

GP360 — COMPLIANCE TOOLKIT (FULL PACK)

Healthcare Compliance, Governance & Accreditation Support
For General Practices, Allied Health, and Specialist Clinics

1. RACGP ACCREDITATION — 12-MONTH ROADMAP

A structured, step-by-step preparation plan to help clinics remain accreditation-ready all year round.

Months 1–3: Foundation & Documentation

Objectives: Establish governance, review policies, identify gaps.

Actions:

- Review all current policies against RACGP 5th Edition Standards
- Update Practice Information Sheet, emergency protocols & risk policies
- Review infection control manual & sterilisation logbooks
- Conduct a full WHS and facility safety audit
- Update privacy, consent and data security documentation
- Start compiling evidence folders (digital + hard copy)

Required Evidence:

Policies, audits, registers, meeting minutes, emergency plan

Months 4–6: Systems Strengthening

Objectives: Strengthen operational systems and document compliance.

Actions:

- Complete staff CPR training (must be within 12 months)
- Ensure all clinicians complete mandatory training (privacy, emergency response)
- Implement patient feedback surveys
- Conduct clinical handover review
- Update triage, recalls & reminders SOP
- Ensure secure messaging and clinical information systems are compliant

Required Evidence:

Training certificates, feedback reports, SOPs

Months 7–9: Clinical Excellence & Risk Management

Objectives: Ensure clinical quality and billing integrity.

Actions:

- Review diagnostic test follow-up systems
- Update continuous quality improvement (CQI) register
- Conduct prescription safety audit
- Review emergency drugs kit & expiry log
- Monitor infection control, hand hygiene audits, sterilisation compliance
- Perform Medicare billing review (GP360 template included)

Required Evidence:

CQI register, clinical audits, medication logs

Months 10–12: Pre-Accreditation Assessment

Objectives: Conduct full internal audit and prepare for surveyors.

Actions:

- Complete full RACGP mock assessment
- Update evidence folders
- Review staff competencies & training log
- Final safety walkthrough
- Confirm surveyor documentation and onsite visit readiness

Required Evidence:

Mock audit results, staff competencies, service summary

2. MEDICARE BILLING INTEGRITY CHECKLIST

Protect your practice from audits, non-compliance, and billing errors.

General Billing Compliance

- ✓ All clinicians use correct provider numbers at correct locations
- ✓ Time-based items documented with start/end time
- ✓ Chronic Disease Management (CDM) plans meet eligibility criteria
- ✓ Telehealth billing aligned with current Medicare rules

- ✓ Notes justify level selection (e.g., 23 vs 36 vs 44)
- ✓ No “cloning” or copy-paste clinical notes
- ✓ Correct usage of after-hours item numbers

CDM & Care Plans

- ✓ GPMP contains goals, actions, treatment regimes
- ✓ Team Care Arrangements (TCAs) include 2+ eligible providers
- ✓ Regular reviews scheduled (every 3–6 months)
- ✓ Allied health referrals correctly issued

Mental Health Billing

- ✓ GP Mental Health Plans fully documented
- ✓ Outcomes tools used appropriately (K10, DASS)
- ✓ Review item numbers used within eligible timeframes

Procedural Billing

- ✓ Consent documented
- ✓ Procedure notes outlined step-by-step actions
- ✓ Correct billing for dressings, laceration repairs, biopsies
- ✓ Assistance items used appropriately (if applicable)

Audit & Review

- ✓ Monthly internal billing audit completed
- ✓ Variance report for top 10 billed items
- ✓ Clinician billing education provided quarterly

3. GP360 POLICY & COMPLIANCE INDEX

These policies should exist, documented and updated annually.

Governance

- Clinical Governance Framework
- Delegation & Accountability Register
- Emergency Response Plan

Operations

- Infection Control Manual
- Sterilisation Policy
- Cold Chain Management
- Recall & Reminder System
- Privacy & Data Security Policy

Clinical

- Medication Management Policy
- Clinical Handover Procedure
- Diagnostic Test Follow-Up Protocol

HR & Safety

- WHS Policy
- Incident Reporting Procedure
- Bullying & Harassment Policy
- Mandatory Training Register

4. STAFF TRAINING & COMPETENCY LOG (TEMPLATE)

Staff Member	Role	Mandatory CPR	Privacy Training	Immunisation	Orientation Completed	Notes
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Mandatory annual requirements:

- CPR certification
- Infection prevention training
- Privacy & confidentiality
- Emergency response simulation

5. RISK REGISTER TEMPLATE

Risk Category	Description	Likelihood	Impact	Owner	Controls in Place	Required Actions
Clinical Risk		Low/Med/High	Low/Med/High	MD/OM	SOPs, audits	Update protocol
Cyber Risk				IT/OM	MFA, encryption	Staff training

6. INCIDENT REPORT FORM

Incident Type: Clinical / Safety / Privacy / Equipment / Behavioural

Date & Time:

Location:

People Involved:

Description of Incident:

Immediate Actions Taken:

Root Cause Analysis:

Preventive Actions:

Follow-Up Completed By:

7. ANNUAL COMPLIANCE AUDIT SCHEDULE

Audit	Frequency	Owner
Infection Control Audit	Monthly	OM
Sterilisation Log Review	Weekly	Nurse Lead
Medicare Billing Audit	Monthly	MD / PM
Equipment & Drug Checks	Monthly	Nurse Lead
Risk Register Review	Quarterly	MD
Policy Review	Annually	OM

8. ACCREDITATION EVIDENCE CHECKLIST

Must-have documents for surveyors:

- ✓ Practice Information Sheet
- ✓ Policies & Procedures
- ✓ Emergency Drugs Log
- ✓ Immunisation & Infection Control Records
- ✓ Sterilisation Logs
- ✓ CPR Training Certificates
- ✓ Risk Register
- ✓ Continuous Quality Improvement Register
- ✓ Patient Feedback Summary
- ✓ Clinical Audit Results