

Advisory No: GP18/03

TITLE	Physical relocation of a general practice to other premises'
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INFORMATION IN THIS ADVISORY APPLIES TO:	All approved accrediting agencies assessing general practices
KEY RELATIONSHIP	Not applicable
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LINKAGES TO OTHER ADVISORIES and/or DOCUMENTATION	Practice Incentives Program Guidelines Workforce Incentive Program (WIP) – Practise Stream Guidelines
ATTACHMENTS	Attachment 1: Risks associated with relocation that may prompt a realignment survey or review
NOTES (if applicable)	Nil

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Physical relocation of a general practice to other premises'

PURPOSE:

To standardise requirements for assessment of general practices that physically relocate premises during an accreditation cycle.

ISSUE:

Relocating a general practice may create additional safety and quality risks for patients. The degree of risk is dependent on the size of the practice and the complexity of services it provides, and any changes to the practice's physical layout, equipment, personnel, management systems or governance arrangements as a result of the relocation. Risk is also affected by the extent and detail of planning prior to relocating and the degree to which practice staff and patients partner with practice principals to inform change management processes.

There is currently variation in the way approved accrediting agencies approach the assessment of general practices that relocate.

The intent of this advisory is to standardise the approach across approved accrediting agencies. This advisory should be applied by approved accrediting agencies to general practices that are accredited and are relocating premises, in part or whole, to a new site.

General practices that physically relocate their practice to a new premise during an accreditation cycle can retain their accreditation status provided:

- There is no change to the practice's compliance with the Royal Australian College of General Practitioners (RACGP) *Standards for general practices*
- The practice continues to meet the RACGP's definition of a general practice for the purposes of accreditation
- The practice has undertaken a risk assessment of changes to the practice and the likelihood of patient harm, and put in place mitigating strategies to address these risks.

Risks of patient harm may increase if there are changes to the practice's physical layout, equipment, personnel, management systems or governance arrangements. Governance arrangements may include practice ownership, reporting lines and responsibilities and delegations for management functions.

General practices may be required to undergo either a review or realignment survey by their accrediting agency to ensure they maintain compliance with the standards and that increased risks of patient harm have been identified and are adequately mitigated at the new location.

The scope and format of the review or realignment survey would be dependent on the risks associated with changes to the practice and its new location. The accreditation agency will determine the need for, scope and format of any review or realignment survey for a practice that relocates. For substantial risks, such as the introduction of reusable medical devices and onsite sterilisation services, it would be reasonable to conduct an onsite assessment of

the practice. Where the risk of harm may be lower, a review could be conducted through desktop audit or telephone interview process, or a combination of both.

Attachment 1 outlines the types of risks associated with a practice relocating and that might trigger a review and/or realignment survey. This list is indicative only and should not be considered exhaustive.

REQUIREMENTS:

General practices must notify their accrediting agency of their intention to relocate as soon as reasonably possible. General practices are also required to inform the Practice Incentives Program (PIP) / Workforce Incentive Program (WIP) – Practise Stream at the Australian Government Department of Human Services (Human Services) of changes to their location. Practices should refer to the PIP/WIP– Practise Stream guidelines to ensure they meet their obligations for the PIP/ WIP– Practise Stream.

Accrediting agencies should work with relocating practices to make arrangements to complete any review or realignment survey required. Upon successful completion of any review or realignment survey, accrediting agencies are required to re-issue the practice's accreditation certificate to reflect the practice's new location. The accreditation start and end date on the new certificate should remain unchanged.

General practices may have their PIP/WIP– Practise Stream payments withheld if they do not maintain their accreditation or they fail to submit an updated accreditation certificate within six months of relocating. Payments may also be recovered from general practices if they fail to notify Human Services of any changes that affects their eligibility for the PIP/ WIP– Practise Stream or make false or misleading claims.

General practices with concerns about processes for relocating can contact the Commission's Advice Centre on 1800 304 056 or email accreditation@safetyandquality.gov.au.

Attachment 1: Risks associated with relocation that may prompt a realignment survey or review

Risks of patient harm	Action to be taken
Patients may be unable to access care outside normal opening hours if signage about after hours care is not visible from the exterior of the practice when it is closed.	Evidence submitted to the accrediting agency that demonstrates exterior signage for care outside normal opening hours is installed.
Patients may be unable to access care from the practice if updated practice contact information, such as the address and phone number, is not available.	Evidence submitted to the accrediting agency that demonstrates the practice information sheet has been updated with the practice's new address and contact telephone numbers, if applicable.
Patients that would benefit from coordinated care services may be unable to access care from relevant external service providers because the practice has not established links in the local area.	Evidence submitted to the accrediting agency that identifies and demonstrates established links with local service providers who participate in the planning and coordination of patient care.
Patients may be unable to access care in a timely way or may be exposed to unnecessary risks if unexpected events, such as natural disasters, pandemic diseases, electrical or technology outages, or the unexpected absence of staff, occur and the practice does not have contingency plans in place.	Evidence submitted to the accrediting agency that demonstrates updated emergency or disaster planning that takes into account the changed practice location and/or design.
Patients may be at an increased risk of harm if practice staff or leaders with designated safety and quality roles and responsibilities are not aware of their roles and responsibilities in their new location or are no longer employed by the practice at the new location.	Evidence submitted to the accrediting agency that demonstrates personnel and roles and responsibilities for safety and quality have been maintained, expanded, reduced or reallocated.
Patients may be at an increased risk if the relocation is associated with staff losses and safety and quality responsibilities are not reallocated.	Evidence submitted to the accrediting agency that demonstrates roles and responsibilities for safety and quality have been reallocated.
Patients may be at an increased risk of harm if new practice staff are recruited and they do not have the required qualification, training and continuing professional development.	Evidence submitted to the accrediting agency that new personnel have evidence of the required qualifications, training and continuing professional development participation.
The confidentiality, privacy and integrity of patient's clinical and other records may be compromised if policies and procedures that govern the management of records is not updated to reflect new storage arrangements.	Evidence submitted to the accrediting agency of updated policies and procedures for the governance of patient clinical and other records.
Patient's access to care at the practice may be compromised if the practice's physical environment does not continue to meet the requirements of the standards. For	The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and ensure they meet the requirements of the standards.

Risks of patient harm	Action to be taken
example, physical conditions for privacy and confidentiality and safety.	
Patients may be at an increased risk of harm if the storage and disposal of medicines in the new premises are not reviewed to ensure they continue to meet legislation and the requirements of the standards.	The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and medicine storage facilities continue to meet the requirements of the standards.
Patient's, and the community more generally, may be at an increased risk of harm if they are receive temperature-sensitive medicines that have been compromised due to poor compliance with storage guidelines.	The accrediting agency may need to conduct a realignment survey to observe that new practice facilities and temperature-controlled medicine and vaccine storage facilities continue to meet the requirements of the standards.
Patients may be at an increased risk of contracting a preventable healthcare-associated infection if they undergo a procedure at the practice using equipment that has not be properly sterilised according to infection control guidelines.	<p>The accrediting agency may need to conduct a realignment survey to observe the new practice facilities and processes for sterilisation, including the layout of the new premises and how this has been incorporated into sterilisation processes. Policies and procedures for sterilisation as well as the training and qualifications of staff responsible for sterilisation would also need to be reviewed.</p> <p>Where a general practice is not sterilising onsite, evidence should be submitted to the accrediting agency outlining the practice's policy and procedure for the use of single-use items or processes for sterilisation offsite. A copy of the agreement with an offsite sterilisation provider should also be reviewed, where applicable.</p>
Patients may be at an increased risk of a preventable healthcare-associated infection if the practice does not implement or comply with an infection prevention and control policy based on their new premises.	The accrediting agency may need to conduct a realignment survey to observe the new practice facilities to ensure the infection prevention and control requirements of the standards continue to be met. Documented policies and procedures for infection prevention and control should also be submitted to the accrediting agency for review.