



General practice sustainability, transition and closure guide

A practical framework for managing risk, planning transitions, and ensuring safe, compliant practice closure

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Disclaimer: This document is intended as a general guide to support general practice. It provides high-level information only and does not constitute legal, financial, or professional advice. Practices are encouraged to seek independent advice from qualified legal, financial, and business advisors to ensure any decisions or actions are appropriate to their specific circumstances and comply with relevant laws and regulations.

SWSPHN general practice support for sustainability and closure planning

South Western Sydney Primary Health Network ([SWSPHN](#)) supports general practices at risk of closure. We do this through early engagement, practical advisory support and coordination with local health services to help maintain continuity of care for patients across the region. By working closely with GPs, practice owners and managers, SWSPHN can help identify risks early and provide guidance on sustainability, succession planning, and service transition, as well as other strategies to stabilise services where possible.

[SWSPHN's Primary Care Workforce team](#) assists practices experiencing workforce shortages by supporting recruitment initiatives, promoting employment opportunities through the [Practice Noticeboard](#), and connecting practices with workforce programs, supervision, training pathways, and continuing professional development ([CPD](#)) opportunities for general practitioners and practice staff. SWSPHN also provides access to CPD activities, education events, and training programs designed to support ongoing professional development, enhance clinical skills and help meet regulatory requirements. These opportunities tailored to the needs of primary care teams to play an important role in building workforce capability and supporting workforce retention the region.

[SWSPHN's Digital Health team](#) supports practices with clinical systems and digital infrastructure, including platforms such as POLAR, data management tools, and digital health integrations like My Health Record and secure messaging systems. These tools enable practices to better understand patient populations, monitor clinical activity and Medicare Benefits Schedule (MBS) utilisation, and make informed decisions to improve sustainability.

[SWSPHN's Service Support team](#) assists practices with quality improvement activities, operational challenges, clinical governance, accreditation preparation and to maintain safe patient care processes during periods of organisational change.

Practices can also access a wide range of guidance materials, toolkits, CPD resources, and operational support through [SWSPHN's online primary care resources page](#).

Through coordinated support across workforce, service delivery, digital health, education, and clinical quality improvement, SWSPHN helps practices stabilise services where possible. When closure is unavoidable, SWSPHN supports a safe, planned transition which minimise disruption to patients and help maintain access to primary care services across South Western Sydney.

Supporting general practice sustainability and transition planning

Sustaining a general practice requires ongoing attention to workforce capacity, financial viability, patient demand and regulatory obligations. Over time, practices may experience pressures such as workforce shortages, rising operational costs, reduced service capacity or changing community needs. Recognising these challenges early can support informed decision-making and provide opportunities to explore strategies which strengthen practice sustainability and support future planning.

Future planning may include succession planning, transition of ownership, changes to service delivery models or, in some circumstances, closure planning. Each practice will have different priorities, circumstances and options depending on its workforce, patient population and business model.

Succession planning is an important component of long-term practice management and business continuity. This may include identifying potential buyers, transitioning ownership to partners or new providers, or gradually reducing services over time. Early planning can assist practices to manage change in a structured way and support continuity of care for patients and continuity of employment for staff where possible.

Key sustainability considerations

Practice sustainability involves balancing a range of workforce, operational, financial and service delivery factors. Important considerations include workforce planning, business performance, patient needs, regulatory compliance and succession planning. Regular review and early planning can help practices respond to changing circumstances, strengthen resilience, and support the ongoing delivery of safe, high-quality care for their communities.

Considerations for practice closure planning

In some circumstances, practices may decide closure is the most appropriate option. This may occur for a range of reasons, including retirement, workforce challenges, financial pressures, changes in service demand, illness or other unforeseen circumstances. Whether closure is planned or unexpected, practices have important responsibilities to ensure patient care, business operations and regulatory obligations are managed appropriately throughout the process.

Practice closure involves a range of clinical, operational, legal, workforce and financial considerations. Key areas may include management of patient follow-up and ongoing treatment, secure handling of health records, staff communication and entitlements, contractual obligations, notification requirements, and decommissioning of systems and infrastructure.

Early and structured planning can help practices manage these responsibilities effectively and reduce disruption for patients, staff and service providers. Closure planning should include clear timelines, defined responsibilities and engagement with appropriate professional advisers where required. Practices should also ensure patients are informed appropriately and supported to transition their care safely.

A proactive and coordinated approach can support practices to manage closure in a way that maintains patient safety, supports staff and meets relevant legal, regulatory and professional obligations.

Key closure considerations

General practice closure requires careful consideration of available options, including sale, transition, or structured closure. Each option carries different clinical, legal, and operational implications. Poorly managed closures can lead to patient safety risks, privacy breaches, and regulatory non-compliance. Early planning enables informed decision-making, reduces risk, and supports a safe and coordinated transition for patients, staff, and the community.

What this guide provides

This guide provides a structured framework to support general practices in planning for closure or transition. It outlines key considerations across governance, clinical safety, regulatory compliance, health records management, workforce obligations and business closure requirements. The guide is designed to help practices identify and manage risks, meet legal and professional obligations, protect patient safety and privacy and ensure continuity of care. It also supports informed decision-making by highlighting the steps required for a safe, coordinated, and compliant closure process.

General practice closure governance and risk management guide

1. Early decision making and planning – governance and strategic risks

Key questions

- » Has the practice owner formally decided to close, sell, or transition the practice?
- » Is there a documented closure plan with timelines, responsibilities, and approvals?
- » Have key leads (communications, legal, IT, HR) been appointed?
- » Have professional advisors been consulted?
- » Has the impact on continuity of care been assessed?
- » Has a risk register been established?

Key requirements

- » Confirm closure/transition date
- » Notify SWSPHN of your intention to close/transition early
- » Engage legal, HR, IT, and financial advisors
- » Develop a documented closure plan
- » Identify risks and mitigation strategies
- » Establish a governance lead/team
- » Prepare internal and external communications

RACGP standards

→ C3.1 – Business operations

→ C3.2 D – Risk management systems

→ GP2.1 – Continuous and comprehensive care

Supporting

In accordance with RACGP standards ([C3.1](#), [C3.2 D](#)), practices must implement structured governance, business continuity planning and risk management systems to ensure safe and accountable operations during major transitions such as closure.

In accordance with [GP2.1](#), planning must consider continuity of care to minimise disruption to patients and the community.

In accordance with [professional indemnity requirements](#), insurers must be notified to ensure run-off cover for future claims.

2. Clinical risk and patient safety

Key questions

- » Are there any unresolved clinical incidents, complaints, or active investigations (e.g. AHPRA, NSW Health, Medicare)?
- » Has a comprehensive final clinical audit been completed, including recalls, abnormal results and outstanding follow-ups?
- » Will patients have ongoing access to clinical results, reports and relevant health information following closure?
- » Are there vulnerable or high-risk patients (e.g. chronic disease, mental health, complex care needs) requiring targeted transition planning?

Key requirements

- » Conduct a final clinical audit to identify and address outstanding recalls, results and follow-up actions
- » Ensure all clinically significant results and investigations are actioned and communicated appropriately
- » Develop and document individualised transition plans for vulnerable or high-risk patients
- » Implement continuity of care arrangements, such as referral pathways or handovers to alternative providers, especially where cultural safety or specific care needs should be considered, including culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander people, WorkCover patients and residential aged care home arrangements
- » Ensure clinical documentation is complete, accurate and up-to-date prior to closure
- » Formally notify pathology labs, diagnostic imaging providers, specialists, allied health, pharmacies and hospitals the practice is closing where possible
- » Document a process for diverting or handling orphan results and inbound correspondence such as patient results and letters which may continue to be received. Designate a nominated contact for unresolved or critical results

RACGP standards

→ GP2.1 – Continuous and comprehensive care

→ C7.1 – Content of patient health records

Supporting

In accordance with RACGP standards ([GP2.1 – Continuous and comprehensive care](#)), practices must take reasonable steps to ensure continuity of care, particularly during periods of transition or closure, to minimise risks to patient safety.

In accordance with RACGP standards ([C7.1 – Content of patient health records](#)), clinical records must be accurate, complete and up-to-date, ensuring all relevant clinical information is available to support ongoing care.

Practices must ensure all clinically significant results, investigations and recalls are reviewed, actioned, and appropriately communicated to patients prior to closure, with clear documentation of outcomes and follow-up actions. [RACGP – Patient considerations](#)

Practices should identify and actively manage patients at higher clinical risk (e.g. chronic disease, mental health, complex care needs), ensuring appropriate handover, referral, or care transition arrangements are in place. [RACGP – Patient considerations](#)

3. Regulatory and government notifications

Key requirements

- » Update provider and practice details: [Health Professional Online Services \(HPOS\)](#)
- » Notify Medicare of practice closure: [Practice Incentives Program \(PIP\)/Workforce Incentive Program \(WIP\)](#)
- » Update or close prescriber details: [Pharmaceutical Benefits Scheme \(PBS\)](#)
- » Deactivate immunisation register provider site (if applicable): [Australian Immunisation Register \(AIR\)](#)
- » Notify medical board of change to principal place of practice: [Australian Health Practitioner Regulation Agency \(AHPRA\)](#)
- » Notify NSW Public Health Unit of practice closure: ([PHU](#))
- » Notify and arrange run-off insurance cover with professional indemnity insurer: [Avant insurance](#)
- » Notify workers compensation insurer of practice closure: [NSW – icare](#)
- » Notify landlord and terminate lease. Consider any make-good obligations, bond/security deposit recovery, outgoing reconciliation and any sublease or co-tenant arrangements: [NSW Small Business Commissioner](#)
- » Surrender practice accreditation and notify relevant bodies: AGPAL/QPA/GPA
- » MyMedicare practices should refer to the DHDA [MyMedicare Program Guidelines](#) for organisational change guidance

RACGP standards

➔ C3.1 – Business operations

Supporting

In accordance with Services Australia requirements, practices must maintain accurate provider and program records through [HPOS](#) (including provider numbers, practice location, and banking details) to ensure correct payments, program eligibility and compliance with Medicare obligations.

In accordance with Services Australia program requirements (e.g. [PIP](#), [PBS](#), [AIR](#)), practices must notify relevant bodies of closure and update or deactivate provider identifiers to prevent incorrect payments, compliance breaches or audit exposure.

In accordance with the [Health Practitioner Regulation National Law](#), practitioners must maintain current registration details, including principal place of practice, to remain compliant and avoid regulatory action.

In accordance with NSW Health requirements, practices must notify the [Public Health Unit](#) where closure affects public health responsibilities such as immunisation delivery or disease notification systems.

In accordance with professional indemnity and workplace obligations, practices must notify insurers (including indemnity and workers compensation) and relevant contractual parties (e.g. landlord) to finalise liabilities, ensure appropriate coverage (including run-off indemnity) and meet legal obligations.

[AHPRA: Professional indemnity insurance arrangements](#)

[NSW Small Business Commissioner: What to do at the end of the lease](#)

Failure to appropriately manage outstanding clinical matters during closure may result in missed or delayed diagnoses, adverse patient outcomes and increased medico-legal or regulatory risk, including complaints to AHPRA or Medicare/PSR.

4. Patient notification and communication

Key requirements

- » Provide advance notice of practice closure to patients (recommended minimum notice period of three to six months). [RACGP: Patient considerations](#)
- » Communicate closure clearly and consistently across all patient channels (e.g. in-person, post, email, website, SMS, phone)
- » Inform patients how to access and request their health records. [OAIC: Access your health information](#)
- » Provide information on how to transfer records to another GP (with patient consent). [RACGP: Privacy and managing health information in general practice](#)
- » Support continuity of care by directing patients to alternative local providers
- » Maintain communication channels after closure (e.g. phone message, email, or mail contact)

RACGP standards

→ GP2.1 – Continuous and comprehensive care

→ C2.1 – Respectful and culturally appropriate care

Supporting

In accordance with RACGP standards and [patient considerations](#), practices must support continuity of care and [ensure patients are informed and able to transition safely to alternative providers](#).

In accordance with the Privacy Act 1988 (Cth), patients must be informed [about how to access their personal and health information](#) and how it will be managed following practice closure.

5. Health records, privacy and consent

Key requirements

- » Retain health records for required legal timeframes (adults: minimum seven years from last contact; children: until age 25 or seven years from last contact, whichever is longer). [RACGP: Medical Records](#)
- » Retain records longer where there is actual or potential litigation, complaint, or investigation risk
- » Identify and document a record custodian responsible for ongoing management of records post-closure
- » Ensure original health records remain with the custodian and only copies are transferred to another GP or practice
- » Ensure secure storage and protection of health information against unauthorised access, loss, or misuse
- » Obtain patient consent prior to transferring health records (unless otherwise authorised by law)
- » Maintain a record of all health information transfers and disclosures (e.g. transfer log including patient details, date, authority and receiving provider)
- » Provide patients with clear information on how to request records, nominate a new GP, and access post-closure contact details (e.g. PO Box)
- » Ensure patients can continue to access their health records after closure within legislated timeframes
- » Securely destroy or permanently de-identify health records only after retention requirements are met and no legal risk remains

RACGP standards

→ C6.3 – Confidentiality and privacy of health and other information

→ C6.4 – Information security

→ C7.1 – Content of patient health records

Supporting

In accordance with the [Health Records and Information Privacy Act 2002 \(NSW\)](#) and the [Privacy Act 1988 \(Cth\)](#) (including [Australian Privacy Principles 6, 11 and 12](#)), practices must ensure health information is securely stored, only accessed or disclosed for authorised purposes and transferred with patient consent or lawful authority.

In accordance with [RACGP standards for General Practices \(5th edition\)](#), practices must maintain secure, accurate and accessible health records, ensure clear custodianship, and implement documented processes for record storage, access, transfer and disposal.

These requirements ensure patient confidentiality, legal compliance and continuity of care by enabling patients to access and transfer their health information during and after practice closure.

If data breaches occur (records are lost or compromised) during the transition, refer to [OAIC notification requirements](#) (within 30 days of becoming aware of an eligible breach).

6. IT and cybersecurity risks

Key questions

- » Are backups complete, encrypted and retained appropriately?
- » Are access systems (Provider Digital Access (PRODA), NASH (National Authentication Service for Health), Healthcare Provider Identifier Organisation([HPI-O](#))) decommissioned/deactivated securely?
- » Are systems protected post-closure? Including:
 - Secure messaging deactivation (Argus, HealthLink etc.) noting patient privacy requirements
 - Domain name and website handover, closure notice, then archival
 - Online booking platforms (HotDoc, HealthEngine) deactivation
 - Microsoft 365/Google Workspace offboarding; cyber insurance tail cover
 - Other programs e.g. POLAR final data extracts and deactivation
 - Audit log preservation for the retention period; EFTPOS/Tyro decommissioning

RACGP standards

→ C6.4 – Information security

Supporting

In accordance with [RACGP C6.4](#), all backups must remain secure and accessible.

In accordance with [Privacy Act \(APP 11\)](#) and ACSC guidance, practices must protect data from unauthorised access and securely decommission systems.

7. Immunisation program (NSW PHU)

Key requirements

- » [Notify NSW Public Health Unit \(PHU\)](#) of practice closure and cessation of vaccination services
- » Return all National Immunisation Program (NIP) vaccines to NSW Health as directed
- » Return vaccine cold chain equipment (e.g. temperature monitoring devices/data loggers)
- » Provide a final vaccine stock report to NSW Health/PHU
- » Maintain cold chain integrity until vaccines are collected or returned
- » Provide complete cold chain documentation (e.g. fridge temperature charts and monitoring records)
- » Arrange deactivation of the Australian Immunisation Register (AIR) provider site number

RACGP standards

→ GP2.1 – Continuous and comprehensive care

Supporting

In accordance with [NSW Health](#) and [National Immunisation Program \(NIP\)](#) requirements, general practices must notify the Public Health Unit of closure, return all government-funded vaccines and equipment, and provide complete stock and cold chain records to ensure vaccine safety, accountability of public resources and continuity of immunisation services.

8. Medications and hazardous materials

Key requirements

- » Methadone, buprenorphine and other S8-managed patients need individualised transition to another authorised prescriber, plus notification to the [NSW Pharmaceutical Services Unit](#). Contact [Real Time Prescription Monitoring – SafeScript NSW](#).
- » Destroy [Schedule 8 \(S8\) medicines](#) in accordance with legal requirements, including authorisation and independent witnessing, with full documentation recorded
- » Return or appropriately destroy Schedule 4 (S4) medicines in line with regulatory requirements
- » Return unused PBS prescription stationery to Services Australia
- » Dispose of sharps, clinical waste, and hazardous materials through a licensed waste contractor

RACGP standards

→ QI2.2 – Safe and quality use of medicines

→ C5.1 – Diagnosis and management of health issues

Supporting

In accordance with the [Poisons and Therapeutic Goods Regulation 2008 \(NSW\)](#), strict controls apply to the storage, handling and destruction of scheduled medicines, including requirements for authorised destruction, witnessing and record-keeping (particularly for Schedule 8 medicines).

In accordance with [NSW Environment Protection Authority \(EPA\)](#) requirements, clinical and hazardous waste (including sharps and contaminated materials) must be disposed of safely through licensed contractors to minimise risks to public health and the environment.

[PBS](#) prescription stationery must be returned to Services Australia when no longer required to prevent misuse or fraud.

9. Staff and workforce risk

Key questions

- » Have staff been provided with appropriate notice in line with employment contracts and legislation?
- » Have termination, redundancy and leave entitlements been accurately calculated and documented?
- » Will workforce changes impact the safe delivery of clinical services during transition or closure?
- » Have contractor GPs and their service agreements been considered?
- » Have wellbeing resources been shared e.g. Employee Assistance Programs (EAP), [Doctors' Health Advisory Service NSW](#) and [Drs4Drs](#)?

Other considerations

- » Long Service Leave under the NSW LSL Act and any portable LSL arrangements
- » Award and EBA-specific obligations (Nurses Award, Health Professionals Award, Medical Practitioners Award)
- » Visa-sponsored staff – 28-day notification to Home Affairs and sponsor obligations
- » GP registrars/supervised trainees – notification to training provider and re-assignment
- » Psychosocial WHS duties under the NSW WHS Regulation during closure
- » EAP access maintained through the transition; references and certificates of service

RACGP standards

➔ C3.1 – Business operations

Supporting

In accordance with Fair Work Act 2009 (Cth), employers must comply with minimum employment standards, including notice periods, redundancy pay and final pay obligations.

[Fairwork: Ending Employment](#)

Employers must ensure all final payments are made, including wages, accrued leave and redundancy entitlements where applicable. [Fairwork: Notice and redundancy obligations](#)

In accordance with Australian Taxation Office (ATO) requirements, employers must finalise payroll reporting and meet superannuation obligations, including:

- > Finalising Single Touch Payroll (STP) reporting. [ATO: Single Touch Payroll](#)
- > Paying outstanding superannuation contributions. [ATO: Super for employers](#)

10. Financial and legal business risks

Requirements

- » Finalise all taxation obligations, including BAS, GST and PAYG reporting
- » Retain financial and business records for the required minimum retention period (generally seven years)
- » Close business bank accounts, merchant facilities and direct debit arrangements
- » Finalise and terminate all contracts, leases and service agreements
- » Address all outstanding creditors, debtors and financial liabilities

RACGP standards

➔ C3.1 – Business operations

Supporting

In accordance with [Australian Taxation Office](#) requirements, practices must finalise all taxation obligations (including BAS, GST, PAYG and payroll reporting) and retain financial records for a minimum of seven years from when the records were created or the transactions were completed.

In accordance with [Australian Securities and Investments Commission](#) requirements, companies must be formally deregistered to cease legal obligations and avoid ongoing liabilities.

In accordance with [NSW Government and Small Business Commissioner guidance](#), leases and contractual obligations must be appropriately managed and terminated to prevent legal or financial risk.

Practices should seek advice from qualified accountants, tax agents, and legal practitioners to ensure all financial and legal obligations are met in accordance with current legislation.

11. Assets, equipment and facility risks

Requirements

- » Dispose of confidential materials (e.g. printed patient information, stationery) securely, including shredding or use of a licensed disposal provider
- » Ensure all electronic devices and storage media (e.g. computers, servers, USBs, backup drives) are securely wiped or destroyed to prevent unauthorised data access
- » Arrange appropriate sale, transfer, or disposal of medical equipment in accordance with relevant safety and regulatory requirements
- » Cancel all utilities, service agreements and facility-related accounts (e.g. electricity, internet, cleaning, security systems)
- » Return all keys, access cards and security devices, and deactivate alarms, access systems and user credentials

RACGP standards

➔ C6.4 – Information security

Supporting

In accordance with **RACGP Information security standards**, practices must ensure all health information is protected from unauthorised access, including during disposal of physical and electronic assets.

In accordance with **Australian Cyber Security Centre guidance**, organisations should ensure all digital devices and storage media are securely erased or destroyed prior to disposal to prevent data breaches.

In accordance with **NSW Environment Protection Authority** requirements, clinical, electronic and hazardous waste must be disposed of safely through appropriate or licensed waste management processes to minimise risks to public health and the environment.

12. Final exit and post-closure risks

Requirements

- » Ensure the premises are secured and all physical access points are locked and controlled
- » Confirm and document the location of all stored health records and the designated record custodian responsible for their ongoing management
- » Confirm all regulatory, government and stakeholder notifications have been completed
- » Finalise all financial, taxation and payroll obligations
- » Maintain appropriate post-closure communication channels (e.g. phone message, email, PO Box) to support patient enquiries and record access requests
- » Notify the medical indemnity insurer of practice closure and retain appropriate run-off cover where required

RACGP standards

→ C6.3 – Confidentiality and privacy of health and other information

→ C6.4 – Information security

→ GP2.1 – Continuous and comprehensive care

Supporting

In accordance with the [NSW Health Records and Information Privacy Act 2002](#), the [Privacy Act 1988 \(Cth\)](#), and RACGP standards ([C6.3](#) and [C6.4](#)), health records must remain securely stored, protected from unauthorised access and accessible to authorised parties following practice closure.

Practices must ensure a record custodian is clearly identified, and processes are in place for ongoing access, transfer and management of patient health information in accordance with legislative retention and privacy requirements. [RACGP: Managing health information](#). This includes processes for continuity of custodianship if the custodian can no longer fulfill this role during the retention window.

In accordance with [RACGP standards \(GP2.1 – Continuous and comprehensive care\)](#), practices should take reasonable steps to support continuity of care, including maintaining communication channels to assist patients in accessing records and transitioning to alternative providers.

In accordance with medical indemnity insurance requirements, practices must notify their insurer of closure and ensure appropriate run-off cover or ongoing indemnity arrangements are in place to manage future claims. [Avant: Preparing for retirement](#)

General practice closure consideration checklist

These checklists mirror the sections above. For further information, please refer to the 'General Practice Closure Governance and Risk Management Guide' above.

1. Early decision and planning

- ☐ Determine closure/sale/transition date
- ☐ Notify indemnity insurer (mandatory)
- ☐ Engage legal, HR, IT and financial advisors
- ☐ Develop a documented closure plan
- ☐ Identify risks and mitigation strategies
- ☐ Develop and maintain a closure risk register
- ☐ Establish a governance lead/team
- ☐ Prepare internal and external communications plan

2. Clinical risk and patient safety

- ☐ Conduct final clinical audit
- ☐ Ensure follow-up of outstanding results
- ☐ Identify and manage vulnerable patients
- ☐ Ensure continuity of care arrangements
- ☐ Maintain access to clinical systems and results

3. Regulatory and government notifications

- ☐ Notify Medicare of closure
- ☐ Update provider numbers (HPOS)
- ☐ Cancel PIP/SIP participation
- ☐ Notify PBS of prescriber changes
- ☐ Notify AHPRA of practice changes
- ☐ Notify AIR and deactivate provider site
- ☐ Notify NSW Public Health Unit
- ☐ Notify private health insurers (if applicable)
- ☐ Notify workers compensation insurer
- ☐ Notify landlord and terminate lease

4. Patient notification and communication

- ☐ Provide advance notice to patients (recommended minimum three to six months)
- ☐ Display signage in practice
- ☐ Update website and phone messaging
- ☐ Send SMS/email notifications
- ☐ Provide list of alternative GP services
- ☐ Prepare patient information on record access
- ☐ Maintain answering service post-closure
- ☐ Set up PO Box or contact address
- ☐ Establish record access request process
- ☐ Provide record custodian contact details

5. Health records, privacy and consent

- ☐ Identify and document record custodian
- ☐ Ensure secure storage of health records
- ☐ Ensure access in accordance with legislation
- ☐ Document all record transfers
- ☐ Obtain patient consent for transfer
- ☐ Provide copies of records (not originals)
- ☐ Retain adult records (minimum retention period)
- ☐ Retain child records (as required by law)
- ☐ Retain records where litigation risk exists
- ☐ Ensure secure backups are maintained
- ☐ Maintain cybersecurity protections
- ☐ Destroy records lawfully when permitted

6. IT and cybersecurity

- ☐ Complete full encrypted backup
- ☐ Retain backups for required period
- ☐ Maintain system security during closure
- ☐ Decommission NASH PKI certificates
- ☐ Deregister the organisation's HPI-O and PRODA and remove access for staff
- ☐ Cancel clinical software subscriptions
- ☐ Securely wipe all devices and servers
- ☐ Dispose of IT hardware securely

7. Immunisation program

- ☐ Notify Public Health Unit of closure
- ☐ Return all NIP vaccines
- ☐ Maintain cold chain until transfer
- ☐ Return temperature monitoring devices
- ☐ Provide final vaccine stocktake
- ☐ Provide cold chain documentation
- ☐ Deactivate AIR provider site
- ☐ Dispose of sharps appropriately

8. Medications and hazardous substances

- ☐ Arrange authorised destruction of Schedule 8 medicines with appropriate documentation
- ☐ Record all medication destruction
- ☐ Return or destroy Schedule 4 medicines appropriately
- ☐ Return PBS prescription stationery
- ☐ Dispose of sharps and clinical waste
- ☐ Dispose of hazardous chemicals safely

9. Staff and workforce

- ☐ Notify staff in writing
- ☐ Provide required notice periods
- ☐ Manage resignations and workforce changes
- ☐ Calculate entitlements and redundancy
- ☐ Finalise payroll, leave and superannuation
- ☐ Provide references if requested
- ☐ Maintain safe staffing levels until closure

10. Financial and business

- ☐ Notify accountant
- ☐ Finalise BAS, PAYG and GST obligations
- ☐ Complete final tax lodgements
- ☐ Finalise payroll reporting
- ☐ Close business bank accounts
- ☐ Cancel EFTPOS and merchant facilities
- ☐ Cancel insurance policies
- ☐ Terminate contracts and service agreements
- ☐ Finalise creditors and debtors

11. Assets and facility

- ☐ Dispose of confidential materials securely
- ☐ Securely wipe all electronic devices
- ☐ Dispose, transfer, or sell equipment appropriately
- ☐ Dispose of clinical and general waste safely
- ☐ Cancel utilities and service accounts
- ☐ Cancel mail redirection
- ☐ Return keys and access devices
- ☐ Deactivate alarms and security systems
- ☐ Update communications pages e.g. Healthdirect, social media and practice signage

12. Final exit

- ☐ Secure premises and all access points
- ☐ Document health record storage location
- ☐ Confirm records remain accessible post-closure
- ☐ Confirm all notifications completed
- ☐ Confirm Public Health Unit requirements completed
- ☐ Confirm financial and payroll finalisation
- ☐ Provide final patient communication message
- ☐ Notify indemnity insurer and confirm run-off cover

References and resources

This document is intended as a general guide, informed by Australian legislation, regulatory guidance, and professional standards relevant to general practice operations, sustainability, transition and closure in NSW.

Legislation and regulatory frameworks

Health Records and Information Privacy Act 2002 (NSW)

legislation.nsw.gov.au/view/html/inforce/current/act-2002-071

Privacy Act 1988 (Cth)

www.oaic.gov.au/privacy/the-privacy-act

Poisons and Therapeutic Goods Regulation 2008 (NSW)

legislation.nsw.gov.au/view/html/inforce/current/sl-2008-0392

Fair Work Act 2009 (Cth)

www.fairwork.gov.au

Health Practitioner Regulation National Law (AHPRA)

www.ahpra.gov.au

Professional standards and clinical guidance

Royal Australian College of General Practitioners (RACGP) – Standards for General Practices (5th edition)

www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition

RACGP – General Practice Business Toolkit (including closure, sale and transition guidance)

www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit

RACGP – Managing health information in general practice

www.racgp.org.au/running-a-practice/security/managing-practice-information

Government and program guidance

Services Australia – Health professionals (Medicare, PBS, HPOS, PRODA)

www.servicesaustralia.gov.au/health-professionals

Australian Immunisation Register (AIR)

www.servicesaustralia.gov.au/australian-immunisation-register

Department of Health, Disability and Ageing (including MyMedicare)

www.health.gov.au/resources/publications/mymedicare-program-guidelines

NSW Health – Immunisation Program

www.health.nsw.gov.au/immunisation

NSW Health – Public Health Units

www.health.nsw.gov.au

Workforce, employment and industrial relations

Fair Work Ombudsman – Ending employment

www.fairwork.gov.au/ending-employment

Australian Taxation Office (ATO) – Business obligations

www.ato.gov.au/business

Australian Taxation Office (ATO) – Superannuation for employers

www.ato.gov.au/super

Business, financial and legal closure

Australian Securities and Investments Commission (ASIC)

asic.gov.au

Business.gov.au – Closing your business

business.gov.au/planning/ending-or-selling-your-business/closing-your-business

NSW Small Business Commissioner

www.smallbusiness.nsw.gov.au

Privacy, information governance and cybersecurity

Office of the Australian Information Commissioner (OAIC) – Health information

www.oaic.gov.au/privacy/health-information

NSW Health – Privacy Manual for Health Information

www.health.nsw.gov.au/policies/manuals/pages/privacy-manual-for-health-information.aspx

Australian Cyber Security Centre (ACSC)

www.cyber.gov.au

Australian Digital Health Agency

www.digitalhealth.gov.au

Medicines, waste and environmental safety

NSW Environment Protection Authority (EPA)

www.epa.nsw.gov.au

NSW Health – Medicines and poisons regulation

www.health.nsw.gov.au/pharmaceutical

Therapeutic Goods Administration (TGA)

www.tga.gov.au

Clinical risk, complaints and professional regulation

Australian Health Practitioner Regulation Agency (AHPRA) – Notifications

www.ahpra.gov.au/Notifications

NSW Health Care Complaints Commission (HCCC)

www.hccc.nsw.gov.au

Medical Board of Australia – Code of Conduct

www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

Professional Services Review (PSR) – Medicare compliance

www.psr.gov.au

Australian Commission on Safety and Quality in Health Care (ACSQHC)

www.safetyandquality.gov.au

Indemnity and professional risk

Avant Mutual – Practice closure and retirement guidance

avant.org.au/resources

MDA National – Medical indemnity and risk management

www.mdanational.com.au

MIGA – Medical indemnity insurance and risk advice

www.miga.com.au

Medical Board of Australia – Code of Conduct

www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

Patient access and service navigation

Healthdirect Australia – Service finder

www.healthdirect.gov.au

Healthdirect – Find a GP and health services

www.healthdirect.gov.au/australian-health-services

My Health Record – Patient health information access

www.myhealthrecord.gov.au

Services Australia – Medicare services

www.servicesaustralia.gov.au/medicare

OAIC – Access to health information

www.oaic.gov.au/privacy/your-privacy-rights/health-information
