**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](mailto: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 details  Telephone  Email 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** |  |  |
|  |  |  |  |
| **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.** |  |  |