

Accreditation Tips – RACGP 3rd Edition Standards

A complete guide and explanation to the 3rd Edition Standards in General Practice can be purchased from The Royal Australian College of General Practitioners (RACGP) for approximately \$66 in NSW Ph: 9886 4700 www.racgp.org.au

Pharmaceuticals

- There should be no expired drugs in the surgery or doctors bags? (you need to have a policy to ensure that this is reviewed regularly)
- Drugs of dependency (S8 drugs) need to be safely secured (eg locked cupboard or safe dedicated to this purpose or contained in the doctor's bag and should be with the doctor at all times or locked in car boot. The key to the dangerous drugs cupboard (S8) should only be in possession of doctor or registered nurse.
- A practice must keep a numbered record book containing details of all controlled drugs (S8) that it purchases, obtains, supplies, dispenses or uses. Details of every transaction must be entered into the record book (in ink) on the same day as drug is dispensed. Information that must be recorded include: Date, name and address of person who administered and received the drug, quantity of drug administered, balance after administration and the initials of person who administered the drug. If received from the pharmacy, same details are required of the supplier.
- Each doctor's bag must contain a numbered bound book from the RACGP for this purpose.
- Record book should be stored with dangerous drugs. Changes to records should not be made without appropriate signature and details of the change.
- Safe removal and disposal of expired S8 drugs **can only** be destroyed by GP or registered nurse and **can only be witnessed** by a local police officer, at the practice; or by the deputy Pharmacist from NSW Health Department (02) 9879 3214 both must document and sign in record book.



Doctors Bag

Each GP needs access to a doctor's bag,

Doctor's bag should include:

- A bound numbered record book for (S8) drugs dispensed (if dispensed).
- The doctor's bag book (emergency drug order) supplied by the State Pharmaceutical Services Branch ph: 132290 containing name and address of pharmacy supplier.
- Airway maintaining equipment eg guedels airways, ideally there should be both adults and children sizes but the standards do not specify this
- Prescription pads, request forms and practice letterhead
- Torch
- Syringes, needles (various sizes) and bandages



- Stethoscope
- Auriscope
- Ophthalmoscope
- Sphygmomanometer
- Drugs for medical emergencies
- Gloves
- Thermometer
- A small sharps container is also a good idea

Follow up of Tests and Results

- Doctors and staff will be asked to describe the procedure for follow up and recall of patients with clinically significant tests and results and clinical correspondence. Results need to be, initialled by doctor with date and appropriate action taken and incorporated into medical record
- Determine a system in the policy and procedure manual on follow up and recall of patients with clinically significant tests and results and clinical correspondence so there is no risk of failing to notify these patients. Document in patient medical records when patient notified. If patient cannot be contacted all methods of contact should be explored. A registered letter if the patient is un-contactable would be appropriate and record in patient medical records.

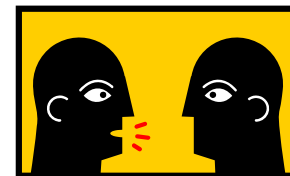


Safety and Quality

- GPs and staff should be able to describe aspects of the practice that have been improved in the last 3 years. AGPAL suggest using the PDSA cycle, (Plan, Do, Study, and Act) eg: practices could demonstrate how they use population data to improve health outcomes. Go to AGPAL for more information:
http://www.qip.com.au/uploads/lib/files/497_E36D763B_How_to_implement_PDSA_04052006.doc
- Practices are encouraged to constantly review their processes to ensure they remain up to date.

Patient Feedback

- Practices can choose the most appropriate way to gain patient feedback eg: surveys, focus groups, complaints register, directly or indirectly.
- A process in place for receiving and responding to feedback and complaints from patients and other people.
- The practice uses patient feedback to establish whether patients of the practice are confident that any feedback or complaints are handled appropriately and determine if patient 'telephoning in' had the urgency of their need promptly addressed
- The practice used patient feedback to assess if patients were aware of longer consultations available on request.



- The practice provides contact information for the state health care complaints commission to patients on request. Eg: NSW Ph: 9219 7444
hccc@hccc.nsw.gov.au

Informing patients

- Doctor will be asked to describe the way patients are informed of purpose, importance, benefits and risks of proposed treatments, referrals and investigations
- GPs need to inform patients of costs before treatments, investigations or procedures are performed and when patients are referred
- Fees are clearly displayed in surgery or in practice information sheet
- Practice has an up to date information sheet
- Consent is obtained from a patient if a 3rd party is to be present during their consultation
- Patients who are waiting are advised of delays that may be experienced in seeing the doctor
- Informing patients that the practice uses a recall and reminder system either in the practice information sheet or by a sign in the waiting room.
- Staff can describe how they identify urgent matters and how they get urgent medical attention. (have a triage procedure)
- Practice has a written policy on dealing with urgent matters

Privacy- Confidentiality and Privacy of Health Information

- The practice should have a policy and procedure for the management of patient health information in the practice as per the National Privacy Principles (HPP) and state requirements eg: NSW Health Records and Information Privacy Act (HRIP). A policy should include information regarding confidentiality, patient consent, and consent for 3rd party, transferring of medical records, access and security of patient health information. The Division has a privacy kit on request which meets the guidelines, to request a kit phone the Division ph: 9525 4011 or go to the privacy commission website to download the NPP on : www.privacy.gov.au
- Suggest having a privacy clause included in the practice information sheet and privacy brochures and poster placed in the waiting room. If you would like to place a clause into your information sheet the following is suggested by AGPAL. *“This practice is committed to maintaining the confidentiality of your personal health information. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.”*
- All staff including cleaners and IT contractors should sign a Confidentiality Agreement (confidentiality agreement is included in privacy kit from the Division)



Clinical Risk Management

- GPs and clinical staff must be able to describe the process for identifying and reporting as slip, lapse or mistake in clinical care and to describe an improvement made to prevent reoccurrence of mistakes eg: keep a register of any lapse or mistake, discuss at meetings and implement a system in place.



Appointments

- There is a flexible appointments system to accommodate patients with urgent problems or patients who need longer consultations
- Patients are able to obtain information or advice by telephone
- Patients are able to obtain home visits
- Patients can see GP of their choice if available

Continuing Education

- Administrative staff participates in on-going training
- Clinical staff eg: GP, Nurse or Allied Health are qualified and participate in Continuing Professional Development
- Practice has a range of current medical and surgical texts
- GPs and registered and enrolled nurses are required to provide current registrations and authority to practice



Autonomy of GPs

- Doctors can exercise full autonomy in decisions that effect clinical care eg choosing consultants, pathology, diagnostic services, scheduling follow up, and accepting new patients.
- Doctors are satisfied with equipment and supply the practice orders.

Medical Records

- Individual record for each regular patient, must be legible and be free from prejudicial statements
- Must not be accessible by other patients or visitors. (use unauthorised access areas to store medical records or in lockable cabinet or area.
- 90% of active medical records must have allergies recorded
- 50% of medical records must contain health summaries including current problems, past problems, allergies and sensitivities, risk factors, medications, immunisations, social and family history, and emergency contact details
- The patient medical record needs to be comprehensive and well organised eg encounter date, encounter reason, problem managed, management plan, prescribed medication, referral documentation evidence of referral to health and community services



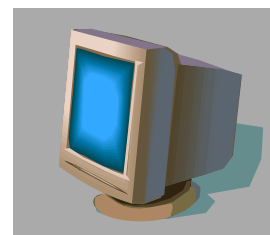
- The practice should be able to demonstrate working towards self identified cultural background details of patients in the practice , such as Aboriginal and Torres Strait Islanders (ATSIC)
- Should include copies of significant referral documentation and response to referrals (these should be legible, contain relevant social information, problems, findings and treatments, reason for referral, expectations and be on practice stationary or scanned into medical software)
- Notate home and after hours visits
- Test results are signed or initialled by doctor and appropriate action taken
- Contain evidence detailing significant telephone contact
- Are kept until the patient has reached 25 or for a minimum of 7 years from the time of last contact with the patient whichever is longer.

Subject to consent of patients the practice should use one of the following reminder systems:

- Card based system showing due dates for preventative activities
- Systematic flagging of medical records for opportunistic preventive activities
- A register of patients for reminders for preventative activities
- A computer reminder system (patients are informed of and offered enrolment in reminder systems –sign in waiting room)
- A reminder system offered by other agencies eg local pathology companies or government Pap smear register (It is a good idea to have examples of all of these so you can show surveyor)

Data security

- Personal passwords for security checklist go to: (www.gpcg.org.au)
- Screensavers
- Backup procedure with a documented disaster recovery plan, IT consultant contact details and knowledge how to restore data from backup.
- Backup stored in a secure off-site environment or fireproof box
- Antivirus software installed and updated
- Firewalls installed on computers that access the internet
- Information disaster recovery plan eg: use of letterheads, Medicare forms and prescription pads
- Provide privacy and security through restricted access for non-authorised personnel.



Occupational Health and Safety

- Evidence of strategies and policies to ensure occupational health and safety of doctors and staff
- Protective equipment and wear for infection control procedures
- Procedure for dealing with spillage's of blood and body fluids
- Practice has written policy on home and other visits
- Risk management protocol

- Practice provides training re infection control
- All staff is offered immunisation
- Practice has a sharps injury protocol

After Hours Care

- There is documented evidence (i.e. must be written and stored in practice to show surveyors eg: Policy and Procedure manual) of one of the following:
- Doctors provide their own 24 hour care either individually or by roster
 - An agreement with nearby practice
 - Formal collaboration with the local hospital, provide letter of agreement from Sutherland Hospital (obtain letter from the Division)
 - Appropriate arrangement with an accredited deputising service
 - Agreements need to contain the following information, the hospital, practice or deputising service agree to see the practices patients after hours, agree to forward encounter notes to practice, and are provided with GPs contact details so that they can contact them if necessary.
 - After hours encounter notes need to be found in medical records (observation by surveyor)



Telecommunication

- Sufficient inward and outward call capacity (patients report it is not difficult to contact practice by phone)
- After hours message, call diversion or mobile phone
- Dedicated line for fax machine or capability for other electronic communication



The Building

- Sign outside stating after hours care arrangements and after hour's telephone number, including a message on the practice phone
- Smoking is not permitted in any area of the practice
- There is wheelchair access to the practice and its facilities (or offsite visits are offered)
- Practice is clean and well maintained
- Access to medical records is by authorised personnel only and is in a secure area. Archived medical records should be stored in a logical and secure manner.
- Records, prescription pads, and letterhead are not accessible to unauthorised people

Waiting area

- Is adequate to accommodate usual number of patients and accompanying persons
- Space and toys are available to meet needs of children where appropriate (use toys that can be wiped daily as part of the practice cleaning policy)

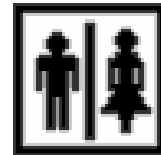
- Pamphlets, posters and brochures should be available in the waiting room for patients on a range of health promotion and illness prevention and support groups.
- Consultation fees (or how they can be obtained) are clearly displayed including home and after hour's fees
- Practice provides privacy to patients and other in distress

Consultation room

- Free from extraneous noise
- Adequate lighting
- Examination couch
- Hand washing facilities in every consultation room
- Practice has at least one dedicated consulting room for every doctor working in the practice at any one time.
- Screen or curtain in consulting room
- Provides visual and auditory privacy

Toilets

- Toilet and hand washing facilities are readily available for use by patients and others
- Sign to indicate where toilets are located



Sharps

- Practice has yellow, puncture resistant sharps containers displaying a bio hazard symbol placed in all areas where sharps are generated. Sharps container should not be on the floor or where a small child can reach.
- Practice has leak proof containers with bio-hazard symbol for disposal of infectious/hazardous waste
- Container is placed out of the reach of children
- Staff and GP will be asked to describe safe disposal of sharps
- Practice has sharps injury protocol
- Practice has a written procedure for the disposal of sharps and contaminated waste including a letter from a contractor providing the service.



Equipment

- Doctors can list common procedures and demonstrate available equipment is sufficient for these procedures
- The practice has a schedule for the maintenance of key clinical equipment. eg: procedure in place to check, test and maintain equipment.

Required:

Stethoscope
Auriscope
Ophthalmoscope
Sphygmomanometer
Peak flow meter



Vaginal speculum
Thermometer
Scales
Urine testing strips
Patella hammer
Eye chart
Oxygen
Blood Glucose monitoring Equipment
Torch
Tourniquet
Mono filament for sensation testing
Examination light
Spacer for Inhaler
X-ray viewing equipment
Timely access to Spirometer and Electrocardiograph
Appropriate emergency equipment for maintaining an airway in both adults and children and equipment to assist ventilation eg AMBU bag or similar (suggest child and adult masks) Emergency equipment should be easily accessible
Disposable syringes and needles

Cleaning disinfection and decontamination

- Staff and doctors will be asked to describe procedures for cleaning disinfection and decontamination of surfaces
- Practice is clean and well maintained
- Procedure for dealing with spillage of blood or body fluids including: safe work practices, protective barriers and disposal of body substances and soiled material (assume all blood or body substances are potential source of infection)

Suggested items in Spills Kit:

A small bucket to contain all requirements
Heavy duty gloves
Apron
Safety glasses
Forceps – for picking up glass etc
Medical detergent
Paper towel
Firm cardboard – a few pieces for scraping up
Small dustpan
Biohazard bags

Handy items to have:

A caution sign “slippery when wet” – to use after cleaning up a spill until the area is dry
Vomit bowl left at the front desk – for quick access
Disposable gloves – to use to apply pressure to a wound if required



- Doctors and staff wash hands before and after any procedure which involves direct contact physical contact with patient, blood or body fluids
- Hand washing facilities are available in each consulting room
- Practice should use appropriate alkaline detergent eg Sonidet, Clinidet (or ask your local medical supplier)
- Practice should not use cleaning agents that are toxic to user and damaging to surfaces
- Must have a Minimum Safety Data Sheet for each cleaning agents used in the practice
- If external cleaning contractor is used cleaning procedure for the contractor should be documented and included in the agreement, provide evidence in policy and procedure manual
- Personal protective equipment eg gloves, apron, goggles etc is available and used when dealing with blood or body fluids (Blood Spills Kit)
- The practice has a written procedure for cleaning, disinfection and decontamination of the practice
- A workflow issue from dirty → sterile is not compromised and that the environmental cleaning is adequate.



A full copy of the Infection Control Policy 2002 can be downloaded from the NSW Health Web site: www.health.nsw.gov.au or contact NSW Health Department (02) 9391 9000

Manual pre-cleaning

- Provide documentation in practice policy and procedure manual.
- Staff should wear heavy-duty gloves, eye protection, fluid resistant gown/apron) when preparing instruments for reprocessing.
- As soon as possible after use, instruments should undergo preliminary cleaning Soaking of instruments is not encouraged for long periods of time.
- Use free rinsing, mild alkaline detergent should be used
- Ideally a practice **should have three sinks**, one sink in close proximity for hand washing only and two sinks for pre-cleaning and rinsing process.
- **Using two sinks** - . Ideally one sink for initial wipe and free rinsing. , label sink “clean sink” Use this sink for rinsing only under running warm water to remove the gross soil and blood (Use warm water as cold water congeals fats and hot water coagulates protien) Second sink labelled “dirty sink” for the actual cleaning process with detergent. Check that the instruments are clean especially serrations. The final rinsing will occur after the manual cleaning to remove detergent from instruments in the”clean sink”.
- Establish a protocol for cleaning all sinks, tap ware and brushes after the instrument cleaning procedure The”dirty sink” can be used several times and cleaned at the end of the day.
- **Using one sink**, if your practice has only one sink and does not have a hand washing basin in close proximity, then the only option is sharing the “clean



sink” for hand washing and using a plastic bowl labelled “dirty sink” for the instruments cleaning. The contents of the bowl should be poured carefully down the drain with the cold water gently turned on so not to allow any pooling, the sink should then be cleaned and wiped dry after use.

- Dry instruments with a free-linting cloth. Cloths and brushes should be either sterilised or washed in hot detergent regularly and dried. Brushes when not in use should be stored dry.

Packaging of items for sterilising

- Provide documentation in practice policy and procedure manual.
- Correct sterilising techniques need to be implemented
- Instruments should be opened slightly
- If textiles are mixed with instruments in one pack the practice should have protocols to validate this type of load
- Each package should be sealed with autoclave tape class 1 indicator completely across the double fold, or heat sealed or self sealed
- Packaging must be dry when emerging from a completed sterilising cycle
- Each item should be clearly labelled including batch number and date of sterilised
- Unwrapped items such as bowls and kidney dishes, not required to be sterile should be tilted slightly to allow steam to displace
- Wrapped hollow items required to be sterile should be packed with opening side against the paper if laminating packaging is used. With a class 1 Indicator,
- Chemical indicator 4, 5, or 6 can be used for steriliser with no printout



Sterilisation process

- Provide documentation in practice policy and procedure manual. GP and designated staff member should be aware of the sterilisation procedure in the practice
- Steriliser should be validated annually by an accredited technician and a current certificate of validation available for surveyor.
- Sterilisers with a printout is the preferred option, class 1 indicator tape or bags used
- For sterilisers without a printout each load should include a chemical indicator class 4, 5, or 6
- Staff need to know correct sterilising temperature, how much water is required, the length of time for each cycle, and what temperature the steriliser should reach but not exceed, how to check print out/download and how to check chemical indicator.
- Staff should be aware of basic routine maintenance of steriliser according to manufacturer’s instructions Operating manual close to machine
- Correct loading techniques, and use of stainless steel racks for larger loads.
- All packs/bags should be labelled prior to sterilisation with the date and load number

- Remove items from steriliser in a way that maintains sterility, wrapped items must emerge dry at end of cycle
- Unwrapped items (use class 1 indicator on tray) are decontaminated not sterile

Storage of sterile items

- Provide documentation in practice policy and procedure manual.
- Sterile loads should be stored in a cupboard or in a container with a lid.
- Staff should be responsible for rotating stock, checking seals condition of packs and monitoring that the packaging has changed colour (class 1 indicator merely indicates that an item has been through the sterilizing cycle it does not indicate that it is sterile- validation and monitoring each load and temperature is the best indication)

Monitoring sterilisation process

- Maintain a sterilisation log and record sterilisation process, printouts, batch number and load integrity .(best practice - not required for accreditation is the ability to trace instruments used by an individual patient by either writing the date and load number into the patient's medical records or sticking a numbered removable label from the instruments pack into patient's file).
- Printouts or data logger/computer download should be checked signed and filed after every load.

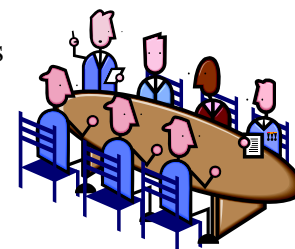


Off-site sterilisation

- Provide documentation in practice policy and procedure manual
- An accredited facility should be used for off-site sterilising and a letter of agreement obtained.
- Instruments must be pre-cleaned, dried and placed in a container with lid, and marked "pre-cleaned instruments" for transporting to sterilising facility A similar container is required and marked sterilised instruments for return transportation to the practice.
- Condition of packaging, colour change on packaging/tape monitored and recorded in a log when unpacking sterilised instruments

Staff

- Can recognise and describe urgent medical matters and procedure for obtaining urgent medical attention.(Triage procedure)
- Practice maintains confidentiality and privacy of patients accounts eg all staff sign a confidentiality agreement including IT consultants and cleaners)
- GPs and staff should be able to describe how they provide consistency in diagnosis of common and serious conditions eg: clinical meetings
- Practice staff will be asked to describe the process discussing administrative matters with other staff, GPs and owners of the practice when necessary.



- At least one staff member is present when practice is open
- Can describe how they manage patients who do not speak the primary language of the practice medical staff eg allowing patients to choose between interpreter and family or friend. The phone number for the Translating and Interpreting Service, Department of Immigration and Ethnic Affairs is 1300 131 450.
- Can describe practice policy for dealing with complaints.

If a complaint cannot be dealt with within the surgery patients can be referred to the Health Care Complaints Tribunal. Ph (02) 9219 7444, Level 4, 28-36 Foveaux St Surry Hills 2010

Doctors

- Can describe procedures for interaction with local medical services, allied health and community services.
- Can describe how they manage patients who can't speak English eg allowing patients to choose between interpreter and family or friend.
- Have knowledge of and use other health and community services in area.
- Can describe practice policy for dealing with complaints
- Can describe consistency within practice of diagnosis and management of common serious conditions.
- Can describe local health promotion programs eg Sutherland Division's, GPERS program (GP exercise referral scheme), shared care program, breast screening/mammography, immunisation, flu vaccines, lifescrpts, diabetes support group, aged care program, talks at schools and community centres.
- Inform and encourage participation of patients in relevant local health promotion programs
- Can describe what clinical practice guidelines are used to assist in the management of serious and common conditions. Australian Doctor has compiled a list of direct links to clinical practice guidelines. List available from www.ozdoctor.com.au/guidelines.htm#one
- Can describe how they manage patients who refuse specific treatment or want a second opinion



Human Resource Management

- GPs and staff must be able to describe their roles within the practice
- The practice team can identify the team leaders in the practice in areas such as clinical, information management, complaints /feedback and in human resources
- The practice has an induction program for new GPs and staff (not necessary if the practice has not employed new staff in the last 3 years but must be able to describe what they plan to do when employing a new staff)
- Staff and GPs have position statements /job descriptions
- Evidence of regular staff meetings



- Staff are able to discuss administrative matters with the GP/s, practice director/s or owner/s when necessary

The Division has an updated 2005 policy and procedure manual and 2005 infection control manual developed by Hornsby Ku-ring-gai Ryde Division of General Practice (HKRDGP). Human Resource management which complies with the RACGP 3rd edition standards is included in the policy and procedure manual. To obtain a copy contact the Division on ph: 9525 4011 or download off the website: www.shiregps.org.au alternately AGPAL have a policy and procedure manual which includes a human resource management procedure which has been developed by Pfizer and can be purchased from AGPAL.

Vaccine storage



- Practices can demonstrate that they meet the current National Health Medical Research Council (NHMRC) guidelines i.e.: The Australian Immunisation Handbook 8th edition has current information for transport, storage and handling of vaccines.
- Ideally one person from the practice is responsible for overseeing cold chain management but all staff is aware of the responsibilities to meet the guidelines and know what to do if something goes wrong, such as a power cut, fridge door left open etc.
- Staff will be asked to describe procedure for packing and unpacking of vaccine fridge, eg: vaccine deliveries and cleaning of fridge
- Establish a protocol for when the temperature range is NOT between 2-8 °C – who is notified and action to be taken. eg contact the South Eastern Sydney Public Health Unit on 9382 8333. They will advise you on what procedures you need to follow with regard to your vaccines.
- Practice staff will be asked how to use the max-min thermometer (remember it is important to reset it after recording the temperature, this includes all fridge types)
- Record temperatures daily, ideally twice daily showing maximum and minimum temperature of vaccine fridge, this includes the purpose built vaccine fridge (ideally first thing in the morning and at the end of the day, it is not expected that temperature be charted on the weekend if the surgery is closed.). Thermometer probe should be located between vaccine vial and packaging – not in liquid of any kind
- Stored in a dedicated vaccine fridge (or infrequently used) refrigerator, and stored between 2-8 °C
- All vaccines should be stored in plastic baskets or trays and expiry dates checked. Keep same vaccines together and allow for air to circulate between boxes. Ideally (but not required for accreditation) if using a domestic fridge to store vaccines in separate Tupperware containers with lids, clearly labelled. This is not required if it is a purpose built vaccine fridge.
- Vaccines should be stored in middle and upper shelves of domestic fridge drawers. Never in door or bottom draws. (in a purpose built vaccine fridge, vaccines can be stored on all shelves)
- Do not overcrowd fridge, only one month supply of vaccines should ideally be



stored, rotate stock so that oldest is used first.

- Plastic bottles filled with salt water in door and lower drawers will help to stabilise temperature of refrigerator. (not required in a purpose built vaccine fridge)
- Sign on power point saying "don't switch off" is also a good idea
- To meet best practice requirements use the, National Vaccine Storage Guidelines 2005, 'Strive for Five'.

The Sutherland Division of General Practice provides a variety of resources including temperature record charts, max-min thermometers and data logging service. For more information on immunisation contact Gillian at the Sutherland Division on 9525 4011.

Practice Information Sheet

- Practice has a current information sheet available to patients
- After hours care arrangements including after hours telephone number
- Consultation fees and information on how other fees can be obtained
- Names of doctors in the practice, ideally session times available, practice address and telephone number/s
- Consultation hours indicated
- You may also like to include sections informing patients that longer consultations are available, doctor's policy on receiving phone calls, and a section encouraging patients to provide feedback to doctors, that the practice uses a recall and reminder system.
- It is a good idea to include a section on the practices policy for the management of personal health information/the practices privacy policy. eg. *Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.*



If you have any questions regarding this information sheet or for further information on accreditation please contact Dawn McBlain at: Sutherland Division of General Practice on 9525 4011

Disclaimer: *The Sutherland Division has made every effort to ensure that, at the date of this publication "Accreditation Tips" is free from errors and omissions. However due to the fact that relevant laws and environment are subject to change, the Division and any other person associated with this publication do not accept responsibility for the results of any action taken or not taken by any person as a result of anything contained in or omitted from the guide.*

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