WONCA
Practice Accreditation Criteria and Application Form

Quality general practice / family medicine – *"….. the best health outcomes that are possible, given available resources, and that are consistent with patient values and preferences[1]."*

Background

Many countries of the world have well established and developed systems of general practice / family medicine. These countries will often also have recognised mandatory standards which are determined by the government and assessed by a formal process. WONCA accreditation is not for them, as the nationally agreed standards and accreditation process will almost inevitably be quite sophisticated and detailed.

However, many other countries have less developed systems of general practice / family medicine, and often with no formally agreed national standards. Yet many of these practises will have worked hard to improve, upgrade and enhance facilities, services, professionalism and many other aspects of their practice. They want a benchmark against which their efforts can be judged, both to acknowledge the achievements to date and also to suggest ways in which further progress can be made. The WONCA accreditation process is a tool to help these practices as they grow and mature and prosper.

Our hope is that many practices around the world will choose to be assessed to gain formal WONCA accreditation. Achieving accreditation in this way shows patients that your practice is serious about providing high quality, safe and effective care as measured against criteria determined by the family doctor profession.

Any practice, anywhere in the world, may express an interest in being assessed for WONCA accreditation. In the first instance they should contact the WONCA Chief Executive Officer (ceo@wonca.net) who will be able to advise further. A preliminary questionnaire (available at Appendix 1) will be sent to the applying practice. Once completed and returned the WONCA team will do an initial evaluation and advise further.

WONCA recognises that the accreditation process is an interim tool for newly emerging practices and for practices which have been operating for some time but for which there is no national template or standards. The WONCA accreditation process will not – and should not – stop countries from developing their own practice accreditation processes. The WONCA accreditation process will provide a professional, collegial context within which individual practices can improve their standards until such times as national standards and regulations are developed and applied, by which time compliance with the national standards and regulations will take precedence over the WONCA accreditation process.

Acknowledgements
WONCA would like to thank those Colleges and individuals who made their own accreditation criteria material freely available for adaptation to more generic use and who advised on family medicine practice development globally.

[1] ***WONCA: "The contribution of family medicine to improving health systems", second edition, Michael Kidd ed, published by Radcliffe 2013***

The practice accreditation process

The process of practice accreditation – from the expression of interest by a practice, through compilation and submission of documentation, assessment by WONCA professional colleagues, and awarding of accreditation - is intended to be a supportive tool to help individual family medicine practices to demonstrate their achievements and to provide clear indications for improvement to reach international standards. It is acknowledged that health systems in each country can be markedly different; methods of delivery of care at all levels of the system and the financing of health care can vary enormously from one country to another and even within countries. The delivery of family medicine in individual countries is entirely context specific and the accreditation process will be sympathetic to those individual contexts.

Practices will be assessed on their approach to meeting community and patient needs, based on readily available information about health needs, demographic information and local or national health outcome targets, and on how the practice uses that information to deliver and improve the delivery of care to make it as appropriate to the community as possible.

Practices wishing to be assessed for accreditation should complete the questionnaire attached at Appendix 1. Once completed and returned the WONCA Secretariat will do an initial review of the response to the questionnaire and advise the applicant about any further information required. When documentation is complete, the application will be forwarded to the WONCA practice accreditation team for assessment.

Following review of the application and a briefing, where necessary, by a national Member Organisation, a practice accreditation visit will be undertaken by the designated WONCA team.

Practices will be assessed against a range of criteria, under the general headings of:

- Practitioners (which refers to the professions providing care and their qualifications)
- Patients (services provided meet the needs, values and beliefs of their patients)
- Provider activity (scheduling of care, patient records, tests and follow up, referrals)
- Premises (accessibility, privacy, accommodation, toilet facilities, equipment)

Formal accreditation against the WONCA standards will be based on common sense and will not seek to penalise or exclude practices on the basis of technicalities.

On completion of the assessment visit, the applicant will be advised about the outcome and, where necessary, the improvements needed to achieve accreditation. A formal report will be produced by the accreditation assessment team and sent to the applicant within two weeks of the accreditation visit. Those practices which are awarded accreditation will be sent a WONCA-badged certificate, showing the duration of the accreditation.

Costs and charges

Charges will be levied for accreditation on a case by case basis, depending on location, the economic status of the country, and costs incurred by WONCA to field an Accreditation Assessment Team. Applicants should seek the advice of the CEO on the charge to be levied.

The Accreditation Assessment Team

The WONCA practice accreditation team will comprise a minimum of two members, of appropriate background, as determined by a sub-group of President, President-Elect and the CEO.

To ensure impartiality in the assessments, the assigned WONCA practice accreditation team will not include an assessor from the country of the practice being assessed. However, in order to ensure appropriate briefing for the assessment team, a national Member Organisation or Regional President will be consulted to provide contextual briefing for the assessment team, in terms of the local cultural, economic and financing context, the prevailing health system, and what constitutes good practice in that country. The Member Organisation or Regional President will not be part of the accreditation assessment team.

Which practices can apply?

Any practice may express an interest in being assessed for WONCA accreditation. In the first instance, they should contact the WONCA Chief Executive Officer (ceo@wonca.net) who will be able to advise further.

Practices are entitled to apply for accreditation irrespective of the financing process for delivery and providing of care: they can apply if they are publicly funded, have co-payment systems in place, are privately run, are funded under a health insurance scheme or by a not-for-profit organisation, by an NGO, or by a mixture of any of these mechanisms. The role of WONCA accreditation is not to judge or overtly promote preferred systems: rather the accreditation is a way to reflect the standards of care being delivered in context.

Practice accreditation criteria

The following pages provide information about the criteria against which practices will be assessed in the accreditation process. Information on each of these criteria, where available, will be submitted as part of the application for accreditation. For ease of submission an application form is attached at Appendix 1. Once this is completed, as far as possible in the context, the application form and the associated documentation (in scanned form), should be submitted to the WONCA Chief Executive Officer (ceo@wonca.net) for initial review.

The practice accreditation criteria have been grouped under four main headings: Practitioners, Patients, Provider Activity and Premises.

Practitioners

Qualifications of family doctors[2] - All Family Doctors in the practice are appropriately qualified and trained, have current registration in the country or territory of practice, and participate in continuing professional development (CPD):

- All doctors can provide evidence of appropriate current national medical registration.
- All doctors are recognised specialists in family medicine with the exception of:
    - Doctors undertaking family medicine professional training
    - Other specialists practising within their own specialty
    - Trainees in other specialties undertaking a placement to gain experience
    - Where recruitment of specialist-qualified family doctors has not been possible, non-specialist doctors who can demonstrate the qualifications and training necessary to meet the needs of the patients.
- All doctors can provide evidence of participation in ongoing CPD programmes
- All doctors have undertaken training in cardio-pulmonary resuscitation (CPR) in the past 3 years

Qualifications of other Health Professional Staff – Other members of the primary health care team are appropriately qualified and trained, hold the relevant professional licenses and permits for the country or territory of practice and undertake regular CPD:

- All nurses and allied health professionals can provide evidence of current national registration
    - Nurses and allied health professionals have appropriate credentialing and competence
    - Nurses and allied health professionals work within their current scope of practice
    - All nurses and allied health professionals can provide evidence of regular CPD relevant to their positions
- All other team members involved in clinical care should be able to provide evidence of appropriate qualifications, training and competence and undertake relevant regular CPD
- All other team members involved in clinical care will have undertaken CPR training in the past three years

Training of Administrative Staff – administrative staff will have received training, for which evidence will be provided, appropriate to their role in the practice, specifically in terms of patient confidentiality, patient records, registration systems and appointment systems.

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- *Family medicine is a specialist discipline and its practitioners need to be appropriately trained and qualified to fulfil the role.*
- *Where it is not possible for all posts to be filled by specialist family doctors, non-specialist doctors may be recruited, but must be adequately trained to meet the needs of the community they serve and will be adequately supervised, mentored and supported in their continuing professional development.*
- *All practitioners will ensure – and show evidence of - ongoing professional development by participating in recognised and accredited CPD programmes.*
- *Family doctors use CPR skills infrequently, and skills will inevitably fade with time. Family doctors and other health professionals working in the practice will undertake – and show evidence of - CPR training at least every three years, from a recognised CPR instructor, to maintain currency.*

Patients

Respectful and Culturally Appropriate Care – treating patients with respect and have services provided to them that take into account their needs, values and beliefs, including the beliefs of different cultural, religious, social and ethnic groups.

- The practice does not discriminate against, or disadvantage, any patient in any aspect of access, examination or treatment
- The practice has a policy to deal sympathetically with patients who refuse a specific treatment, advice or procedure, or who seek a second opinion
- The practice takes active steps to provide privacy for patients and respects their dignity and independence

Patient Feedback – encourage and respond to patient feedback on their experience of the practice to support quality improvement initiatives:

- The practice seeks, and responds to, feedback from patients and other persons[3]
- The practice has a documented policy to manage patient complaints

Informed Choices

- Patients are routinely informed of their right to have a support person or chaperone present during a consultation[4]
- Informed consent is obtained from a patient (or their representative) when agreeing to a treatment or procedure[5]

[3] *Patient expectation and patient satisfaction surveys are very useful tools to monitor and improve quality in family practice.*

[4] *Patients need to know that they can ask to have someone present during a consultation to support them. Equally the patient's consent will be obtained for the presence of a chaperone during a consultation or examination.*

[5] *Patients should be provided with information in a readily understandable format, to enable them to make informed choices about a proposed procedure or treatment.*

Provider Activity

Use of national and local health data and information - pertinent to delivery of appropriate care within the local community context. Practices will show evidence of the use of:

- National/local health needs analyses
- Local demographic data
- Local health targets and outcomes

Scheduling care during normal opening hours – the practice has a flexible system enabling it to accommodate patients' clinical needs:

- Non-medical team members who have direct contact with patients are trained to identify and respond appropriately to patients with urgent medical conditions
- There is a triage system to manage patients with urgent medical needs

Telephone and electronic communication - patients are able to obtain timely advice or information related to their clinical care by telephone and electronic means (where available).

Care outside normal working hours – safe and reasonable arrangements are in place for medical care for patients outside normal opening hours. These arrangements are widely promoted, including in the practice information leaflet.

Practice information – Patients are provided with adequate information about the practice to facilitate accessing care**:**

- A practice information leaflet which contains as a minimum:
    - Practice address and phone number(s)
    - Consulting hours and arrangements for out-of-hours cover
    - Policy for management of patients' health records
    - Procedures for patient feedback or complaints

Health promotion and preventive care – practice teams provide health promotion, illness prevention and preventive care. The practice database can be used to identify the health needs of the registered population.

System of follow up of tests and results – the practice has a policy describing how laboratory results, imaging reports, investigations and clinical correspondence are tracked and managed, and review and follow up arranged.

Patient health records –

- There is a patient registration system, to collect demographic and health details on the patient
- There is an individual health record (ideally electronic) for each patient, containing all health information held by the practice about that patient, to include as a minimum:
    - Full name
    - Date of birth
    - Gender
    - Contact details
    - Patient's health summary
- Consultation notes – there is a note of every consultation containing sufficient information to allow another member of the PHC team to carry on management of the patient

Premises

Practice facilities

- Practice premises are safely accessible[6] and clearly identifiable
- The waiting area has space sufficient for the numbers of patients to be accommodated and is adequately lit, heated and ventilated
- The reception area allows confidentiality of patient information
- One dedicated consulting or examination room is available for every member of the clinical team working in the practice at any one time
- Each consulting room:
    - Is free from excessive noise
    - Has adequate space, seating, heating, ventilation and lighting (including task lighting)
    - Has an examination couch which is accessible, safe and visually private
    - Ensures patient privacy
- Toilet facilities are readily and easily available, including disabled access[7]
- Practice and office equipment is appropriate to its purpose

Practice equipment – the practice has access to the medical equipment necessary for comprehensive primary care, including emergency resuscitation.

- ***Recommended list at Annex A***

Safe and quality use of medicine – the clinical team prescribes, dispenses and administers appropriate medicines safely to informed patients.

Vaccine potency – the practice maintains the potency of vaccines and has safe disposal system for out of date vaccines.

Healthcare-associated infections – the practice has systems to minimise the risk of healthcare associated infections:

- The practice is demonstrably clean
- A written policy outlines infection control processes
- There is a policy on sterilisation procedures
- There is a policy on clinical waste disposal.

[6] *Including access for disabled patients. If disabled access is not available then alternative means for a person of disability to consult (e.g. home visit) needs to be demonstrated.*

[7] *Ideally the toilet facilities will be within the practice, but should at least be within close proximity.*

Annex A
Practice Equipment

The practice has equipment for comprehensive primary care including:

- Auriscope and ophthalmoscope
- Blood glucose monitoring equipment
- Disposable syringes and needles; specimen collection containers
- ECG
- Equipment for resuscitation, including maintenance of airway, equipment to assist IV access and emergency medicines
- Examination light
- Gloves (sterile and non-sterile)
- Measuring tape
- Oxygen
- Patella hammer
- Peak flow meter
- Scales
- Sphygmomanometer
- Stethoscope
- Thermometer
- Torch
- Urine testing strips
- Vaginal specula
- Visual acuity charts

Appendix 1

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.

Name and address of practice	
Name of key applicant	
Contact details Telephone Email address	

Indicator	Explanation / Description	Evidence attached	Comments from the applicant practice
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**		

Indicator	Explanation / Description	Evidence attached	Comments from the applicant practice
Administrative staff	Training appropriate to their role within the practice.		
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.		
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		

Indicator	Explanation / Description	Evidence attached	Comments from the applicant practice
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		
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.		