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| **ACCREDITATION TIMELINE TOOL** | | |
| **Timeline**  **(Countdown)** | **Key Events** | **Description** |
| Start | Register with accreditation agency | * [Options of Accreditation Agencies](https://www.racgp.org.au/running-a-practice/practice-standards/accreditation/accreditation-agencies) * Registration certificate, username/password – access to Accreditation website * Copy of RACGP 5th Standards |
| Receipt of registration certificate | Apply for the Practice Incentives Program (PIP) | * [Visit PIP on Dept Of Health Website](https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/applying) |
| 12 months | Self-assessment | * Go through self-assessment and identify gaps * Organise staff and clinical meetings at regular intervals * Start preparation of the Policy and procedure manual & * Computer Information & Security (CIS) manual * Book in patient feedback surveys * Clinical Audit Tool installation (QI component – can use Pen CAT) – review reports quarterly at staff and clinical meeting. |
| 11 months | Tasks | * Develop priority list based on gaps identified in the self-assessment * Assign a team members’ name next to each task * Assign due date next to each task/name * Create agenda for meetings – accreditation should be a standing agenda item. * Review equipment requirements – purchase/service * Review practice facilities requirements |
| 10 months | Tasks | * Review the delegation list monthly during meetings * Book in CPR for staff (renewed 3 yearly) * Book in continuing education for staff (Online cold chain & infection control) * Ensure signage/posters (refer to list provided by SWSPHN) and/or electronic health information (Med Channel/Tonic Health Media) |
| 6 months | Final Review | * Conduct final review of accreditation criteria using self-assessment online tool. * Book survey visit with accreditation agency * Review feedback from surveys and set up QI register to work on improvements * Develop/Review Practice information sheet * Ensure Recall/Reminder system * Implement Cold Chain Management and Infection Control system * Ensure evidence of staff qualifications including CPR training |
| 4 months | Preparation | * Ensure relevant staff are available on the day of accreditation visit * Designate responsible staff for all key areas required by the Standards * Have all documents/policies/templates completed and reviewed * Ensure all electronic resources are saved in an easily accessible location * Send Admin staff, Clinical staff and Doctors review notes - ask PSO * Accreditation checklist for physical environment requirement |
| 2 - 1 months | Preparation | * Ensure voicemail covers emergency details and After-hours details * Ensure no expired medications in the practice |
| Survey Day |  | * Make sure a room is set aside for the surveyors to work in * Ensure relevant staff members are on duty for the visit * Have all documents/policies/templates readily available |
| 1 month post | Results notification | * A full accreditation certificate and report will be issued, or * Conditional accreditation with list of recommendations given |
| 1 - 2 months post | Remedial action | * If conditional accreditation is issued: * Undertake remedial action * Supply evidence as required by assessment report * Process completion * If a full accreditation certificate is issued: * Accreditation achieved |
| 2+ months post | Ongoing process | * In between accreditation cycles, continue to update processes, procedures, policies in response to feedback and changes in the practice. |

*Please note: This is a support timeline tool that is to be used only as a general guide.*

Other resources available upon request:

* The 5th Accreditation Focus List
* Poster/Signage Checklist
* Template & Resources
* Accreditation Environment Checklist
* Admin staff, Clinical staff and Doctors review notes
* Online training options