**Advisory No: GP18/03**

<table>
<thead>
<tr>
<th><strong>TITLE</strong></th>
<th>Physical relocation of a general practice</th>
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<tbody>
<tr>
<td><strong>VERSION</strong></td>
<td>1.0</td>
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<tr>
<td><strong>DATE OF PUBLICATION</strong></td>
<td>22 August 2018</td>
</tr>
<tr>
<td><strong>REPLACES</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>STATUS</strong></td>
<td>Active</td>
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<tr>
<td><strong>COMPLIANCE</strong></td>
<td>Mandatory</td>
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<tr>
<th><strong>APPROVED FOR DISTRIBUTION BY</strong></th>
<th>CEO</th>
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<td><strong>REVIEW DUE DATE</strong></td>
<td>22 August 2020</td>
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**INFORMATION IN THIS ADVISORY APPLIES TO:**
All approved accrediting agencies assessing general practices

**KEY RELATIONSHIP**
Not applicable

**RESPONSIBLE OFFICER**
Margaret Banks
Senior Program Director

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**TRIM NO.**
D17-33481

**LINKAGES TO OTHER ADVISORIES and/or DOCUMENTATION**
Practice Incentives Program Guidelines
Practice Nurse Incentive Program Guidelines

**ATTACHMENTS**
Attachment 1: Risks associated with relocation that may prompt a realignment survey or review

**NOTES (if applicable)**
Nil
Advisory No: GP18/03

Physical relocation of a general practice

PURPOSE:
To standardise requirements for assessment of general practices that physically relocate premises during an accreditation cycle.

ISSUE:
Relocating a general practice may create additional safety and quality risks for patients. The degree of risk is dependent on the size of the practice and the complexity of services it provides, and any changes to the practice’s physical layout, equipment, personnel, management systems or governance arrangements as a result of the relocation. Risk is also affected by the extent and detail of planning prior to relocating and the degree to which practice staff and patients partner with practice principals to inform change management processes.

There is currently variation in the way approved accrediting agencies approach the assessment of general practices that relocate.

The intent of this advisory is to standardise the approach across approved accrediting agencies. This advisory should be applied by approved accrediting agencies to general practices that are accredited and are relocating premises, in part or whole, to a new site.

General practices that physically relocate their practice to a new premise during an accreditation cycle can retain their accreditation status provided:

- There is no change to the practice’s compliance with the Royal Australian College of General Practitioners (RACGP) Standards for general practices
- The practice continues to meet the RACGP’s definition of a general practice for the purposes of accreditation
- The practice has undertaken a risk assessment of changes to the practice and the likelihood of patient harm, and put in place mitigating strategies to address these risks.

Risks of patient harm may increase if there are changes to the practice’s physical layout, equipment, personnel, management systems or governance arrangements. Governance arrangements may include practice ownership, reporting lines and responsibilities and delegations for management functions.

General practices may be required to undergo either a review or realignment survey by their accrediting agency to ensure they maintain compliance with the standards and that increased risks of patient harm have been identified and are adequately mitigated at the new location.

The scope and format of the review or realignment survey would be dependent on the risks associated with changes to the practice and its new location. The accreditation agency will determine the need for, scope and format of any review or realignment survey for a practice that relocates. For substantial risks, such as the introduction of reusable medical devices and onsite sterilisation services, it would be reasonable to conduct an onsite assessment of
the practice. Where the risk of harm may be lower, a review could be conducted through
desktop audit or telephone interview process, or a combination of both.

Attachment 1 outlines the types of risks associated with a practice relocating and that might
trigger a review and/or realignment survey. This list is indicative only and should not be
considered exhaustive.

**REQUIREMENTS:**

General practices must notify their accrediting agency of their intention to relocate as soon
as reasonably possible. General practices are also required to inform the Practice Incentives
Program (PIP) / Practice Nurse Incentive Program (PNIP) at the Australian Government
Department of Human Services (Human Services) of changes to their location. Practices
should refer to the PIP/PNIP guidelines to ensure they meet their obligations for the
PIP/PNIP.

Accrediting agencies should work with relocating practices to make arrangements to
complete any review or realignment survey required. Upon successful completion of any
review or realignment survey, accrediting agencies are required to re-issue the practice’s
accreditation certificate to reflect the practice’s new location. The accreditation start and end
date on the new certificate should remain unchanged.

General practices may have their PIP/PNIP payments withheld if they do not maintain their
accreditation or they fail to submit an updated accreditation certificate within six months of
relocating. Payments may also be recovered from general practices if they fail to notify
Human Services of any changes that affects their eligibility for the PIP/PNIP or make false or
misleading claims.

General practices with concerns about processes for relocating can contact the
Commission’s Advice Centre on 1800 304 056 or email
nationalGPaccreditation@safetyandquality.gov.au.
## Risks of patient harm

<table>
<thead>
<tr>
<th>Action to be taken</th>
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<tr>
<td>Evidence submitted to the accrediting agency that demonstrates exterior signage for care outside normal opening hours is installed.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that demonstrates the practice information sheet has been updated with the practice’s new address and contact telephone numbers, if applicable.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that identifies and demonstrates established links with local service providers who participate in the planning and coordination of patient care.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that demonstrates updated emergency or disaster planning that takes into account the changed practice location and/or design.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that demonstrates personnel and roles and responsibilities for safety and quality have been maintained, expanded, reduced or reallocated.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that demonstrates roles and responsibilities for safety and quality have been reallocated.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency that new personnel have evidence of the required qualifications, training and continuing professional development participation.</td>
</tr>
<tr>
<td>Evidence submitted to the accrediting agency of updated policies and procedures for the governance of patient clinical and other records.</td>
</tr>
<tr>
<td>The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and ensure they meet the requirements of the standards.</td>
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## Risks of patient harm

<table>
<thead>
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<th>Patients may be at an increased risk of harm if the storage and disposal of medicines in the new premises are not reviewed to ensure they continue to meet legislation and the requirements of the standards.</th>
<th>The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and medicine storage facilities continue to meet the requirements of the standards.</th>
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<tr>
<td>Patient’s, and the community more generally, may be at an increased risk of harm if they are receive temperature-sensitive medicines that have been compromised due to poor compliance with storage guidelines.</td>
<td>The accrediting agency may need to conduct a realignment survey to observe that new practice facilities and temperature-controlled medicine and vaccine storage facilities continue to meet the requirements of the standards.</td>
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<tr>
<td>Patients may be at an increased risk of contracting a preventable healthcare-associated infection if they undergo a procedure at the practice using equipment that has not be properly sterilised according to infection control guidelines.</td>
<td>The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and processes for sterilisation, including the layout of the new premises and how this has been incorporated into sterilisation processes. Policies and procedures for sterilisation as well as the training and qualifications of staff responsible for sterilisation would also need to be reviewed. Where a general practice is not sterilising onsite, evidence should be submitted to the accrediting agency outlining the practice’s policy and procedure for the use of single-use items or processes for sterilisation offsite. A copy of the agreement with an offsite sterilisation provider should also be reviewed, where applicable.</td>
</tr>
<tr>
<td>Patients may be at an increased risk of a preventable healthcare-associated infection if the practice does not implement or comply with an infection prevention and control policy based on their new premises.</td>
<td>The accrediting agency may need to conduct a realignment survey to observe the new practice facilities to ensure the infection prevention and control requirements of the standards continue to be met. Documented policies and procedures for infection prevention and control should also be submitted to the accrediting agency for review.</td>
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