the broader survey. Analysis of open-ended survey responses was undertaken to:

- capture respondents' insights, concerns, and recommendations
- support understanding of the accreditation experience.

The qualitative responses were de-identified and analysed using a thematic approach to identify key patterns and insights across the dataset. All open-text responses were imported into NVivo 12 Pro to assist with organising and coding the data.

There were 11 open-ended questions related to potential options for accreditation processes. A total of **330 respondents** provided open-text feedback that was subsequently analysed.

Each open-ended question was imported separately to maintain the contextual integrity and ensure question-specific insights were accurately captured. Themes were developed based on common topics and ideas emerging from questions. While the analysis was primarily inductive, the themes that emerged were closely aligned with the intent of each question. The analysis team conducted manual coding within the software, identifying common ideas, repeated concerns, and areas of consensus or divergence. Key themes were further categorised after open coding of all open-ended questions.

Analysis and representative quotes have been included throughout the report to illustrate participant perspectives. Minor edits were made to quotes for clarity, while preserving the original intent and meaning.

Note: While the findings provide valuable insights, they represent the views of those who chose to engage with the open-ended components of the survey and may not capture all perspectives across the sector.

Preference of the general practice sector

This section summarises the feedback received during the public consultation process from all sources (survey responses, focus groups, and written submissions combined).

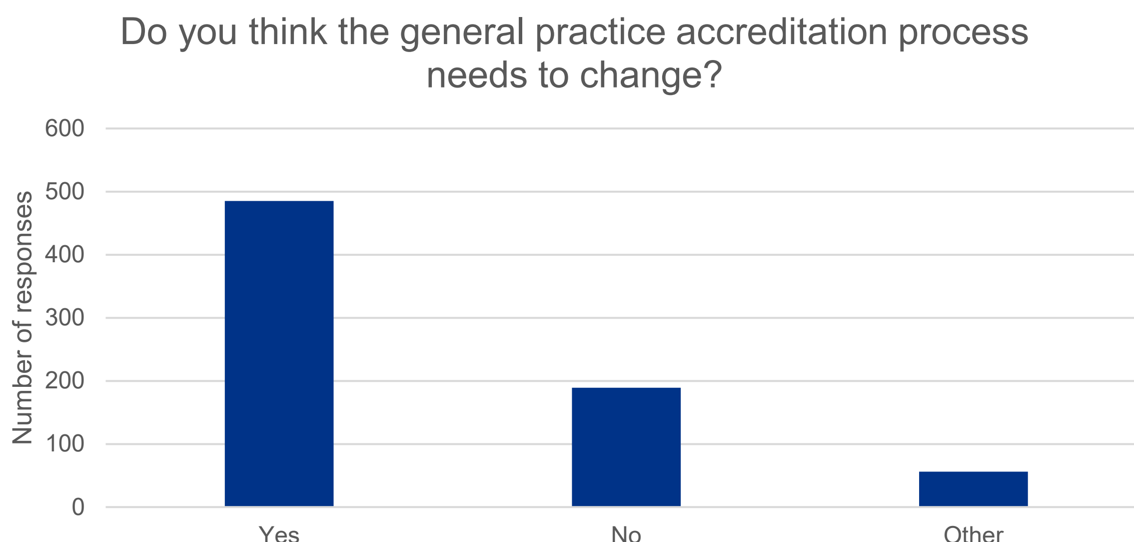
The vast majority (95%) of responses were received through the online survey. Just over two thirds (69%) of the 956 respondents completed the survey. Whilst many respondents engaged with the open-ended questions, some chose to answer selectively, resulting in partial responses across the dataset. As a result, there is variation in the volume and depth of quantitative and qualitative data across individual questions.

Preference for change

The public consultation outlined the rationale for change to support stakeholders to assess the proposed changes and specific considerations for each option.

> **Do you think the general practice accreditation process needs to change?**
>
> Based on their experience and the rationale provided, respondents were asked whether the accreditation process needs to change (see **Figure 2**).

Figure 2 The need for change to the accreditation cycle and assessment processes



Of the **730 respondents** that answered this question:

- 66% agreed that the general practice accreditation process needs to change
- 26% did not agree that the general practice accreditation process needs to change
- 8% chose ‘Other’.

Note: An open-ended question seeking commentary was not included for this question.

Considerations for implementation

The Commission acknowledges the sector’s consensus that changes to the accreditation cycle and assessment processes are necessary.

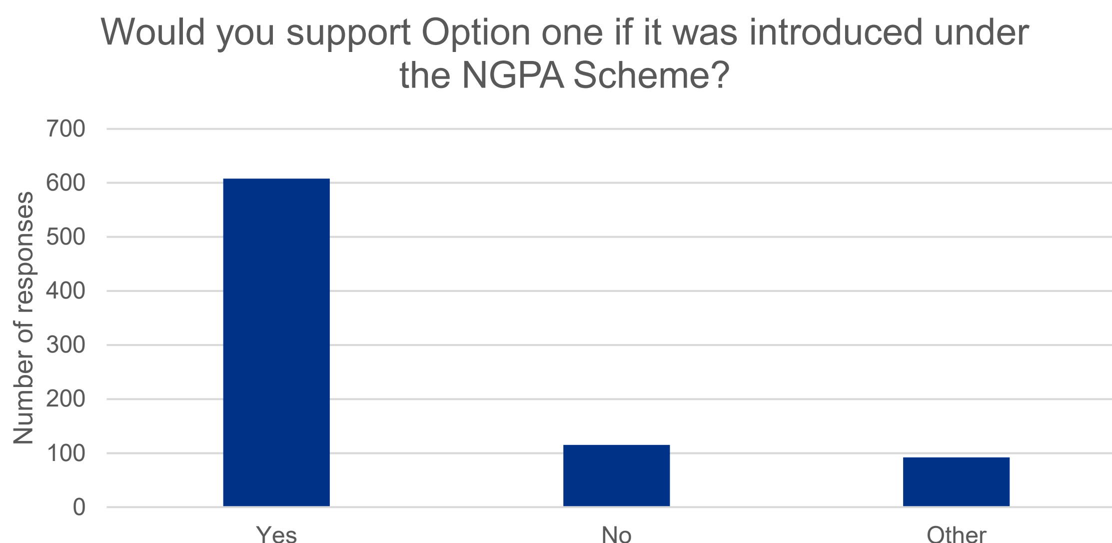
Option one – An extended accreditation cycle with at least one mid-point review

Option one would involve extending the length of the accreditation cycle to potentially four or more years. The accreditation process would still involve an announced routine assessment against all relevant indicators of the Standards followed by at least one mid-point review to provide insight into how the general practice is meeting the Standards in preparation for the subsequent routine assessment.

A general practice that is fully compliant at the routine assessment would be awarded accreditation for four or more years.

> **Would you support Option one if it as introduced under the NGPA Scheme?**
>
> Respondents were asked whether they would be supportive, if Option one was introduced under the NGPA Scheme (see **Figure 3**).

Figure 3 Support for Option one



Of the **815 respondents** that answered this question:

- 75% supported Option one
- 14% did not support Option one
- 11% chose 'Other'.

> **Note:** An open-ended question seeking commentary was not included for this question, however relevant feedback has been collated that was provided on this theme throughout the survey, focus groups and written submissions below.

Qualitative analysis

The responses illustrated mixed support for the idea of a mid-point review. A number of respondents perceived that a mid-point review was an additional administrative burden with some equating the mid-point review to “yet another assessment” that diverts time and resources away from patient care. A handful of respondents pointed out that a four-year cycle feels lengthy to maintain standards, underscoring concerns about cumulative workload.

The mid-point review should not feel like another full accreditation assessment. The content should focus on that which can be provided by Practice Manager or admin staff without GPs having to take time out from seeing clients.

Systems coordinator, NSW

General practices are already facing financial and operational challenges, and these changes will introduce additional stress, diverting valuable time and resources away from patient care.

Practice owner, metropolitan Qld

This is ridiculous. People complain that the period is too short between visits, so the options given to replace it are a visit every 2 years, or 1.5 years, or every year? What does that fix?

Practice Manager, Qld

A small number of respondents thought a mid-point review was a good idea citing that mid-point reviews would not be a burden to general practices who are already on track to meet accreditation requirements.

Great idea, well-run general practices have already met and maintain the standards.

Practice Manager, metropolitan NSW

While some respondents appreciated the focus on ongoing improvement, a number of respondents stated outright that the mid-point review should not proceed.

The accreditation process is quite stressful and tedious. I would prefer that there isn't a mid-point review at all.

Practice Manager, metropolitan NSW

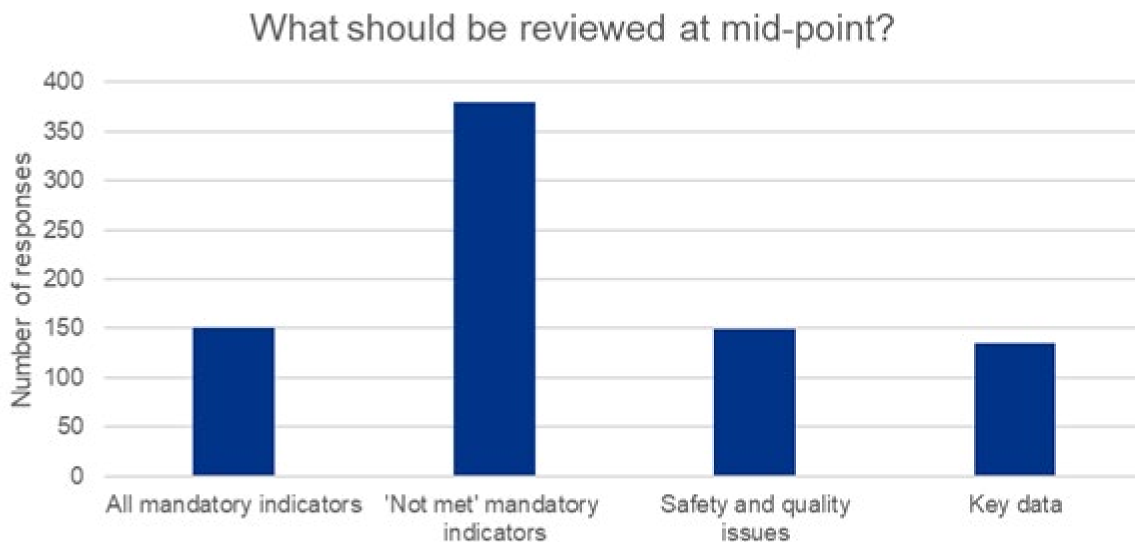
Considerations for implementation

The Commission acknowledges that the sector is broadly supportive of an extended accreditation cycle with at least one mid-point review. It has been observed at the focus group discussions that some respondents may have misunderstood the review as an additional assessment. However, the review has been proposed to identify where further support may be required to ensure sustained conformance with the Standards and prepare the general practice for the subsequent routine assessment.

What should be reviewed at the mid-point?

Respondents were asked what should be reviewed at the mid-point, if Option one were to be introduced under the NGPA Scheme (see **Figure 4**).

Figure 4 Preferred content to be reviewed at mid-point



Of the **815 respondents** that answered this question:

- 47% preferred mandatory indicators that were 'not met' at the last routine assessment
- 19% preferred all mandatory indicators
- 18% preferred safety and quality issues
- 16% preferred key data.

There were **362 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

Respondents wanted mid-point reviews to focus on areas of genuine risk or evidence of non-compliance, rather than re-auditing every indicator for every general practice.

When asked about what should be reviewed at the mid-point, those who supported the idea stressed that mid-point reviews should be targeted and focus specifically on high-risk or previously “not met” areas.

A mid-point review should assess any mandatory indicators that were not met at last routine assessment to ensure the safety and wellbeing of patients attending general practices. A mid-point review must also have a strong focus on risk management and patient safety.

Representative of a rural organisation, ACT

Focusing on mandatory indicators that were 'not met' at the last routine assessment seems to strike a good compromise between focused support and managing resources/workload.

GP, regional Vic

Any mandatory indicators that were not met at last routine assessment should be reviewed at mid-point to ensure the safety and wellbeing of patients attending general practices.

GP, regional Vic

Many respondents also highlighted the importance of reviewing safety and quality issues and documenting improvements since the last routine assessment.

Safety and quality issues should also be addressed in conjunction with previous indicators not met.

Business Operations Manager, WA

Some respondents suggested clearly defined topics for review at mid-point. These included:

- infection prevention and control
- cold chain management

- sterilisation
- GP Continuous Professional Development
- patients' outcomes and interactions.

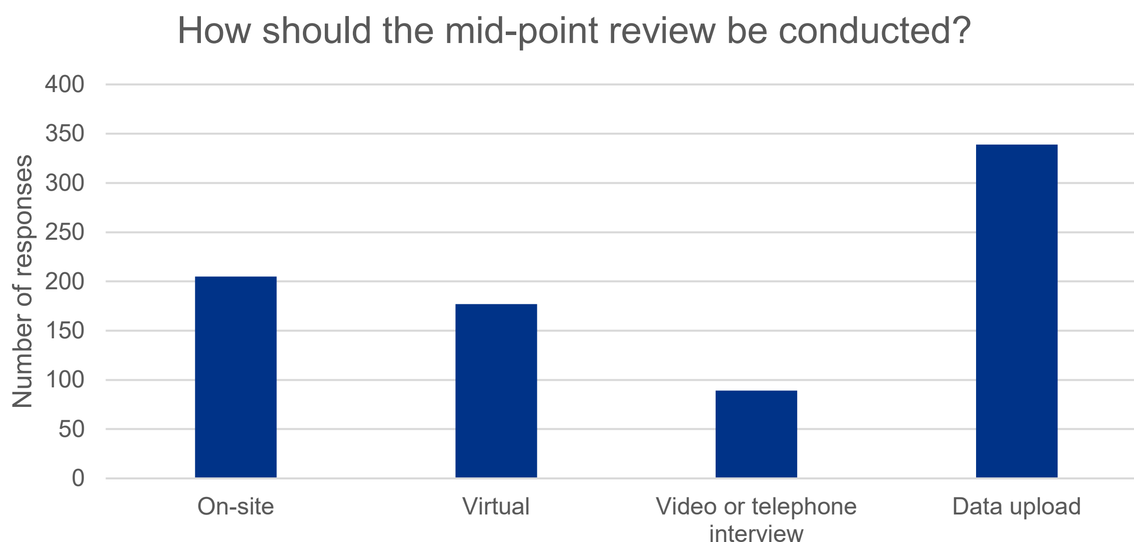
Considerations for implementation

The Commission acknowledges the sector's preference was for a mid-point review focused on 'not met' mandatory indicators. Concerns were also raised that this approach may not effectively support the integration of safety and quality measures into daily operations. Respondents suggested incorporating additional elements that better promote the embedding of Continuous Quality Improvement (CQI). Further consultation and consideration will be undertaken to balance rigour and administrative requirements to support ongoing compliance.

How should the mid-point review be conducted?

Respondents were asked how the review should be conducted, if Option one were to be introduced under the NGPA Scheme (see **Figure 5**).

Figure 5 Preferred method or review at mid-point



Of the **810 respondents** that answered this question:

- 42% preferred data upload
- 25% preferred on-site reviews
- 22% preferred virtual reviews
- 11% preferred video or telephone interviews.

There were **335 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

Participants expressed a range of perspectives on the potential value and design of mid-point reviews. While some supported a mid-point review as a way to improve accountability and maintain CQI, most emphasised the importance of ensuring that any such process is flexible,

efficient, and not overly burdensome. Respondents recommended various models for conducting mid-point reviews, with many suggesting flexible and virtual options.

There was strong interest in a hybrid approach that balances virtual and on-site elements. Participants felt that such a model would better accommodate the diverse settings and capacities of general practices, particularly those in rural and remote areas.

Logistically, an on-site review in some remote areas is quite difficult and makes the review quite expensive. However, a hybrid model may be worth considering in some of these more remote locations. There should be flexibility, however I think a visual observation on site is important, at least once per cycle.

Quality manager and accreditation support officer, remote WA

Several respondents suggested that a combination of video or telephone interviews and data uploads could ensure adequate oversight while reducing cost and effort:

A video or telephone interview of key personnel and review of core documents should give ample evidence that the general practice is compliant with the standards, without causing overwhelming stress of another assessment.

Practice Manager, metropolitan NSW

Combination of data upload and video/telephone interview for any clarification required.

Practice Manager, metropolitan Vic

Many supported the concept of data uploads to reduce the administrative strain on already overstretched general practices. This was especially popular among respondents managing heavy workloads.

Data upload would be most convenient to all due to our constant stacked workload. This will also encourage keeping all documentation updated at all times.

Practice Manager, regional QLD

Since COVID-19 stay-at-home orders we have all mastered virtual and online components within general practice. Surely a virtual assessment should now be the 'norm'.

Business operations manager, metropolitan NSW

However, a note of caution from a consumer was also raised regarding data uploads and self-reporting:

Data upload alone may lead to the general practice choosing what to submit and prevent assessment of critical documents not uploaded.

Consumer, regional Vic

A small number of respondents proposed a range of ideas to ensure mid-point reviews are both meaningful and manageable. These included:

- making the review optional or voluntary in the initial phase
- ensuring general practices are given sufficient notice
- incorporating random selection or unannounced elements to preserve the rigour of the process.

Considerations for implementation

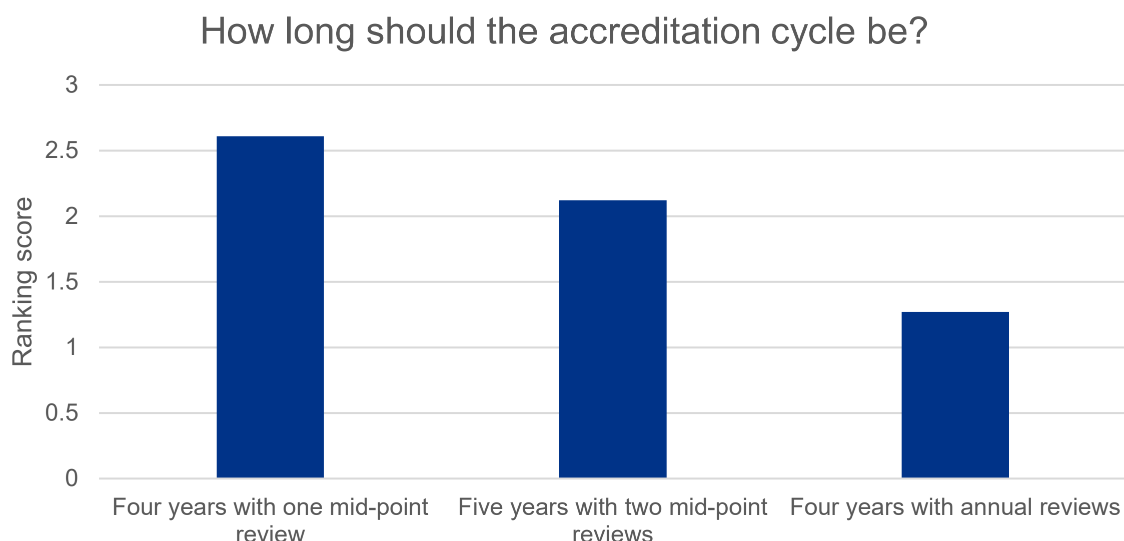
The Commission acknowledges the sector's preference for a mid-point review conducted by data upload. Concerns were also raised that relying solely on data uploads may lack the rigour needed to promote ongoing compliance. It was also suggested that data upload and desktop review would remove the opportunity for general practices to engage in a meaningful and collaborative engagement with accrediting agencies.

Establishing a secure and consistent mechanism for data upload, potentially through dedicated software and supported by adequate user assistance, requires significant planning and resourcing. Beyond infrastructure, the initiative must incorporate key data management elements such as governance frameworks, access controls, data integrity, versioning, and compliance with privacy and security regulations. Effective implementation is likely to necessitate long-term scoping, strategic planning, and ongoing stakeholder engagement.

How long should the accreditation cycle be?

Respondents were asked how frequently the review should occur, if Option one were to be introduced under the NGPA Scheme (see **Figure 6**).

Figure 6 Preferred length and composition of the accreditation cycle



Of the **815 respondents** that answered this question:

- 44% preferred four years with one mid-point review
- 35% preferred five years with two mid-point reviews
- 21% preferred four years with annual reviews.

There were **313 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

Overall, more respondents were in favour of extending accreditation cycles, arguing that less frequent reviews would reduce administrative burden and allow general practices to focus more on care delivery.

You should extend the cycle to 5 yearly and do not include interim reviews so general practices can focus on caring for patients.

GP, regional SA

However, a smaller number of respondents raised concerns about safety risks if cycles became too long.

As is, I believe if you extend this it allows even less compliance with annual obligations, putting the public at risk.

Practice Manager, regional NSW

A lot can change in 4 years.

Practice Manager, regional NSW

Respondents expressed concerns about the frequency of the mid-point reviews resulting in an increase in administrative burden:

We would not want to experience more than one mid-point review. The administrative burden of accreditation is expensive and, with the increasing cost of practice and the national pressure to bulk bill, we fail to see how we can be expected to find the fat in our systems to provide the government with the levels of bureaucracy it increasingly demands.

Practice Manager, metropolitan SA

The suggestion of annual reviews is completely unreasonable. The resources required to perform these reviews (e.g., availability of assessors, cost of each review, cost to the general practice in staff hours, etc) clearly outweigh the benefits.

Practice Manager, metropolitan NSW

Workforce issues and staff turnover were also deemed to be a consideration over a lengthened accreditation cycle:

Four years is probably long enough. Within 5 years many general practices will have had a full turnover of GPs, nurses and admin staff.

Practice Manager, rural NSW

Considerations for implementation

The Commission acknowledges the sector's preference for an accreditation cycle of four years with one mid-point review. Commentary indicated this preference was primarily due to concerns about the additional administrative burden and costs associated with multiple mid-point reviews. Any changes to the process would need to strike the balance between ensuring safety and quality for consumers, whilst not significantly impacting the cost and administrative burden for general practices.

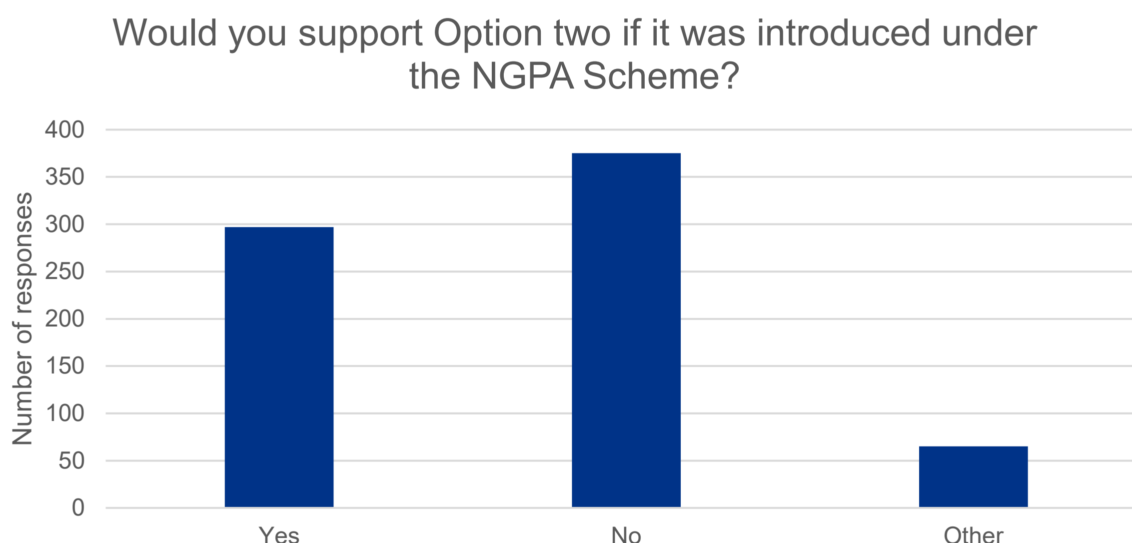
Option two – Assessments conducted at short notice

Option two would involve a routine assessment against all relevant indicators of the Standards, conducted with a short notice period.

This option changes routine assessments from being scheduled at least four months before accreditation expiry to being conducted with up to one month's notice during the accreditation cycle. Short Notice Assessments (SNAs) must occur at least six months after the last routine assessment and four months before accreditation expiry. Fully compliant general practices receive a three-year accreditation.

> **Would you support Option two if it was introduced under the NGPA Scheme?**
>
> Respondents were asked whether they would be supportive, if Option two were to be introduced under the NGPA Scheme (see **Figure 7**).

Figure 7 Support for Option two



Of the **737 respondents** that answered this question:

- 51% did not support Option two
- 40% supported Option two
- 9% chose 'Other'.

> **Note:** An open-ended question seeking commentary was not included for this question, however relevant feedback has been collated that was provided on this theme throughout the survey, focus groups and written submissions (see qualitative analysis below).

Qualitative analysis

The concept of SNAs was not favoured. Respondents felt this model would introduce excessive stress and create operational difficulties, especially for busy general practices or assessors with competing clinical schedules.

“

Our general practice would NOT support SNAs… The amount of stress and pressure for staff would be difficult to manage.

Practice Manager, metropolitan Vic

“

Having short notice periods in general practice will create undue stress.

Practice Manager, regional NSW

“

Rural general practices experience significant workforce and other challenges not faced by their metropolitan counterparts which may impact the size of the general practice and its capacity to manage any additional administrative burden or disruption resulting from SNAs.

Other, National organisation

Some assessors also expressed concerns with introducing SNAs due to practical issues with scheduling:

“

As an assessor, it would be difficult to provide assessments at such a short notice as I need to organise my consultation sessions in my own practice and am booked 3 weeks ahead - patients become annoyed if you have to cancel or reschedule them.

GP, metropolitan SA

A small number of respondents did see potential value in SNAs, particularly for promoting accountability and improving practice-wide readiness:

“

We conduct mock assessment visits to support general practices, and we witness certain things that happen out there that might affect patient safety. We're there to assist them and we can't go dobbing on them but in some ways, we wish we could. I would hate to think it was my family member going to that general practice.

PHN representative

A short notice period would be an excellent mechanism to obtain a genuine insight into a general practice's embedment of the Standards. At present, specifically selected team members are presented for interview, generally who have been 'groomed' with prepared responses. SNAs would encourage general practices to be better prepared as a whole team, with the expectation that a SNA would not have to be conducted specifically with the lead GP and Practice Manager, but rather can be undertaken at short notice by the assessor with any team member assisting with access to the required documentation and processes, etc.

Practice Manager and accreditation assessor, regional Vic

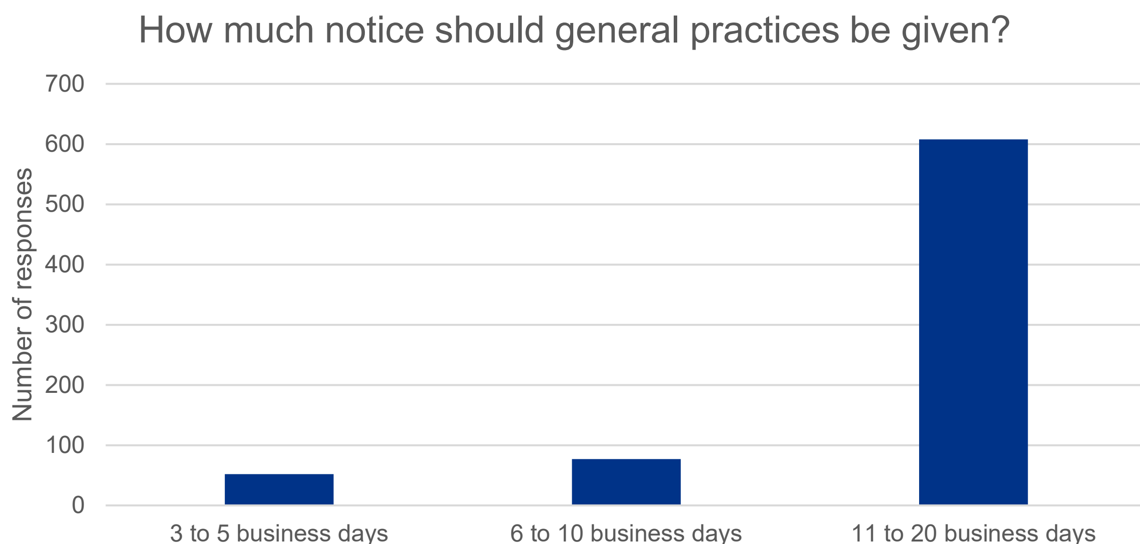
Considerations for implementation

The Commission acknowledges concerns raised by the sector of assessments being conducted at short notice. While this approach is the least likely to incur additional costs, it is recognised that it also presents practical challenges — particularly for general practices with limited operational capacity. Whilst the value of robust safety and quality assurance was recognised by some respondents, this option was met with strong opposition from the sector.

How much notice should general practices be given?

Respondents were asked how much notice should be given, if Option two were to be introduced under the NGPA Scheme (see **Figure 8**).

Figure 8 Preferred period of short notice



Of the **737 respondents** that answered this question:

- 83% preferred 11 to 20 business days
- 10% preferred 6 to 10 business days

- 7% preferred 3 to 5 business days.

There were **369 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

There was a strong preference for longer notice periods than the options proposed in the survey, noting that the maximum time period was 20 days. Many respondents suggested periods ranging from 30 to 90 days.

It is not possible to organise all documentation required in 3 to 5 business days especially if there is a high turnover or a shortage of medical and administrative staff. It would need to be no less than a month to organise an on-site visit.

Practice Manager, metropolitan NSW

3-4 business weeks would allow for adequate collating of relevant documents. Would also allow for briefing of new staff as turnover can be an issue.

GP, metropolitan ACT

A small minority supported and preferred a shorter period for SNAs:

SNAs should be exactly that—short.

Other, National

I would prefer no notice to prevent deceitful and dishonest general practices maintaining their accreditation and funding when not meeting the minimum standards.

Practice nurse, metropolitan SA

Respondents reflected that short notice periods in general practice need to account for scheduling, leave, and the size of the general practice and support staff to assist with preparations for the assessment.

As a small general practice, I am booked out for around 2 months in advance, and I do not have a Practice Manager so I would need more notice to facilitate the reviews. Our first accreditation took all day and required multiple GPs to be blocked out of consulting and cost us a lot of operational costs.

GP, regional Vic

The notice period should allow for the fact that key individuals (e.g., Practice Manager) maybe on leave. While theoretically there should be someone to act in the role during periods of leave, for small general practices this is not possible without exposing admin staff to confidential information that is inappropriate for their level in the general practice.

Practice Manager*, regional Qld*

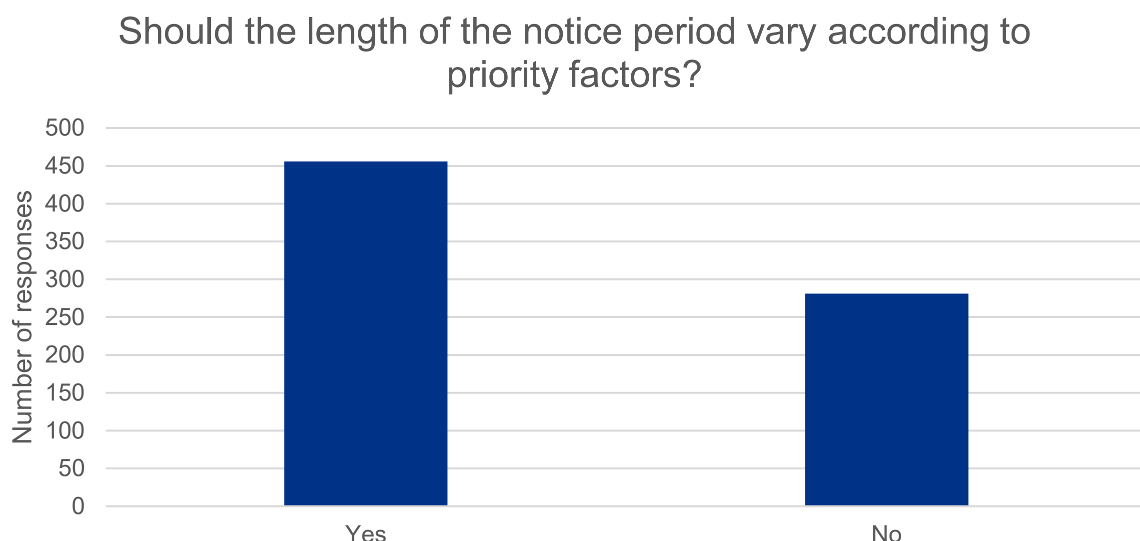
Considerations for implementation

The Commission acknowledges the sector's preference for a notice period of 11-20 business days or longer for SNAs. Some respondents advocated for more than 20 business days, citing staff shortages, limited availability of key personnel, high patient loads, and operational disruptions as challenges in accommodating SNAs.

Should the length of the notice period vary according to priority factors?

Respondents were asked if the notice period should vary, if Option two were to be introduced under the NGPA Scheme (see **Figure 9**).

Figure 9 Variation in length of notice period



Of the **737 respondents** that answered this question:

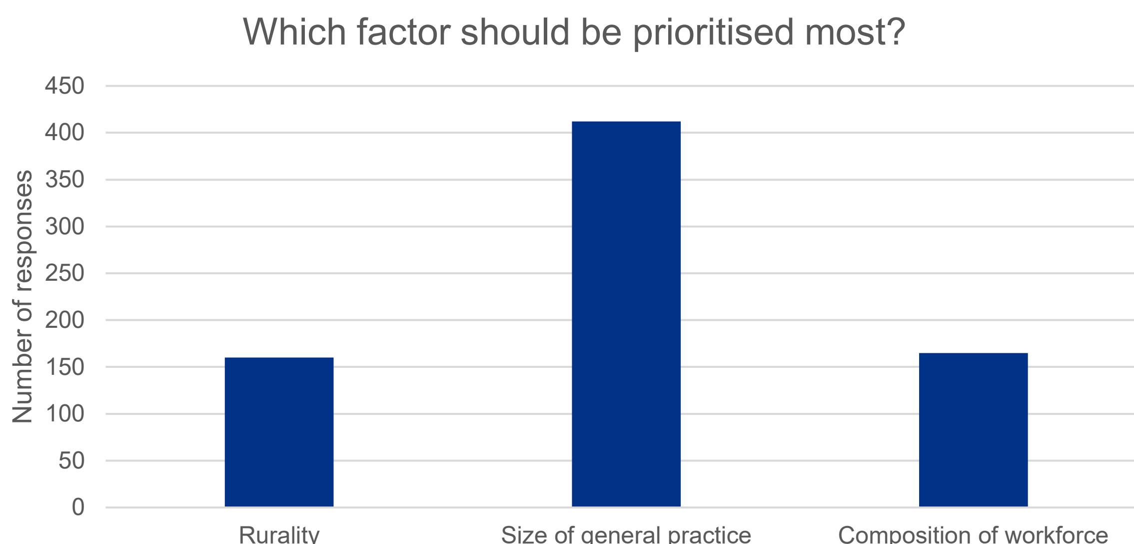
- 62% agreed that the length of the notice period should vary
- 38% did not agree that the length of the notice period should vary.

Note: This question did not include an open-ended feedback section. Relevant feedback has been provided under **Figure 10**.

Which factor should be prioritised?

Respondents were asked what should be prioritised in determining the notice period, if Option two were to be introduced under the NGPA Scheme (see **Figure 10**).

Figure 10 Priority factor in determining the notice period



Of the **737 respondents** that answered this question:

- 56% prioritised the size of the general practice
- 22% prioritised rurality
- 22% prioritised composition of workforce.

There were **252 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

Respondents were divided on whether the general practice type or setting should influence accreditation expectations and prioritisation. More respondents reflected on the need for greater flexibility in the length of the accreditation notice period, particularly in light of varying structural and contextual factors affecting general practices. The suggestion to vary notice periods was supported by stakeholders who emphasised the operational and workforce complexities faced by certain types of general practices.

Participants highlighted that rural and smaller general practices often have fewer resources and may be disproportionately impacted by SNAs. These general practices may struggle to mobilise the necessary documentation and personnel at short notice due to staffing limitations

or geographic isolation. Flexibility in notice periods was seen as a way to reduce undue stress and ensure fairer participation across diverse settings.

> We have limited resources with staff and rooms to quickly have to accommodate accreditation expectations.
>
> *Nurse manager and* Practice Manager*, metropolitan WA*

> Staff retention and time to educate new key personnel would play a huge role in how ready a general practice could be for SNAs.
>
> Practice Manager*, rural WA*

> Workforce structure is the main factor of consideration of resources towards accreditation.
>
> *PHN policy officer, regional Vic*

Size of general practices

When asked which factors should be prioritised in determining the notice period, many respondents pointed to the size of the general practice as the most significant consideration. Respondents suggested that smaller general practices, in particular, may lack dedicated administrative staff or robust internal systems to manage accreditation preparations swiftly.

> Larger general practices are better able to manage disruptions as there are usually GPs available who are not fully booked, and they are probably able to manage the additional admin workforce requirements for the day of the survey as well. Having said this, the GPs who would have the short notice availability would probably be registrars.
>
> Practice Manager*, regional NSW*

> Larger general practices seem to have far less communication and often will not keep a certain level after accreditation is completed. The opposite occurs with a smaller general practice, as communication is largely imbedded into the fabric of the organisation.
>
> *GP and quality manager, metropolitan NSW*

Small general practices are penalised under the existing criteria. Big general practices have Practice Managers who can create all sorts of documents to 'prove' what the practice is doing. These may be activities that a small general practice actually does but doesn't have the proof. For example, there is no credit for a small general practice actually knowing and serving their patients unless it is documented, yet the patients are extremely satisfied. If it isn't written it didn't happen.

Practice owner, metropolitan NSW

Rural and remote challenges

Other factors raised included rurality, where logistical challenges such as travel, internet connectivity, and locum availability may hinder readiness, and the composition of the workforce, with multidisciplinary or part-time teams requiring more time to coordinate.

As an assessor myself, I understand how stressful the accreditation process can be for rural general practices especially if they only have one GP in the town.

Quality manager, regional Qld

I genuinely think rural general practices would find it harder to be up to date with everything, so they should be given extra notice to help with this.

Practice Manager*, metropolitan NSW*

Often rural general practices are also providing emergency cover for the hospital, their flexibility is compromised by this, especially as the number of owner/after-hours cover GPs decrease.

GP, rural SA

The workforce in rural and regional areas is vastly different than in metropolitan areas and the support available at short notice is often affected by distance.

Practice Manager*, regional NSW*

Other factors

A small number of respondents highlighted additional factors that may warrant consideration, including whether a general practice predominantly bulk bills, serves a high proportion of Aboriginal and Torres Strait Islander patients or the need to consider their patients' wellbeing.

These stakeholders noted that such general practices often operate under greater financial and service delivery pressures and may require tailored support or flexibility in the accreditation process to reflect their unique role in providing accessible care.

I think that Aboriginal Medical Services (AMSs) require their own set of accreditation standards that extend beyond GP, so they are not burdened with multiple and constant cycles (e.g., RACGP, Quality Improvement Plan, Mental Health, Point-of-care Testing, National Safety and Quality Health Service, Aged Care, National Disability Insurance Scheme, International Organisation for Standardisation. Consideration of the unique service delivery model of AMSs should be taken into account when designing in scope standards for them.

Quality manager and practice nurse, Vic

These insights suggest that a one-size-fits-all approach to conducting SNAs may not reflect the challenges faced on the ground. Incorporating variable notice periods that are guided by key operational factors was thought by respondents to support more equitable implementation while maintaining the integrity of the assessment process.

No exceptions

A minority of respondents expressed the view that no priority factors should be applied when determining the notice period for SNAs. These participants emphasised that all general practices, regardless of size, location, or workforce composition, should be held to the same standard to ensure fairness and consistency across the sector. They argued that introducing the variable notice periods based on contextual factors could compromise the equity and rigour of the assessment process, potentially creating a perception of preferential treatment or reduced accountability for certain general practices.

Considerations for implementation

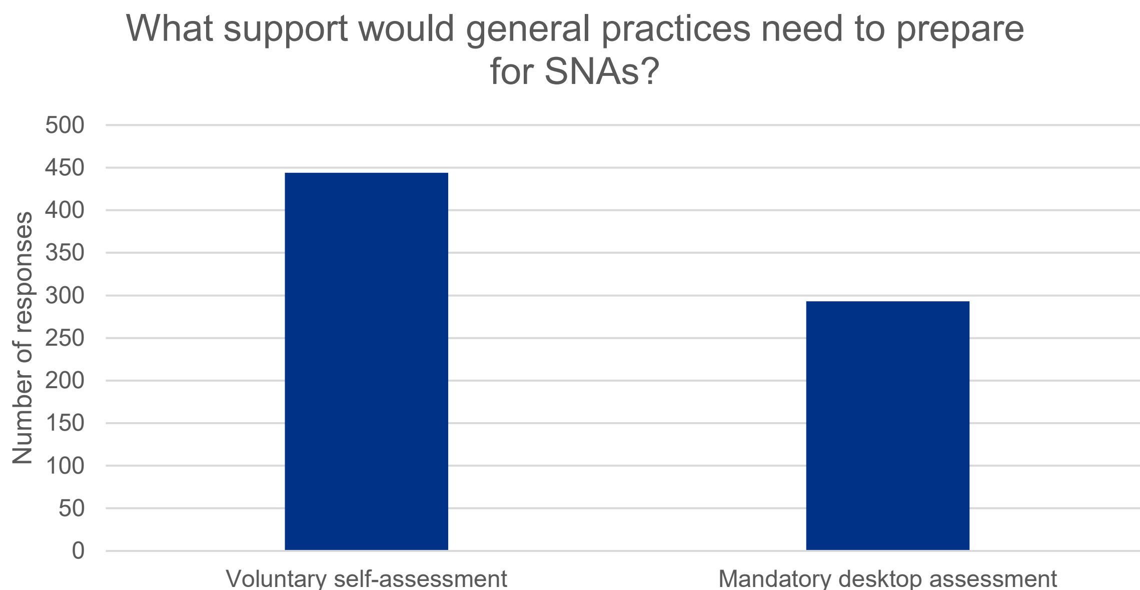
The Commission acknowledges the sector's view that variation in the length of notice periods should be considered. The priority factor for variation was the size of the general practice. However, there were conflicting views with some respondents proposing that smaller general practices should be granted longer notice periods, and some proposing the same for larger general practices.

The Commission recognises that there is significant variation in the sector's operational scope and contextual settings. This would need to be considered in the implementation of any changes to the scheme to identify and address specific challenges and barriers.

What support would general practices need to prepare for SNAs?

Respondents were asked what would support general practices to prepare for SNAs, if Option two were to be introduced under the NGPA Scheme (see **Figure 11**).

Figure 11 Support required to prepare for SNAs



Of the **737 respondents** that answered this question:

- 60% preferred voluntary self-assessments
- 40% preferred mandatory desktop assessments.

There were **212 responses** to the open-ended question (see qualitative analysis below).

Qualitative analysis

Voluntary self-assessment

Respondents expressed support for a voluntary self-assessment to support general practices to prepare for SNAs, as a continuation of a process that much of the sector is already familiar with.

Current self-assessment process works very well for ensuring internal reviews and as a method of engaging tools and resources.

Quality manager, regional NSW/Vic

Voluntary activities may encourage proactive general practices to submit accreditation evidence more often and help achieve one of the slated aims of spreading the administrative out on to a longer period.

GP, metropolitan ACT

Other respondents indicated that the voluntary nature of the self-assessment process would be unlikely to support ongoing compliance with the Standards.

As an assessor across regional Vic/NSW, it is my experience that most general practices I assess elect not to participate in the voluntary upload of documented evidence as part of their self-assessment, which places significant additional time pressure on us as assessors during the on-site visit, even more so with so many general practices not having this documentation readily prepared/accessible at the time of assessment.

Assessor, regional Vic

Mandatory desktop assessment

Some respondents felt that a mandatory desktop assessment could help to prepare general practices for a SNA but could also potentially streamline the on-site assessment, if key documentation had been assessed in advance.

The mandatory desktop assessment would ensure that key data and documentation have been assessed prior to the on-site assessment. While voluntary self-assessments have benefits, there is concern that the self-assessment may be deprioritised and prove more demanding for the general practice on the day of assessment.

Director - Policy & Strategy, rural ACT

A mandatory desktop assessment should be introduced as a preliminary step before on-site assessments. This would allow a substantial portion of compliance details to be assessed in advance, reducing the time required to on-site assessment. Ideally, this should have ongoing access for use throughout the accreditation cycle and depict progress towards compliance and highlight clearly the areas for attention and improvement.

PHN representative

I do believe the involvement of these agencies in this stage of accreditation is crucial in reducing the burden on general practices and worth the cost. The benefits of reducing the burden on Practice Managers greatly improves staff retention, productivity and employee wellness.

Practice Manager*, metropolitan NSW*

Concerns about the additional cost and administrative burden associated with a mandatory desktop assessment were also expressed:

The administrative burden of the mandatory desktop assessment is considerably high for small to medium general practices. Corporate and larger general practices can afford the staff to work with the assessors.

Practice owner, metropolitan NSW

Considerations for implementation

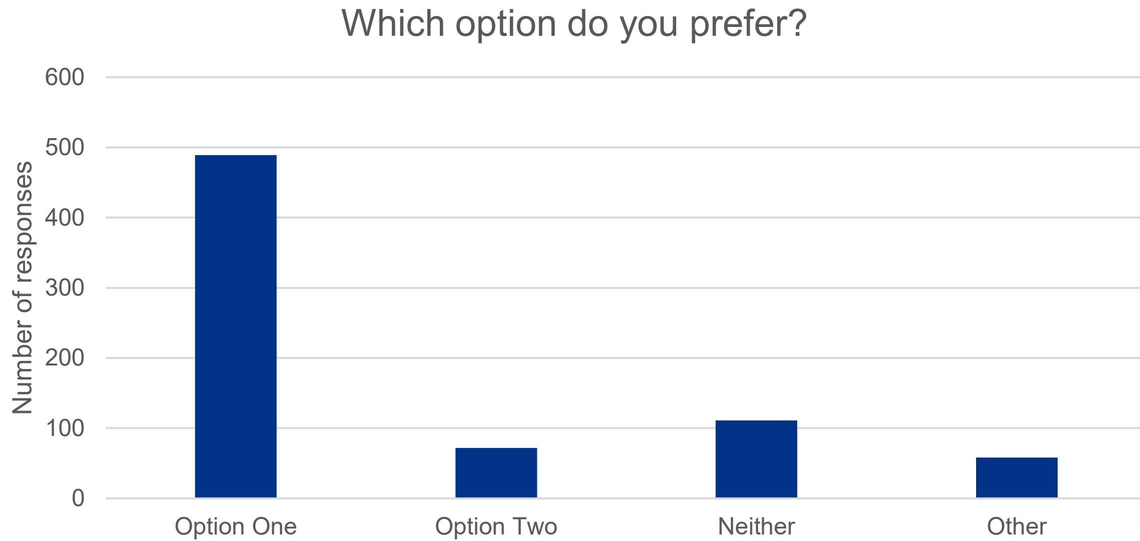
The Commission acknowledges the sector's preference for a voluntary self-assessment, were this option to be introduced. In many cases, the rationale for this preference appeared to align more closely with the characteristics of a desktop assessment rather than a self-assessment.

Further considerations for how data and evidence could be effectively uploaded and assessed would be necessary for either option to ensure the process is feasible, acceptable and useful.

Which option do you prefer?

Respondents were asked what their preferred option would be, if changes were to be introduced under the NGPA Scheme (see **Figure 12**).

Figure 12 Preferred options



Of the **730 respondents** that answered this question:

- 67% preferred Option one
- 15% preferred neither
- 10% preferred Option two
- 8% chose 'Other'.

Note: An open-ended question seeking commentary was not included for this question, however additional relevant feedback has been collated that was provided on this theme throughout the survey, focus groups and written submissions below.

Qualitative analysis

Preference for no change

A notable group of respondents expressed a preference for maintaining the current accreditation model without significant changes. These participants felt that the existing system, while not perfect, is familiar, manageable, and already integrated into practice operations. They cautioned against introducing new approaches such as shorter notice periods or additional reviews, which they feared could increase administrative burdens or disrupt established workflows. For these respondents, stability and predictability were seen as key to sustaining engagement with the accreditation process.

It’s working fine as it is, no change required. We already have quality improvement obligations as an accredited general practice in order to be able to claim Practice Incentives Program (PIP) Quality Improvement (QI) incentive payments. We continuously look to review and improve our services. Those general practices that are falling short should perhaps have additional options for review. We do not support any steps that would require additional fees to be paid for review. We have enough overheads as it is.

Practice Manager, *metropolitan Vic*

Personally, I think the accreditation cycle should be left as it is. This will put unnecessary strain on already workload capacity clinics.

Practice Manager, *rural Vic*

We see this as a money-making exercise… the responsibility of maintaining standards belongs to the general practice. The current format of 3 years with no reviews is ideal and has had no major issues. Why change what is good just to help someone working on taxpayers’ money to keep their job by bringing in all these unwanted changes.

Practice Manager, *metropolitan Vic*

Considerations for implementation

The Commission acknowledges that the sector indicated a preference for an extended accreditation cycle with at least one mid-point review. However, responses revealed significant variation across the sector — even among general practices that appear similar in terms of size or rurality. These differences underscore the need for a flexible approach that can accommodate diverse operational contexts.

Alternative suggestions and ideas for improvements

Please provide your ideas or alternative suggestions for how the NGPA Scheme could be improved

In addition to providing feedback on the proposed options, respondents were invited to provide alternative suggestions for the accreditation cycle and the assessment processes and ideas for broader improvements.

There were **323 responses** to this open-ended question (see qualitative analysis below).

Qualitative analysis

Incentivising quality through tailored accreditation cycles

A recurring theme among respondents was the desire for a more balanced accreditation model that recognises and rewards high-performing general practices. Many supported the idea that general practices demonstrating consistent compliance and strong quality systems should be eligible for longer accreditation cycles. This approach was viewed as both fair and motivating, encouraging continued excellence in care delivery.

There should be a reward system for general practices that continuously meet all the requirements for accreditation for example a longer accreditation cycle of up to 5 years without a mandatory mid-point review.

Practice Manager*, rural Qld*

The length of accreditation cycles and reviews required should be on a case-by-case basis. For general practices that are conscientious, have good QI embedded into their daily operation and are identified as low risk and meet the standards well should be considered for longer accreditation cycles.

Nurse manager, regional Vic

I would like to see general practices who are accredited with no non-conformities or with only one or two minor non-conformities being rewarded for their continually high standards of accreditation by having longer cycles than the current process. It seems very unfair for those who are always following the standards to a high standard that they are treated the same as others who are falling well short. No incentives for all the hard work and effort we put into our operation.

Nurse manager, regional QLD

Conversely, respondents suggested that general practices with identified gaps or lower performance could benefit from more frequent touch points, not as punitive measures, but as opportunities for improvement and support. This tiered approach was seen as a way to align accreditation with quality outcomes, while efficiently targeting resources where they are most needed.

Perhaps the mode of review could be dependent on the performance of the general practice at the previous accreditation. For general practices that keep to a high standard consistently, a telephone interview should suffice. General practices that had many unmet indicators and displayed safety concerns would perhaps benefit from another on-site review.

Practice Manager, *metropolitan NSW*

Variations on the proposed options

Some respondents supported an extended accreditation cycle, but opposed the mid-point review:

Should be 4 years with no reviews. Accreditation reviews would be a waste of time — just more regulation and costs.

Practice Manager, *metropolitan NSW*

You should extend the cycle to 5 yearly and do not include interim reviews so general practices can focus on caring for patients.

GP, regional SA

Other respondents proposed the introduction of a randomised unannounced review:

Accreditation should be done at least every three years as is, but have one random site visit unannounced to check if the general practice is meeting its obligations.

Practice Manager, *regional NSW*

There should be no set formula or indicators – the review should be random.

Practice Manager*, metropolitan Vic*

There was a suggestion for the Standards to be split and assessed at different points throughout the accreditation cycle:

Assess different practice areas every two years within a six-year cycle, ensuring continuous quality improvement without excessive workload spikes.

Practice network representative

Broader ideas for improvements to the NGPA Scheme

Respondents raised concerns about variability in the quality and approach of accreditation assessors. Several comments noted that assessments could be significantly improved if assessors had a better understanding of how different general practices operate, particularly in diverse or resource-constrained settings. There was a sentiment that assessor training and consistency must be strengthened to ensure fair, constructive, and context-sensitive evaluations. By improving assessor capability and ensuring assessments are conducted with a clear understanding of practice workflows and constraints, the accreditation process could become more relevant, accurate, and supportive.

I feel like the quality of the accreditation process varies according to who the assessors are. On too many occasions we have been told we are doing something wrong with regards to documenting fridge temperatures for example, only to show them the documentation that supports the way we are documenting this. Assessors should be telling us what best practice is not vice versa.

Clinical manager, metropolitan NSW

There is too much variability in the assessments currently. Accreditors bring in their own ideas. I was present at 4 accreditations last year and each had very different interpretations of the standards. While impossible to remove this completely it could be improved.

GP, regional Tas

Calls for a simpler and less burdensome process

When asked how accreditation could be improved or if there were suggestions, many respondents emphasised the need for a simpler, more efficient, transparent, and cost-effective process. Rather than increasing complexity, they called for any new accreditation model to reduce administrative burden and streamline requirements. There was widespread recognition that the current process is resource-intensive, and that reforms should aim to ease the load, not add to it.

It is about finding a balance. Most general practices are doing well, so we need to reduce the red tape requirements. Similarly, we need to have robust mechanisms for finding those practices that aren't performing to the expected standard. Having a consistent comprehensive face-to-face accreditation process, supplemented by targeted virtual mid-term reviews, seems like a sensible balance and could give more flexibility for longer accreditation cycles without compromising quality and safety.

GP, regional Vic

Respondents also stressed that any changes introduced should come with adequate implementation time, allowing general practices to adjust and prepare appropriately. This was seen as critical to maintaining engagement and ensuring a smooth transition to any new accreditation approach.

There would need to be an introduction period to allow the organisation to establish protocols.

Nurse manager, rural NSW

A small number of respondents advocated for a system that is evidence-based and non-punitive as the current approach was perceived by some as adversarial and burdensome.

Don't make any changes to increase paperwork and tick more boxes. We need to have a simplified accreditation not another extra step without sense.

Practice Manager*, metropolitan NSW*

Learnings should be shared nationally. The scheme needs to move from a punitive system to a genuine QI exercise.

Practice Manager, metropolitan NSW

Several respondents warned of the unintended consequences that, if accreditation becomes too complex or burdensome, some general practices, particularly smaller or under-resourced ones, may opt out of the process entirely.

Accreditation is essential but a big burden to small business. I think the two options above are adding more workload rather than spreading it out. Perhaps you could have check-in points where policy is due, the site visit, near miss reports, feedback forms and run this through a 4-year program. More resources and training need to be available as this is a point of high stress for many workers.

Practice nurse, metropolitan QLD

Respondents offered differing perspectives on whether the accreditation process should prioritise national consistency or be tailored to the specific context of each general practice. Some strongly advocated for a standardised approach, arguing that uniform expectations across all general practices help maintain fairness, transparency, and accountability.

I have two locations on opposite sides of the road to each other set 15 meters apart. Same server, same staff, same systems, same everything. Yet I have to have two separate accreditations and pay two separate fees. This is bureaucracy at its worst. With the pressures on general practice, surely someone can see the waste of resources here.

Practice owner, rural NSW

Assessment should be consistent across all health care providers and reflect business as usual practice.

Quality manager, regional QLD

However, others supported a more flexible model, suggesting that tailoring the process to reflect factors such as general practice size, rurality, patient demographics, or service type would result in a more equitable and meaningful assessment. These respondents felt that a one-size-fits-all model fails to acknowledge the operational realities faced by diverse general practices. Overall, views were divided, reflecting the broader tension between equity through standardisation and equity.

Rural and remote general practices and AMSs

Respondents also requested that the unique challenges faced by rural and remote general practices and AMSs be taken into account:

Any redesign of general practice accreditation mechanisms should ensure that rural general practices are not disadvantaged by lack of access to technological infrastructure and bandwidth needed to comply with the standards. Investment in information and communications technology (ICT) infrastructure and system support is needed to enable general practices to meet requirements in a way that focuses on quality improvement rather than bureaucratic administrative requirements.

Other, National organisation

Aboriginal Community Controlled Health Organisations (ACCHO) that deliver health services are often overburdened with administration and compliance demands of their multiple accreditations that put staff in a continuous accreditation and assessment cycle. These processes and the staff required to adhere to them are often not resourced through existing funding agreements.

ACCHO representative, Vic

Considerations for implementation

The Commission acknowledges the alternative suggestions provided by the sector. Respondents stressed that if changes are introduced, they should come with adequate implementation time to allow general practices to adjust and prepare appropriately. This was seen as critical to maintaining engagement and ensuring a smooth transition to any new accreditation approach.

In the implementation of any changes, consideration will be given to balancing rigour with feasibility. Further consideration and sector-wide consultation will be undertaken to avoid discouraging participation and inadvertently widening gaps in care quality. If reforms are progressed, every effort will be made to ensure they are practical, proportionate and supported by the sector.

The cost of obtaining accreditation and its perceived value relative to the government-funding incentives accessed by accredited general practices are factors beyond the Commission's control. While the Commission strives to ensure that the accreditation process is as efficient and beneficial as possible, the financial aspects and the resulting benefits are influenced by external variables and regulatory frameworks.

Conclusion

The public consultation held between 24 February 2025 and 7 April 2025 provided valuable insights into the sector's perspectives on the current accreditation cycle and assessment processes. It offered the Commission an important opportunity to better understand the priorities, challenges and aspirations of general practices across diverse settings, while informing work that supports the Department's desired outcomes.

Feedback highlighted broad acknowledgment of issues within the current system and a clear openness to reform. Stakeholders emphasised the importance of an accreditation model that supports continuous improvement, prioritises safety and quality, and ensures patient care remains uncompromised. There was strong support for a more balanced approach that recognises and rewards high-performing general practices. This approach was viewed as both fair and motivating, encouraging continued excellence in care delivery. However, it was also recognised that a one-size-fits-all approach risks alienating the very general practices accreditation is meant to support.

The consultation has been a meaningful learning experience, deepening the Commission's understanding of the sector's needs and expectations. While this report captures significant input, the options explored are not exhaustive. Further analysis, continued engagement and additional considerations will be essential to ensure the Department's desired outcomes are achieved.

Next steps

The Commission will continue to consult with key stakeholders, including the GPACC, the GPAAWG and the broader sector, to identify additional mechanisms that support general practices in maintaining ongoing compliance with the Standards, beyond the two options explored in this report. This collaborative approach will ensure that future reforms are practical, equitable and aligned with the shared goal of improving safety and quality in patient care. This process will be carried out in a transparent and considered manner, ensuring alignment with any systemic changes.

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