

Background paper

Standards and accreditation for general practice

Background

The main aims of accreditation are to protect patients from harm and support quality improvement efforts.¹ The accreditation processes are therefore designed to measure compliance and improve the quality and safety of care. Accreditation against standards such as those set by the Royal Australian College of General Practitioners (RACGP) has been shown to promote leadership, enhance corporate culture and improve clinical performance.²

The RACGP has a 30-year history in the development of standards for primary healthcare settings. The [Standards for general practices](#) (the Standards) are profession led and form a foundational benchmark for quality and safety in Australian general practice. The Standards meet international best practice benchmarks and have been awarded accreditation by the International Society for Quality in Health Care (ISQua). ISQua's international accreditation program for healthcare facilities assesses the standards of organisations that set benchmarks in healthcare safety and quality.

In Australia, a general practice can demonstrate its commitment to safety, quality and continuous improvement through achieving independent accreditation against the Standards. Accreditation against the Standards is voluntary; however, accreditation is a requirement for a general practice to access [Services Australia's Practice Incentives Program](#) (PIP).³ The PIP is administered by Services Australia on behalf of the Australian Department of Health. It includes payments for eHealth, quality improvement, teaching, Indigenous health, after-hours care, procedural activities, aged care access and loadings for rural locations.⁴ Approximately 84% of practices currently choose to be accredited.

The Australian Commission on Safety and Quality in Health Care (ACSQHC), in collaboration with the RACGP, developed the [National General Practice Accreditation](#) (NGPA) Scheme in response to recommendations made by the [Australian National Audit Office](#).⁵ The NGPA Scheme commenced on 1 January 2017 to oversee the consistent assessment of Australian general practices against the Standards.

Under the terms of the NGPA Scheme, the RACGP develops the Standards and general practices obtain formal accreditation through independent, third party [accreditation agencies](#). The ACSQHC approve accreditation agencies to assess general practices against the Standards based on a series of criteria.

The introduction of the Standards fifth edition in 2017 brought significant changes for general practices undergoing accreditation. The indicators in the fifth edition are written, where appropriate, with a focus on outcomes and patients instead of prescribed processes. By focusing on outcomes, a general practice can develop systems and processes that reflect its preferred ways of working and choose how to demonstrate that it meets the intent of each indicator.

The accreditation process

General practices who wish to gain formal accreditation against the Standards are required to do so by selecting and then working with one of the independent accreditation agencies.

The fees for accreditation are set by each agency. Preparation for accreditation normally takes 12-18 months and includes an in-person on-site survey visit.

Accreditation is valid for a period of three years.

All mandatory Indicators within the Standards must be met for a general practice to meet the requirements of the NGPA Scheme and obtain certification.

The definition of a general practice for the purpose of accreditation

Note that the information below relates to the **current** definition of a general practice for the purpose of accreditation (the definition). You can review the draft update to the definition in our [consultation page](#).

The purpose of the definition is to reliably identify those healthcare organisations that are general practices and that are eligible for accreditation against the Standards.

The definition requires that, for a practice to seek accreditation, they must fulfil all three of the following requirements:

1. the practice or health service must operate within the model of general practice described in the RACGP [definition of the general practice speciality](#)
2. general practitioner services are predominantly of a general practice nature
3. the general practice can meet all mandatory indicators in the Standards.

The fact sheet, [Who can gain accreditation against the RACGP Standards for general practices](#), explains the above criteria for the current definition in more detail.

How does the draft new definition differ to the current definition?

The current definition requires practices to operate within a separate “definition of the general practice speciality” that requires the practice to not be limited by age, gender, body system, disease process or service site. The RACGP Expert Committee – Standards for General Practices (REC-SGP) considers that if a practice is delivering quality and comprehensive general practice care, then it should be defined as a general practice for the purpose of accreditation. That is, the definition must include general practices that provide comprehensive care irrespective of patient cohort.

The new definition will be delineated by defined terms in the Standards itself. The defined terms include:

Term	Definition
Comprehensive care/ Comprehensiveness ¹	Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. The scope of clinical practice is challenging, spanning prevention, health promotion, early intervention for those at risk, and the management of acute, chronic and complex conditions within the practice population whether in the home, practice, health service, outreach clinic, hospital or community. Comprehensiveness ensures services are not limited by body system, disease process or service site.
Continuous care / Continuity of care	When a patient experiences a series of discrete healthcare events and/or services that are coherent, connected and consistent with their medical needs and personal circumstances.
Whole-person care ²	Holistic care is reflected in the interplay between bio-psycho-social contributors to health, which leads to a deep understanding of the whole person, and the ability to manage complex conditions and circumstances. A general practitioner (GP) functions as a physician, counsellor, advocate and agent of change for individuals, families and their communities.
Patient centredness	Patient centredness is demonstrated in a general practice team’s understanding that health, illness and disease are ultimately personal experiences, and that their principal role is to relieve personal disease in all its forms, in the manner best suited to each individual. The patient’s needs, values and desired health outcomes always remain central to the evaluation and management processes of the general practice team.

¹ The edited definition of comprehensiveness removes the limitations placed on comprehensive care (eg age, gender) that currently prevent some models of general practice from seeking accreditation. The first sentence is aligned to the ASCQHC definition of comprehensive care.

² ‘Whole person’ care is included in the draft definition to reflect aspects of bio-psycho-social determinants of health in general practice care. The definition avoids the term ‘holistic’ because the term is commonly used to describe alternative therapies.

The third criteria of the current definition has been removed from the new draft definition, as meeting the mandatory indicators of the Standards is secondary to meeting the definition. That is, a practice may meet the definition, which makes it eligible to *then be assessed* against the indicators in the Standards.