

Please take a seat, your session starts soon.

Acknowledgement of Country

Best Practice Software acknowledges the Traditional Custodians of Country throughout Australia and recognise their unique cultural and spiritual relationships to the land, waters, and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present, and emerging.

Best Practice Software respects Māori as the tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Right: Ginmine design from corner, radiating outwards.

Designed for the Bp Bundaberg Operations Hub Mural Project, 2021

Artist: Nicole Wone

Addresses themes of: Evolution – Adaptation of Universe and traditional Indigenous beliefs across the globe.

Beginning of time, darkness. Movement in the cosmos. Rainbow Serpent – Creation being. Ancestral lineage without our DNA



SUMMIT 2025

Dr Janet Fryar

Thriving Through Accreditation: Strategies to Overcome Key Non-Compliances



Thriving Through Accreditation: Strategies

to Overcome Key Non-Compliances

Dr Janet Fryar

Dr. Janet Fryar is a highly experienced General Practitioner and Accreditation Surveyor with a distinguished career in medical practice and quality improvement. She has worked in various general practices across Brisbane's northern suburbs, consistently demonstrating her commitment to patient care and excellence in healthcare delivery. As an AGPAL surveyor, Dr. Fryar has conducted more than 1,000 accreditation visits. In addition to her work as a surveyor and GP reviewer, she remains deeply committed to advancing healthcare standards through training and mentorship.





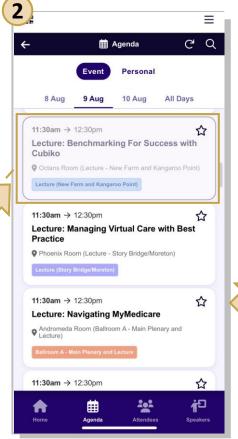
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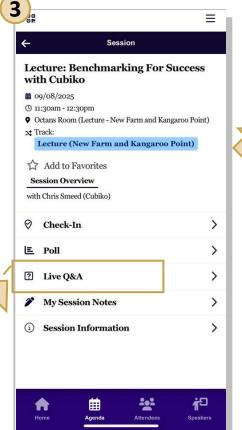


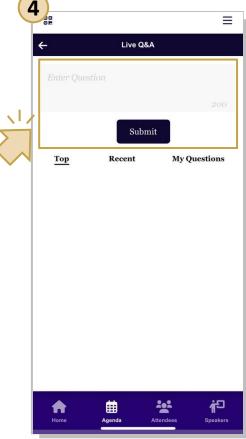
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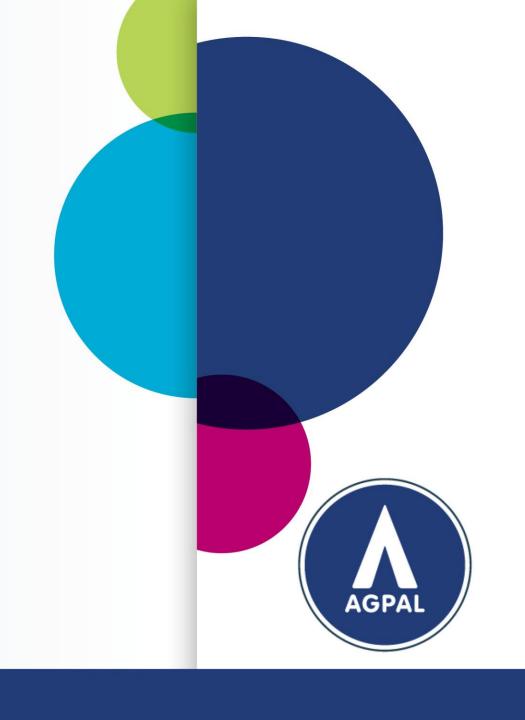
Thriving Through Accreditation: Strategies to Overcome Key Non-Compliances



Ensuring accreditation and quality improvement success

QI, non-compliance and a glance into the 6th edition Standards

Presented by Dr Janet Fryar





Acknowledgment of Country

I would like to acknowledge the Turrbal and Yagara people of the Yagara Nations as Traditional Owners of the land on which we gather today.

I wish to pay my respect to Elders – past and present – and acknowledge the important role Aboriginal and Torres Strait Islander peoples continue to play

within our communities.







Agenda

- AGPAL and accreditation overview
- General practice accreditation tips for success
 - QI-model: PDSA
- Common non-compliances and quality improvement opportunities
- Overview of the RACGP Standards 6th edition
 - Expected changes and why
 - The Quintuple Aim
 - ESG themes in accreditation
- Practical preparation tips for the 6th edition
- Questions & wrap-up





AGPAL – leading not-for-profit accreditation provider

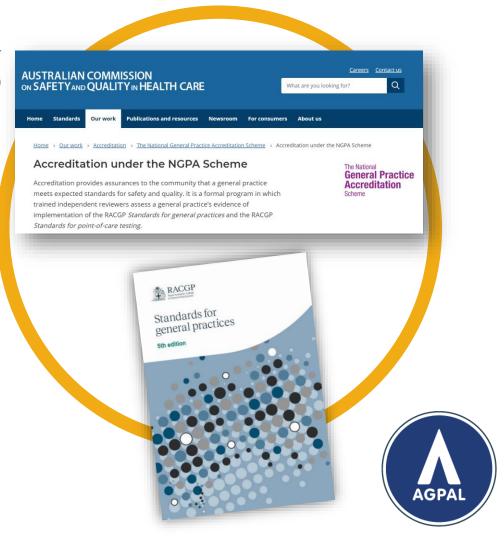
- Over 25 years' experience accrediting general practices, Aboriginal medical services, medical deputising services, after hours services and Royal Flying Doctor Services throughout
- Service 5,000 practices across each state and territory of Australia
- Committed to a personalised and supportive service model – recognising the challenges faced by general practices
 - We aim to decrease the administrative burden of accreditation to provide practice teams with a positive service experience





About the NGPA Scheme & RACGP Standards

- AGPAL is an approved accreditation provider under the National General Practice Accreditation (NGPA) Scheme - governed by the Australian Commission on Safety and Quality in Health Care (the Commission)
- The NGPA Scheme provides a framework for general practices to be assessed against the RACGP Standards for general practices.
- The RACGP Standards aim to protect patients from harm by:
 - Improving the quality and safety in general practices
 - Providing practices with a way of identifying and addressing any gaps they have within their systems and processes.





- Start your self-assessment well in advance to identify any gaps in the RACGP Standards
 - Opportunity to develop an action plan
 - Delegate actions amongst your team
 - Implement quality improvements prior to the on-site assessment
- Provide training and education if required supports with skill enhancement to assist in the accreditation process as well as PD opportunities
- Familiarise yourself with the RACGP
 Standards and take extra note of the 'YOU MUST' requirements to ensure your team is adhering to the essentials

Meeting each Indicator

QI1.1 A > Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

You must:

 educate the team member with primary responsibility for quality improvement activities in the practice about their role.

You could:

- · document the responsibilities of this role in the position description
- develop a quality improvement team made up of members of clinical and administrative staff.





- Follow the recommended timelines > lapses could impact achieving full accreditation for PIP purposes, MyMedicare, Registrar placements, funding – anything where third-party providers require accreditation as a condition of the arrangement.
 - Create reminders to assist your practice in monitoring timelines
 - Discuss expected completion times for any outstanding items on your action plan (if applicable)
 - Address any concerns promptly and seek guidance from AGPAL as required
- Involve all staff in the accreditation process
 - Put accreditation on staff meeting agendas
 - Meet with different cohorts of staff to discuss their role in the accreditation process
 - Utilise online platforms for discussion and feedback







- In support of gathering documentary evidence:
 - Upload evidence where indicated as you work through your online self-assessment
 - Set up a central repository for documents to be viewed by surveyors
 - OR make the documents readily available in one physical space.



- Encourage open communication and preparation to reduce stress and ensure a confident interview process
- Provide relevant staff with the questions that are going to be asked and make sure they feel comfortable answering them







General accreditation tips

- Utilise resources available to you to make the process less stressful:
 - AGPAL's Client Liaison Team and resources > webinars, e-Learning modules, customisable templates, checklists, and more
 - PHNs and industry networks such as AAPM, professional online discussion forums
- Follow the steps within AGPAL's on-site assessment checklist to assist you with your preparations









- During your on-site assessment:
 - Be prepared to possibly collect further evidence on the day
 - Ensure relevant allocation of times are known by all people involved
 - Ensure there is computer access available for the GP Surveyor.
 - Make sure documents are available and easily accessible.
 - Remember to speak with your assessment team as the surveyors can be flexible with workflow on the day
 - Listen to guidance from surveyors which may be given at the debriefing session on the 'way forward'
- Recognise the process of accreditation as a big opportunity to reflect, learn and better your practice across all areas through quality improvements
- AND try not to stress!





Accreditation – a process of quality improvement (QI)

- Accreditation is a cyclical process of quality improvement
- RACGP's definition of quality improvement:

"a systematic, ongoing activity to improve the quality of care and services undertaken within a general practice. The primary aim is to monitor, evaluate and refine processes in order to improve coordination of care and deliver better health outcomes for patients."

- The Australian government has linked Practice Incentive Payments (PIP) to quality improvement activities in the form of the Practice incentives program quality improvement incentive (PIP QI)
 - Linked to accreditation
 - QI activities aimed at improving patient outcomes through the delivery of high-quality care



dessional Online Services (HPOS), Practices should

Whole Patient Equivalent, per year





Accreditation – a process of quality improvement (QI)

- Quality improvement activities and opportunities occur daily as well as over time – big, small and everything in between
- Quality improvement should be supported by all members of your practice team
- Creating a culture of quality creates greater opportunities for QI and empowers staff and patients to share their ideas
- Quality improvement links to all aspects of a practice however the RACGP Standards encompasses a specific Quality Improvement module
- Improvements need to be made in relation to your practice's circumstances, data evidence and experiences







Formalising QI activities

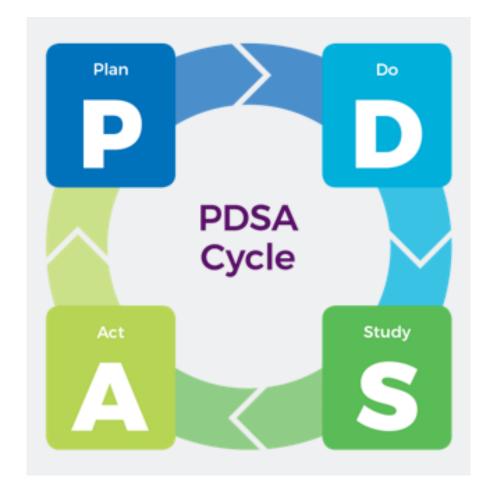




QI-Model: PDSA

It's essential (and part of the RACGP Standards requirements) for practice teams to have formal processes in place for managing QI – results, enhancements and risk mitigation.

Common and simple model adopted is the Institute for Healthcare Improvement's Model for Improvement – Plan-Do-Study-Act Cycle, known as the PDSA Cycle.







QI Model: PDSA

> Action-orientated revolving around four key steps:



- Identify, research and plan the QI initiative. This is usually linked to an activity, system or process.
- Document the process of implementing the QI and the steps to be undertaken, as well as the expected outcomes/changes, goals, obstacles and timelines.
- Your planning should also include details as to how the QI will be monitored, measured and analysed to support the evaluation of its success.



Put your plan into action by implementing the proposed QI.
 It 's helpful to do this on a small scale as this allows you to
 refine the process to ensure best practice outcomes are
 obtained.







QI Model: PDSA

> Action-orientated revolving around four key steps:

- Review the process, status and any relevant data obtained to evaluate whether or not the QI has been successful.
- It's helpful to answer a series of questions to analyse the QI, e.g.
 - Did everything go to plan?
 - Could further improvements be made?
 - Could a different approach be taken to provide better results?
 - o Have the QI objectives been met?
 - Have any additional QI been identified as a result of this process?
 - O Was any part of the process unsuccessful?
 - O What has the data shown?
- If things could have been done better, consider this information and opportunities for QI in your next PDSA cycle.





QI Model: PDSA > Action-orientated revolving around four key steps:



- If the evaluation of the QI was proven to be successful this step allows you to incorporate the QI initiative into your practice's day-to-day operations and any relevant policy and procedure manuals.
- If further improvements were identified as part of the 'Study' step, refine the QI based on your learnings and commence the PDSA cycle again to ensure you have thoroughly evaluated the QI to deliver the best outcome for your practice.





The value in creating a plan

Using a QI plan and register means you can:

- Track quality improvement efforts
- Identify whether improvements were made or other efforts are required to address the issue
- Reduce duplication of effort and time (useful in support of staff handover documentation)
- Evaluate the plan and effect of the activities conducted
- Provide a learning tool for members of the practice team who want to be involved in improvement activities, and
- Demonstrate compliance with accreditation requirements.









TOP 4 non-compliances





Qualifications, education & training of healthcare practitioners

Indicator GP 3.1 ▶ A

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.



GP records are typically out-of-date resulting in non-compliance with this Indicator.

Ensure clinical team qualifications, CPD and CPR status is gathered several weeks before your on-site assessment.

You may like to add collection of CPD occurrences as a regular agenda item with your GPs to ensure they are aware of keeping this information up-to date.





Work, health and safety

Indicator C 3.5 ▶ B

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.



Non-compliances related to immunisations are typically owing to GPs not having their vaccination records on file.

It can be helpful to document this information during the induction process and thereafter at timely intervals e.g. flu season.







Education and training of non-clinical staff

Indicator C 8.1 ▶ B

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

This indicator is often overlooked thinking CPR training is only applicable to clinical staff.

CPR training doesn't have to be provided by an external provider.

You can utilise a clinical team member that has a current CPR instructor's certificate to deliver this training.

Remember to include documentary evidence (e.g. a certificate of completion) to confirm competition of training by each staff member.





Health summaries

Indicator QI 2.1 ▶ B

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.

Each active patient record must have a current health summary included.

You could undertake your own internal audits to identify gaps, supporting your team in staying on top of this.

If clinical software prompts are available ensure these are also set-up to keep health summaries up-to-date.







RACGP Standards 6th edition: Expected direction





AGPAL – Exclusive pilot provider

Shaping the future of accreditation

- The RACGP is entering the next stage in the development of the Standards for general practices 6th edition
- The second draft is likely to be released for consultation in this year with the launch to occur in 2026
- AGPAL is proud to be the exclusive pilot provider, testing the updated Standards with select practices during this consultation period
- Our pilot findings will help inform the final version of the Standards and support a smooth transition for practices nationwide





Why it matters – supporting the final Standards

AGPAL's role in guiding the transition

- AGPAL's exclusive pilot will:
 - Provide real-world insights on feasibility and clarity
 - Help ensure the updated Standards are practical and implementable
 - Inform RACGP's final adjustments before national rollout, and
- Practices are encouraged to review the draft and submit feedback. during the consultation period.





The intent of the 6th edition Standards

- The RACGP Standards continue to set the foundation for safe, highquality, and patient-centred care in general practice.
- The 6th edition reflects an evolution rather than a revision of how quality and risk are defined, delivered, and measured in practices.
- Key areas remain with new focuses added (more on that later)





The intent of the 6th edition Standards

- The new edition of the Standards emphasise:
 - Clarity and practicality
 Streamlining four standards that reflect real-world workflows.
 - System-based thinking
 Encouraging practices to build sustainable, team-led processes.
 - Cultural responsiveness and inclusion
 Strengthening care for diverse and marginalised populations.
 - Forward-facing quality improvement Embedding continuous improvement as core business.



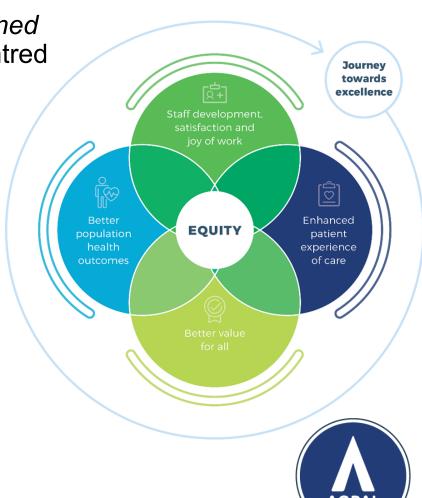


The Quintuple Aim of healthcare

The draft 6th edition is built around the *Quintuple Aim, designed* to provide a framework for sustainable, inclusive, patient-centred care.

The five aims:

- Improve patient experience: patient needs and preferences at the forefront
- Improve population health: preventive care and addressing social determinants
- Reduce per capita costs: efficiency and waste reduction
- Enhance provider well-being: support staff to prevent burnout
- Advance health equity: fair access for all, with a focus on marginalised groups





The Quintuple Aim in your practice – impacts and initiatives

- Patient experience: use patient feedback and clear communication to enhance access and create a respectful, welcoming environment.
- **Population health:** improve preventive care through recalls, health education, and data-driven outreach for screenings and vaccinations.
- Cost and efficiency: streamline operations with audits, reduce waste, and adopt innovations like telehealth to improve efficiency.
- Team well-being: support staff with wellness initiatives, mental health resources, professional development, and a positive work culture.
- Health equity: deliver culturally safe care, use interpreters, and address access barriers through community partnerships and flexible billing.







Key proposed changes from the 5th to the 6th edition

The 6th edition introduces a refined structure that includes four standards:

- Foundations of general practice

 Covering essential elements of practice setup and operations.
- Clinical governance
 Focusing on systems for maintaining the quality and safety of care.
- Patient participation

 Encouraging meaningful patient engagement to improve care quality.
- Continuous quality improvement (CQI)

 Supporting ongoing assessment and performance improvement.



Standard 1: Foundations of general practice

Key areas covered:

- Governance and leadership: Strong leadership and clear governance processes to meet clinical, ethical, and regulatory obligations.
- Safety and quality systems: Effective systems to manage patient safety, quality improvement, and risk management on an ongoing basis.
- **Information management:** Secure handling of patient data with robust IT systems for privacy, confidentiality, and reliable record-keeping.
- Workforce development: Ongoing staff training and professional development to ensure a competent, satisfied team.
- Practice environment: Safe, accessible facilities that meet health and safety regulations and contribute to environmental sustainability.



More on this later!





Standard 1: Foundations of general practice

Practical tips to support your preparations:

- □ Appoint a sustainability lead
- ☐ Audit digital systems and data security
- ☐ Review mission/vision/strategic plans for alignment







Standard 2: Clinical governance

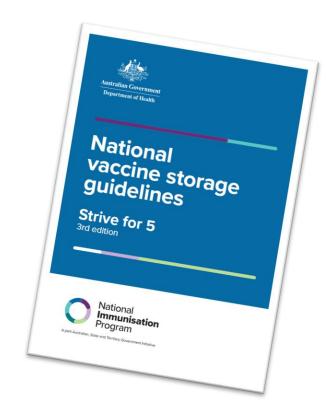
- Digital health records: all patient records must be fully digital, secure, and regularly audited for practices must maintain an active risk register, encourage incident reporting, and use a no-blame culture for learning and improvement.
- Risk management: Practices must maintain an active risk register, encourage incident reporting, and use a no-blame culture for learning and improvement.
- Transitions of care: formal systems required for handovers, referrals, and recalls. Includes secure messaging and consent management.
- Clinical safety and infection control: appointment of an Infection Control
 Coordinator, ensure all staff are trained, and audit infection prevention
 procedures are in place.





Standard 2: Clinical governance

- Workforce capability: Ongoing professional development is expected for all team members, aligned with current guidelines and roles.
- Vaccine and equipment management: Adherence to Strive for 5 vaccine storage guidelines, emergency equipment training, and regular testing must be in place.
- Research governance: Research activities must meet ethical and legal standards, with appropriate consent and data privacy measures.



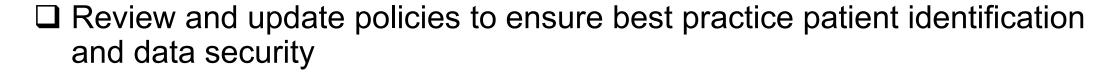




Standard 2: Foundations of general practice

Practical tips to support your preparations:





□ Run mock audits on recalls, results, and transitions of care to identify any opportunities for QI





Standard 3: Patient participation

- **Consumer involvement**: Patients are elevated as active partners. Each criterion begins with a patient-written statement defining expectations.
- Accessible communication: Practices must provide clear, culturally appropriate information via websites, brochures, and signage.
- Informed consent: Documented consent is required for all treatments, procedures, thirdparty presence, and data sharing.





Standard 3: Patient participation

- **Equity and access**: Services must be physically and communicatively accessible, with staff trained in health literacy and cultural awareness.
- Patient feedback: Formal systems must be in place to collect, act on, and report back on patient feedback (surveys, focus groups, complaints).
- Continuity and after-hours care: Clear processes for urgent care access and after-hours coverage, including documented agreements.





Standard 3: Patient participation

Practical tips to support your preparations:

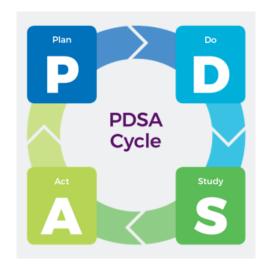
- TIP!
- Maximise opportunities to gather, review and utilise patient feedback systems (e.g. PREMs)
- ☐ Train staff on inclusive communication
- ☐ Update signage and digital channels for clarity and accessibility





Standard 4: Continuous quality improvement

- Annual Ql activity: Practices must complete and document at least one structured Ql initiative per year (clinical or operational).
- **PDSA model**: QI activities should follow the Plan-Do-Study-Act cycle and be team-led with measurable outcomes.
- **CQl culture**: Practices must embed Ql into team culture, with leadership support, agenda inclusion, and data-driven reflection.
- Beyond clinical care: QI now includes operational efficiency, workforce wellbeing, and environmental sustainability.
- Audit and review: Projects must be documented with evidence of planning, implementation, outcome review, and future improvement steps







Standard 4: Continuous quality improvement

Practical tips to support your preparations:

- ☐ Add QI progress to meeting agendas
- ☐ Utilise and document how you've used the PDSA model to support reflection, learning and QI
- ☐ Include sustainability metrics in CQI plans







A systems thinking approach: ESG in general practice

- Each of the four 6th edition Standards introduces stronger systems, team accountability, and clearer patient-centred principles.
- The vision of the 6th edition extends even further, reflecting a shift toward Environmental, Social, and Governance (ESG) responsibilities in healthcare.
- ESG in general practice is more than aspirational, it's becoming embedded in accreditation through sustainability indicators, cultural safety requirements, and governance frameworks.







Areas of focus in the 6th edition

- Emerging themes align with ESG principles.
- The 6th edition Standards are expected to reflect a broader commitment to sustainability and social responsibility in healthcare.
- Based on the first draft, there appears to be an increased focus on:
 - Environmental sustainability in practice operations and infrastructure.
 - Cultural safety, inclusive care, and workforce wellbeing.
 - Clinical governance, ethical leadership, and organisational accountability.
- These areas align with ESG values that promote high-quality, equitable care and responsible general practice leadership.





Anticipated 6th edition focus: environmental sustainability (E)

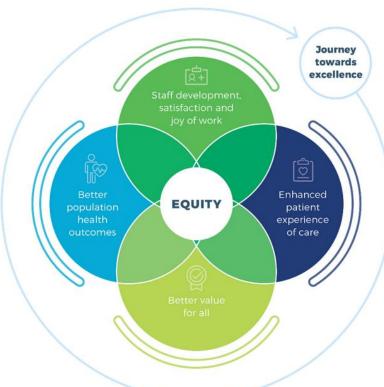
- Operational sustainability: Practices encouraged to reduce energy, paper, and water use.
- Waste management: Safe, segregated disposal with consideration for environmental impact.
- Digital-first approach: Emphasis on paperless systems, e-communications, and telehealth.
- Quality improvement linkage: Sustainability efforts integrated into continuous improvement plans.
- Practice leadership: Emerging focus on fostering a culture of environmental responsibility.





Anticipated 6th edition focus: social responsibility (S)

- **Cultural safety**: Culturally appropriate care for Aboriginal and Torres Strait Islander peoples remains a core focus.
- Workforce wellbeing: Psychological safety, team communication, and staff health are likely priorities
 part of the Quintuple Aim of Healthcare framework
- Equity and access: Emphasis on inclusive services for marginalised, diverse, and vulnerable communities.
- Community connection: Recognising the role of general practices in broader population health and wellbeing.
- **Staff training**: Expected encouragement for ongoing cultural awareness and inclusion education.







Anticipated 6th edition focus: governance & ethical practice (G)

- Clinical governance: Structured leadership, accountability, and oversight of care quality and safety.
- Risk and incident management: Strengthened systems for reporting, learning, and continuous improvement.
- Privacy and data stewardship: Reinforcement of secure, ethical handling of patient information.
- Leadership accountability: Defined roles for ensuring compliance with standards and best practices.
- Policy alignment: Clear documentation of ethical conduct, staff responsibilities, and patient rights.









We hope you're leaving today with the confidence to:

- Apply practical strategies to support accreditation and quality improvement
- Use the PDSA model to drive meaningful QI activities
- Recognise and address common non-compliances
- Start some early preparations in anticipation of the 6th edition Standards
- Understand emerging themes including environmental sustainability, cultural safety, and clinical governance (ESG)





Contact us









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Questions & Answers





Thank you for joining us!



Our Bp Summit
Presentations
and Resources are available
via our Knowledge Base

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