

Accreditation Support

I suggest uploading as many documents on the accreditation portal as possible, as it saves lots of time on the survey day if they have already reviewed it. If you upload a policy, you do not have to print that policy and procedure in the list below.

Survey Visit Folder – Document Organisation for the Accreditation Survey Visit

To save time on the day set up a folder with numbered indices as follows.

Either place all evidence in the folder under the number, or note where it is kept, so you don't have to think about it on the day. Prepare in advance and get the doctor who will be questioned to read over it, so they are familiar with everything. In each item, I have given examples of the types of evidence to supply.

Each item relates to criteria where you must show compliance under the 5th Ed Standards

1. Practice Patient information handout – *a copy of your info sheet and a screen shot of website info if applicable*
2. Evidence of communication by telephone with patients – *printed de-identified telephone consults*
3. Evidence of access to an interpreter service – *Drs codes, poster on wall for TIS etc*
4. Evidence of setting business goals – *a business action plan that includes goals and timeframes*
5. Evidence of ethical dilemmas – *a policy and procedure, a meeting documenting decision made around discussed ethical dilemmas*
6. A documented risk management process – *policy and procedure including a risk matrix to show how you minimise or eliminate risks in your practice*
7. A complaints resolution process – *complaint form, complaints policy and procedure, noting a person responsible for complaints resolution, documentation of complaints on completed forms*
8. Evidence of an emergency response plan – *Documented plan plus business continuity box with manual paperwork, torches, spare batteries etc*
9. Evidence of communication within the team – *printout of internal messages, meeting minutes*
10. Evidence that three identifiers are used in patient identification – *policy plus stick a little reminder note on computers with the 3 identifiers to be used.*
11. Evidence of a privacy policy – *printed policy and procedure, privacy statement, privacy notices from waiting room*
12. Evidence of documentation of patients ATSI status – *policy re encouraging self-identification, new patient sheet showing this is included, and posters in waiting room explaining importance*
13. Evidence of quality improvement activities – *documented activities in PDSA format*
14. Evidence of collection patient feedback. – *Patient feedback surveys*
15. Evidence of an incident /or events register, and actions taken – *documented register*
16. Evidence of a clinical handover system – *policy and procedure (make sure Drs know how it works!)*

17. Evidence of a recall system – *policy and procedure. They will also review on computer*
18. Evidence that patients can access afterhours care – *patient newsletter, registration certificate from service or letter of formalised agreement, posters or brochures from waiting room. Print outs of letters from afterhours consultations*
19. Evidence of the process to transfer a patient health information – *Policy and procedure*
20. Evidence of current Registration – GP 's and Nurses – *print outs of each registration off APHRA website*
- 20a. Evidence of current indemnity for all GPs- *printout of statement of currency from indemnity providers for each doctor*
21. Evidence of current CPD activity statement for all doctors in the practice – *print outs*
22. Evidence of Certificates in Continuing Education in past 3 years for both Nurses and Staff - *printouts*
23. Evidence of CPR Certificate last 3 years - GP's, Nurses, Staff – *printouts of certificates- each staff member must have done. Drs should show on their CPD certificate*
24. Induction Program for new GP's and staff (including standard precautions against infection) – *printout of completed induction forms (customised by role). For Drs induction, ensure it includes training in use of new equipment and specify what equipment they get trained in- ECG, CRYO, etc*
25. Evidence of training in the use of practice equipment- *See item 24, plus if possible, documentation from supplier of equipment about training sessions provided on any new equipment or inhouse training session signed off by Dr or nurse.*
26. Evidence of team leaders in the areas of:
 - a. Infection control – *note name of responsible person in the policy and procedure- print out page with this*
 - b. Quality improvement - *note name of responsible person in the policy and procedure- print out page with this*
 - c. Risk management - *note name of responsible person in the policy and procedure- print out page with this*
 - d. Cold chain - *note name of responsible person in the policy and procedure- print out page with this*
 - e. Evidence of ALL team members immunisation status – *immunisation consent/refusal form for each staff member and doctor, signed off by a doctor*
27. Evidence of up to date infection control policy – *printed policy and procedure*
28. Evidence of access to PPE for the practice team - *printed policy and procedure and physical equipment*
29. Evidence of a maintenance register for all practice equipment. – *printout customised to practice*
30. Evidence Job descriptions/Position Statements for GP's and staff – *printouts- ensure are customised and include any specific roles and responsibilities included in item 26 above*

31. Evidence Computer Security Guidelines and Checklist provided by RACGP – *completed checklists, computer security P&P referencing it.*

32. An improvement made to prevent a slip, lapse or mistake in clinical care from reoccurring. – *near miss documentation/register*

33. Policy Manual – *either electronic or paper but needs to be easy to locate relevant polices – tagged if possible*

Additional Hints

The GP surveyor conducts a review of:

- The doctor's bag (s)
- S8 records and storage (ensure patient address recorded in book)
- Medical records
- Doctors RACGP QA & CPD and AHPRA Registrations.

It would be helpful if you are fully computerised to have a printed patient list of one session from the preceding week for each doctor, with each showing the following evidence:

- Afterhours visits (undertaken by another provider (e.g. a deputising service) or by the practice directly.
- Home/institution visits
- Patient/doctor phone contact