

## Joint Assessment

Following their individual assessment, surveyors should complete this joint assessment.

On completion of the joint assessment please answer the following question:-

**If this assessment had been a formal accreditation visit, do you think this practice should have been accredited or should not have been accredited? (*Please circle*)**

<b>Accredited</b>	<b>1</b>
<b>Not accredited</b>	<b>2</b>
<b>Don't Know</b>	<b>9</b>

Your answer to the above question should be based on **your subjective assessment** as to whether it would be fair to "accredit" the practice regardless of its performance on the *Entry Standards*, ie regardless of whether all essential criteria have been met or not.

In other words, was it the sort of practice that, in your opinion, deserves to meet a set of minimum standards and be accredited?

This needs to be jointly agreed by both surveyors on a visit.

## Joint Assessment Form

Standard / Criterion	S	P	N	NA
<b>1.1 Access and availability</b>				
*1.1.1 within two working days				
*1.1.2 advice by telephone				
*1.1.3 off site visits				
*1.1.4 urgent matters				
*1.1.5 24 hour cover				
*1.1.6 flexible appointments system				
<b>1.2 The consultation and communication</b>				
1.2.1 practice information sheet				
*1.2.2 consultation length				
*1.2.3 risks of treatments				
*1.2.4 substantial/unusual costs				
*1.2.5 patients with different language				
*1.2.6 health pamphlets and brochures				
<b>1.3 Diagnosis/manage. of health problems</b>				
*1.3.1 consistency with wider profession				
1.3.2 consistency within the practice				
<b>1.4 Content of medical records</b>				
*1.4.1 sufficient information				
1.4.2 current health summary				
*1.4.3 storage of non-active records				
<b>1.5 Continuity of care</b>				
*1.5.1 relevant standards				
*1.5.2 doctor of choice				
<b>1.6 Integration of care</b>				
*1.6.1 knowledge/interaction				
*1.6.2 referral letters				
<b>1.7 Health promotion...</b>				
*1.7.1 opportunistic preventive care				
1.7.2 systematic preventive care				
*1.7.3 education and information				
1.7.4 local health programs				
<b>2.1 Rights and needs of patients</b>				
*2.1.1 respectful care				
*2.1.2 right to privacy				
*2.1.3 record confidentiality				
*2.1.4 right to refuse treatment				
*2.1.5 right to further opinion				
*2.1.6 right to transfer from practice				
*2.1.7 consent: clinical training				
*2.1.8 consent: research programs				
*2.1.9 acknowledges complaints				
*2.1.10 privacy of accounts				

Standard / Criterion	S	P	N	NA
<b>3.1 Quality assurance &amp; continuing education</b>				
*3.1.1 medical staff				
3.1.2 staff involved in patient care				
*3.1.3 administrative review				
<b>4.1 Practice staff</b>				
*4.1.1 person for practical help				
*4.1.2 inter-personal skills				
<b>4.2 Medical records system</b>				
*4.2.1 comprehensive, well organised				
*4.2.2 confidentiality				
*4.2.3 transfer on request				
*4.2.4 follow up abnormal results				
<b>4.3 Control of practice</b>				
*4.3.1 clinical autonomy				
<b>5.1 Practice facilities</b>				
*5.1.1 one consultation room per doctor				
*5.1.2 facilities in consultation room				
5.1.3 waiting area				
*5.1.4 toilets/hand washing facilities				
*5.1.5 privacy for distressed				
5.1.6 telecommunications system				
5.1.7 medical & other records storage				
5.1.8 practice security				
*5.1.9 sterilisation, disinfection...				
*5.1.10 contaminated waste disposal				
*5.1.11 sharps disposal				
5.1.12 safety of doctors & staff				
*5.1.13 well maintained, visibly clean				
<b>5.2 Practice equipment</b>				
*5.2.1 medical equipment				
*5.2.2 doctors bag				
*5.2.3 vaccine storage				
*5.2.4 equipment for procedures				
5.2.5 resources and reference materials				
<b>5.3 Physical access</b>				
5.3.1 appropriate physical access				
*5.3.2 off site visits (limited access)				