

[Advisory GP26/02: Relocation assessment of an accredited general practice](#)

**Attachment 1: RACGP Standards for general practices (5<sup>th</sup> edition) indicators to be assessed at a relocation assessment of general practices**

The following RACGP *Standards for general practices* (5<sup>th</sup> edition) indicators must be assessed to ensure a relocated general practice's physical size, layout and location have been reviewed and the appropriate policy updates, education and training have been implemented.

C1.1A	Our patients can access up-to-date information about the practice.
C2.3A	Our patients with disabilities or impairment can access our services.
C3.3A	Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.
C6.2A	Our practice has a system to manage our patient health information.
C6.4D	Our practice has a business continuity and information recovery plan.
C6.4E	Our practice has appropriate procedures for the storage, retention, and destruction of records.
QI2.2E	Our clinical team ensures that medicines, samples, and medical consumables are acquired, stored, administered, supplied, and disposed of in accordance with manufacturers' directions and relevant laws.
GP1.3A	Our patients are informed about how they can access after-hours care.
GP1.3B	Our patients can access after-hours care.
GP2.3A	Our practice collaborates with other health services to deliver comprehensive care.
GP3.1A	Members of our clinical team: <ul style="list-style-type: none"> <li>• have current national registration where applicable</li> <li>• have accreditation/certification with their relevant professional association</li> <li>• actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements</li> <li>• have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation, or at least every three years.</li> </ul>
GP3.1B	GPs working in our practice are one or more of the following: <ul style="list-style-type: none"> <li>• A vocationally registered (VR) GP</li> <li>• A medical practitioner on a pathway to general practice Fellowship</li> <li>• A general practice registrar under appropriate supervision from a qualified VR GP</li> <li>• Working under an approved workforce program</li> </ul> <p>Where recruitment of recognised GPs or doctors on a pathway to Fellowship has been unsuccessful, our practice ensures doctors have the qualifications and training necessary to meet the needs of patients.</p>

GP3.1C	Our clinical team is trained to use the practice's equipment that they need to perform their role safely and effectively.
GP4.1A	<p>Our practice has at least one clinical team member who has primary responsibility for:</p> <ul style="list-style-type: none"> <li>• coordinating prevention and control of infection</li> <li>• coordinating the provision of an adequate range of sterile equipment (reprocessed or disposable)</li> <li>• where relevant, having procedures for reprocessing (sterilising) instruments onsite or offsite, and ensuring there is documented evidence that this reprocessing is monitored and has been validated</li> <li>• safe storage and stock rotation of sterile products</li> <li>• waste management.</li> </ul>
GP4.1B	Our practice has a written, practice-specific policy that outlines our infection control processes.
GP4.1C	Our practice has a clinical team member who has primary responsibility for educating the practice team about infection prevention and control.
GP4.1D	<p>All members of our practice team manage risks of potential cross-infection in our practice by methods that include:</p> <ul style="list-style-type: none"> <li>• good hand hygiene practices</li> <li>• the use of PPE</li> <li>• triage of patients with potential communicable diseases</li> <li>• safe storage and disposal of clinical waste including sharps</li> <li>• safe management of blood and body fluid spills.</li> </ul>
GP5.1A	Our practice's facilities are fit for purpose.
GP5.1B	All face-to-face patient consultations in our practice take place in a dedicated consultation or examination space.
GP5.1C	Our consultation spaces permit patient privacy and confidentiality.
GP5.1D	Our practice has a waiting area that accommodates its usual number of patients and other people who would be waiting at any given time.
GP5.1E	Our practice has access to toilets and hand-cleaning facilities.
GP5.1F	Our practice is visibly clean.

- GP5.2A Our practice has equipment that enables us to provide comprehensive primary care and emergency resuscitation, including:
- ability to view X-rays
  - auriscope
  - blood glucose monitoring equipment
  - disposable syringes and needles
  - electrocardiograph
  - equipment for resuscitation (ie equipment for maintaining an airway for adults and children, and equipment to assist ventilation, including bag and mask)
  - equipment for sensation testing
  - emergency medicines
  - examination light
  - eye examination equipment (eg fluorescein staining)
  - gloves (sterile and non-sterile)
  - height measurement device
  - intravenous access
  - measuring tape
  - ophthalmoscope
  - oxygen
  - patella hammer
  - peak flow meter
  - personal protective equipment (PPE)
  - pulse oximeter
  - scales
  - spacer for inhaler
  - specimen collection equipment
  - sphygmomanometer (with small, medium and large cuffs)
  - stethoscope
  - surgical masks
  - thermometer
  - torch
  - tourniquet
  - urine testing strips, including pregnancy testing kits
  - vaginal specula
  - visual acuity charts.

GP5.2C	Our practice has one or more height-adjustable beds.
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GP5.2D	Our practice has timely access to a spirometer.
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GP5.2E	Our practice has a defibrillator.
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GP6.1A	Our practice has at least one team member who has primary responsibility for cold chain management in the practice.
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GP6.1B	The team member who has primary responsibility for cold chain management ensures that the process used complies with the current edition of the National vaccine storage guidelines: Strive for 5.
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- GP6.1C The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:
- Ordering and stock rotation protocols
  - Maintenance of equipment
  - Annual audit of our vaccine storage procedures
  - Continuity of the cold chain, including the handover process between designated members of the practice team
  - Accuracy of our digital vaccine refrigerator thermometer.

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GP6.1D Our practice has a written, practice-specific policy that outlines our cold chain processes.