



RISQ®

SMaRTE®

HARM®

Practice Audit Self-Assessment Worksheet General Practitioners

Self-Assessment of GP's Practice

This document is a self-assessment worksheet designed by MDAV to assist General Practitioner members to conduct a preliminary risk assessment of their practice. This can then form the starting point for setting up a system of risk assessment and management within the practice. The issues covered in this worksheet have been identified as being amongst those likely to give rise to claims and/or complaints if proper systems and procedures are not in place to ensure that they are being properly addressed within the practice.

The worksheet contains a number of statements which reflect desirable standards and practices. In completing the worksheet, you should consider not only whether the answer to each statement is 'Yes' or 'No', but what evidence the practice could supply to substantiate its adherence to each standard, and what systems are in place to ensure consistent adherence to those standards. If the answer to any statement is 'No', or if the practice does not have a system in place to ensure that the standard will be consistently maintained, then you should consider what action the practice needs to take to rectify this, and list this remedial action in the second part of the worksheet.

It would be expected that most practices will fail to meet some of the standards on preliminary assessment. The focus will be on what steps are taken to eliminate or reduce the risks which have been identified in this preliminary self-assessment, and on the systems and procedures which you have implemented/propose to implement to undertake ongoing assessment and management of risks in the practice as they arise.

Clinical Audit	Practice reviews/assessments review various components such as patient diagnosis/condition, legibility and practitioner sign off, specific cases that may cause concern, e.g. unexpected patient death, unexpected wound infection, etc.	Yes / No / NA
	The audit reviews specific cases, e.g. unexpected patient death, unexpected development of infection, etc.	Yes / No / NA
	Practice audit involves review of clinical incidents occurring in the practice.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

Hospitalized Patients	In-patients are made aware of coverage arrangements when GP is unavailable.	Yes / No / NA
	Hospitals are made aware of coverage arrangements when GP is unavailable.	Yes / No / NA
	Hospitals are provided with full written orders regarding the patient's management.	Yes / No / NA
Infection Control	GPs apply infection control processes that meet accepted standards in my practice e.g. College Standards of Practice.	Yes / No / NA
	Infection control policies and protocols exist and are regularly reviewed.	Yes / No / NA
	All medical and non-medical staff are trained in proper infection control procedures.	Yes / No / NA
	Proper infection control facilities are available in treatment rooms (hand washing/drying, sharps and clinical waste disposal, etc).	Yes / No / NA
	Practice is fully stocked with equipment required for infection control purposes (disposable gloves, disinfectant, protective eye wear, etc).	Yes / No / NA
	Reusable equipment is processed according to Australian Standards AS 4187.	Yes / No / NA
	Single use items are never reused.	Yes / No / NA
Sterilisation	Practice has a documented procedure for cleaning and sterilisation of equipment designed for re-use.	Yes / No / NA
	Practice has an appropriate steriliser which is regularly checked and maintained.	Yes / No / NA
	Instruments are pre-cleaned before sterilising, the sterilisation process is validated once complete and sterilised instruments are appropriately stored.	Yes / No / NA
Waste Management	All staff have been trained in the safe handling and disposal of medical waste.	Yes / No / NA
	Practice is appropriately stocked with proper medical waste disposal facilities and protective clothing.	Yes / No / NA
	Medical waste is regularly and appropriately disposed of.	Yes / No / NA
	Drugs and equipment in treatment room are regularly checked for expiry dates, stock levels, correct operation, etc. Checks are documented and appropriate action is taken as required.	Yes / No / NA
Sharps	All staff are aware of safe handling procedures for sharps.	Yes / No / NA
	Practice has proper sharps disposal containers appropriately located in treatment rooms and sharps are promptly placed in these after use.	Yes / No / NA
	Sharps containers are regularly disposed of in an appropriate manner.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

	Used sharps (needles, knife blades, etc) are stored in puncture-proof containers in compliance with state legislation.	Yes / No / NA
	Contents of sharps containers are regularly cleared out and disposed of appropriately.	Yes / No / NA
Informed Consent	GPs discuss all aspects of any proposed treatment with the patient (or if appropriate, the patient's guardians if the patient is a minor), including the diagnosis/differential diagnosis, investigation and/or treatment options, benefits, risks and any possible adverse events associated with the treatment. This includes the possibility and likelihood of supplementary surgery, time and likely costs involved, including hospital fees, who will perform this procedure/treatment, any other people involved, likely rebate from Medicare, etc.	Yes / No / NA
	GPs in the practice discuss pros and cons and risks of any treatment with the patient (or patient's parents if patient is a minor).	Yes / No / NA
	GPs in the practice are aware of their duty to obtain informed consent to any course of treatment from the patient.	Yes / No / NA
	GPs obtain signed consent for all invasive procedures.	Yes / No / NA
	GPs in the practice document in each patient's medical records that informed consent to any treatment was obtained, and that the patient has been warned of material risks of that treatment.	Yes / No / NA
	GPs in the practice discuss the need for any genital/rectal/breast examination and obtain patient consent prior to undertaking the examination.	Yes / No / NA
	The need for a chaperone to be present during any intimate examination is considered in every case, and the wishes of patients in relation to this issue are met.	Yes / No / NA
	For all procedures GPs provide written information to patients, clearly explaining risks and all possible outcomes.	Yes / No / NA
	GP obtains written consent for non-approved drug usage.	Yes / No / NA
	The consent includes warnings about driving, operating heavy machinery and signing/witnessing documents.	Yes / No / NA
	If a patient refuses a recommendation for treatment this is clearly documented in the patient's record.	Yes / No / NA
	A procedure exists for obtaining consent from a minor and any patients unable to provide written consent.	Yes / No / NA
	Specific warnings are provided for medications prescribed (where appropriate) which can produce cognitive and/or locomotive impairment.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

Confidentiality	There is an established protocol for handling all legal documents delivered to the office.	Yes / No / NA
	Communications with MDAV are kept separately from the patient's medical records.	Yes / No / NA
	Staff are aware all requests for any medical records must be referred to GP.	Yes / No / NA
	Patients cannot hear telephone conversations about other patients.	Yes / No / NA
	Staff have signed a confidentiality agreement with clear directives relating to confidentiality.	Yes / No / NA
Privacy	All medical and non-medical staff are aware of the practice's obligations to its patients under the Privacy Act.	Yes / No / NA
	Practice has in place a documented Privacy Policy setting out obligations and procedures in place to ensure that obligations to patients are complied with.	Yes / No / NA
	Reception staff are aware of the potential for privacy to be violated during telephone conversations/face to face dealings with patients, and adopt practices to protect privacy.	Yes / No / NA
Continuing Education and Training	GPs have satisfied his/her college continuing professional development programme.	Yes / No / NA
	GPs actively seek information regarding studies on techniques/procedures/diagnoses specific to his/her area of practice to ensure he/she is aware of any risks.	Yes / No / NA
	All medical practitioners regularly participate in continuing education and update skills where required.	Yes / No / NA
	System in place to record participation by medical practitioners and staff in training and continuing education.	Yes / No / NA
	All non-medical staff employed are given proper induction and training, and up-skilled as required.	Yes / No / NA
Medical Record Management and Confidentiality	Each patient's medical record contains sufficient information to allow another doctor to manage that patient.	Yes / No / NA
	Reception desk, computer and filing system are positioned to prevent patients from being able to access medical records or view computer screens containing confidential records.	Yes / No / NA
	Patient medical records are retained in accordance with local or State legislation.	Yes / No / NA
	Medical records are treated as confidential and stored in a secure location in an organised filing system.	Yes / No / NA
	Any patient health information transmitted electronically over a public network is encrypted.	Yes / No / NA
	Confidential medical information is never sent to a multi-user facsimile machine.	Yes / No / NA
	GPs review all medical records prior to their release.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

	All medical practitioners update medical records legibly and in detail following each contact with the patient including telephone contact.	Yes / No / NA
	There is an established protocol for handling requests for records by a patient, the patient's family, solicitor or insurance company.	Yes / No / NA
	Staff keep a record of when a medical record is photocopied and to whom it is sent.	Yes / No / NA
	Information from patient medical records is released only after appropriate written authorisation has been obtained.	Yes / No / NA
	Requested records are reviewed by medical practitioner prior to their release.	Yes / No / NA
Practice Medication Management	Patients receive instructions on potential drug reactions/complications and medication uses for all prescribed drugs and are requested to report these reactions.	Yes / No / NA
	GPs are informed of any change in treatment, prescriptions or repeats authorised by covering colleagues and/or locums.	Yes / No / NA
	GPs request that new patients bring all their medications or a comprehensive written list to their first visit.	Yes / No / NA
	GPs do not prescribe drugs over the phone unless GP is familiar with the patient's medical/medication history.	Yes / No / NA
	GP and staff are aware of legislative requirements relating to medications, covering the storage, prescribing and checking expiry of drugs including S4 and S8 drugs.	Yes / No / NA
	GP is aware of legislative requirements relating to the supply of drugs of addiction/S8 medications.	Yes / No / NA
	Stored controlled substances are counted regularly and logged into a register in compliance with State legislation.	Yes / No / NA
S8 Drugs	Practice maintains an S8 Drug record book.	Yes / No / NA
	All S8 drugs are kept in a locked drawer or cupboard in accordance with legal requirements.	Yes / No / NA
	Access to the S8 drug cupboard/drawer is strictly limited to medical practitioners and registered nurses only.	Yes / No / NA
Equipment and Furniture	All clinicians in the practice can list the procedures commonly performed within my practice and can demonstrate that available equipment is sufficient and appropriate for these procedures.	Yes / No / NA
	Practice has a schedule for the maintenance of the practice's key clinical equipment.	Yes / No / NA
	Furniture used by staff is in good repair and ergonomically effective.	Yes / No / NA
	Waiting room furniture (chairs, tables, children's toys, etc) is all in good condition, without sharp edges, and can easily be cleaned and wiped down.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

	Reception desk, computer and filing system are positioned to prevent patients from being able to access medical records or view computer screens containing confidential records.	Yes / No / NA
	Regular quality control and preventative maintenance measures are in place for medical equipment used in the practice.	Yes / No / NA
	Staff are instructed in the use of new equipment they may be required to use.	Yes / No / NA
	Biomedical checks are routinely performed on all medical equipment (e.g. defibrillators).	Yes / No / NA
	Electrical equipment undergoes electrical safety checks as legally required.	Yes / No / NA
	There is an equipment register for the practice.	Yes / No / NA
Fees	Patients are made aware of the fee structure and any requirements for paying accounts.	Yes / No / NA
	All patient complaints regarding account disputes are managed by the practice principal or suitable delegate.	Yes / No / NA
	Medical records and billing history are reviewed by the doctor prior to initiating debt collection procedure.	Yes / No / NA
Practice Coverage	Information is provided to patients clearly outlining the hours of the practice and the relevant after hours coverage.	Yes / No / NA
	GP provides care for patients out of hours, either personally, through a roster, locum service or local hospital.	Yes / No / NA
	Availability and contact details clearly displayed outside clinic.	Yes / No / NA
	GPs participating in After Hours care are familiar with availability of local Accident and Emergency facilities.	Yes / No / NA
	Practice has 24 hour coverage.	Yes / No / NA
	Voice mail or answering machines are used to respond to incoming calls if the office is unattended.	Yes / No / NA
	After-hours and on-call coverage advice for staff and patients are available.	Yes / No / NA
	A specific locum service well known to the practice is used.	Yes / No / NA
	Locum details are documented and easily accessible for all staff.	Yes / No / NA
	The locum service employed provide adequately trained doctors and they have appropriate professional indemnity insurance cover.	Yes / No / NA
	A written report from the locum service is received following contact with one of your patients.	Yes / No / NA
	An annual review of the locum service is conducted to ensure your satisfaction with the service.	Yes / No / NA
	Locums and covering doctors are able to easily access patient medical records.	Yes / No / NA
	Locums are provided with an orientation of the practice's policies and procedures.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

Appointment scheduling and access to care	Practice appointment schedule allows sufficient time to see patients with urgent problems within the same day.	Yes / No / NA
	When a patient misses an appointment a follow-up letter or telephone call occurs.	Yes / No / NA
	Patients in the waiting room are notified if a delay is expected.	Yes / No / NA
	Patients are clearly informed of when they should next attend, or under what circumstances they should make an appointment to re-attend.	Yes / No / NA
Complaints Management	Complaints are acknowledged, documented and investigated immediately upon receipt.	Yes / No / NA
	All staff are aware of and accept the importance of effective complaints management.	Yes / No / NA
	Patient complaints about clinical care are managed personally by GP.	Yes / No / NA
	Patient is provided with a prompt and appropriate response to a complaint.	Yes / No / NA
	Reception and other staff who deal with patients communicate clearly and effectively.	Yes / No / NA
	An information brochure describing the practice (services provided) is available for patients.	Yes / No / NA
Referral	Letters of referral are legible, contain all relevant clinical information regarding the patient attending.	Yes / No / NA
	Practice maintains a list of specialists and contact details to assist in the referral process	Yes / No / NA
	There is a system in place to track patient attendance at specialist referrals and to ensure responsibility of follow-up, communication of results, patient attendance, etc. between the specialist and referring doctor is clear.	Yes / No / NA
	Practice has a system in place to ensure a copy of any letter of referral is filed in patient's medical records.	Yes / No / NA
Adverse Events	Adverse events (including 'near misses') occurring within the practice are documented in a designated register or database.	Yes / No / NA
	System in place to review and evaluate adverse events and near misses to avoid repeats (this could include peer review meetings, review at risk management meetings, etc).	Yes / No / NA
	Practice can demonstrate that it implements remedial action/changes to practices where appropriate as a result of reviewing adverse events.	Yes / No / NA
Communication with Patients	GP discusses patient's diagnosis and treatment options with him/her in a clear and comprehensible fashion.	Yes / No / NA
	GP has patient literature available (e.g. information booklets, etc) to assist in communicating information to patients.	Yes / No / NA
	GP has procedures in place to enable effective communication to occur where the patient's first language is other than English.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

	Patients are encouraged to ask questions if unsure or requiring further information, and to discuss any areas of concern.	Yes / No / NA
	Reception and other staff who deal with patients communicate clearly and effectively, and have a satisfactory command of the English language.	Yes / No / NA
	Patients receive relevant care instructions in writing.	Yes / No / NA
	Patient complaints about a clinical case are managed personally by GP.	Yes / No / NA
Practice Management	A practice manual exists which contains all policies and protocols implemented in the practice.	Yes / No / NA
	The practice has OH&S and HR policies that staff are made aware of.	Yes / No / NA
	Practice has a documented risk management policy in place in relation to: <ul style="list-style-type: none"> • Computer records (back-up, etc) • Medical records (security) • Occupational Health and Safety issues • Continuing education for staff and training • Handling patient complaints • Security of premises and cash. 	Yes / No / NA
	Practice has in place a documented privacy policy setting out obligations and procedures in place to ensure compliance of obligations to patients.	Yes / No / NA
	All medical and non-medical staff are aware of the practice's obligations to its patients under the Federal Privacy Act 1988 and relevant State legislation relating to medical records.	Yes / No / NA
	Practice has appropriate insurance in place, and keeps centralised records to ensure that policies remain current.	Yes / No / NA
	The practice has a system in place to ensure all staff follow written policies and procedures within the practice.	Yes / No / NA
	Staff orientation includes review of practice policies/procedures.	Yes / No / NA
	Practice policies/procedures are reviewed annually.	Yes / No / NA
	Practice Manager and medical staff hold regular meetings to discuss and action risk management issues arising out of the practice.	Yes / No / NA
	Nurses or other clinical staff practice within the legal scope of their qualifications (eg Nurses Act).	Yes / No / NA
Telephone Services / Systems	Consulting rooms are equipped with telephones to enable confidential medical details to be discussed in a private environment.	Yes / No / NA
	Staff members have appropriate telephone manner and take written messages/record all telephone calls in a designated book/record, or interrupt medical staff if appropriate.	Yes / No / NA
	Medical staff action telephone messages/return calls appropriately.	Yes / No / NA



MDAV

RISQ®

SMArTE®

HARM®

Treatment Room	Treatment room is appropriately furnished and stocked with drugs and medical equipment.	Yes / No / NA
	Examination couch can be screened off to enable patients to disrobe in privacy.	Yes / No / NA
	Drugs and equipment in treatment room are regularly checked for expiry dates, stock levels, correct operation, etc. Checks are documented and appropriate action is taken as required	Yes / No / NA
Triage	Reception staff have appropriate training and experience in patient triaging (face to face and over the telephone).	Yes / No/ NA
	Practice has a policy for ensuring that patients needing immediate attention are seen by a doctor straight away.	Yes / No/ NA
	Where the contact is by telephone and medical attention is required urgently, practice has a policy for referring patients to ambulance/hospital A&E services if an immediate home visit /clinic consultation cannot take place or hospitalisation is urgently required.	Yes / No/NA
Documentation and Maintenance of Patient Medical Records	For each patient there is an individual patient medical record containing all relevant clinical information for that patient, including but not limited to: <ul style="list-style-type: none"> Allergies Current medication lists Documentation of all instructions (written and/or verbal) given to patient. 	Yes / No / NA
Recall Systems	Practice maintains an organised system of documenting when patients/patient specimens are referred for diagnostic testing/specialist opinion.	Yes / No / NA
	Practice has a formal system for following up on results of investigative procedures/specialist referrals.	Yes / No / NA
	Practice has a formal system for contacting patients to arrange follow-up visit. This system must ensure repeated contact until recall visit occurs.	Yes / No / NA
Reminder and Recall	Practice has a formal documented patient reminder system in place, which identifies patients needing periodic follow up (e.g. Immunisations, Pap smears, health checks, etc), and reminds them to attend as appropriate.	Yes / No / NA
	Patient consent is sought before placing their name on the reminder system.	Yes / No / NA
	Medical practitioners regularly review patients diagnosed with serious chronic illnesses and offer advice on contributing lifestyle factors.	Yes / No / NA
	Practice maintains an organized system of documenting when patient specimens are referred for diagnostic testing/specialist opinion.	Yes / No / NA
	Practice has a formal system for following up on results of investigative procedures/specialist referrals and notifying patients.	Yes / No / NA



MDAV

RISQ®

SMaRTE®

HARM®

	Practice has a formal system for contacting patients to arrange follow-up visit. This system must ensure repeated contact until recall visit occurs.	Yes / No / NA
Serious Illnesses	All medical staff are familiar with the symptoms, investigation and treatment of the following serious illnesses: <ul style="list-style-type: none"> • Asthma • Cancers • Diabetes • Heart disease • HIV/AIDS • Meningitis/meningococcal • Mental illness. 	Yes / No / NA
	Medical practitioners are proactive in investigating the possibility of the above illnesses in patients who are at risk.	Yes / No / NA
	Medical practitioners regularly review patients diagnosed with serious chronic illnesses and offer advice on contributing lifestyle factors.	Yes / No / NA
Cervical Screening	System in place to remind patients to have regular screening.	Yes / No / NA
	System in place to notify patients of results, especially if abnormal.	Yes / No / NA
	Information is available to inform patients of need for/benefits of regular smears.	Yes / No / NA
Emergency Management	The practice has a plan to manage medical emergencies.	Yes / No / NA
	All staff are aware of the chain of command when dealing with medical emergencies.	Yes / No / NA
	Staff receive regular resuscitation training.	Yes / No / NA
	Practice has appropriate resuscitation equipment and staff are trained in its use.	Yes / No / NA

PROPOSED/IMPLEMENTED RECTIFICATION STEPS:

[Insert in point form with time frame and person responsible e.g. By 28 August 2006]

1.....
.....

Time Frame:
Person Responsible:

2.....
.....

Time Frame:
Person Responsible:

3.....
.....

Time Frame:
Person Responsible:

4.....
.....

Time Frame:.....
Person Responsible:

General Practitioner's Name:

G.P.'S Signature:

Date: ____/____/____

Practice Manager's Name:

Practice Manager's Signature:

Date: ____/____/____

Clinical Risk
Management

The Medical Defence
Association of
Victoria Ltd
ABN 59 004 046 379
Pelham House
165 Bouverie Street
PO Box 1059
Carlton Victoria 3053

T 13 MDAV (13 6328)
F 03 9347 3439
E clinical.risk@mdav.org
W www.mdav.org