The Accreditation Programme for General Practice in New Zealand
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# Definitions

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<tr>
<th><strong>Accreditation programme</strong></th>
<th>A programme designed to improve overall service quality through a process of self-assessment and peer review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agreement</strong></td>
<td>An agreement between the general practice and the College outlining the terms and conditions of the programme it wants to participate in</td>
</tr>
<tr>
<td><strong>Aiming for Excellence 2011–2014</strong></td>
<td>Royal New Zealand College of General Practitioners Standard for New Zealand General Practice</td>
</tr>
<tr>
<td><strong>Annual programme (pure)</strong></td>
<td>Practices have had an external assessment after April 2012 and been awarded a four-year period of accreditation. The annual programme (pure) requires practices to submit data annually as part of a model of continuous quality improvement.</td>
</tr>
<tr>
<td><strong>Annual programme (transitioning)</strong></td>
<td>Practices had an external assessment before April 2012 and have been awarded a three-year period of accreditation. A practice has signed an Annual Programme agreement that allows them to 'transition' into the annual programme (pure).</td>
</tr>
<tr>
<td><strong>Category</strong></td>
<td>This is a rating system describing standards and criteria that are essential – ★, RNZCGP essential - ★★, and aspirational - ★☆. Refer to page 5 of the <em>Aiming for Excellence Interpretation Guide</em>.</td>
</tr>
<tr>
<td><strong>Change of location</strong></td>
<td>Assessment that is undertaken against prescribed criteria when a practice moves premises but operational practices do not change</td>
</tr>
<tr>
<td><strong>CORNERSTONE®</strong></td>
<td>The programme that evaluates the systems and processes of a general practice against the <em>Aiming for Excellence</em> standard</td>
</tr>
<tr>
<td><strong>Continuous quality improvement (CQI)</strong></td>
<td>A system that seeks to improve the provision of services with an emphasis on future results</td>
</tr>
<tr>
<td><strong>Cycle</strong></td>
<td>A period of accreditation. The first time a practice completes the CORNERSTONE® programme its complete Cycle 1. The second time becomes Cycle 2 and so on.</td>
</tr>
<tr>
<td><strong>Entry level</strong></td>
<td>A general practice that has never been accredited through the CORNERSTONE® programme</td>
</tr>
<tr>
<td><strong>Geethal Data Systems Ltd (GDSL)</strong></td>
<td>The database that manages the interface between the general practice, the College and assessors</td>
</tr>
<tr>
<td><strong>Reaccreditation</strong></td>
<td>A general practice that has been accredited and is now expired</td>
</tr>
<tr>
<td><strong>Registration</strong></td>
<td>A general practice completes a registration form that registers their intent to participate in the programme</td>
</tr>
<tr>
<td><strong>Satellite clinic</strong></td>
<td>A facility where general practice services are offered away from the primary place of business but target the same enrolled population of patients. The staff working in the satellite use the same systems and processes as the primary place of business and might work between the two premises.</td>
</tr>
</tbody>
</table>
Welcome to CORNERSTONE®

The purpose of this document is to provide an overview of the College’s accreditation process. The CORNERSTONE® programme provides the means to assess the systems within your practice against the national standard for New Zealand General Practices, *Aiming for Excellence 2011–2014*.

The aim of the programme is twofold:

1. Improve operational effectiveness through a quality improvement framework
2. Provide assurance your practice is meeting a nationally consistent standard

CORNERSTONE® has continued to evolve over time with the most recent shift occurring in April 2012 in response to sector feedback. At this time, general practices indicated a preference for a model that would support a move beyond a minimum standard into a cycle of continuous quality improvement (CQI). This saw the introduction of the annual programme.


*Aiming for Excellence* is the standard for general practice, which provides a recognised and acceptable set of measurements. The standard promotes a model of CQI by encouraging critical thinking and questioning that influences a systematic approach to change.

The CORNERSTONE® programme is the vehicle that evaluates the systems and processes within a practice against the national standard. On completion of programme requirements a general practice will become accredited. The College awards accreditation based on the recommendation of Health and Disability Auditing New Zealand Limited (HDANZ). The primary role of HDANZ is to endorse accreditation through the analysis of reports. This ensures oversight of the CORNERSTONE® programme through an independent verification process.

Together *Aiming for Excellence* and the CORNERSTONE® programme meet the requirements of the New Zealand Public Health and Disability Act 2000 for the development, use and monitoring of a nationally consistent standard and quality improvement programme for general practice services.

**Why accreditation**

An accreditation process is designed to improve overall service quality that will ultimately benefit patient outcomes.

‘Accreditation is affirmed as a process designed to improve quality, efficiency and effectiveness of a healthcare organisation, including the structures, processes and
outcomes. Simply put, accreditation is based on the premise that adherence to evidence-based standards will reliably produce higher quality health services, in a safer environment, than would be the case without them. The resultant decreased variation in administrative and clinical structures and processes, similar to the contribution of clinical practice guidelines, is thus a powerful mechanism to improve the quality of health care and ultimately healthcare outcomes. i

There are a number of identified benefits of accreditation, including (but not limited to) it:

- Provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes
- Demonstrates credibility and a commitment to quality and accountability
- Decreases liability costs, identifies areas for additional funding for health care organisations and provides a platform for negotiating this funding
- Improves the organisation’s reputation among end users and enhances their awareness perception of quality care
- Promotes capacity-building, professional development, and organisational learning
- Decreases variance in practice among health providers and decision-makers
- Provides health care organisations with a well-defined vision for sustainable quality improvement initiatives
- Improves patients’ health outcomes. ii

The CORNERSTONE® programme

The following is an overview of the CORNERSTONE® process. Processes that apply to all programme types – Entry Level, Reaccreditation and the Annual Programme – are outlined in steps 1 to 4 below. Each programme type will then be discussed in the subsequent sections.

When a practice relocates to different premises, to maintain accreditation the College may require a Change of Location assessment to be undertaken. This will be addressed in a dedicated section (see page 15).

Step 1: Registration

To be eligible to participate in the CORNERSTONE® programme a practice must meet the definition and characteristics of a general practice – see Appendix A.

Participation in the CORNERSTONE® programme, irrespective of the practice’s accreditation history, starts with completion of a registration form. This registers the intent to participate in the programme.

A registration form can be completed online at: www.rnzcgp.org.nz/cornerstone-general-practice-accreditation-programme-registration-form/. If you prefer to complete a
registration form manually a copy can be downloaded from the website and sent back to the College, for the attention of the CORNERSTONE® Coordinator.

**Step 2: Agreement**

Following receipt of the registration form the College develops an agreement specific to the practice.

Two copies of the agreement will be posted to the practice within 10 working days of the College processing the registration form. The relevant practice staff member is required to sign and initial each page of both copies of the agreement and return them to the College in the self-addressed, stamped envelope.

An invoice will be forwarded once the signed agreement is received – see step 3. The costs of each programme will be covered in their respective sections.

The practice is responsible for notifying the primary health organisation, alliance or network of its intent to participate in the programme.

**Step 3: Resources**

Once the College has received the signed agreement the following resources will be provided:


- One copy of the *Aiming for Excellence Interpretation Guide* which contains comprehensive information and additional resources under each indicator. Additional copies are available at a cost of $50 GST. A CD of templates and resources is included with the Interpretation Guide.

An invoice will be forwarded with the resources. An upfront payment of $600 +GST is required before accessing GDSL.

If your practice is entry level or reaccrediting, it is recommended a tentative date be scheduled for the external assessment at this stage.

**Step 4: Geethal Data Systems Limited**

Once the College has received the upfront payment, the practice will be linked to the Geethal Data Systems Limited (GDSL) database. GDSL will provide each practice with a unique user authentication name and number.

The online data collection tool has enabled the College to develop a ‘paperless’ system for the data collected by practice teams and assessors. The software contains opportunities for information-sharing and risk management, action plans, a CQI post-assessment dialogue section and online support if there is a problem with using the software.

The interactive CQI process in the post-assessment dialogue allows the practice, assessors and the College to work together to resolve criteria that were not met at the external assessment. The web servers that hold the assessment data are held in a high security data center. The system itself also has high security protocols for data protection and user authentication.

*Diagram 1: Systems overview*
Programme types

There are three ways a general practice can enter the CORNERSTONE® programme – as a new entrant, by being reaccredited, and as part of the annual programme. Once a practice has achieved a four-year period of accreditation the College anticipates there will be progression into the annual programme (pure). The following defines each.

Entry level and reaccreditation

A new entrant is a general practice that has never been accredited through the CORNERSTONE® programme, while a practice reaccrediting was accredited but has expired. Entry level practices and practices that are reaccrediting are required to complete the CORNERSTONE® programme within 12 months of receiving access to GDSL. This includes having had an external assessment and completing post-assessment requirements. Following completion of steps 1 to 4 (above), new entrants and practices reaccrediting will undertake the following stages:

Conduct a snapshot

The snapshot is an initial appraisal of the practice against the criteria in Aiming for Excellence. The purpose is to record in GDSL where the practice is at before starting the CORNERSTONE® journey. The GDSL User Guide provides guidance on completing the snapshot. This phase is completed before progressing to the self-assessment phase. Snapshot data is held by the College and enables a comparison to be made with the practice’s post-accreditation status.

Complete the self-assessment

Once the snapshot is completed the practice undertakes a self-assessment. The self-assessment measures the practice against the criteria in Aiming for Excellence and identifies criteria that are met, partially met or not met. Once the self-assessment is completed, the practice develops an action plan to address the partially or unmet criteria, including allocation of tasks and determining the time and resources required to complete the task. Information, such as policies, documents and training records, is loaded into GDSL. There is a description of the self-assessment process in the Aiming for Excellence Interpretation Guide. A self-assessment must be completed before the external assessment can take place.

Have an external assessment

The external assessment for both new entrants and practices reaccrediting occurs over one day with two assessors. The practice determines the date of the external assessment. Relevant documents are to be loaded into GDSL no later than two weeks before the external assessment. This will allow the assessors time to access the information in preparation for the CORNERSTONE® external assessment.
The assessors are ideally a general practitioner and either a practice nurse or practice manager. The assessors are contracted to the College and are appropriately trained to ensure their suitability for the role. The assessors enter their findings into GDSL.

**Complete post-assessment**

The assessors are responsible for completing their draft report within 10 working days of the external assessment. The draft report is peer-reviewed by the College and then sent to the practice within 15 working days of completion of the external assessment. The practice should check the draft report and make factual corrections. The practice is given access to the report to meet standards or criteria that have been rated as either partially met or unmet. This piece of work is to be completed within 30 working days. The practice must contact the College if it needs an extension. Additional information submitted during post-assessment is reviewed by the assessment team and signed off when requirements are met.

**Gain accreditation**

Once post-assessment work is completed and signed off by the lead assessor, the report is sent to HDANZ for validation. HDANZ will recommend the practice for accreditation and the College will finalise the report and issue a period of accreditation. A period of four years’ accreditation will be awarded to all practices that successfully complete the process and the College expects the practice will progress into the annual programme (pure).

**Cost**

CORNERSTONE® is now a self-funded programme and costs must be paid in full before accreditation can be awarded. The following costs are current as at April 2012. All costs exclude GST.

An entry level practice will pay $7,000. This fee can be paid as a lump sum or in monthly installments following a minimum upfront payment of $600. Where a practice has one or more satellite clinics, there is a reduced cost for each satellite at $2,000. A satellite clinic is defined on page 4.

A practice that is undertaking a reaccreditation programme pays $5,000. The fee can be paid in a lump sum or monthly installments following a minimum upfront payment of $600. The cost of accreditation of a satellite clinic is $2,000.

**The annual programme**

The annual programme was introduced in April 2012 following sector feedback. The intent of the programme is to develop a culture of CQI within general practice through continually updating processes and systems as a result of learning and development. The goal is to contribute to the provision of high-quality and safe health care services and to improve patients’ health outcomes.
For practices in the annual programme, prescribed information is submitted into GDSL annually. To be part of the annual programme, a general practice must hold a four-year period of accreditation. This is the annual programme (pure).

When the annual programme was introduced, practices holding a three-year period of accreditation were invited to transition into the annual programme. This is the annual programme (transitioning).

**Annual programme (pure) – practice holds a four-year accreditation**

The annual programme is based on a four-year cycle aligned to the CORNERSTONE® accreditation expiry date of an individual practice. To be in the annual programme (pure), a practice will have had an external assessment that has resulted in a four-year period of accreditation.

Following completion of steps 1-4 (pages 6-8) the practice submits data into GDSL to demonstrate they meet the annual requirements, i.e. mandatory criteria, practice-selected indicators, one quality improvement activity targeted at clinical care and one audit of the practice’s choice (this may be non-clinical). This is presented diagrammatically in Appendix B.

To retain accreditation the practice must complete all the annual activities each year. At the end of the four-year cycle the practice will then be externally assessed, resulting in a further four-year period of accreditation, and the cycle begins again.

The annual requirements are as follows:

**Mandatory criteria**

The College has defined a set of mandatory criteria that must be completed and submitted into GDSL every year. The mandatory criteria are highlighted in the following table.
Table 1: Mandatory criteria: annual programme

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Category</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>★</td>
<td>The practice has a documented Māori Health Plan</td>
</tr>
<tr>
<td>10.2</td>
<td>★</td>
<td>The practice has a current Quality Plan that outlines clinical goals for the year</td>
</tr>
<tr>
<td>10.4</td>
<td>★</td>
<td>The practice identifies an annual quality improvement activity related to the management of a targeted area of clinical care</td>
</tr>
<tr>
<td>16.4</td>
<td>★★</td>
<td>A current calibration and validation record is available for the steriliser</td>
</tr>
<tr>
<td>18.1</td>
<td>★★</td>
<td>There is an audit to monitor the servicing of all medical equipment according to relevant regulations (AS/NZS 3551) maintenance and operating instructions</td>
</tr>
<tr>
<td>18.5</td>
<td>★★</td>
<td>The practice team conducts annual emergency drills to improve their response to medical emergencies</td>
</tr>
<tr>
<td>19.2</td>
<td>★★</td>
<td>The practice team is trained to evacuate the practice by participating in fire drills every six months</td>
</tr>
<tr>
<td>20.3</td>
<td>★★</td>
<td>The practice team conducts an annual health and safety review and makes policy amendments as required</td>
</tr>
<tr>
<td>27.3</td>
<td>★</td>
<td>The clinical team audits its management of patients in the practice to align care with current health targets for chronic and long-term conditions</td>
</tr>
<tr>
<td>28.2</td>
<td>★</td>
<td>The practice regularly audits screening and recall activities to review its effectiveness in reaching eligible target populations</td>
</tr>
<tr>
<td>33.2</td>
<td>★★</td>
<td>The Incident Reporting Register records incidents and near misses</td>
</tr>
</tbody>
</table>

Practice-selected indicators

In addition to the mandatory criteria, practices select nine indicators for completion each year. Over the four-year period this means a practice will have completed all 36 indicators before the external assessment conducted at the end of the fourth year.

Additional indicators may be identified by the PHO or supporting organisation to help implement local programmes to achieve performance targets, quality plans or national health targets.

Quality improvement activities

Every year each practice identifies one or more areas of clinical care to determine how well they are meeting the needs of the practice population. Measuring, analysing and monitoring clinical care should enable the practice team to identify whether they are meeting the health needs of their patients and to improve clinical outcomes.

Each practice can choose the topics of their annual quality improvement activity; however, one must be a clinical audit. The second can be of a non-clinical nature. The
Aiming for Excellence Interpretation Guide contains details on the method to measure and improve clinical effectiveness, including a template and quality tools.

PHOs or regional organisations may wish to focus on one specific area of clinical care across the organisation, for example rheumatic fever or skin infections in children. In this case all practice teams would participate in the same clinical improvement activity.

Annual review

The data submitted into GDSL that is prescribed by the annual programme is reviewed by a CORNERSTONE® assessor. This will occur before month 12 in years 1, 2 and 3. Once reviewed, a report will be sent to the practice highlighting partially and/or unmet indicators and criteria. The practice will make amendments and submit into GDSL. The practice will be notified when annual requirements are met.

Unmet requirements from year 1 can be amended as a parallel activity to the submission of data against the subsequent year(s).

External assessment

In year 4 of the programme the practice will have an external assessment conducted by the College. The assessment will be conducted by a CORNERSTONE® assessor over a period of no less than five hours. Time on site will be based on the size of the practice and two CORNERSTONE® assessors may be used at the discretion of the College. The information submitted over the four-year period replaces the need to complete a snapshot and a self-assessment before the external assessment because the practice will have uploaded evidence against all indicators into GDSL across the four-year period.

Post-assessment and gaining accreditation

This part of the process is the same as for new entrants and practices that are reaccrediting. A period of four years will be awarded to all practices that successfully complete the process and the expectation is that the practice will continue with the annual programme.

Cost

CORNERSTONE® is a self-funded accreditation programme and costs must be paid in full before accreditation can be awarded. The following costs are current as at April 2012. All costs exclude GST.

The annual programme (pure) cost is $1,500 per annum to a maximum of $6,000 for any one accreditation cycle – an accreditation cycle is considered to be 4 years. This amount may be paid in one lump sum annually or in monthly installments following a minimum upfront payment of $600. The full amount must be paid before the external assessment. The cost for re-accreditation of a satellite clinic under the annual programme is $750 per annum (i.e. $3,000 for four years).
**Annual programme (transitioning) – practice holds a three-year accreditation**

Practices that were accredited when the annual programme was introduced in April 2012 were invited to sign up for the annual programme.

The intent is that practices would begin to submit data annually as described in the earlier section in line with a CQI philosophy.

As practices transitioning into the annual programme are unlikely to have submitted data against all 36 indicators by the time the external assessment is due at the end of the accreditation period, they need to complete a self-assessment. An example of the transitioning concept can be seen below:

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Register for annual programme</td>
<td></td>
<td>Enter self-assessment data</td>
<td>Ensure external assessment booked before expiry of accreditation period (i.e. Nov 13)</td>
<td>Continue entering self-assessment data</td>
<td>Self-assessment completed (all indicators)</td>
<td>External assessment completed – four-year period of accreditation gained (2013 to 2017)</td>
<td>Agree to continue with annual programme (pure)</td>
</tr>
<tr>
<td>Annual fee: $1500 + GST</td>
<td></td>
<td></td>
<td>Annual fee $1500 + GST</td>
<td></td>
<td></td>
<td>Fee per annum $1500 + GST (up to max. of $6,000 + GST)</td>
<td></td>
</tr>
</tbody>
</table>

For information about the cost of transitioning into the annual programme, contact the CORNERSTONE® Coordinator on (04) 496 5999 or email bev.wong@rnzcgp.org.nz.

**Change of location or renovation**

When a general practice either relocates to another premise or undertakes a programme of renovation, the College may require an assessment against prescribed criteria to ensure the practice continues to meet *Aiming for Excellence* in their new environment. The prescribed criteria are in Appendix C. The assessment is undertaken by one assessor taking approximately half a day. Information is managed outside of GDSL and the practice receives a report following the visit.
General information

Maintenance of professional standards

Credits for selected activities, undertaken for CORNERSTONE® accreditation, can be claimed by individual doctors towards their maintenance of professional standards (MOPS) programme. The conditions for recognition and the number of available credits are outlined in the Aiming for Excellence Interpretation Guide.

Disputes and appeals

Practices that disagree with the findings of the assessor, on the day of the external assessment, can raise their concerns with the CORNERSTONE® team at the College. The issue will be considered initially by an external moderator. If the matter cannot be resolved through moderation it will be referred to the CORNERSTONE® Chief Censor who will act as final arbiter.

Confidentiality

The GDSL web servers that hold the assessment data are located at Unisys Secure Data Centre in Paraparaumu. This is a high security data centre where many of the New Zealand government departments hold their servers.

The recognised standard for data protection in the health industry is the Health Insurance Portability and Accountability Act 1996 (USA) known as HIPAA. The HIPAA Privacy Rule protects the privacy of individually identifiable health information and sets national standards for the security of electronic protected health information. This same level of security is applied to all information stored on the GDSL website for CORNERSTONE®.

The College applies this same level of security to all CORNERSTONE® information stored on the College website.

Conditions of CORNERSTONE® accreditation

An accredited practice must immediately notify the College of matters that may affect the capability of its management system to maintain the requirements of Aiming for Excellence.

This includes changes relating to:

- the legal, commercial, organisational status or ownership of the practice
- organisation and management within the practice, such as key managerial, decision-making or technical staff
- contact address or significant sites
- restriction, expansion or any significant change in the scope of general practice services provided by the practice
- any serious incident that has or may have an effect on the health and/or safety of the patients
- any police or professional investigation relating to the health professionals, the general practice services or the premises
- any circumstances that significantly affect the capability of the practice to continue to fulfill the requirements of the standards.

The CORNERSTONE® Chief Censor will be notified and necessary action will align with College policy for the retention, suspension or withdrawal of CORNERSTONE® accreditation, which is available on request from the College.

About the College

The Royal New Zealand College of General Practitioners (the College) is the professional body and post-graduate educational institution that sets the standards for general practice, providing research, assessment, post-graduate training and ongoing education and support for general practitioners and general practices.

Where can you get more information?

Phone the CORNERSTONE® Coordinator on (04) 496 5999 or email bev.wong@rnzcgp.org.nz.
Appendix A: Scope of general practice

General practice\textsuperscript{iii, iv} is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty oriented to primary health care. It is a first-level service that requires improving, maintaining, restoring and coordinating people’s health. It focuses on the needs of patients and their whānau, enhancing networks among local communities, other health and non-health agencies.

General practice:

1. provides personal, family and community-oriented comprehensive primary care that continues over time, is anticipatory as well as responsive, and is not limited by the age, gender, ethnicity, religion, belief system or social circumstances of patients, nor by their physical or mental states
2. is normally the point of first medical contact within the health care system, provides open and unlimited access to its users, and deals with all health issues regardless of the age, gender, culture or any other characteristic of the person concerned
3. makes efficient use of health care resources through the coordination of care, working with other professionals in the primary health care setting, managing the interface with other specialties, and taking an advocacy role for the patient when needed
4. develops person-centred approaches to care which are oriented to the individual as well as being responsive to the needs of their whānau and their community
5. has a unique consultation process that supports a continuous relationship over time, through effective communication between clinicians and patients
6. is responsible for providing longitudinal continuity of care as determined by the needs of patients
7. has specific decision-making processes determined by the prevalence and incidence of illness in a community
8. diagnoses and manages both acute and chronic health problems of individual patients
9. diagnoses and manages illness that presents in an undifferentiated way at an early stage in its development and that may require urgent intervention
10. promotes health and wellbeing through appropriate and effective intervention
11. has specific responsibility for health in the community
12. deals with health problems in their physical, psychological, spiritual, social and cultural dimensions.
## Appendix B: Annual programme (pure)

<table>
<thead>
<tr>
<th>Entry level and reaccreditation</th>
<th>Annual programme (pure) – Years 1 to 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1 ($1,500 + GST)</td>
<td>Year 2 ($1,500 + GST)</td>
</tr>
<tr>
<td>Register with the College</td>
<td>• Register with the College</td>
<td>• Complete mandatory criteria:</td>
</tr>
<tr>
<td>GDSL log-on received</td>
<td>• GDSL log-on received</td>
<td>➢ Māori Health Plan</td>
</tr>
<tr>
<td>Complete snapshot and self-assessment</td>
<td>• Complete mandatory criteria:</td>
<td>• Quality Plan</td>
</tr>
<tr>
<td>Develop action plan to close the gaps identified through self-assessment</td>
<td>➢ Validation and calibration</td>
<td>• Validation and calibration</td>
</tr>
<tr>
<td>Record progress against actions</td>
<td>➢ Electro-medical testing</td>
<td>• Emergency drill</td>
</tr>
<tr>
<td>Submit material into GDSL within 12 months</td>
<td>➢ Emergency drill</td>
<td>• Six monthly fire drills</td>
</tr>
<tr>
<td>External assessment by CORNERSTONE® assessors</td>
<td>➢ Six monthly fire drills</td>
<td>• Health and safety review</td>
</tr>
<tr>
<td>Assessors’ report – post-assessment dialogue and actions taken</td>
<td>➢ Health and safety review</td>
<td>• Audit against health targets for chronic and long-term conditions</td>
</tr>
<tr>
<td>CORNERSTONE® accredited – 4 years</td>
<td>➢ Audit of screening and recall activities</td>
<td>• Audit of screening and recall activities</td>
</tr>
<tr>
<td></td>
<td>➢ Incident reporting</td>
<td>• Undertake CQI activities</td>
</tr>
<tr>
<td></td>
<td>• Practice selected indicators (total of nine)</td>
<td>• Practice selected indicators (total of nine)</td>
</tr>
<tr>
<td></td>
<td>• Submit into GDSL by month 11</td>
<td>• Submit into GDSL by month 11 of year 2</td>
</tr>
<tr>
<td></td>
<td>• Enter MOPS/CME credits</td>
<td>• Enter MOPS/CME credits</td>
</tr>
</tbody>
</table>

- Years 1, 2 and 3 data is reviewed by a CORNERSTONE® assessor at the end of the 12 month period.
- A report for the practice is generated identifying indicators/criteria partially or unmet.
- The practice takes action required and enters into GDSL
- The College sends confirmation the practice has met the annual requirements
## Appendix C: Change-of-location criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>★★</td>
<td>The Code of Health and Disability Services Consumers’ Rights 1996 is displayed where patients can view the content</td>
</tr>
<tr>
<td>1.5</td>
<td>★★</td>
<td>Information about the local health advocacy service is displayed where patients can view it</td>
</tr>
<tr>
<td>2.4</td>
<td>★★</td>
<td>The collection, use, storage, disposal and disclosure of individual patient information complies with the Health Information Privacy Code 1994</td>
</tr>
<tr>
<td>4.1</td>
<td>★★</td>
<td>Information is available and accessible to assist patients to make informed choices</td>
</tr>
<tr>
<td>4.2</td>
<td>★</td>
<td>Patients are routinely informed of their right to have a support person or chaperone present during a consultation</td>
</tr>
<tr>
<td>5.4</td>
<td>★</td>
<td>The practice team has developed active relationships with local Māori organisations, providers, groups, and whānau</td>
</tr>
<tr>
<td>6.3</td>
<td>★</td>
<td>The practice team can access interpreters and resources for people with limited English proficiency</td>
</tr>
<tr>
<td>6.4</td>
<td>★</td>
<td>The practice makes provision for hearing, sight or speech impaired people to communicate with the practice</td>
</tr>
<tr>
<td>7.1</td>
<td>★★</td>
<td>The practice makes provision for 24-hour health care</td>
</tr>
<tr>
<td>7.2</td>
<td>★</td>
<td>Patients can access the after-hours service using a maximum of two calls</td>
</tr>
<tr>
<td>8.1</td>
<td>★</td>
<td>The practice team has identified relevant health, social and community services available locally, regionally and nationally</td>
</tr>
<tr>
<td>8.2</td>
<td>★</td>
<td>The clinical team can demonstrate relationships and linkages with other organisations and community services to coordinate patient care</td>
</tr>
<tr>
<td>10.1</td>
<td>★</td>
<td>The Strategic Plan is a living document that is reviewed every three to five years</td>
</tr>
<tr>
<td>11.1</td>
<td>★★</td>
<td>External signage is clear, visible, well placed and able to be read from a distance</td>
</tr>
<tr>
<td>11.2</td>
<td>★★</td>
<td>External lighting facilitates security and safe access</td>
</tr>
<tr>
<td>11.3</td>
<td>★★</td>
<td>People with mobility difficulties are able to access the practice premises</td>
</tr>
<tr>
<td>11.4</td>
<td>★★</td>
<td>There is parking close to the practice with dedicated parking for patients with mobility difficulties</td>
</tr>
<tr>
<td>12.1</td>
<td>★★</td>
<td>The waiting area has adequate space, seating, heating, lighting and ventilation</td>
</tr>
<tr>
<td>12.2</td>
<td>★★</td>
<td>The waiting area has specialised seating for patients with mobility difficulties</td>
</tr>
<tr>
<td>12.3</td>
<td>★★</td>
<td>There are safeguards in the reception area to ensure confidentiality of patient information</td>
</tr>
<tr>
<td>12.4</td>
<td>★★</td>
<td>There is a toilet with mobility access on site</td>
</tr>
<tr>
<td>12.5</td>
<td>★★</td>
<td>There are facilities to ensure hand hygiene in all patient contact areas and toilets</td>
</tr>
<tr>
<td>12.6</td>
<td>★★</td>
<td>Each consultation room has adequate space, seating, ventilation, lighting and task lighting</td>
</tr>
<tr>
<td>12.7</td>
<td>★★</td>
<td>Examination couches are accessible, safe and visually private</td>
</tr>
<tr>
<td>12.8</td>
<td>★★</td>
<td>Patients are assured of privacy during consultations or when any personal health information is conveyed</td>
</tr>
<tr>
<td>13.1</td>
<td>★</td>
<td>The practice information system is electronic</td>
</tr>
<tr>
<td>13.6</td>
<td>★</td>
<td>There is an Internet connection available to all clinicians to support clinical activity</td>
</tr>
<tr>
<td>14.1</td>
<td>★★</td>
<td>Controlled drugs are stored in line with the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977</td>
</tr>
<tr>
<td>15.1</td>
<td>★★</td>
<td>Practice waste is correctly categorised, safely stored, collected and disposed of in accordance with the industry standard NZS 4304:2002</td>
</tr>
<tr>
<td>15.2</td>
<td>★★</td>
<td>The practice has puncture resistant sharps containers displaying a biohazard symbol in accordance with NZS 4304:2002 in all areas where sharps are used</td>
</tr>
<tr>
<td>15.3</td>
<td>★★</td>
<td>Sharps containers are kept out of reach of children</td>
</tr>
<tr>
<td>16.1</td>
<td>★★</td>
<td>The practice can demonstrate that its infection control policies and procedures align with the AS/NZS 4815: 2006 Standard</td>
</tr>
<tr>
<td>16.4</td>
<td>★★</td>
<td>A current calibration and validation record is available for the steriliser</td>
</tr>
<tr>
<td>17.1</td>
<td>★★</td>
<td>The practice has Cold Chain Accreditation as per the MoH protocol</td>
</tr>
<tr>
<td>18.2</td>
<td>★★</td>
<td>Residual Current Devices (RCDs) are used to protect patients and members of the practice team in accordance with the Electrical (Safety) Regulations 2010</td>
</tr>
</tbody>
</table>
### Emergence and Resuscitation Equipment

**18.3** All essential basic equipment is available, including:
- auriscope
- blood glucose test strips/glucometer
- expiry dates must be current
- check calibration of
- ECG—should be accessible within 10 min; if held in the practice, clinical team members should know how to read the tracings
- eye local anaesthetic
- fluorescein dye for eyes
- gloves
- height measure
- monofilament
- spacer device
- ophthalmoscope
- peak flow meter
- pregnancy testing kit
- proctoscope
- sphygmomanometer
- standard
- larger
- extra wide
- calibrated within the last year if aneroid;
- mercury sphygmomanometer needs only rubber pipes checked
- spatula
- spirometer
- stethoscope
- surgical instruments appropriate for any procedures carried out
- suture equipment
- syringes and needles
- reflex hammer
- tuning fork—256 Hz
- tuning fork—512 Hz
- thermometer
- urinary catheter and
- local anaesthetic gel for urgent catheterisation or referral in urban area
- urine dipstick
- protein
- glucose
- ketones
- visual acuity chart—at the specified distance
- weight scales
- paediatric
- adult

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**18.4** Emergency and resuscitation equipment is easily accessible and in a single location

**18.6** All essential emergency and resuscitation equipment is available and maintained

Emergency and resuscitation equipment:
- **airways and/or laryngeal masks**—varied sizes 00 to adult
- **Airways or LMA**
  - 0
  - 1
  - 2
  - 3
  - 4

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**18.7** All essential basic and emergency medicines are available

In stock or in the doctor’s bag/clinical bag or portable emergency kit:
- 50% glucose/glucagon injection
- adrenaline 1:1000
- an alternative for those allergic to penicillin

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**18.10** Medicines, pharmaceutical products and emergency equipment are stored so that they are not accessible to unauthorised people

**19.1** The practice has a documented Evacuation Scheme or Evacuation Procedure as required by the Fire Safety and Evacuation of Buildings Regulations 2006

**19.2** The practice team is trained to evacuate the practice by participating in fire drills every six months

**19.3** The practice has an Emergency Response Plan which identifies risk and formulates contingencies to address the practice response to disasters or events in the community
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>The practice has a Business Continuity Plan that prioritises support and recovery of critical and non-critical functions of practice processes and activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1</td>
<td>★★</td>
<td>The practice team is able to demonstrate how they comply with the Health and Safety in Employment Act 1992 and the 2002 Amendment</td>
</tr>
<tr>
<td>20.3</td>
<td>★★</td>
<td>The practice team conducts an annual health and safety review and makes policy amendments as required</td>
</tr>
<tr>
<td>23.2</td>
<td>★★</td>
<td>Practice teams have systems in place to observe the clinical condition of patients</td>
</tr>
<tr>
<td>26.5</td>
<td>★</td>
<td>A wide range of current health promotion material is available to patients in printed form</td>
</tr>
<tr>
<td>32.2</td>
<td>★</td>
<td>The practice can demonstrate its processes for transfer of care when transferring patients to providers and services outside the practice</td>
</tr>
<tr>
<td>35.5</td>
<td>★</td>
<td>There is a resource with information about the practice available to new team members and locums</td>
</tr>
</tbody>
</table>
i Accreditation Canada. The Value and Impact of Accreditation in Health Care: A Review of the Literature 2009.

ii Accreditation Canada. The Value and Impact of Accreditation in Health Care: A Review of the Literature 2011.

iii WONCA Europe. The European definition of the key features of the Discipline of General Practice, the role of the General Practitioner and a description of the core competencies of the general practitioner/family physician. 2002.