**WONCA Practice Accreditation Application**

Please complete all sections of the application. Where information is not available please make a note to that effect and provide an explanation for the Practice Accreditation Assessment Team. Once completed the application should be submitted to the CEO of WONCA, Dr Garth Manning, at ceo@wonca.net who will advise on charges for undertaking the process, review of the application and the accreditation assessment visit.

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| --- | --- |
| Name and address of practice |  |
| Name of key applicant |  |
| Contact detailsTelephoneEmail address |  |

| **Indicator** | **Explanation / Description** | **Evidence attached** | **Comments from the applicant practice** |
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| **PRACTITIONERS** |
| **Qualifications** | **All doctors hold current licenses to practise.** |  |  |
| **Family medicine specialist professionally trained** | **All doctors trained and qualified through a family medicine specialty programme. Exceptions permitted but to be noted.** |  |  |
| **Continuing professional development (CPD) participation** | **All doctors to be in ongoing CPD programs****All health professionals to be undertaking CPD programs relevant to their position.** |  |  |
| **Cardio-pulmonary resuscitation (CPR)****training**  | **All health professionals involved in clinical care have undertaken CPR training at least every 3 years** |  |  |
| **Other health professionals** | **Current registration and credentialing** |  |  |
| **Administrative staff** | **Training appropriate to their role within the practice.** |  |  |
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| **PATIENTS** |
| **Evidence for non-discrimination** |  |  |  |
| **Policy for patients refusing treatment / asking for second opinion** |  |  |  |
| **Patient privacy** |  |  |  |
| **Patient feedback** | **Practice actively seeks, and responds to, patient feedback** |  |  |
| **Patient complaints procedures** | **Documented policy to manage patient complaints** |  |  |
| **Informed choice issues** | **Right to chaperone; informed consent for treatment or procedures.** |  |  |
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| **Provider Activity** |
| **Use of national and local health data and information - pertinent to delivery of appropriate care within the local community context** | **National/local health needs analyses, demographic data, local health targets and outcomes informing package of care provided** |  |  |
| **Flexible system to accommodate patients’ needs** | **Non-medical staff can identify urgent cases; triage system in operation.** |  |  |
| **Out-of-Hours Care** | **Widely publicised arrangements for medical care out of normal operating hours** |  |  |
| **Practice information** | **Practice information literature containing at least minimum required information.** |  |  |
| **Health promotion and preventive care** | **Evidence of health education and promotion activities, with examples.** |  |  |
| **System of follow-up for tests and results**  | **Policy describing how tests, results and clinical correspondence are tracked and managed.** |  |  |
| **Patient Health Record** | **Patient registration system to collect demographic and health data.** |  |  |
| **Patient Health Record** | **Individual health records (?electronic)** |  |  |
| **Patient Health Record** | **Consultation notes** |  |  |
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| **PREMISES** |
| **Accessibility and signage** | **Safely accessible and clearly identifiable.** |  |  |
| **Waiting area** | **Sufficient space; adequate light, heat and ventilation. Toilet facilities** |  |  |
| **Consulting rooms** | **One per practitioner; adequate space, seating, heat, light and ventilation. Examination couch.** |  |  |
| **Practice equipment** | **As per recommended list (Annex A)** |  |  |
| **Safety of medicines and vaccines** | **Adequately stored and dispensed** |  |  |
| **Healthcare-associated infections** | **Practice cleanliness; sterilization procedures; clinical waste management.** |  |  |