Accreditation Milestones

- Early 90's - Accreditation first mooted
- 1992 - The RACGP draft standards released
- 1994 - Piloting (25 practices) & revision
- 1995 - Field testing (700 practices)
- 1996 - RACGP Entry Standards released
- 1998 - AGPAL established
- 1998 - Accreditation commences

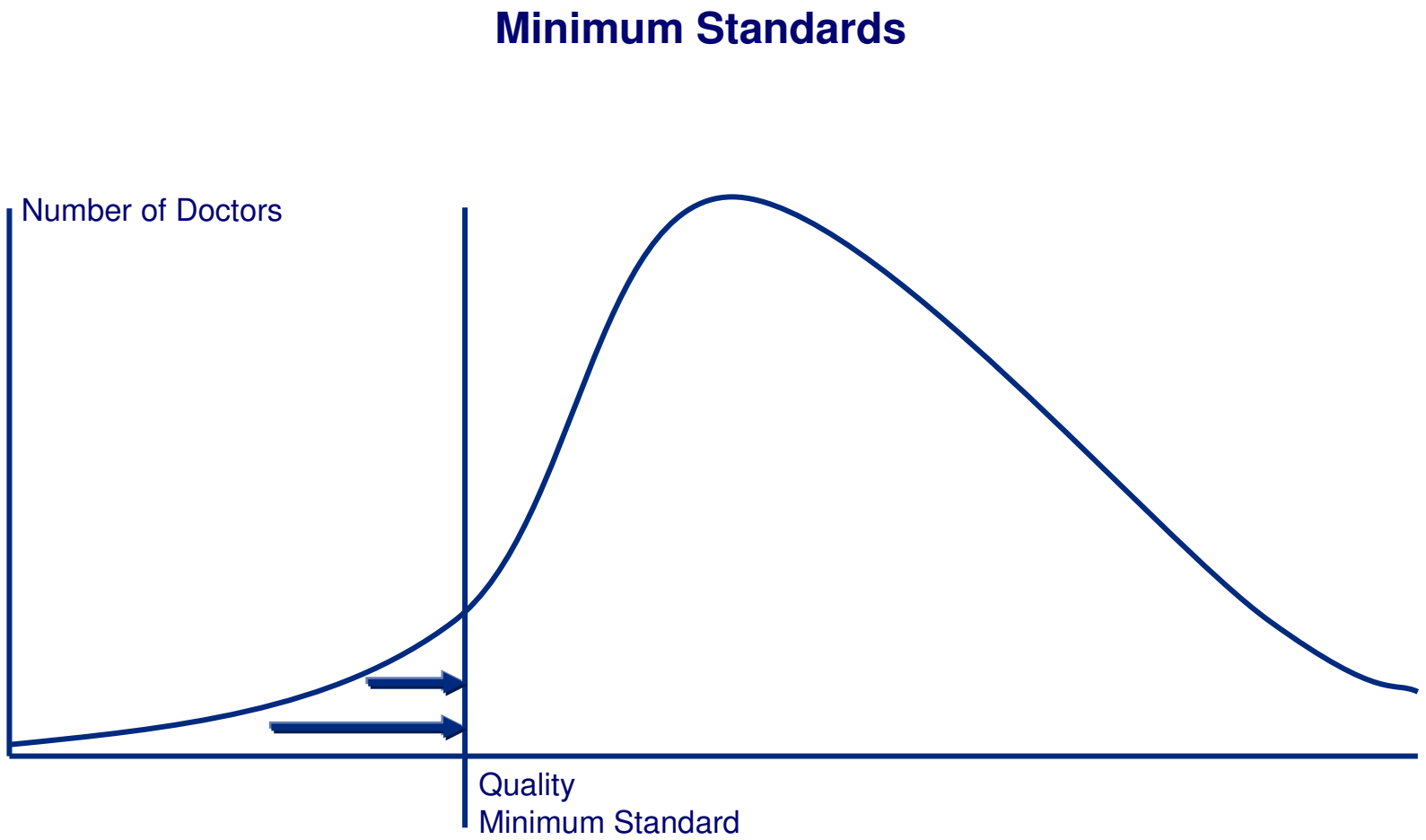
Accreditation Milestones (con't)

- 1998 - The PIP scheme commences
- 2000 - 2nd edition RACGP standards released
- 2002 - Accreditation becomes the gateway to PIP
  - A significant increase in practices applying
- 2004 - Around 6000 general practices accredited
- Aug 2004 - 3rd accreditation cycle commences
- Sep 2004 - 3rd ed RACGP trial standards released
- Sep 2005 – 3rd ed RACGP standards released

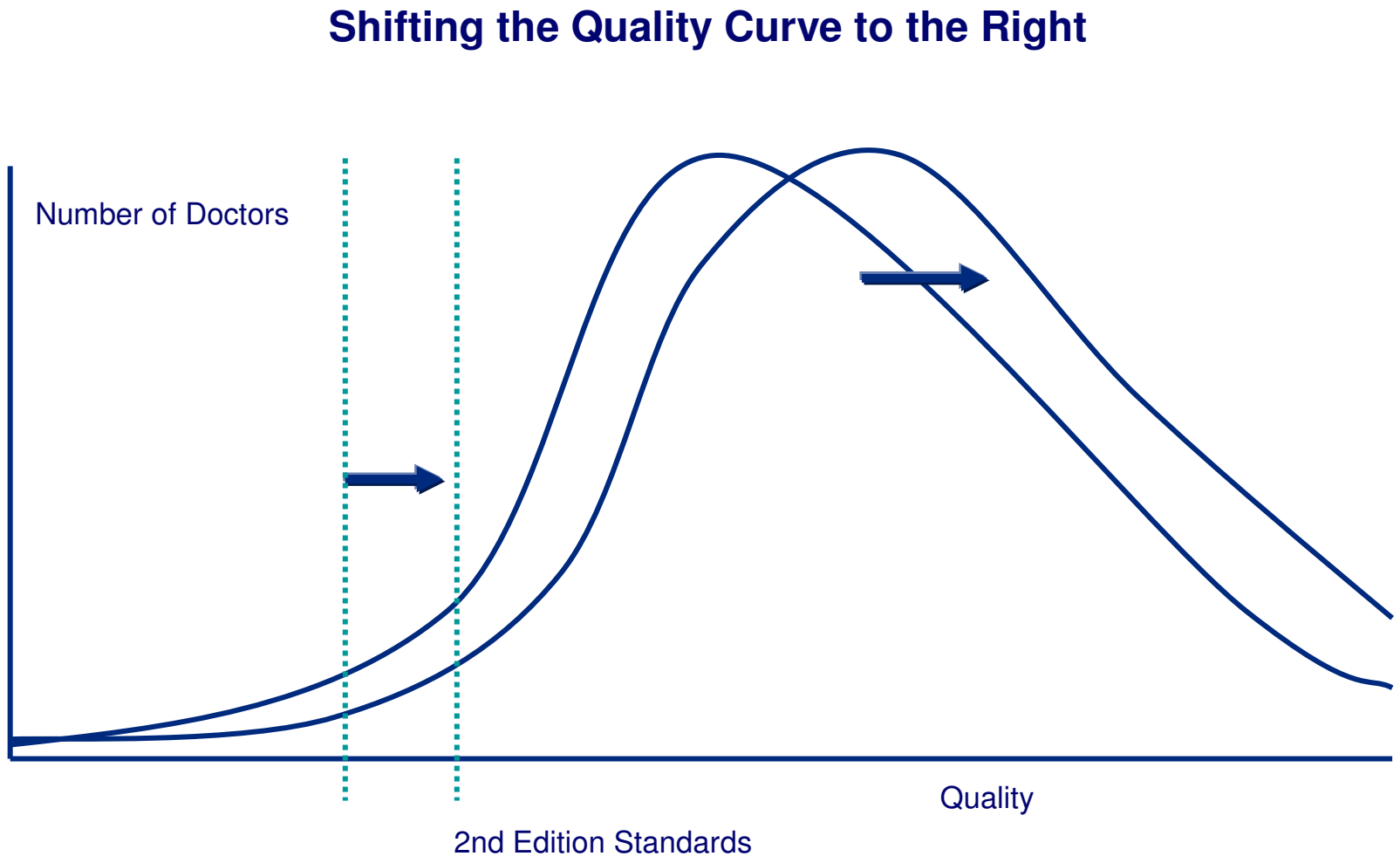
Aims of Accreditation

- To attain the highest quality of General Practice in an achievable and gradual manner.
- Provide a publicly recognisable measure of quality in General Practice.
- To encourage self-education & professional development.
- To achieve both:
  - **Quality Assurance &**
  - **Quality Improvement**

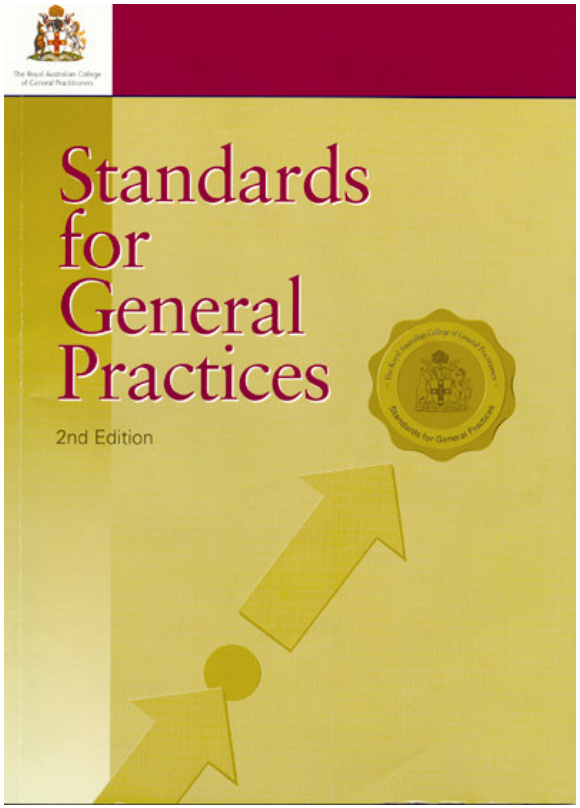
Shifting the Curve to the Right

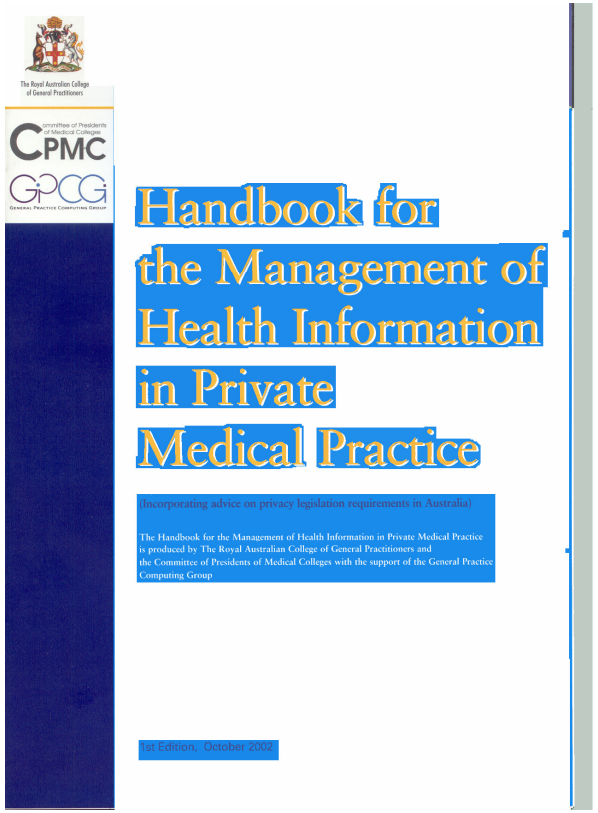


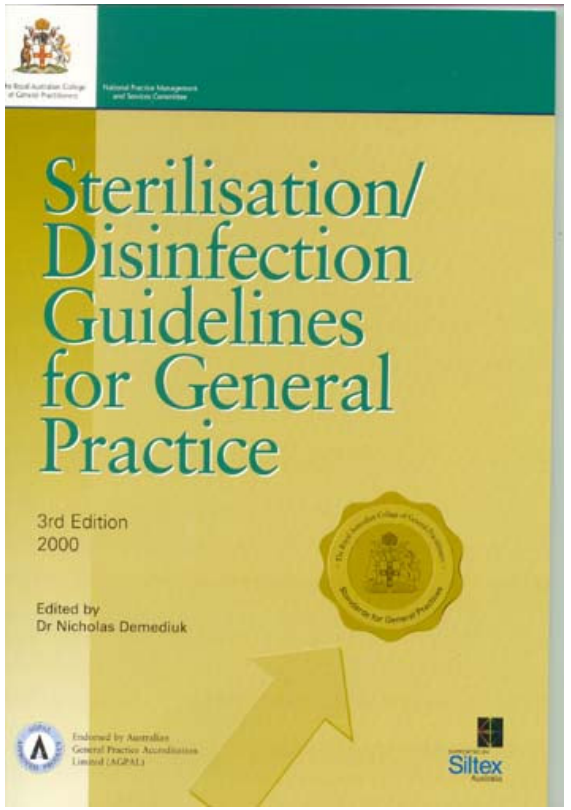
Continuous Quality Improvement



RACGP Standards & Guidelines







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Development of the 3rd Edition Standards

3

- Oct 03 – Mar 04: Consultation & drafting
- Jul – Nov 04: Release of draft for further consultation
- Oct 04 – Feb 05: Field testing
- Mar 05 – Jul 05: Final revision
- July 22 05: Public release

Review of the RACGP *Standards* - The Field Test

3

Field Test tested achievement, acceptance and feasibility of changes in the draft *Standards*

- 200 practices across Australia
- Included practices accredited by both accreditation organisations
- Involved 144 accreditation surveyors
- Collected information by survey visit, practice questionnaire and surveyor questionnaire
- Collected qualitative & quantitative information

Report available at www.racgp.org.au/standards/

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Refining the approach

3

1. Refining the content
2. Revising the Indicators
3. Providing for flexibility & diversity
4. Shared understanding with patients

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Refining the content

3

- Shorter – areas of commonality have been merged
- Change in language
- Enhanced focus on clinical risk
- Enhanced focus on general practice team
- Enhanced explanatory material

"Our Standards, Our General Practice"

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Revising Indicators

3

- **Awareness** of the process
- **Demonstration** of the process
- **Documentation** of the process
- **Feedback** about the process

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Flexibility & Diversity

3

- Recognising diversity in general practice
- Flexibility in wording
- Increased flexibility in how a practice meets the indicator(s)
- Allowing for sensitivity by accreditation surveyors as to the practice context
- RACGP Standards can apply to every general practice in Australia

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Shared understandings with patients

3

- Establishing a shared understanding on many issues is important (www.safetyandquality.org)
- Patient feedback is important
  - Practices choose the best way to get patient feedback
  - Not reliant on the 'results' of patient feedback
- A new requirement will involve demonstrating how a practice utilises patient feedback (essential)

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SOME OF THE MAIN CHANGES

3

- Removal of two-day appointment rule
- Previous standard specifying that GPs must see less than six patients an hour removed, but the standard governing medical records now includes outlines what information must be documented to ensure standard of care is not compromised.
- Practices must have a detailed recall & follow-up system for clinically significant tests and results.
- Patient feedback surveys are no longer essential but they must demonstrate how patient feedback is sought & addressed
- Patient suggestion boxes are no longer required

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SOME OF THE MAIN CHANGES

3

- New standards for human resource management including an induction program for new doctors & staff.
- Practices will need to hold regular clinical meetings to discuss how to tackle health problems & ensure there is clinical consistency.
- At least 90% of active medical records must document patients' allergy histories.
- At least 50% (was 25%) of active medical records must contain a health summary

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SOME OF THE MAIN CHANGES

3

- New information technology security standards require practices to have an information disaster recovery plan.
- The aim is to protect health information

The RACGP worked with the GPCG

(& incorporated the security guidelines)

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Quality Improvement Activities

3

- Practices must demonstrate how they identify & report a mistake & how they prevent it from recurring.
- Describing an improvement made in the last three years
  - Can be clinical or non-clinical
- Utilising data about the practice population for quality improvement (not essential)

Additions – Aboriginal and Torres Strait Islander Health

3

- Practices need to demonstrate that they are working towards the recording of self-identified cultural background (eg, Aboriginal and Torres Strait Islander self-identification)
- Practices should be able to access relevant clinical guidelines (not essential)
- Identification of cultural groups (not essential)

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Implementation

3

- Accreditation anticipated against RACGP *Standards for General Practice* (3rd Ed) commences in early 2006
- The Accreditation providers will develop their own unique assessment tools

Issues in Accreditation

- Fragmented approaches
- Lack of engagement of practice team
- A last minute rush
- Disruption to routine activities
- Commonly regarded as paperwork exercises with more hoops to jump through
- The practice objective is often preservation of the PIP
- The benefits may be unclear
- There may be malalignment between assessor expectations & the practices expectations
- Is the quality message clear enough?
  - QA versus QI

So AGPAL is changing…

Why?

We want to simplify the process for practices

We want to make accreditation more effective for patients

We want to make the process more meaningful for practices

….you will measure your own practice

Emphasis on the positive message

- CQI
- Systems thinking
- Teamwork
- Quality & safety
- Risk management
- Practice management
- Benefits to practice & patients
- Accreditation is a process not an outcome

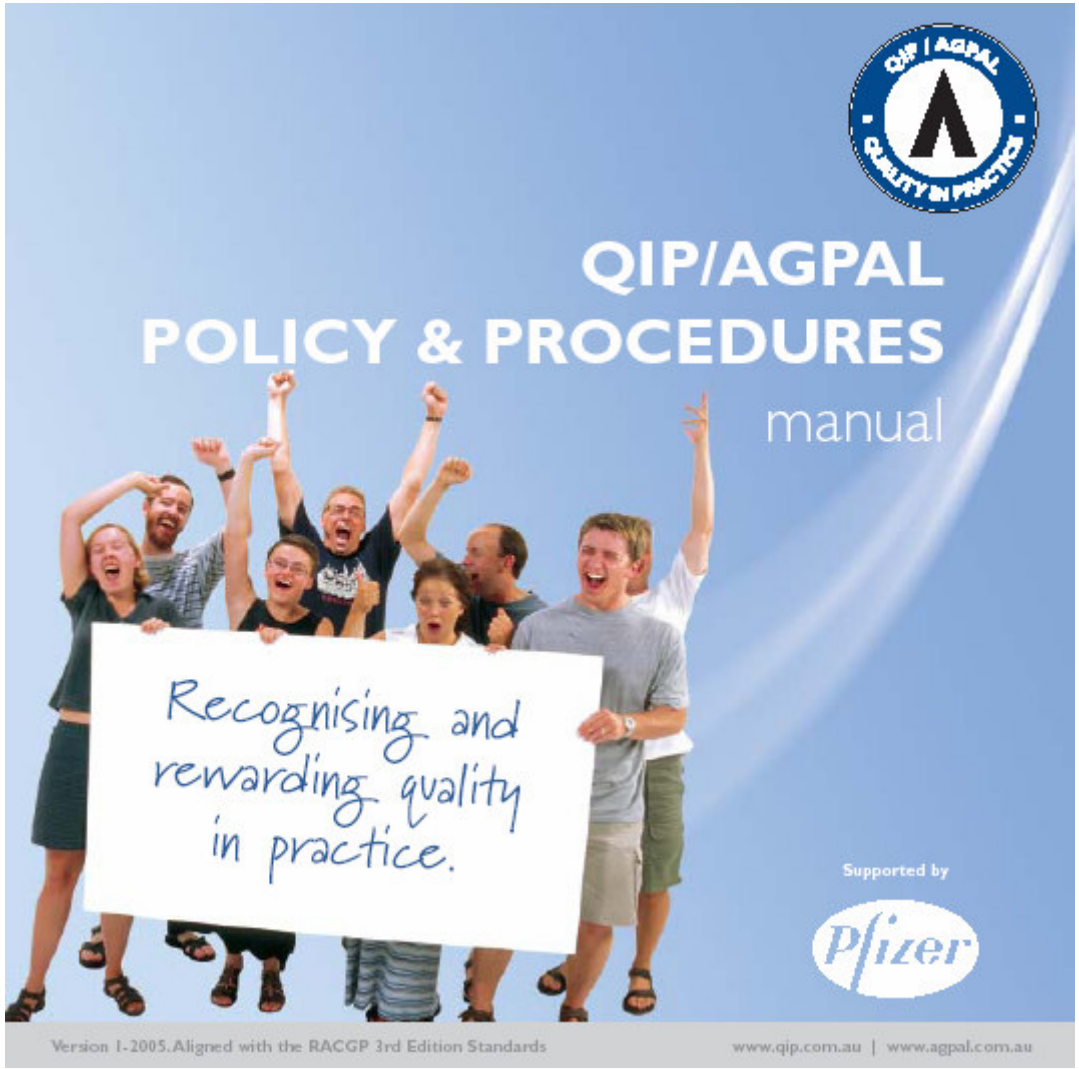
What are we looking at?

- Electronic model
- Greater emphasis on self assessment
- Quantitative reporting - practices want to know how WELL they do
- Best practice will be rewarded eg. 4 year cycles, shorter visits
- Focus on GP/Non GP teams
- Loyalty program for practices
- Preferred pricing arrangements
- Working with the HIC to ease access to PIP
- Working with software providers to ensure they meet the standards

When will it be ready?

The team is launching this exciting new model in 2006 at AGPAL's the international conference on quality

POLICY AND PROCEDURE MANUAL



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More Information?

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Copies of the RACGP *Standards for General Practices* (3rd Ed) are available from:

The RACGP 8699 0414
standards.review@racgp.org.au
www.racgp.org.au/standards