

# ACCREDITATION

## Common non-conformities

### What is a non-conformity?

A non-conformity is a deviation from what is required as per accreditation requirements set by RACGP from the 5th edition Standards. If your practice is advised of a non-conformity, your accreditation surveyors will advise how long the practice has to address it in order to achieve accreditation.

During accreditation, surveyors can: review clinic documents; undertake a physical review of the practice premises including consultation and treatment rooms; review medical records audits; conduct staff interviews; inspect practice equipment including doctors' bags, and review cold chain management and sterilisation processes.

### Common non-conformities for general practice:

<p><b>Criterion C8.1 – Education and training of non-clinical staff</b></p> <p><i>Our non-clinical staff complete cardiopulmonary resuscitation (CPR) training at least every three years.</i></p>	<p>Training must be conducted by an accredited training organisation. Meeting this criterion also includes the documentary evidence of completed training readily available for accreditation.</p> <p><i>Note: Don't forget allied staff or specialists you may have on premises.</i></p>
<p><b>Criterion C7.1 E&amp;F - Content of patient health records</b></p> <p><i>Our practice routinely records the Aboriginal or Torres Strait Islander status of our patients in their patient health record.</i></p>	<p>Clinical staff (doctor/nurse) need to routinely check patients' cultural background status and record this in the clinical section of their health record.</p>
<p><b>Criterion GP5.2 B – Practice equipment</b></p> <p><i>Our practice maintains our clinical equipment in accordance with each manufacturer's recommendations.</i></p>	<p>You must demonstrate that you keep all clinical equipment in functional order in accordance with manufacturer's recommendations.</p>
<p><b>Criterion C4.1 – Infection prevention and control, including sterilisation</b> <b>Criterion C 3.5 - Work health and safety</b></p> <p><i>Our practice team is encouraged to obtain immunisations recommended by the current edition of The Australian Immunisation Handbook based on their duties and immunisation status.</i></p>	<p>You must have documentary evidence that your staff are up-to-date with immunisations recommended in <a href="#">The Australian Immunisation Handbook</a>.</p> <p>*Please ensure you and working towards the most up-to-date <a href="#">IPC Guidelines</a></p>
<p><b>Criterion C1.1 – Information about your practice</b></p> <p><i>Our patients can access up-to-date information about the practice.</i></p>	<p>You must make practice information available to patients and it must be updated every time there is a change.</p> <p>If you have paper-based information and a website, ensure they both have the same information and are updated regularly.</p>

<p><b>Criterion C2.1 E – Respectful and culturally appropriate care</b></p> <p><i>Our clinical team considers ethical dilemmas.</i></p>	<p>You must document any ethical dilemmas that have been considered, and the outcome or solution. You need evidence that they are discussed in staff team meetings to help prevent recurrences.</p> <p><i>Note: even if your clinic hasn't had an ethical dilemma, you still need to discuss potential dilemmas with all staff and have meeting minutes to show you have spoken about it.</i></p>
<p><b>Criterion CI 3.2 – Open disclosure</b></p> <p><i>Our clinical team considers ethical dilemmas and open disclosure.</i></p>	<p>Practices should follow guidelines that align with the Australian Open Disclosure policy.</p> <p>All staff should be aware of what 'open disclosure' is. Surveyors can ask this during staff interviews.</p>
<p><b>Criterion GP2.2 C – Follow-up systems</b></p> <p><i>Our patients are advised of the practice's process for follow-up of tests and results.</i></p>	<p>It must be documented when a result has been provided. All clinical staff should be aware of the procedure for when results are given e.g. identifying the patient correctly.</p>
<p><b>Criterion QI2.1 - Health summaries</b></p> <p><i>Each active patient health record has the patient's current health summary [including lifestyle health risk factors].</i></p>	<p>75% of active patients' health records must have a current health summary which includes all relevant information, including lifestyle health risk factors and family/social history.</p> <p>90% of active patient health records must have recorded known allergies.</p>
<p><b>Criterion GP 3.1 – Qualifications, education and training of health care practitioners</b></p> <p><i>Members of our clinical team:</i></p> <ul style="list-style-type: none"> <li>• <i>have current national registration where applicable</i></li> <li>• <i>have accreditation/certification with their relevant professional association</i></li> <li>• <i>actively participate in continuing professional development (CPD).</i></li> </ul> <p><i>Our clinical team is trained to use the practice's equipment that they need to properly perform their role.</i></p>	<p>Detailed and current documentation of qualifications must be kept for the entire team e.g. AHPRA registration, CPD documents and any staff training.</p> <p>You must be able to demonstrate that practice staff have been provided with training and safe use of equipment, including potential risks.</p> <p>Doing this during an induction of new staff with a checklist is good evidence and will show indicators have been met.</p>
<p><b>Criterion C3.1 A&amp;C- Business operation systems</b></p> <p><i>Our practice plans and sets goals aimed at improving our services, and has a business risk management system that identifies, monitors, and mitigates risks in the practice.</i></p>	<p>You must have a business plan and have business goals. You must implement and maintain an incident or event register.</p> <p>You must record the actions taken in response to events recorded on the incident or event register.</p>
<p><b>Criterion QI 1.2 B - Patient feedback</b></p> <p><i>Our practice analyses, considers and responds to feedback.</i></p>	<p>Formal feedback must be collected, analysed and considered at least every three years. You must use surveys that have been approved by RACGP and the surveys must be completed prior to surveyor visit.</p> <p><i>Note: Evidence of a quality improvement task in relationship to feedback must also be completed.</i></p>

For support, contact your local Quality Improvement Consultant e: [gpsupport@murrayphn.org.au](mailto:gpsupport@murrayphn.org.au)

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