Common Non-Compliances in RACGP Accreditation and How to Prepare

Hints and Tips from QIP Consulting

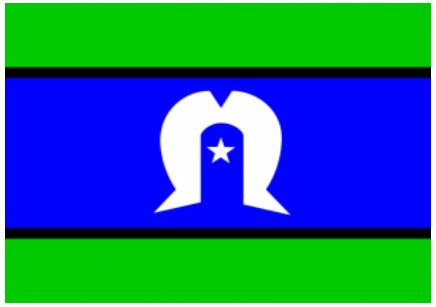
Thursday July 17

The content in this session is valid at date of presentation

Acknowledgment of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



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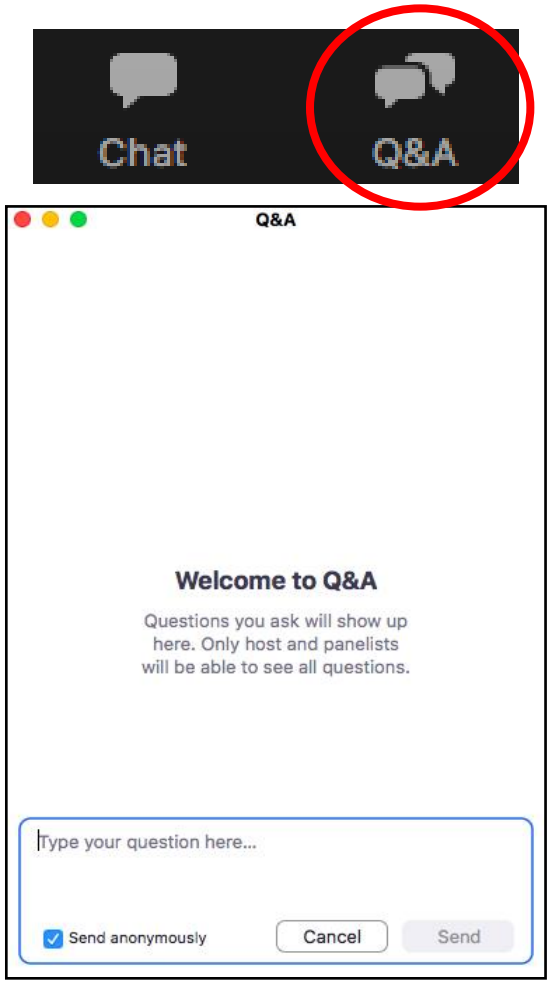

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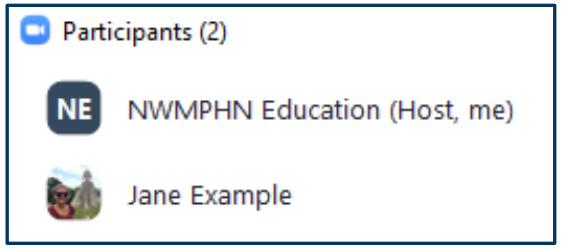

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Speakers

Ms Riley O’Hanlon

Riley O’Hanlon has extensive experience in healthcare standards, compliance, and accreditation. She previously served as AGPAL's Client Liaison Officer for NSW and ACT, where she gained expertise in areas like clinical governance, infection control, and risk management. As National Manager of QIP Consulting, Riley has led the development of standards, resources, and gap assessments for organisations across Australia.

She is passionate about standards review and development and has contributed to creating internal quality frameworks and national standards. Riley also focuses on mental health, multiculturalism, domestic violence, and suicide prevention. Her approach is patient, collaborative, and client-focused to drive lasting quality improvement.

Today's Session

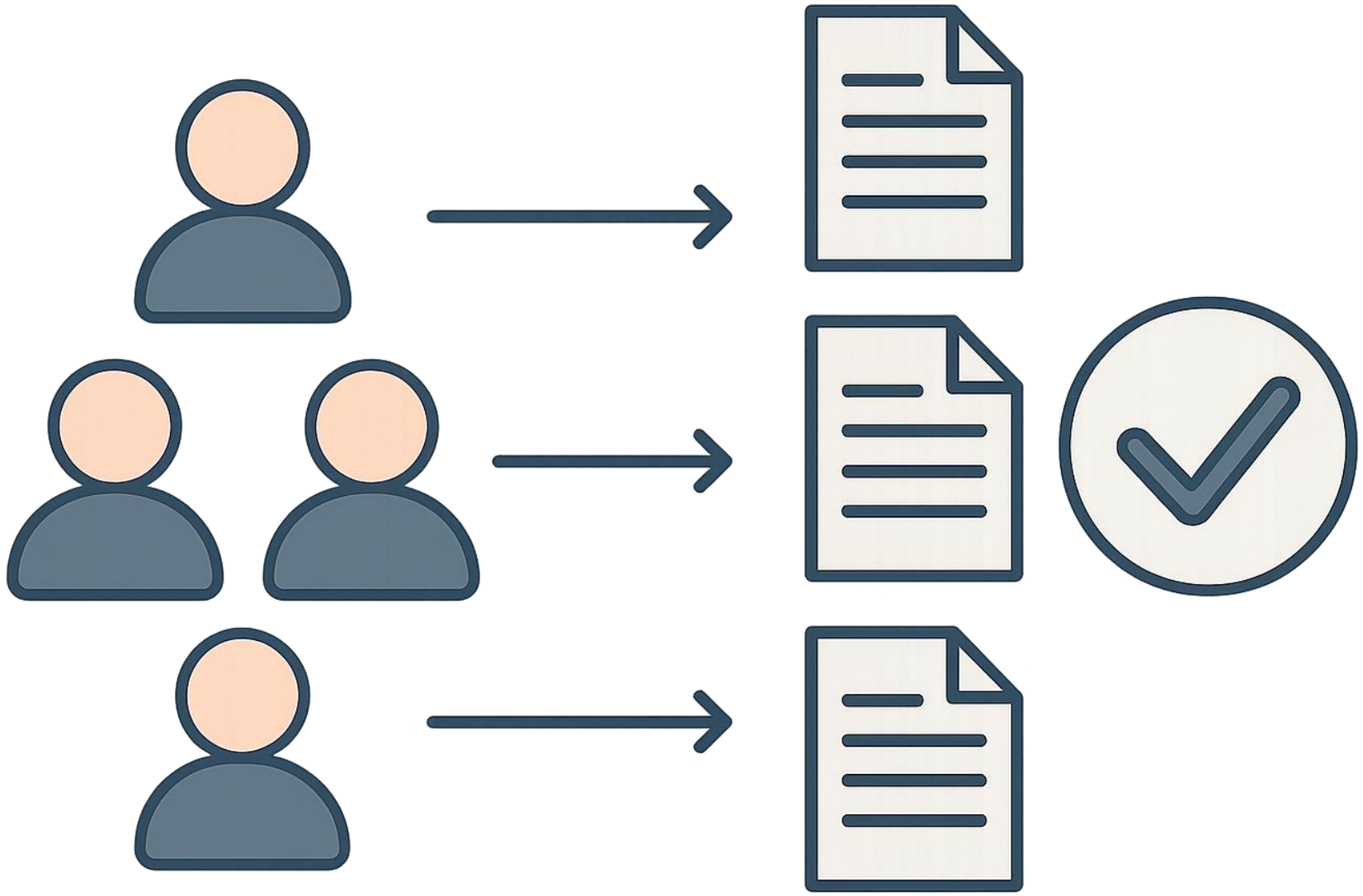
- Top ~~10~~ 11 Non-Compliances
- Highest Risk Indicators
- Most Common 'Simple' Errors

ACSQHC Assessment Outcomes Data

Top 15 mandatory indicators where improvements were required before accreditation was awarded

	Number of practices	
GP3.1A	1,528	Qualifications, education and training of healthcare practitioners
QI2.1B	1,095	Health summaries
C3.5B	1,038	Work health and safety
C8.1B	967	Education and training of non-clinical staff
GP3.1C	863	Qualifications, education and training of healthcare practitioners
QI1.2B	803	Patient feedback
QI1.2C	723	Patient feedback
C3.1C	627	Business operation systems
QI1.2A	583	Patient feedback
GP6.1C	566	Maintaining vaccine potency
QI3.1A	551	Managing clinical risks
GP5.3A	542	Doctor's bag
C6.4D	541	Information security
QI2.2E	534	Safe and quality use of medicines
QI3.1B	525	Managing clinical risks

The ‘Moving Parts’ Non-Compliances



Number 1: Clinician Qualifications

GP3.1A

Members of our clinical team:
• have current national registration where applicable
• have accreditation/certification with their relevant professional association
• actively participate in continuing professional development (CPD) relevant to their position and in accordance with their legal and professional organisation's requirements
• have undertaken training in cardiopulmonary resuscitation (CPR), in accordance with the recommendations of their professional organisation or at least every three years

GP3.1C

Our clinical team is trained to use the practice's equipment that they need to properly perform their role safely and effectively.

Why is this common?

- **MOVING PARTS!**
- **Self-led CPD activities**
- **External bookings for CPR and prioritisation of this qualification**
- **The assumption of equipment competency**
- **Insufficient in-house expertise to provide equipment training**

How do we address it?

- Having a checklist in the front of hardcopy personnel files is always handy, with columns for each year.
- Just one HR record audit per year works wonders.
- Electronic registers (Excel spreadsheets work well for this) can also be used to keep track of required documents and their expiries.
- Include equipment training on induction checklists.
- Have SOME evidence of induction for GPs (that includes key points)
- Provide refresher training using an itemised list of equipment in the practice and key points to be aware of when using them.
- Yes, I know they know how to use an ECG. But do they know how to use YOUR ECG?

Number 2: Health Summaries

QI2.1B

Each active patient health record has the patient's current health summary that includes, where relevant:

- *adverse drug reactions*
- *current medicines list*
- *current health problems*
- *past health history*
- *immunisations*
- *family history*
- *health risk factors (e.g. smoking, nutrition, alcohol, physical activity)*
- *social history, including cultural background.*

Why is this common?

- **MOVING PARTS!**
- **Registration forms with missing sections**
- **Fragmented intake processes**
- **GP capacity**
- **Nurse capacity**

How do we address it?

- Use the health record audit tool for a gauge on how GPs are performing – if you struggle with cooperation, make them self-audit rather than peer audit.
- Pull reports for missing items from the system – where possible, seek nurse assistance to close gaps.
- Ensure your patient registration form captures all of this info – it's easier than chasing down GPs.
- See where nurses and reception might be able to assist in information gathering.
- Use Drop Down lists rather than free text.
- Where capacity exists, use nurse consultations.
- Competitions are a useful approach to this indicator – depending on the current workplace culture in your practice.

Number 3: Workplace Immunisations

C3.5B

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.

Why is this common?

- **MOVING PARTS!**
- **Conscientious objectors with refusals not documented**
- **Staff uncertainty about their immunisation history**
- **New staff members who haven't yet completed immunisations**
- **Ongoing boosters not monitored**

How do we address it?

- An immunisation register can help you stay on track of who has immunisations and who is due for boosters.
- People CAN refuse, this just needs to be documented. They can also refuse some, but not others.
- Serology is not mandatory to collect, but it can be very helpful.
- Use the Immunisation History available through MyGov as a good starting point if you are uncertain about history.
- If someone isn't vaccinated in your organisation, make sure you account for this, e.g. don't get them cleaning blood spills if they are not immune to Hepatitis B.

Number 4: Non-Clinical Staff CPR

C8.1B

Our non-clinical staff complete cardiopulmonary resuscitation (CPR) training at least every three years.

Why is this common?

- **MOVING PARTS!**
- **New staff are often the reason for this indicator being unmet**
- **Lack of understanding of who requires CPR.**
- **Confusion around allied health team members being included in the clinic team or not.**
- **Misunderstanding around the 1-year expiry and 3-year requirement.**

How do we address it?

- Keep track of CPR training dates in a training register.
- Getting all staff done at once can make it easier to keep track of later. Plus, some training providers will even come out to your practice and perform training after hours if you have a big enough team.
- Staff must complete CPR training once every three calendar years. GPs must complete it once per *triennium*. Even though the training certificate expires after one year, the expectation is still once per three years.
- Check if new staff have existing certificates from a past employer.

Number 5: Patient Feedback

QI 1.2A -

Our practice collects feedback from patients, carers and other relevant parties in accordance with the RACGP's Patient feedback guide.

QI1.B -

Our practice analyses, considers and responds to feedback.

QI1.2 C -

Our practice informs patients, carers and other relevant parties about how we have responded to feedback and used feedback to improve quality.

Why is this common?

- **Practices often underestimating just how *long* it takes to collect feedback surveys.**
- **Misunderstanding that B and C cannot be met without the report from A – this is certainly the *easiest* way to provide evidence, but not the *only* way.**
- **People not logging general feedback because it is not seen as important compared to complaints.**
- **Not taking or retaining meeting minutes.**
- **Getting 'too good' of a result from the survey and being stumped on how to improve.**

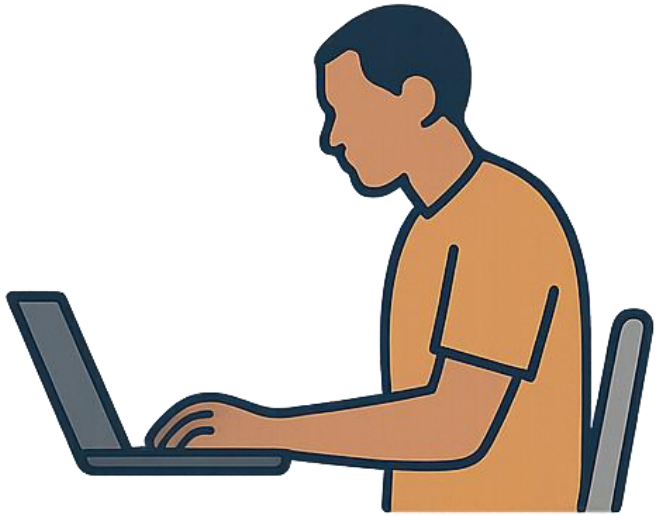
How do we address it?

- Start early – there is no rule that says the PAIS must be done right before accreditation, just once per three years. Do it in the mid-cycle when you actually have time to respond.
- Log feedback *and* complaints within your feedback register – this will evidence responding to feedback and resulting improvements. Many practices rarely receive formal complaints but often get constructive informal feedback from their patients that can be acted on in the same way.
- Don't limit yourself to the PAIS poster only – if you have done something great based off feedback, let people know! Posters, social media, websites etc a good way to do this.
- Discuss options with your team and get creative in your approaches, but most importantly, MINUTE it or write a summary email to the attendees to capture the meeting outcomes.

Number 6: Risk Management

C3.1C

Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.



Why is this common?

- **Practices unfamiliar or not confident in the risk management processes**
- **Individuals failing to see value in risk management due to the size of their practice or unfamiliarity with the concept – 'I've gotten this far without it, why do I need it now?'**
- **Overcomplicating the process**
- **Forgetting to minute meetings**
- **Not going 'high level' enough.**
- **Not *maintaining* the risk register.**

How do we address it?

- Risk registers are a really easy way to meet this indicator AND a really useful tool for your practice (but they aren't technically the only way).
- Think of all kinds of risks, not just clinical. HR, location, financial, privacy, and physical risks are all valid too and will actually be the ones that pose the biggest risk to your business.
- Discuss risks at meetings when they arise. Minute these discussions.
- Don't overburden your register.
- Set realistic timelines to review the register.
- If a risk is fully mitigated, remove it from the register!
- There are great free resources out there on the importance of risk management – embrace them.
- This indicator is not going away. Learn to love it (or at least tolerate it).

Number 7: Vaccine Management

GP6.1C

The team member who has primary responsibility for cold chain management reviews the following processes to ensure potency of our vaccine stock:

- *Ordering and stock rotation protocols*
- *Maintenance of equipment*
- *Annual audit of our vaccine storage procedures*
- *Continuity of the cold chain, including the handover process between designated members of the practice team*
- *Accuracy of our digital vaccine refrigerator thermometer*

Why is this common?

- **People ALWAYS forget to do the annual audit!**
- **Not recording responsibility in the position description.**
- **Late refrigerator maintenance.**
- **Forgetting to reset the thermometer.**
- **Incorrect storage layouts.**
- **One or two expired vaccines.**
- **Interestingly, very rarely is this an issue with temperature monitoring.**

How do we address it?

- Do the vaccine storage self-audit – it checks most of the things that go wrong within the audit questions, so you're fully covered. And KEEP A COPY.
- Implement regular stock rotation protocols. Don't go overboard with formalisation – a little laminated checklist is fine.
- Check position descriptions – it's great to have a secondary responsibility identified in another position description if possible.
- Support the Cold Chain Coordinator to feel ownership over the cold chain manual – it is *their* document and they are responsible for maintaining it.

Number 8: Clinical Incidents and Near Misses

QI3.1A *- Our practice monitors, identifies, and reports near misses and adverse events in clinical care.*

QI3.1B *- Our practice team makes improvements to our clinical risk management systems in order to prevent near misses and adverse events in clinical care.*

Why is this common?

- **Practices not wanting to admit to, and therefore document any, incidents that have occurred.**
- **Team misunderstanding of what an incident or near miss is, how to report them or the value of reporting them.**
- **No obvious improvement opportunities to incidents that have occurred.**
- **Discussions not appropriately minuted (or summarised via email).**

How do we address it?

- Use an incident register. This will evidence incidents being identified and monitored.
- Discuss incidents at minuted meetings (or summarise the outcomes via email!)
- No incidents or adverse events? How about near misses?
- How many times has a clinician had two client files open and logged information in the wrong one, or issued a script with the wrong name?
- Consider recurrences – something minor that happens once may not need further attention, but when it happens five times…

Number 9: Doctors Bag

GP5.3A

Each of our GPs has access to a fully equipped doctor's bag for routine visits and emergency care, containing:

- *auriscope*
- *disposable gloves*
- *equipment for maintaining an airway in adults and children*
- *hand sanitiser*
- *in-date medicines for medical emergencies*
- *intravenous access*
- *practice stationery (including prescription pads and letterhead)*
- *ophthalmoscope*
- *sharps container*
- *sphygmomanometer*
- *stethoscope*
- *surgical mask*
- *syringes and needles in a range of sizes*
- *thermometer*
- *tongue depressors*
- *torch.*

Why is this common?

- **Almost always missing one little thing**
- **Not regularly conducting home visits and therefore forgetting about the doctors bag until accreditation rolls around**
- **Expired medicines**
- **S8 medicines with no register accompanying them**
- **Buying an off the shelf bag and not checking that it's correct**
- **An unreasonable list of 'please add to bag' items**
- **The GP not knowing the bag exists. Oops.**
- **Child sized guedels**

How do we address it?

- Doctors bag checklist – check it quarterly at least, or when you check your emergency trolley!
- Minimise or remove S8 drugs if appropriate
- Involve GPs in selecting the contents of the bag
- Keep 'add to bag' items to a minimum – expensive items or items people don't like sharing (stethoscope) are ok but it should only be 1-2 items. Remember, the bag is used in emergency situations.

Number 10: Business Continuity and Information Recovery Plan

C6.4D

Our practice has a business continuity and information recovery plan.

Why is this common?

- **Privacy policy out of date or missing sections**
- **Practices still using the CISS manual template with no edits made since the CISS was superseded**
- **Not having a manual at all**
- **Confusing the manual with the Emergency Response Plan**
- **Practices placing a lot of trust in their IT providers and not maintaining oversight of backups and test restorations themselves**
- **Not having evidence of a test restoration (and not having cooperative IT contractors!)**

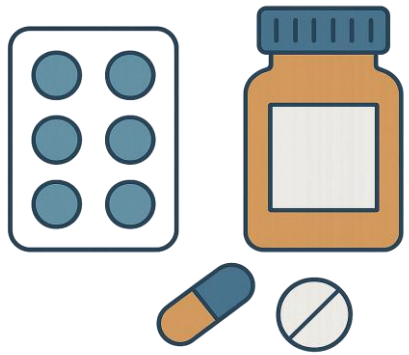
How do we address it?

- Use the RACGP Privacy Policy template – it will ensure you cover off every single item you need.
- Review the Privacy Policy ANNUALLY at least.
- Use a template for the Business Continuity and Information Recovery Manual to ensure you cover off all areas. AGPAL has a good one (so do I if you want it!)
- Get a good understanding of your backup and recovery processes – you don't have to watch over your contractor's shoulder but you do have to be sure they are doing the right thing.
- Know how long a full restoration would take, just in case you ever have to do it.
- Get EVIDENCE before assessment that a full test restoration has occurred in the last 6 months – not a sample check, a full one. Email confirmation is fine if they can't show you anything more tangible.

Number 11: Medicines Management

QI2.2E

Our clinical team ensures that medicines, samples and medical consumables are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and relevant laws.



Why is this common?

- **One or two expired medications**
- **No consumable expiry and rotation audits in place (does not need to be formalised!)**
- **No sample medication label templates on hand (or printed in black and white)**
- **Incorrect storage of S8 drugs**
- **Incorrect recording of S8s in the drug register**
- **Incorrect disposal of S8 drugs**
- **MISSING S8 drugs**

How do we address it?

- Familiarise yourself with Vic legislation – *'locked facility, fixed to the floor or wall, which provides not less security than a (10 mm thick) mild steel drug cabinet. Schedule 8 poisons must not be stored with any other items other than other drugs of dependence'*
- What does your S8 drug book look like? Audit it six monthly (March and September is good).
- Implement a medicines and consumables monthly audit to avoid expired medications. Again, this doesn't have to be excessively formal.
- Near a pharmacy? Just don't keep S8s onsite.

High Risk Indicators

- GP4.1 - Infection prevention and control, including sterilisation
- GP6.1 - Maintaining vaccine potency
- GP2.2 - Follow-up systems
- QI2.2 - Safe and quality use of medicines.

Bonus – Easily Avoidable Mistakes

- Prep the team! ‘Panic blanking’ during interview can sometimes undo all the hard work that person has put in during the lead up. Use AGPAL’s Interview Lists resource to prep.
- Some surveyors are comfortable interviewing two people for one interview (E.g. reception).
- Consumable stock check! One expired drug can throw everything off.
- HR file audits – check, check, check again!
- Minute (or summarise) an accreditation prep meeting in the month leading up to assessment which can evidence over 20 indicators if done well.

Questions?

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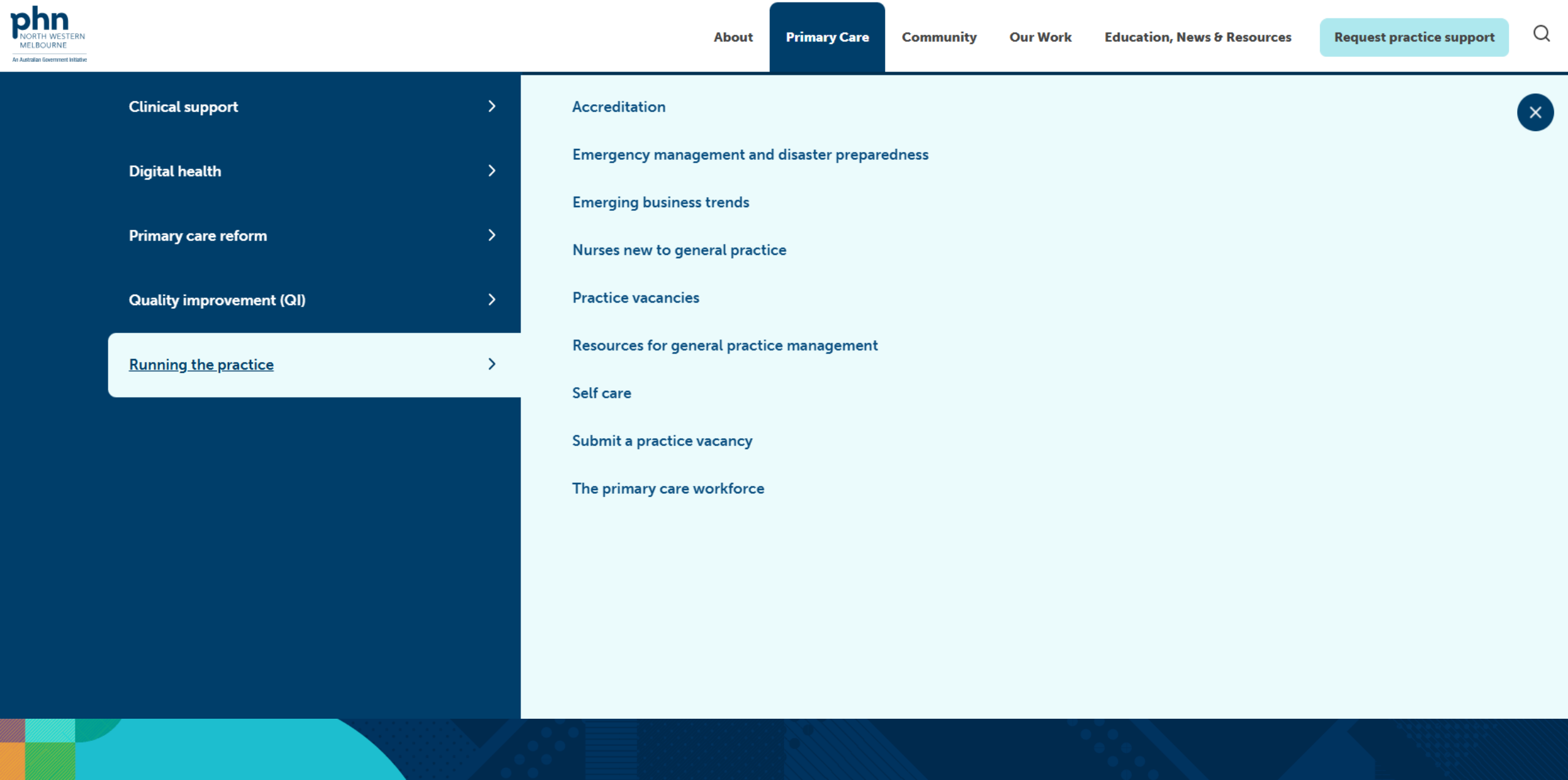

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- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

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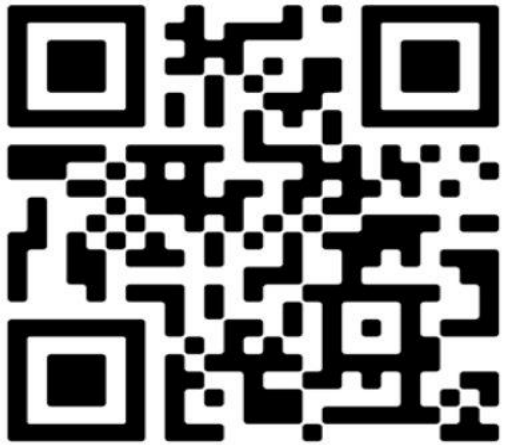

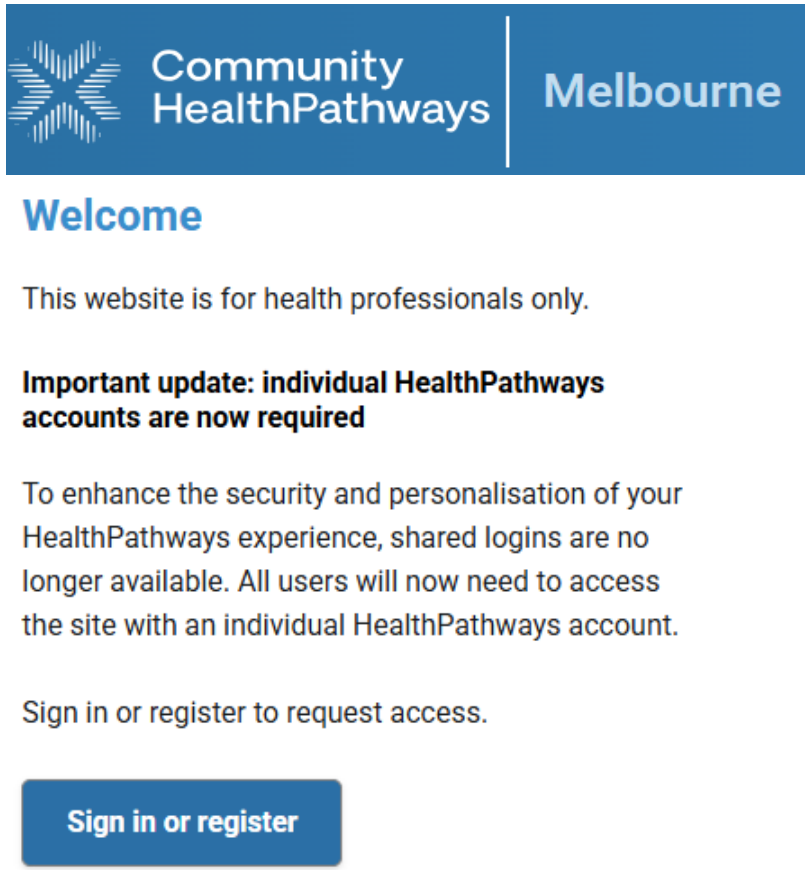

Session Conclusion

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